

**[Report 1966] / Medical Officer of Health, Halifax County Borough.**

**Contributors**

Halifax (England). County Borough Council. nb2008024085

**Publication/Creation**

1966

**Persistent URL**

<https://wellcomecollection.org/works/k63m48nd>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

1. Dr. ~~Didbury~~ G.407  
2. Mr. Morley Parry A.419  
3. Mr. Perry A.405
- 114

**COUNTY BOROUGH OF HALIFAX**

**Health Department**

---


***ANNUAL REPORT***  
***on the Health of the Borough***  
***for the Year 1966***

---

**JOHN G. CAIRNS**

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

**Medical Officer of Health**



Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library



**COUNTY BOROUGH OF HALIFAX**

**Health Department**

---

***ANNUAL REPORT***

***on the Health of the Borough  
for the Year 1966***

---

**JOHN G. CAIRNS**

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

**Medical Officer of Health**



# Health Committee

(as on 31st December, 1966)

---

**The Worshipful, The Mayor**  
Alderman FRED ELLIS, J.P.

---

Chairman: Alderman Mrs. L. A. MITCHELL  
Vice-Chairman: Councillor J. BLACKBURN

Councillor K. D. AMBLER	Councillor F. HOLDEN
Councillor G. E. CHADWICK	Councillor S. HOLLAND
Councillor R. DEADMAN, M.P.S.	Councillor J. W. KEENAN
Councillor J. A. DRAKE, C.B.E., J.P.	Councillor G. W. MARSDEN
Alderman D. FAWCETT	Councillor C. WARNE
Councillor F. HIGGINS	Alderman F. H. SWIRE, P.Ch.
Councillor S. HIRST	

---

## 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  
Councillor S. HIRST  
Aldermen FAWCETT, SWIRE, Councillors CHADWICK, DRAKE, HIRST,  
HOLLAND, MARSDEN

### Maternal and Child Welfare Sub-Committee:

THE CHAIRMAN VICE-CHAIRMAN  
Aldermen FAWCETT, SWIRE; Councillors HOLLAND, MARSDEN,  
C. WARNE  
Co-opted Members: Mrs. JOAN GREENWOOD, J.P.  
Mr. M. C. OAKES  
Mrs. K. STREETER

### Mental Health and Care Sub-Committee:

THE CHAIRMAN VICE-CHAIRMAN  
Alderman SWIRE, Councillors HIGGINS, HOLDEN, HOLLAND, KEENAN,  
MARSDEN, C. WARNE

### Salaries Sub-Committee:

THE CHAIRMAN VICE-CHAIRMAN  
Alderman SWIRE, Councillors CHADWICK, WARNE

### Co-ordination Committees:

#### Problem Families Joint Sub-Committee

THE CHAIRMAN VICE-CHAIRMAN

#### Health and Welfare Consultative Committee

THE CHAIRMAN VICE-CHAIRMAN

# Staff of the Health Department

(as on 31st December, 1966)

---

## Medical Officer of Health

JOHN G. CAIRNS, M.B., Ch.B., D.P.H., F.R.S.H.

---

## Deputy Medical Officer of Health

WILLIAM B. WHISKER, M.B., Ch.B., D.P.H.

## Senior Assistant Medical Officer

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.

## Deputy Chief Public Health Inspector:

JAMES E. BANKS 1. 3. 4. 5

## Senior Inspectors

G. A. WOODHEAD 1. 3. A. LUM 1. 3. 4. D. W. WRIGHT 1. 3.

## Public Health Inspectors

F. BURKE 1. 3. C. RHODES 1. 3. D. P. KAYE 1. 3. N. HELLIWELL 1. 3.  
A. BRUCE 1. 3. J. PRIESTLEY 2. 4. J. F. BARRACLOUGH 2.  
D. BROADHEAD 2.

## Clerk of Works

B. DRAKE (Clean Air)

## Pupil Public Health Inspectors

B. R. SWAINE, P. V. RUTA, R. COLLINGE, D. J. WHITELEY

## Rodent Control

R. GARFORTH, Senior Operative

## Central Departmental Administrative and Clerical Staff

Lay Administrative Officer	HAROLD HUDSON, A.R.S.H.
Assistant Lay Administrative Officer	JOHN M. FLETCHER
Senior Clerk, Environmental Hygiene	P. RODNEY HAIGH
Senior Clerk	Mrs. E. A. SUNDERLAND
Senior Shorthand Typist	Mrs. V. E. HOLDSWORTH
Ambulance Clerk	Mr. D. SPEAK
Clerk, M.C.W. Section	Mrs. B. L. WATSON
Shorthand Typist, Environmental Health	Miss P. JOHNSON
Mental Health Clerk	Miss G. VALENTINE
Housing Clerk	Miss U. WILLIAMS
Nursing Services Clerk	Miss D. WHITAKER
Technical Officer, Smoke Control	Mr. B. DRAKE
Smoke Control Clerk	Mr. J. CONNOLLY
Finance Clerk	Mrs. R. WHITLEY
General Clerk	Mr. J. WILSON
Junior Clerk, Environmental Hygiene	Mr. P. G. FILBY
Junior General Clerk	Mr. C. HAIGH
Junior Clerk, Health Department	Miss S. HIGGINS



### Nursing Staff

Superintendent Nursing Officer	Miss V. SAVAGE (6. 7. 8. 13)
Deputy Nursing Officer	Miss S. L. WALKER (6. 7. 8. 12. 13)
Assistant Nursing Officer	Mr. D. S. BEER (6. 13)
Senior Health Visitor	Miss E. M. BROWN (6. 7. 8.)
Health Visitors	Miss P. VAUGHAN (6. 7. 8.)
	Miss J. HOLDSWORTH (6. 7. 8.)
	Mrs. J. C. B. GREENWOOD (6. 7. 8. 9. 13.)
	Miss E. CROSSLEY (6. 7. 8.)
	Miss E. M. WEBSTER (6. 8.)
Special Duty Nurses	Mrs. E. M. LOCKWOOD
	Mrs. C. M. TOPHAM
	Mrs. B. M. FIELD
Part-time Clinic Nurses	Mrs. P. UTTLEY, S.E.N.
	Mrs. S. JACKSON (6.)
	Miss G. DAVIE (5. 6. 7.)

### Day Nursery Staff

Craigie Lea Day Nursery, Ovenden	Matron, Mrs. J. UTTLEY
Ling Bob Day Nursery, Pellon	Matron, Miss M. GOODWIN

### Mental Health Staff

Senior Mental Welfare Officer	Mr. L. HOLDSWORTH
Mental Welfare Officers	Mr. P. NICKERSON
	Mrs. P. C. TANSLEY
	Mrs. R. A. McNAMARA (seconded Home Help Organiser)
	Mr. E. M. SMITH (6.)
Psychiatric Social Worker	Mrs. C. BERRY
Mental Welfare Assistant	Miss P. HUTCHINSON
Mental Welfare Assistant Trainee	Miss K. BOLTON
Training Centre Supervisor	Mrs. I. THORPE (2 Asst. Supervisors)
Adult Training Centre Instructor	Mr. C. GREENWOOD (2 Asst. Instructors)

### Part III Services Departmental Officers

Ambulance Officer	Mr. W. FITTON
Home Help Organiser	VACANT
L.H.A. Chiropodist	Mr. F. C. LUXTON, M.C.H.S., M.R.S.H.
	Mr. W. AKROYD, M.C.H.S.

### Part-Time Consulting Staff

L.H.A. Obstetrician	Mr. J. N. I. EMBLIN, F.R.C.S., F.R.C.O.G.
L.H.A. Analyst	Mr. R. MALLINDER, B.Sc., F.I.C

### Qualifications Denoted:

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



# Annual Report 1966

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

The health position which is reported in the following pages is very similar to last year. The vital statistics are typical of an ageing population whose numbers are reducing each year. The trend during the last four years is as follows:

## POPULATION OF HALIFAX

1962 — 96,250

1963 — 95,850

1964 — 95,450

1965 — 95,090

1966 — 94,950

In 1963/64 there was a reduction of population of 400. In 1964/65 it was 360, and last year it had been cut to 140. The reasons are natural, migratory and industrial. The Public Health Department is concerned with, at least, the first arising as it does from the depression of birth rate below and the mortality above the national average over a period of at least two decades; and to meet the position, housing and child welfare standards continue to improve.

In Section II it will be noted that the volume of morbidity in Halifax during 1966 was seen to be at a high level; and again related to population, illness seems to lessen as we climb the social ladder. This may be borne out by the experience in cervical cytology (the first year this work has been reported—see Section IV). In relation to morbidity there is this year (Table 24) a more exact measure of the reduction in prevalence of tuberculosis (5·8). per thousand in the '40s and '50s the incidence of this disease was seen to be passing from a younger to an older age group before being reduced to the negligible proportions reported for 1966. This shifting to an older age group has been a feature of tuberculosis in our time. It may be too sanguine however, to expect that the rising incidence of cardiac and cerebro-vascular diseases in the older age group will be a prelude to an era less subject to the present shocking disability of arterial disease.

In the introduction to Section II and included in the statistical tables of Section I it will be seen that a closer study of mental disease has been carried out during the year. This has particular reference to the hustle and bustle of hospital admission and discharge. From the histogram it will be seen that admission for observation (25) and emergency (29) takes marked precedence over admission for treatment (26). More sinister is the overall analysis of incidence (Table XXVII) and the age and sex distribution of mental illness. Not only are we dealing with more mental illness and more feeble-minded (Table XXVII), but the transfer of illnesses which are



codified under the general designation of mental disorder from an older to younger age group. If this experience is shared nationally the outlook for future generations could be serious.

The report is arranged in sections each with an introductory paragraph as in former years. In the 1966 report routine data concerning Section 28 of the National Health Service Act (loan equipment etc.) are transferred from Section II to Section IV. In the same way reports which are mainly statistical have been transferred to Section I from the other sections. Reports on street cleansing, refuse destruction and sewage purification have been arranged to fit in with the material in Section V.

New material being dealt with for the first time is as follows:

Cervical Cytology, Section IV

Case histories, compulsory admission, Section 47 National Assistance Act, Section IV.

Congenital defects, Section IV

Physiotherapy for orthopaedic defects, Section IV

Mental illness, Tables 25 to 28, Section I Compulsory

Admissions, introduction Section II.

Health Centres, Section III

Midwifery, new tables, Section III

Nursing, new tables, Section III

Survey of District Nursing, Section III

The year has been one of steady progress particularly in housing improvement and slum clearance, by the Public Health Inspector's section of the Department. In particular mention should be made of the valuable work by Mr. Perry in relation to housing representation, infectious diseases control including brucellosis and the control of food hygiene. New steps have been taken to minimise vandalism in public conveniences which will be reported more fully in 1967. The steps taken by the sanitary section and reported elsewhere concerning the distribution, collection and disposal of incontinence pads has been of valuable assistance in the building-up of new work which was slow to receive acceptance by the public.

I should like to put on record my gratitude for the valued assistance which has been rendered by the staff of all sections of the department and for the co-operation which has been received from other departments. The support which I have received from the Mayor, Health Committee and Members of the Council has been greatly appreciated.

Yours faithfully,

JOHN G. CAIRNS

Medical Officer of Health

## CONFERENCES ATTENDED 1966

Location	Subject	Dates	Committee	Remarks
Ass. of P.H.I's.	Week-end Course	18.1.66	Health	F. Burke
College of Further Education, Halifax	Industrial Relations Course	19.1.66-28.4.66	Health	J. Porteous
R.S.o.H. Clean Air, Sheffield	One-day meeting	18.2.66	Health	C.P.H.I. Senior Smoke Insp.
Nat. Ass. of Mental Health, London	Annual Conference	24/25.2.66	Health	Chairman M.O.H.
Ass. of P.H.I's. Birmingham	One-day Course	10.3.66	Health	C.P.H.I.
R.S.o.H. Manchester	One-day meeting	12.3.66	Health	Mrs. C. Berry Mr. Nickerson
R.S.o.H., Leeds	One-day meeting	29.3.66	Health	C.P.H.I.
Brit. Ass. for Social Psychiatry, London	Annual Conference	1/2.4.66	Health	Dr. J. Goddard
Nat. Ass. of M. Health, London	Inter-Clinic Conference	15/16.4.66	Health	Dr. J. Goddard Mrs. C. Berry
Un. of M.H. Workers, Scarborough	Annual Conference	15/18.4.66	Health	S.M.W.O.
Royal Soc. of Health	Health Congress	25/29.4.65	Health	Chairman M.O.H.
Queen's Inst. of Dist. Nursing, London	Study Day	6/7.5.66	Health	S.N.O. D./S.N.O.
Home Off. Civil Defence, Sunningdale	Course	9/13.5.65	Health	S.N.O.
Queen's Inst. of Dist. Nursing, Harrogate	One-day Meeting	17.5.66	Health	A./S.N.O.
Nat. Ass. for M.C.W., London	Annual Conference	19.6.66— 1.7.66	Health	Chairman M.O.H.
Soc. of Public Health A.O's.	Summer School	14/17.9.66	Health	A./L.A.O.
Nat. Ass. of Ambulance Officers, Scarborough	Annual Conference	13/15.9.66	Health	Chairman Ambulance Officer
Nat. Ass. of Teachers of the Mentally Handicapped, Manchester	One-day Conference	17.9.66	Health	Mrs. Thorpe
Ass. of P.H.I's., Scarborough	Annual Conference	19/23.9.67	Health	Chairman P.H.I.
Dist. Nurses and Midwives, Leeds	Study Day for Health Visitors	26.9.66	Health	Two Health Visitors



Inst. of H.H.O's., Brighton	Week-end School	29.6.66— 1.10.66	Health	H.H.O.
Northern Local Ass. for Mental Health, York	One-day Meeting	1.10.66	Health	S.M.W.O.
Nat. Ass. for Clean Air, London	International Clean Air Congress	3/7.10.66	Health	Chairman C.P.H.I.
Nat. Ass. for Mental Health, London	Annual Conference	13/14.10.66	Health	D.M.O.H.
Home Office Civil Def. Sunningdale	Course	14/18.11.66	Health	Deputy M.O.H.
Leeds College of Technology	Part-time Course for for Welfare Asst.	21.11.66— 10.5.67	Health	Mr. J. Wilson
Nat. Ass. for Mental Health, Leeds	Induction Course for Newly Appt. M.W.O.	18.11.66— 9.12.66	Health	Mrs. McNamara
Royal Soc. of Health, Blackburn	One-day Meeting	9.12.66	Health	M.O.H. C.P.H.I.

## SECTION I

### STATISTICS AND POPULATION

17 more children were born in Halifax during 1966, 1,679 **LIVE BIRTHS** (compared with 1,662 in 1965), equivalent to a crude birth rate of 17.68. The rate for 1965 was 17.57. When multiplied by the Area Comparability Factor, the adjusted rate for 1966 is 19.09 which corresponds with the rate for England and Wales of 17.7. Illegitimate live births numbered 245 as compared with 192 in 1965 and equal to 14.59% of the total live births. Notifications of Premature Births during 1966 showed an increase of 16 on the previous year. During 1966 there were 9 Premature Infant Deaths, an increase of 3 on the previous year. Details of all premature live and still births for two years are shown in Table IIa.

There was a decrease in the number of Still Births during the year, the figures being 28 in 1966 and 29 in 1965. The rates for the two years were 16.4 and 17.1 respectively, whilst the rate for England and Wales for 1966 was 15.4. **DEATHS** of infants under one week (17) were 3 fewer than in the previous year and the total Perinatal deaths numbered 45. The **PERINATAL Mortality** rate has improved from 28.9 (1965) to 26.36 (1966), the same as the national figure.

The total number of children who died under the age of one year was 41, the same as in the previous year and the infant mortality rates for the two years were 24.42 in 1966 and 24.60 in 1965 per 1,000 live births. The figure for England and Wales for 1966 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, the same as 1965, giving a neo-natal mortality rate of 14.89 per 1,000 live births, and 16 occurred between the age of four weeks and one year, the same as 1965, giving a post neo-natal mortality rate of 9.43.

The improvement in survival and maternal care from these figures is due to reduction in still births and in fatal accidents. 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 1,475 in 1966 of which 723 were males and 752 were females. The crude death rate was 15.53 per thousand compared with 14.94 per thousand for 1965. When the crude death rate is multiplied by the area comparability factor, the adjusted death rate is 13.97 which compares with 13.59 in 1965. The rate for England and Wales for 1964 was 11.7. There were no maternal deaths during the year. In Table XI the death rates are shown for Halifax, and England and Wales for the past ten years. One must assess whether the high rate is associated with the high



proportion of persons over 65 (13.2% Halifax compared with 11.9% England & Wales).

There were 8 deaths from influenza—an increase, and the total number of deaths from other respiratory disease (excluding respiratory tuberculosis) increased, 184 being recorded compared with 117 in 1965.

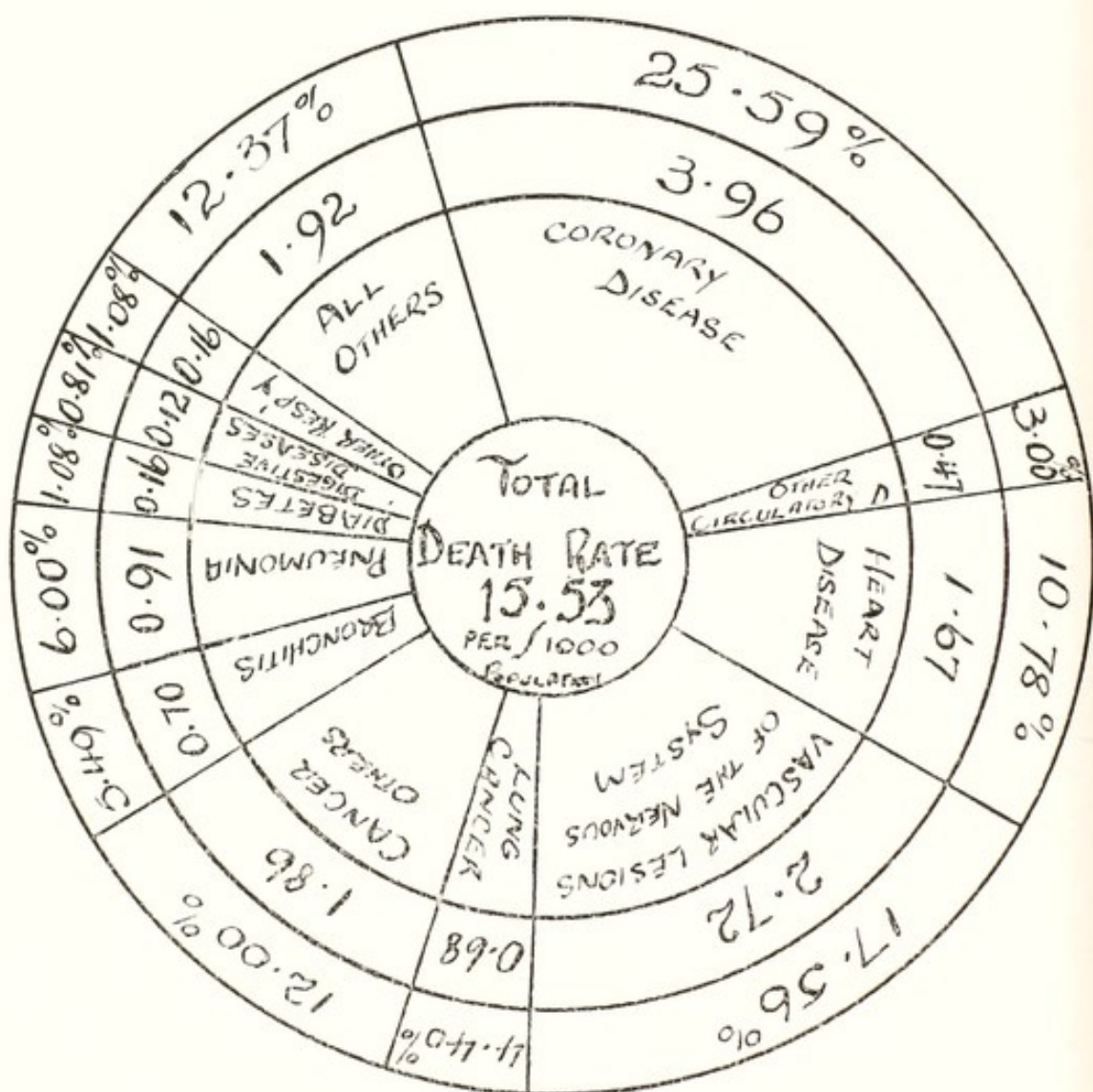
The "Short List" of causes of death (Table X) shows again that Infection and Tubercle are not prominent and while there is slight remission in some cancers, there is apparently no solution to cancer, heart disease and cerebro-vascular conditions, collective deaths from which maintain an unsatisfactory survival rate in the over 65's. There were 242 deaths due to malignant neoplasms in 1966, a decrease on the previous year's figure. The rate per thousand estimated population was 2.44 as against the rate of 2.59 in 1965. These deaths from malignancy or cancer accounted for 16.51 per cent. of the total deaths for the year under review compared with 17.38 in 1965 and 15.73 in 1964. Further comparisons on deaths from this disease in recent years are given in Tables XII and XIII. Sixty-five deaths were attributed to cancer of the lung and bronchus, an increase of 12 on the previous year, the greatest number occurring in males in the age group 65-74. Deaths from cancer of the stomach numbered 26 compared with 39 in 1965 and 35 in 1964. Table XIII gives an analysis of deaths from malignant neoplasms showing the parts of the body affected and the age at which death occurred. Deaths from Coronary Disease have decreased this year, there being 376 deaths as against 401 in 1965. Seizures due to diseases of the blood vessels in the nervous system have again showed an increase, there being 259 compared with 250 in 1965. The rates for coronary disease and diseases of circulation of the nervous system per 1,000 of the population are as follows: Coronary Disease 3.95 per thousand compared with 4.21 per thousand in 1965; Seizures 2.72 per thousand compared with 2.62 per thousand in 1965.

The Halifax position compared to other towns is shown in the following table:



TABLE XXVIII  
COMPARATIVE STATEMENT OF VITAL STATISTICS  
Year 1966

	Birth Rate	Death Rate	Infant Mortality Rate (per 1,000 live and still births)	Perinatal Mortality Rate from Phthisis	Death Rate from other Tubercular Diseases	Maternal Mortality Rate per 1,000 Total (Live and Still Births)		
						Maternal causes excluding abortion	Due to abortion	Total Maternal Mortality
England and Wales (provisional)	17.7	11.7	19.0	26.3	.005	.20	.06	.26
Birkenhead ..	18.9	11.3	23.9	31.1	.007	.36	—	.36
Burnley ..	15.91	15.67	29.67	40.09	—	.79	—	.79
Bury ..	20.60	13.04	11.43	28.10	.01	—	—	—
Halifax ..	17.63	15.53	24.42	36.58	—	—	—	—
Liverpool ..	19.0	11.6	22.7	32.6	.007	—	—	—
Manchester ..	19.17	12.55	25.53	31.37	—	.25	.08	.33
Oldham ..	18.78	15.06	27.94	25.69	—	—	—	—
Preston ..	18.21	12.93	23.52	31.08	—	—	—	—
Rochdale ..	18.6	14.5	16.0	31.0	—	—	—	—
Salford ..	18.84	13.93	32.01	40.26	—	—	—	—
St. Helens ..	17.1	12.9	25.9	37.3	—	—	—	—
Stockport ..	17.90	13.13	24.15	36.04	—	—	—	—
Wallasey ..	17.39	12.74	19.67	25.44	—	.553	—	.553
Wigan ..	17.24	12.77	19.32	24.23	—	—	—	—



## 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 1966)	..	..	..	..	..	94,950
Population (Census 1961)	..	..	..	..	..	96,873
Density of population per acre	..	..	..	..	..	6.7
Number of inhabited houses (1931 Census)	..	..	..	..	..	28,488
Number of inhabited houses on 31st December, 1966,	..	..	..	..	..	35,196
according to the Rate Books	..	..	..	..	..	35,196
Average number of persons to each occupied house	..	..	..	..	..	2.69
Rateable Value (31st December, 1966)	..	..	..	..	..	£2,762,879
Sum represented by a Penny Rate (1966-67)	..	..	..	..	..	£10,900

### EXTRACT FROM VITAL STATISTICS FOR THE YEAR

	Male	Female	Total
Live Births—Legitimate	781	693	1,474
Illegitimate	103	102	205
Total	884	795	1,679
Live Birth Rate per 1,000 Estimated Resident Population			
Crude	..	..	17.68
Adjusted	..	..	18.2
Illegitimate Live Births per cent. of total live births	..	..	12.2



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

	Male	Female	Total
Stillbirths—Legitimate .. ..	17	8	25
Illegitimate .. ..	1	2	3
Total .. .. .	18	10	28
Stillbirth Rate per 1,000 Live and Stillbirths .. ..			16.4
Total Live and Stillbirths .. .. .			1,707
Deaths of Infants:	Male	Female	Total
Under 1 year of age—Legitimate	19	14	33
Illegitimate	1	7	8
Total .. .. .	20	21	41
Infant Mortality Rates:—			
Total Infant Deaths per 1,000 total live births .. ..			24.42
Legitimate Infant Deaths per 1,000 Legitimate Live Births .. .. .			22.4
Illegitimate Infant Deaths per 1,000 Illegitimate Live Births .. .. .			39.0
Deaths of Infants:—	Male	Female	Total
Under 4 weeks of age—Legitimate	11	7	18
Illegitimate	—	7	7
Total .. .. .	11	14	25
Neo-Natal Mortality Rate per 1,000 total live births ..			14.89
Deaths of Infants:—	Male	Female	Total
Under the age of 1 week—Legitimate	6	5	11
Illegitimate	—	6	6
Total .. .. .	6	11	17
Early Neo-Natal Mortality Rate per 1,000 total live births .. .. .			10.13
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) .. .. .			26.36
Maternal Deaths (including abortion) .. .. .			Nil
Maternal Mortality Rate per 1,000 Live Stillbirths ..			Nil
TOTAL DEATHS (all ages) .. .. .	Male 723	Female 752	Total 1,475
Death rate per 1,000 Estimated Resident Population:			
Crude .. .. .			15.53
Adjusted .. .. .			13.97
Area Comparability Factors—Births .. .. .			1.08
Deaths .. .. .			0.90

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. Borough extended by the addition of Copley Ward. Borough extended by the additions of Warley and Northowarm Wards.
1899	90,934	
1900	96,684	
1901	104,936	
1911	101,566	
1921	100,700	Mid-year density of population per acre 6·3.
1931	98,115	
1945	89,390	
1946	93,280	
1947	94,580	
1948	96,420	Mid-year density of population per acre 6·9.
1949	97,820	
1950	98,840	
1951	97,490	
1952	97,320	
1953	97,070	ditto.
1954	97,130	ditto.
1955	96,870	6·88
1956	96,440	6·85
1957	95,430	
1958	95,250	
1959	94,980	
1960	94,900	
1961	95,980	96,073 (Census 1961).
1962	96,250	
1963	95,850	
1964	95,450	
1965	95,090	
1966	94,950	

TABLE II  
BIRTH RATES, 1957-66

Years	HALIFAX		ENGLAND AND WALES BIRTH RATE
	No. of Births	Birth Rate per 1,000 Population	
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
1966	1,679	17.68	17.7

TABLE II(a)  
PREMATURE LIVE BIRTHS, 1965-66

Premature Live Births Notified						YEARS	
						1965	1966
(a)	Born in Hospital	..	..	..	..	105	128
	(i) Died within 24 hours of birth	..	..	..	..	12	1
	(ii) Survived 28 days	..	..	..	..	90	122
(b)	Born at home and nursed entirely at home	..				16	6
	(i) Died within 24 hours of birth	..	..	..	..	—	—
	(ii) Survived 28 days	..	..	..	..	—	6
(c)	Born at home and transferred to hospital before 28th day	..	..	..	..	—	3
	(i) Died within 24 hours of birth	..	..	..	..	—	1
	(ii) Survived 28 days	..	..	..	..	—	2
(d)	Born in Nursing Home and nursed entirely there					—	—
	(i) Died within 24 hours	..	..	..	..	—	—
	(ii) Survived 28 days	..	..	..	..	—	—

TABLE II(b)  
PREMATURE STILLBIRTHS 1965-66

Premature Stillbirths Notified						YEARS	
						1965	1966
(a)	Born in Hospital	..	..	..	..	16	19
(b)	Born at Home	..	..	..	..	—	—



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

Year	Total Number of Stillbirths	Deaths in the First Week	Total Perinatal Deaths
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
1966	28	17	45

**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
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
1966	16.48	15.4	26.36	26.3

**TABLE V**  
**INFANT MORTALITY RATES· 1957-66**

Year	Births	HALIFAX		ENGLAND AND WALES RATE
		Deaths of Infants under one year	Infant Mortality Rate per 1,000 live births	
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
1966	1,707	41	24.42	19.0

TABLES VI and VII  
NEO-NATAL AND POST NEO-NATAL MORTALITY  
1957-66

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
1957	28	20	13.32	16.5	8	5.35	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	—
1966	41	25	14.89	12.9	16	9.43	—

TABLE VIII  
INFANT MORTALITY

Principal Causes	No.	Percentage of Total Deaths	
		1965	1966
Prematurity .. .. .	9	27.3	14.63
Pneumonia .. .. .	14	34.1	34.14
Congenital Malformations .. .. .	4	8.20	9.74
Other Conditions .. .. .	14	4.55	41.74



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 & under 3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 year
Prematurity ..	9	—	—	—	—	—	—	9	—	9
Pneumonia, etc.	—	4	2	1	7	5	5	—	—	17
Cong. Malformatn.	5	—	—	—	5	—	3	—	1	9
Cerebral Haem.	2	—	—	—	2	—	—	—	—	2
Enteritis ..	—	1	1	—	2	—	—	—	—	2
Accident ..	—	—	—	—	—	—	—	1	1	2
TOTAL ..	16	5	3	1	25	5	8	1	2	41
										Deaths in Institutions 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, Respiratory ..	8	—	—	—	—	1	2	2	1	6	1
"  Other ..	—	—	—	—	—	—	—	—	—	—	—
Syphilitic Disease ..	2	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	1	1	—	—	—	—	—	—	—	—	—
Meningococcal Infection ..	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—
Measles ..	1	1	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Disease ..	2	1	—	—	—	—	—	—	1	—	—
Malignant Neoplasm, Stomach ..	26	—	—	—	—	—	1	1	2	10	12
Lung and Bronchus ..	65	—	—	—	—	—	1	8	14	26	16
Breast ..	22	—	—	—	—	—	3	2	7	7	3
Uterus ..	13	—	—	—	—	—	2	2	5	2	4
Others ..	116	—	1	1	—	1	5	11	17	42	37
Leukaemia and Aleukaemia ..	1	—	—	—	—	—	—	—	—	—	1
Diabetes ..	16	—	1	—	—	—	1	2	3	5	4
Vascular Lesion, of Nervous System ..	259	—	—	—	—	—	1	4	27	62	165
Coronary Disease, Angina ..	376	—	—	—	—	1	13	21	18	121	152
Hypertension with Heart Disease ..	108	—	—	—	—	—	—	1	1	3	3
Other Heart Disease ..	151	—	—	—	1	2	2	2	15	30	99
Other Circulatory Disease ..	44	—	—	—	—	1	1	2	6	7	27
Influenza ..	18	—	—	—	—	—	—	1	1	6	10
Pneumonia ..	87	11	1	—	—	2	—	4	7	25	37
Bronchitis ..	81	1	—	—	—	—	1	4	11	29	35
Other Diseases of Respiratory System ..	16	—	—	1	—	—	—	3	5	2	5
Ulcer of the Stomach and Duodenum ..	6	—	—	—	—	—	—	—	2	1	3
Gastritis, Enteritis and Diarrhoea ..	12	2	1	—	—	1	—	—	3	3	4
Nephritis and Nephrosis ..	4	—	—	—	—	—	—	—	1	2	1
Hyperplasia of Prostate ..	5	—	—	—	—	—	—	—	—	3	2
Pregnancy, Childbirth and Abortion ..	—	—	—	—	—	—	—	—	—	—	—
Congenital Malformations ..	10	6	1	2	—	—	—	—	—	—	—
Other Defined and Ill-defined Diseases ..	80	16	—	4	1	—	1	5	10	22	21
Motor Vehicle Accidents ..	13	—	1	2	5	3	1	1	1	2	2
All Other Accidents ..	27	2	3	1	4	1	2	1	2	4	7
Suicide ..	8	—	—	—	1	—	1	1	2	1	2
Homicide and Operations of War ..	—	—	—	—	—	—	—	—	—	—	—



PREMATURE LIVE BIRTHS 1966 TABLE IXA

WEIGHT AT BIRTH	BORN IN HOSPITAL				BORN AT HOME OR IN NURSING HOME						PRE- MATURE STILL BIRTHS		
	Total	DIED			nursed entirely at home or in a nursing home			Transferred to hospital on or before 28th day				BORN	
		within 24 hours	in 1 and under 7 days	in 7 and under 28 days	Total Total	within 24 hours	in 1 and under 7 days	in 7 and under 28 days	Total	DIED			
										within 24 hours			in 1 and under 7 days
2 lb. 3 oz. or less	5	—	3	—	—	—	—	—	—	—	—	4	
Over 2 lb. 3 oz. up to and incl. 3 lb. 4 oz.	—	—	—	—	—	—	—	—	1	—	—	3	
Over 3 lb. 4 oz. up to and incl. 4 lb. 6 oz.	24	—	—	—	—	—	—	—	1	—	—	5	
Over 4 lb. 6 oz. up to and incl. 4 lb. 15 oz.	37	—	2	—	—	—	—	—	1	—	—	4	
Over 4 lb. 15 oz. up to and incl. 5 lb. 8 oz.	62	1	—	—	—	—	6	—	—	—	—	3	
Total	128	1	5	—	—	—	6	—	3	1	—	19	

TABLE XI  
DEATH RATES, 1957-66

Year	HALIFAX		ENGLAND and WALES
	Number of Deaths	Death Rate per 1,000 Population	
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
1966	1,475	15.53	11.7

TABLE XII  
CANCER DEATHS, 1957-66

Years	Number of Cancer Deaths	Males	Females	Death Rate Per 1,000 Population	Deaths from all Causes	Per- centage If total Deaths
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
1966	242	138	104	2.44	1,475	16.51

TABLE XIII  
CANCER DEATHS—PARTS OF BODY AFFECTED

Parts Affected	Age	Under 25		25-44		45-64		65-74		75 & Over		Totals		Totals		
		Sex	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	1965		1966	
													M.	F.	M.	F.
Stomach ..	—	—	—	1	—	3	—	4	6	4	8	19	20	12	14	
Lung and Bronchus ..	—	—	—	1	—	20	2	22	4	13	3	48	5	56	9	
Breast .. ..	—	—	—	—	3	—	9	—	7	—	3	—	19	—	22	
Uterus .. ..	—	—	—	—	—	—	17	—	2	—	4	—	20	—	13	
Other .. ..	—	1	2	3	3	20	3	27	15	19	18	72	44	70	46	
TOTALS .. ..	—	1	2	5	6	43	26	53	34	36	36	139	108	138	104	

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
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
1966	376	200	176	3.95	1,475	25.2

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
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
1966	151	58	93	1.60	1,475	10.23

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
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
1966	259	110	149	2.72	1,475	17.56

TABLE XVII  
DEATHS FROM PRINCIPAL CAUSES IN AGE GROUPS

CAUSE	Age Sex	Under 25		25-44		45-64		65-74		75 and over		Totals 1965		Totals 1966	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Coronary .. ..	—	—	—	11	3	62	27	64	57	63	89	200	201	200	176
Other Heart Diseases .. ..	—	—	1	2	2	10	7	15	15	31	68	37	77	58	93
Cerebral Haemorrhage ..	—	—	—	—	1	15	16	36	26	59	106	97	153	110	149
Cancer .. ..	—	1	2	5	6	43	26	53	34	36	36	139	108	138	104
TOTALS	—	1	3	18	12	130	76	168	132	189	298	473	539	506	522



TABLE XVIII

	Year	Birth Rate per 1,000 Total Popula- tion	Annual Death Rate 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
England and Wales	1966	18.0	11.5	*	*	*	*	*	*	19.0
..	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
..	1966	17.68	15.53	0.00	0.00	0.01	0.00	0.00	0.0	24.1

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
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	3	nil
1956	15.5	23.98	0.63	82	13	nil	nil	150	nil	2	nil	nil	nil	4	nil
1957	15.5	18.65	0.65	82	14	nil	nil	32	nil	4	nil	nil	nil	3	nil
1958	14.9	27.56	0.65	56	12	nil	nil	52	nil	nil	nil	nil	nil	2	2
1959	14.7	23.15	0.00	45	6	nil	nil	123	nil	nil	nil	nil	nil	33	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
1966	15.5	24.42	0.00	51	8	1	nil	23	nil	3	nil	nil	nil	nil	nil

\*Transferred

TABLE XIX  
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			
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	251	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
1966	15	87	42	nil	nil	nil	242	535	259



TABLE XX TABLE SHOWING COMPARATIVE YEARLY VITAL AND MORTALITY STATISTICS FROM 1956 TO 1966 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
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
1966	17.68	15.53	24.42	0.00	57	.08	9	72	15	87

Year	Deaths from Heart Disease	Deaths from Cancer	Deaths from Cerebral Haemorrhage	Deaths from Diabetes	Diphtheria		Scarlet Fever	
					New Cases	Deaths	New Cases	Deaths
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
1966	535	242	259	16	1	nil	63	nil

TABLE XXI

## HOME ACCIDENTS

1966 Month	Age Group—Years						Total
	0-5	6-15	16-25	26-50	51-60	61 & Over	
January	12	2	2	4	3	7	30
February	17	3	2	2	4	3	31
March	18	1	1	1	—	7	28
April	12	8	1	4	2	4	31
May	20	6	1	2	—	6	35
June	15	3	—	3	3	1	23
July	22	4	2	6	2	7	43
August	16	8	4	4	4	10	46
September	14	2	2	2	1	3	24
October	19	4	6	11	2	7	49
November	16	1	—	8	2	3	30
December	11	1	1	4	5	5	27
Totals	192	43	22	51	26	63	397

Injuries	Age Groups—Years						Total
	0-5	6-15	16-25	26-50	51-60	61 & Over	
Head	22	4	2	1	4	16	49
Upper Limb	16	7	7	15	6	13	64
Lower Limb	14	5	3	13	5	9	49
Cuts	24	8	6	14	6	8	60
Swallowed	30	8	1	—	1	—	40
Back	1	—	—	1	1	5	8
Burns	30	3	—	2	2	3	40
Scalds	35	8	3	4	1	3	54
Miscellan.	20	—	—	1	1	5	27

## ROAD ACCIDENTS

The number of road accidents reported to the police was 1,701, and 24 deaths were attributed to such accidents.

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

TABLE XXII

Police Report	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
	12	6	9	10	14	12	22	18	11	24
R.G.'s Report (after transfer adjustments)	13	10	9	15	21	11	15	23	17	13

It is interesting to note from a report issued by the Chief Constable that only seven of the accidents causing injuries were owing to weather conditions, whilst 156 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 XXIII, 1965

Jan.	4th	..	423	July	5th	..	348
	11th	..	583		12th	..	281
	18th	..	543		19th	..	183
	25th	..	965		26th	..	247
Feb.	1st	..	1,318	Aug.	2nd	..	355
	8th	..	1,126		10th	..	350
	15th	..	812		16th	..	347
	22nd	..	651		23rd	..	374
Mar.	1st	..	596		31st	..	348
	8th	..	525	Sept.	6th	..	421
	15th	..	489		13th	..	298
	22nd	..	508		20th	..	420
	29th	..	466		27th	..	424
April	5th	..	418	Oct.	5th	..	515
	12th	..	317		11th	..	584
	19th	..	456		18th	..	541
	26th	..	489		26th	..	481
May	3rd	..	397	Nov.	1st	..	453
	10th	..	406		9th	..	536
	17th	..	363		15th	..	486
	24th	..	386		22nd	..	466
	31st	..	273		29th	..	533
June	7th	..	360	Dec.	6th	..	493
	14th	..	349		13th	..	452
	21st	..	360		20th	..	448
	28th	..	313		27th	..	440
Average Weekly			478	24,862			



TABLE XXIV  
ASSESSMENT OF PREVALENCE (TUBERCULOSIS)

	PULMONARY		NON-PULMONARY		TOTAL
	Male	Female	Male	Female	
No. of cases on Register of Notification at 1st January 1966 .. .. .	365	209	14	12	600
No. of cases notified for the first time during the year ..	32	11	11	1	55
No. of cases transferred from other districts .. ..	8	3		3	14
Totals	405	223	25	16	669
No. of cases removed from the Register during the year on account of having:					
(a) Recovered .. .. .	18	14			32
(b) Removed from the district. .. .. .	20	6			26
(c) Deceased .. .. .	4	3			7
(d) Revision of diagnosis	1	2			3
(e) Lost sight of .. ..	5	2			7
Totals	48	27			75
No. of cases remaining on the at 1st December 1966 ..	357	196	25	16	594

Total Respiratory Cases of 553 on Register at 31st December 1966, represents a prevalence rate of 5·8 per thousand of the population, as compared with 6·5 at the end of 1965.

TABLE XXV

# SUMMARY OF ACTION TAKEN IN THE COMMUNITY OF CASES COMING TO THE NOTICE OF THE HEALTH DEPARTMENT

CASES REFERRED DURING 1966				ACTION TAKEN												UNDER COMMUNITY CARE AT END OF PERIOD												
CATEGORY OF DISORDER	Old		New		Total		Admitted to Guardianship	COMPULSORILY						WITHOUT COMPULSION						Under Guardianship		On Leave from Hospital		Under Other Community Care		Total		
								Admitted to Hospital						Referred to Out-Patient Clinic		Placed under Community Care		Other Action										
	M	F	M	F	M	F		For Ob-servation Emer-gency S.29	For Ob-servation S.25	For Tr'at'm't S.26	Informally	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Mental Illness	261	425	140	190	401	615	—	—	20	35	12	24	—	3	96	130	147	175	119	210	34	45	299	346	299	346	299	346
Psychopathy	71	64	27	24	98	88	—	—	6	8	4	5	—	3	19	10	14	15	22	22	19	11	22	16	22	16	22	16
Subnormality	16	14	11	12	27	26	—	—	1	1	1	—	—	—	4	6	1	1	13	10	9	4	76	65	76	65	76	65
Severe Subnormality	8	4	5	3	13	7	—	—	—	—	—	—	—	—	6	5	1	1	1	—	1	1	27	23	27	23	27	23
	356	507	183	229	539	736	—	—	27	44	17	29	—	6	125	151	163	192	155	242	63	61	424	450	424	450	424	450
TOTALS	863	412			1,275		—	71	46	6	276	355	397	124	1,275	—	874	—	—	—	—	—	874	—	874	—	874	

There have been no indications for boarding out or guardianship during 1966. Although we have two hostels, any compulsory action has been under Sections 25, 26 and 29 for admission to hospital.

TABLE XXVI

TABLE SHOWING EMPLOYMENT OF  
MENTALLY SUBNORMAL PERSONS

	In Normal Employment		Attending Training Centre		Not Occupied		Total
	<i>No.</i>	<i>%age</i>	<i>No.</i>	<i>%age</i>	<i>No.</i>	<i>%age</i>	
Males ..	43	55.1	21	26.9	14	18.0	78
Females ..	28	42.4	20	30.3	18	27.3	66
TOTALS	71	49.3	41	28.5	32	22.2	144

The following Table shows in ages and sexes the cases of MENTAL ILLNESS referred during 1966, and comparative figures for the years 1956 and 1959. For convenience these are shown in percentages.

TABLE XXVII

	Under 21	21-30	31-40	41-50	51-60	61-70	Over 70
1956							
Males	—	11.47	29.50	20.49	13.03	16.49	9.02
Females	1.91	15.29	21.66	15.29	17.83	13.37	14.65
1959							
Males	3.23	16.77	24.52	18.06	11.61	16.13	9.68
Females	2.32	15.06	30.11	16.99	14.29	9.65	11.58
1966							
Males	11.43	23.57	19.28	20.71	13.57	5.72	5.72
Females	10.53	23.69	17.37	18.42	12.11	10.00	7.88

The above years, 1956 and 1959, have been selected purposely. Both are prior to Mental Health Act and indicate two interesting points. The incidence in young people has increased which indicates that treatment is being sought in the earlier stages. The incidence in elderly people has decreased indicating the benefits being derived from the provision of other supportive community services. The other age groups are fairly consistent.



## SECTION II

---

### SICKNESS AND DISABILITY

COMMUNITY CARE

INFECTION

VENEREAL DISEASE

TUBERCULOSIS

AGED PERSONS

MENTAL ILLNESS

PHYSICAL HANDICAPS

HOME HELPS

Excluded from this Section: Home Accidents, Road Accidents and Sickness Certificates, which are largely statistical, are transferred to Section I. In the same way Chiropody, Physiotherapy and Loan Equipment, etc., are included in Section IV.

## COMMUNITY CARE

Included in Community Care is the whole range of hospital after-care which involves the District Nurses. More important, however, from the public health point of view, there are the special cases of chronic illness or disability which call for special consideration from the socio-medical point of view and which are included under special visits to the home.

### SPECIAL VISITS TO THE HOME 1966

TABLE I

		Aged Persons	Tuber- culosis	Diabetes	Mental Disorder		
					Mental Illness	Sub- normal	Child Guidance
1st Visit ..	..	348	70	140	331	17	120
1965 ..	..	295	83	8	285	23	98
Follow-up Visits		2,735	1,369	4,706	3,083	560	888
1965 ..	..	2,088	1,240	207	2,608	603	732

### SPECIAL VISITS TO THE HOME 1966

In all departments there is considerable increase of visitation particularly for diabetes and mental disorder. Diabetic visits increase because of the efforts of the Health Department to discover new cases by means of "Clinistix".

In the Report for 1967 Community Care will receive special mention on account of the development of better communications between the hospitals and the office of the Superintendent Nursing Officer. In this introductory Section the table under Mental Health Act 1959 shows in what way the Mental Welfare Officers work in the homes, for compulsory removal to hospital has increased in relation to compulsory admission - Section 25 which has to do with observation admission and Section 29 with emergencies. This may not correspond to what is taking place in the rest of the country but coupled with reports of an increasing number of young people who require special care for mental illness the outlook for mental health in a community sense, having regard to incidence, is not bright. The position has been represented graphically. An account of what is being done under the various headings is set forth in the pages which follow. Under physical disability there is included multiple sclerosis, coronary thrombosis and diabetes. It is not always the person who has got the greatest degree of disfunction who may require the greatest amount of skilled medical attention. This certainly would apply to coronary thrombosis where careful estimations of physical capacity are necessary over a long period of time in relation to rehabilitation.



# Compulsory Admissions under Mental Health Act 1959 1961 to 1966

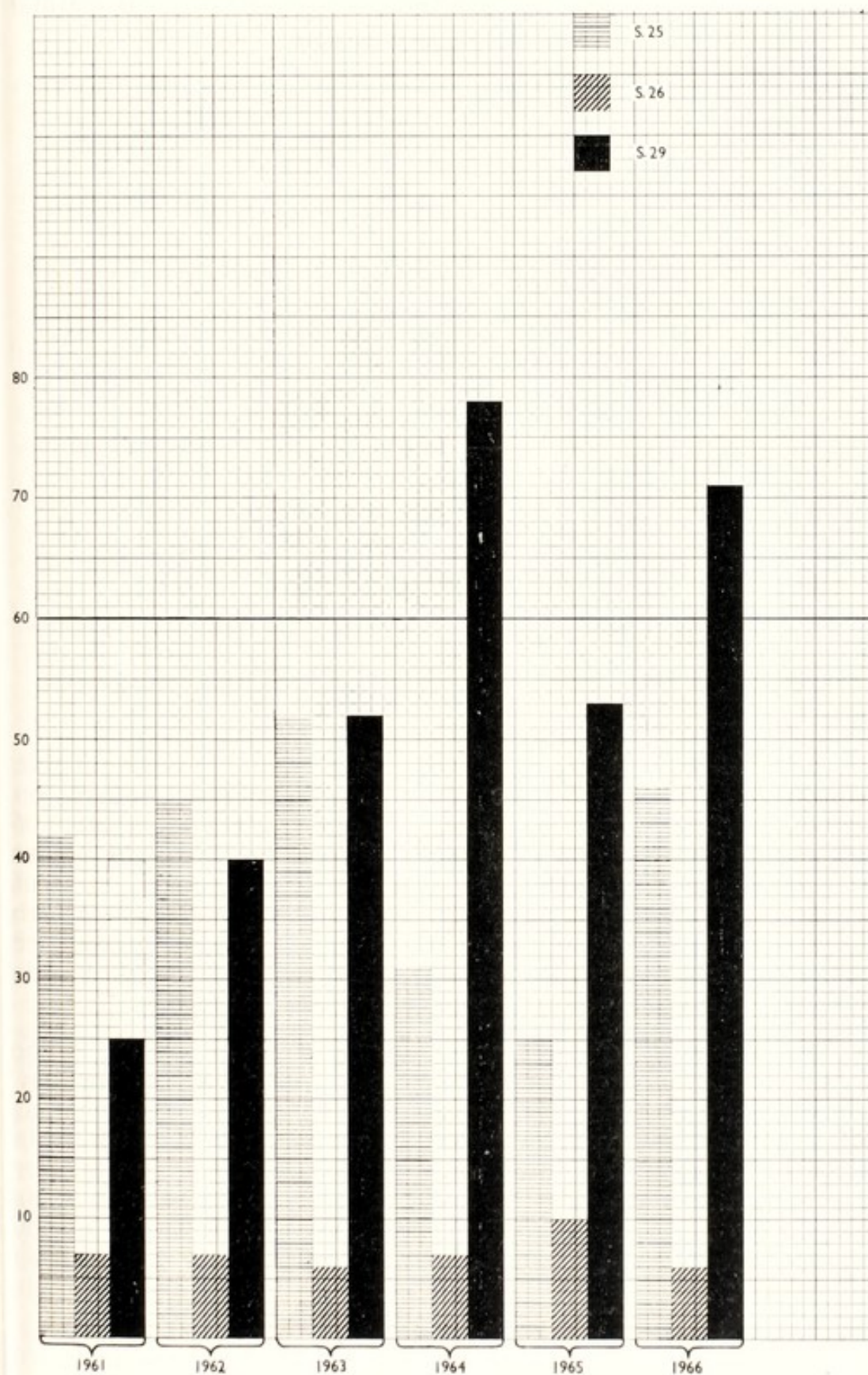




TABLE II  
MENTAL HEALTH ACT, 1959

Table showing numbers and percentages of admissions to hospital  
under compulsory measures

	SECTION 25		SECTION 26		SECTION 29		TOTAL
	Number	Per-centage	Number	Per-centage	Number	Per-centage	
1961 ..	42	56.8	7	9.4	25	33.8	74
1962 ..	45	48.9	7	7.6	40	43.5	92
1963 ..	52	47.3	6	5.4	52	47.3	110
1964 ..	31	26.7	7	6.1	78	67.2	116
1965 ..	25	28.4	10	11.4	53	60.2	88
1966 ..	46	37.4	6	4.9	71	57.7	123
TOTAL	241	40.0	43	7.1	319	52.9	603

## INFECTION

The Notification Act by which in England and Wales notifiable diseases in an area have to be notified by general practitioners "on becoming aware" may require amendment. The character of infection is changing and some of the diseases included may be out of date. The bacterial nature of disease is being replaced by virus infections of a considerable range and complexity and include such diseases as Infectious Hepatitis which has a seasonal prevalence and a particular incidence among school children. Cases of this type have been followed up unofficially with good results.

All infectious diseases are diligently followed up by Public Health Inspectors except in cases of whooping cough and measles. Both of these diseases have increased in 1966. Measles vaccine has not as yet emerged from the trials into common use. An increase in incidence in 1966 was noted towards the end of the first quarter and increased to a peak in the late autumn. Measles and whooping cough, the latter modified by vaccination, are followed up by Health Visitors. The infectious diseases notifications are summarised on Table XXII.

TABLE III

Disease	Number	
	Notified	Confirmed
Anthrax .. .. .	—	—
Smallpox .. .. .	—	—
Dysentery .. .. .	52	51
Food Poisoning .. .. .	11	11
Typhoid Fever and Enteric Fever ..	—	—
Para-Typhoid .. .. .	3	3
Scarlet Fever .. .. .	24	24
Malaria .. .. .	—	—
Diphtheria .. .. .	—	—
Puerperal Pyrexia .. .. .	—	—
Erysipelas .. .. .	—	—
Ophthalmia Neonatorum .. .. .	—	—
Acute Encephalitis .. .. .	—	—
Acute Poliomyelitis .. .. .	—	—
Cerebro-spinal Fever .. .. .	—	—
Measles .. .. .	688	686
Whooping Cough .. .. .	42	42
Pneumonia—Primary .. .. .	13	13
Meningococcal Infection .. .. .	—	—
Tuberculosis—		
Respiratory .. .. .	38	38
Other Forms .. .. .	13	13

There were four cases of Food Poisoning coming to the notice of the department during the year. Two of these notifications were not confirmed but involved eight contacts; 16 specimens were taken. The causative organism in the third case was *Salmonella Typhimurium* and involved three contacts, two of which proved positive. Six specimens were taken. Another case notified as Gastro Enteritis proved to be Food Poisoning due to *Salmonella Anatum*. This involved five contacts of which two proved positive and 18 specimens were taken. Steps were taken to investigate the source of infection in the latter two cases, but this was not possible.

There were 35 cases of Gastro Enteritis with 80 contacts and 142 specimens examined. All 35 cases were treated in hospital.

Dysentery occurred in nine cases with 25 contacts. Six of the cases were treated in hospital and 72 specimens were examined. It is of interest to note that two of the cases were due to *Shigella Flexneri* and it was found that eight contacts of these cases were also affected.

An outbreak of Sonne Dysentery occurred at a local hospital for the elderly when 46 patients and staff were affected. Some of



these cases were transferred to an Infectious Diseases Hospital and the department arranged for the examination of 39 specimens from members of the Hospital Nursing Staff.

TABLE IV FOOD POISONING

No. of notifications	..	4
No. not confirmed	..	2
Identified Agents:		
Salmonella Typhimurium		1
Salmonella Anatum	..	—

#### VENEREAL DISEASE

I am indebted to Miss Davie for keeping me informed of her public health activities in relation to specific infection. During the year the work of following up cases has been reviewed with my colleagues in the West Riding and Huddersfield. Last year the trend of increase was seen to be flattening and this year the constituent diseases are on the decline. The health visitation of venereal disease is shared in the person of Miss Davie with the West Riding, Dewsbury and Huddersfield. This enables a better supervision of the individual cases and the follow-up of contacts to be established in relation to Halifax cases attending hospital out-patients' departments outside the County Borough. From the tables it is seen that a great deal of time is spent on securing attendances of cases and contacts. Several Pakistanis who were defaulting from treatment were found to have returned to Pakistan or removed from the district.

The tables also set forth the volume of V.D. cases in Halifax and the new cases which have been diagnosed during the year.

TABLE V

Total number of defaulting patients	..	..	..	..	29
„ „ „ attendances after visit	..	..	..	..	21
„ „ „ revisits to defaulters	..	..	..	..	7
„ „ „ ineffectual visits	..	..	..	..	54
<hr/>					
Total number of contacts	..	..	..	..	5
„ „ „ revisits	..	..	..	..	2
„ „ „ ineffectual visits	..	..	..	..	18
„ „ „ attendances at clinic	..	..	..	..	5
<hr/>					
A.N.C. patients found negative	..	..	..	..	—
<hr/>					
Total number of Clinic attendances for year 1966	..	..	..	..	196
<hr/>					
Total number of visits for all purposes for year 1966	..	..	..	..	461
<hr/>					
Positive Wassermann	..	..	..	..	3
Attended	..	..	..	..	3



TABLE VI  
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
1966	..	..	..	..	281	144	425

Of the five males suffering from syphilis there were three British and two Pakistanis all over the age of 25 years.

Of the four females suffering from syphilis, there were three British and one Maltese.

Of the forty-four males suffering from gonorrhea, twenty-one were British, four were Irish, four were West Indian, nine were Pakistani, one was Greek and one was Indian, all over the age of 20 years.

Of the twenty-eight females suffering from gonorrhoea, twenty-seven were British, and one was Yugoslavian. The women's age group was younger than the men's.

There were no coloured females with syphilis or gonorrhoea.

From this report the venereal disease position as regards incidence has improved. A vigorous system of follow-up has kept infection in check. The following figures of new cases include local patients attending Treatment Centres.

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

TABLE VII

					Local Clinic	Other Clinics
Syphilis	..	..	..	..	9	—
Gonorrhoea	..	..	..	..	72	5
Other Conditions	..	..	..	..	212	18

#### TUBERCULOSIS

Once again the notification of new cases of Tuberculosis has shown a decline, there being ten fewer cases in 1966 as compared to the previous year. Perhaps the most significant fact that emerges is a marked decrease of notifications from Respiratory Tuberculosis, approximately 33% fewer cases notified in 1966—25% fewer cases in the indigenous community, and 45% fewer in the immigrant population.

It is possible that the sharp decline in respiratory disease of the immigrant population is due to the new immigration regulations.

Of the 33 respiratory cases, twelve had positive sputum, and would have constituted potential danger as a reservoir of infection had they not been treated. The average length of stay in hospital was 132 weeks.

Whilst there has been a decline in the number of new notifications from Respiratory T.B., the same cannot be said for Non-Respiratory cases, which has shown an increase, twelve new cases as compared with three in 1965.

There was a slight improvement in the number of school children who accepted Heaf Tests, 58.5%; the number of B.C.G. acceptances will need to be increased still further if we are to afford to the future generations protection against T.B. and to finally relegate incidence to the category of medical rarities.

Of the 953 children Heaf tested, 125 (14%) were Heaf positive, 119 of which attended X-Ray; the remaining 763 negative cases were given B.C.G.

A total of 273 domiciliary Heaf Tests gives some indication as to the follow up and preventive measures that are taken by the Department assuring that all possible sources of infection are eliminated.

*Immigrants* The number of immigrants arriving remains fairly constant. Out of the 53 cases that were referred, 47 were contacted; 12 of these had X-Rays on arrival to the U.K. and 18 attended at the Bradford M.M.R. Unit. Of the 47 immigrants contacted, 62.8% had X-Rays.

As far as the Health Department is aware, there has not been one case notified as a result of these X-Rays, although there have been two cases referred to their G.P.'s with other abnormalities. One immigrant who arrived in 1965, and was Heaf +ve was subsequently notified the following year.

Six immigrants were not contacted, three addresses given had been demolished and three had already left the area by the time we received the advice notes. On making contact, the immigrants are strongly advised to register with a G.P. as soon as possible, and often in the case of families with young children, are referred to the Health Visitors so that early surveillance may be given.

Industry has been much slower in taking advantage of the facilities offered by the Health Department in its services to examine new immigrant employees; whilst it is agreed that theoretically all new immigrants should have been screened on arrival into this country, undoubtedly there are a great number who escape the net. The Heaf Test provides a satisfactory and simple method with very little disruption or loss of work. All the positive cases could then be referred to X-Ray and any source of infection effectively controlled.

This work unfortunately is not without difficulties. To some extent the immigrant population is a floating one so far as work is



concerned, and there is the possibility that they could be Heaf tested and X-rayed several times in the space of a few months. There would appear to be a real need for some positive identification or perhaps provision for the record of this on their Insurance Cards.

19 patients were supplied with free milk from the Health Department and amounted to a total of 465 gallons.

The continued co-operation of the Public Health Inspectors and the Housing Department has been much appreciated, and also the help given by the Chest Clinic.

TABLE VIII

*Immigrants*

Commonwealth countries:

Hong Kong	..	4
Carribean	..	3
India	..	12
Pakistan	..	23

Non-Commonwealth countries:

European	..	5
Others	..	2

TOTAL 53 (of which 9 were children)

TABLE IX

INCIDENCE

R: Respiratory. NR: Non-Respiratory

Age Group	R		N		PAKISTAN				ALL CASES				1966 PERSONS			1965 PERSONS		
					R		NR		R		NR		R	NR	Total	R	NR	Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
0-4	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	1	—	1
5-9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10-14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
15-19	1	3	—	—	—	1	1	—	1	4	1	—	5	1	6	5	—	5
20-24	1	—	—	1	2	—	1	—	3	—	1	1	3	2	5	7	—	7
25-29	2	1	1	—	3	—	1	—	5	1	2	—	6	2	8	10	—	10
30-34	—	—	1	—	2	—	3	—	2	—	4	—	2	4	6	7	1	8
35-39	3	1	—	—	2	—	—	—	5	1	—	—	6	—	6	5	—	5
40-44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4
45-49	1	—	—	—	—	—	—	—	1	—	—	—	1	—	1	4	—	4
50-54	5	1	2	—	—	—	—	—	5	1	2	—	6	2	8	3	1	4
55-59	1	2	—	—	—	—	—	—	1	2	—	—	3	—	3	6	—	6
60-64	3	—	—	—	—	—	—	—	3	—	—	—	3	—	3	2	—	2
65 &	6	2	—	—	—	—	—	—	6	2	—	—	8	—	8	7	—	7
Totals	23	10	5	1	9	3	6	—	32	11	11	1	43	12	65	62	3	65



TABLE X  
Summary 1966

New Cases, Respiratory:				
New Cases, Respiratory:				
(excluding Pakistanis)	Male	..	..	23
	Female	..	..	10
Pakistanis .. ..	Male	..	..	9
	Female	..	..	1
Total Respiratory				43
				62
New Cases, non-Respiratory				
(excluding Pakistanis)				
	Male	..	..	5
	Female	..	..	1
Pakistanis .. ..	Male?	..	..	6
Total non-Respiratory				12
Total New Cases 55				
Transfers in 1966 14				
Transfers in 1966 Non-Pakistani Respiratory 14				

TABLE XI

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
1966	10	6	16	79

TABLE XII

HEAF TESTS 1966

Domiciliary	Negative	..	..	129
	Positive	..	..	46
	Total	..	..	175
Others	Negative	..	..	30
	Positive	..	..	68
	Total	..	..	98
Totals	Negative	..	..	159
	Positive	..	..	114
				273

TABLE XIII

## SUMMARY NON-RESPIRATORY

Cervical Adenitis	M	5 Pakistani
Meningitis —	M	1 deceased
Lupus Vulgaris	M	1
Pericarditis —	M	1
Genito-urinary—	M/F	2
T.B. child, aged 4	M	
Intestine —	M	1 Pakistani

TABLE XIII(a)

## CHEST CLINIC.

B.C.G. 116 (including new born infants)  
Heaf Tests 35.

TABLE XIV

## POSITIVE SPUTUM

New cases	..	..	..	..	12
Old Cases	..	..	..	..	12
					<hr/> 24 <hr/>

TABLE XIV(a)

## X-RAYS

X-Ray appointments, Contacts attended	..	144
Failed to attend	.. .. .	46=22.2%
		<hr/>
Total Number of Contacts	.. .. .	190 <hr/>

TABLE XV

## ADMITTED TO SANATORIUM

Northowram	..	..	..	..	..	55
Grassington	..	..	..	..	..	1
						<hr/>
Total Admitted	..	..	..	..	..	56 <hr/>

## DISCHARGES

Took own discharge against medical advice						5
Normal discharge	..	..	..	..	..	57
Died	..	..	..	..	..	3
						<hr/>
Total	..	..	..	..	..	65 <hr/>

Average length of stay in Sanatorium 13 weeks 5 days.

TABLE XVI

## MASS RADIOGRAPHY

Report on Mass Radiography Survey held in Halifax  
October-November, 1966

## EXAMINATIONS CARRIED OUT

	Males	Females	Total
Number of Miniature X-rays taken	2,104	1,550	3,654
Number of large films taken . .	16	9	25

## ANALYSIS OF PROVISIONAL FINDINGS

	Males	Females	Total
Cases of Active Tuberculosis . .	3	—	3
Cases of Inactive Tuberculosis	1	2	3
Other Abnormalities . . . .	11	6	17

(Table showing prevalence is reported in Section I, page 30, and Table XXV).

## AGED PERSONS

The visitation of this section of the community has continued to expand, in spite of staff difficulties during 1966. There is now a total of 824 elderly persons who receive regular visits, an increase of 215.

In Table II, it can be seen that 768 cases were receiving visits at the end of December. Of these, 296 were living alone, this group again shows an increase of 21, and it is as it should be, for it is not until the department is able to know of all elderly people living alone that tragedies can be averted. It was to this group of "at risk" elderly that particular attention was paid during the winter months. All received monthly visits, most fortnightly and some weekly, in an effort to forestall any emergency that could have possibly arisen. Fortunately, the winter was relatively mild, but even so there were instances where some were living in extremely frigid conditions, and one elderly person had to be removed to hospital for her own sake. The temperature in her bedroom was 42°F (4.4°C) with very little improvement in the living room, where the only heat was that supplied by an ancient and not very efficient gas ring.

A good relationship is being established between the Medical Social Service Departments of the hospitals, who request visits and reports of home conditions of those who have been admitted to hospital in a neglected condition, with a view to all necessary services available being implemented before the patient's discharge. These we are only too glad to be able to provide, and the hospitals on their part as a result of the reports have been able to delay discharge a day or so in some instances, to give us the necessary time to make adequate arrangements at home. Even so, it is felt that prior adequate notice of all elderly discharges would improve the situation, where an elderly person can be discharged to an equally elderly relative without any help or provision available at home.

Some attempt has been made in this report to group the number of patients in the main types of disabilities (Table VI) but it must be



pointed out that this is only from our own observation, as we do not always obtain the diagnosis from the patient's general practitioner. Nevertheless, it does provide some indication to the main complaints and also points to the problems which do arise in the question of re-housing, the availability of shops and ground floor accommodation.

The new Welfare and warden type homes are making their presence felt, coupled with the slum clearance and re-development in the town. There are, perhaps, fewer cases of the elderly living in bad housing conditions, but this is not to say that there are fewer cases who are living in neglected conditions, for given modern housing alone, it is not sufficient to prevent the elderly citizen from gradually entering a state of decline and general apathy. Even in the modern flats there are those who would soon be back to their old conditions if it were not for the various services that are provided by the Health Department and financial help given by the Council of Social Security. Regular visits by the specials, home helps and chiropodist all help to maintain contact with an outside world to an otherwise isolated and house-bound person. As a result of these regular visits, any signs of deterioration are soon noticed and conditions prevented from becoming worse.

The help given by the Welfare Department has been much appreciated in the provision of household effects, and the continued and willing support of the W.R.V.S. in supplying clothes to the needy has been of real benefit.

TABLE XVII

Total on Register 1965	..	..	..	..	609
New Cases 1966	..	..	..	..	337
					<hr/> 946
Died or left area	..	..	..	..	122
					<hr/> 824
Total on Books 1966	..	..	..		824

COMPARISON TABLE 1963-1966

1963 - 342 Cases  
 1964 - 394 Cases  
 1965 - 609 Cases  
 1966 - 824 Cases

TABLE XVIII  
 DISTRIBUTION OF CASES

Part III	..	..	..	..	..	31
Acute Hospitals	..	..	..	..	..	24
Storthes Hall	..	..	..	..	..	1
Welfare Homes	..	..	..	..	..	64
Warden Type Flats	..	..	..	..	..	19
						<hr/>
Constant Supervision	..	..	..	..	..	768
Home Cases Live alone	..	..	..	..	..	296
						<hr/>
Total	..	..	..	..	..	1,064

Home Helps	..	..	..	..	..	172
Meals on Wheels	..	..	..	..	..	23
Welfare Visits	..	..	..	..	..	157
Fireguards Issued	..	..	..	..	..	14
Clothing Issued, W.R.V.S.	..	..	..	..	..	37

TABLE IX

Could Benefit Part III	..	..	..	..	40
Refused Part III	..	..	..	..	10
Require re-housing due to age and disability	..	..	..	..	24
Applied re-housing	..	..	..	..	41

TABLE X

Cases referred by:—

Health Department	..	..	..	..	19
Home Helps	..	..	..	..	18
Medical Social Worker	H.G.H.	..	..	..	17
„	„	„	R.H.I.	..	39
„	„	„	St. John's	..	7
„	„	„	Pinderfields	..	2
Chiropody	..	..	..	..	408
Welfare Services	..	..	..	..	29
Council of Social Service	..	..	..	..	3
W.R.V.S.	..	..	..	..	5
District Nurse	..	..	..	..	27
Housing	..	..	..	..	1
G.P.'s	..	..	..	..	13
Mental Health	..	..	..	..	2
Others	..	..	..	..	47
TOTAL NEW CASES					337

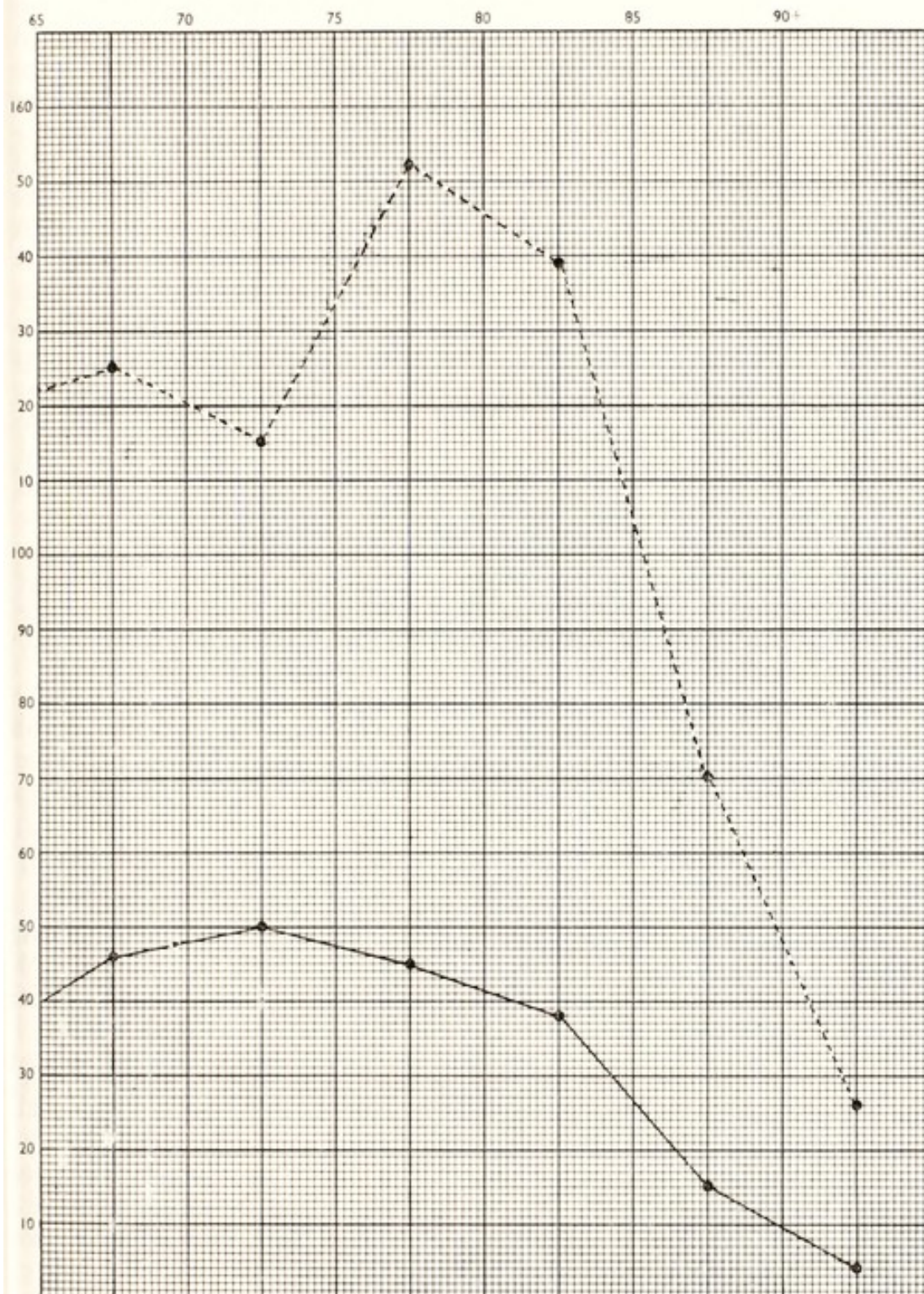
TABLE XXI

RATIO OF MALES AND FEMALES ON RECORDS

Age Group	Male	Female	Ratio Male to Female
65 - 69	46	125	1-2.7
70 - 74	50	115	1-2.3
75 - 79	45	152	1-3.3
80 - 84	38	139	1-3.6
85 - 89	15	70	1-4.6
90+	4	25	1-6.2
TOTAL	198	626	1-3.2



# AGE GROUP



## NO. OF CASES

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

Men UNBROKEN LINE  
Women BROKEN LINE

Ratio men to women all age groups 1 - 3.2.



## MENTAL HEALTH

The number of patients referred to the Mental Health Section during 1966, reached the unprecedented figure of 1,275 (1,045 in 1965). The statistics set out the sources from which they were referred. It is noted that 412 or 32.3% of the total number were patients referred for the first time, the remaining 67.7% having previously been dealt with by the Service. This trend makes it quite clear that there is a weakness in the supervision of former patients living in the community. The number of admissions to hospital with which the Mental Welfare Officers have been involved has again increased over the previous year, 399 against 303 in 1965. It is also noted that the number of compulsory admissions has increased from 88 in 1965 to 123 during 1966. This is a significant fact bearing in mind that the percentage of compulsory admissions account for about 30 per cent of all admissions dealt with by Mental Welfare Officers. The time spent on admissions during the year has increased – 1,621 hours in 1966 against 1,208 hours in 1965. With this demand on time it is no surprise that time cannot be given to effective case work. The case load of patients in all categories is perpetually increasing and had reached the figure of 874 at the end of 1966. It is most difficult to decide when a former patient can be removed from the active register of persons receiving care as it is not unusual for many of them to come to notice again.

The number of patients referred to General Practitioners again increased to 355 against 228 the previous year. Many of these ultimately were referred to out-patients' clinics or to the psychiatrists for domiciliary visits. Every effort is made to avoid admission to hospital and consequently the load is increased on the community services.

During 1966, the number of visits made by Mental Welfare Officers increased to 6,023 from 5,418 during 1965. The number of visits is not a true account of the work involved as the length of time varies considerably depending upon the needs of the person.

The staff of the Section were actively involved in work at the out-patient clinics and the psychiatric unit at the Halifax General Hospital. They worked in close conjunction with the psychiatrists both in the hospital and on domiciliary visiting. This ensures a continuity of contact with the patient from the time he is referred. Where possible contact is maintained during treatment in readiness for discharge taking place and follow-up in out-patient clinics.

During 1966, the staffing position was below strength and the Section was virtually an Officer short for most of the year. In September the amalgamation of the Home Help Service with other community care services already established at North Parade Clinic was made possible by the secondment of a Mental Welfare Officer acting as Home Help Organiser. This was brought about because of the resignation of the Home Help Organiser but, of course, weakened the staff of the Mental Health Section. Consequently



heavier demands had to be made on the other members of the staff and they are to be commended for the way in which the Service has been maintained.

The total number of subnormal persons in the community under the care of the Department increased to 191 at the end of 1966 as against 173 in 1965. Difficulty in maintaining staff in the Special Nurses' Section during the year reflected adversely on the number of visits made to these persons which fell from 896 during 1965 to 562 in 1966. The position was aggravated by the fact that the Mental Welfare Officers were so involved with the care of the mentally ill that visits to subnormal persons were fewer.

The amount of work accomplished could not have been done without the continued use of personal cars operating under the Corporation Car Allowance Scheme. The easy mobility of staff is absolutely essential in this work if any success is to be achieved at all. Any other form of transport would be either inadequate or too expensive.

The integration of Social Worker staff in the Mental Health and Child Guidance Services continued to prove effective. A number of situations arose where the whole family was involved in a state of emotional instability and such matters cannot be resolved without co-ordinated effort. The co-operation of Social Workers in other Departments was much appreciated and many problems have been dealt with by combined effort.

The unification of the major community care services in September began to make it clear that these services can be more effectively administered and deployed by this method. The resources of the Health Department in dealing with social needs and having them collectively sited at North Parade Clinic is both convenient to the Department and the public. Frequently, a situation comes to notice which requires the provision of more than one service and the inter-change of information amongst the staff is valuable. These services must be in close touch with the specialised care given by the nursing staff of the Department and close liaison through the Superintendent Nursing Officer is maintained.

Twenty-five children were receiving training at the end of the year at Furness Park Training Centre. The attendance throughout the year was reasonably good when one takes into account that a number of these children are more susceptible to illnesses and prolonged absences than the average child. The admission of children at an early age has definite advantages and although they do create problems regarding toilet habits, etc. the staff coped very well. During the past year there has been an increased number of children brought to notice who would benefit from care in a special unit for the severely subnormal, but facilities available at Furness Park limited the number which could be managed.

In the Adult Centre light industrial work supplied by a number of local firms has been further developed under the guidance of the



Instructors. The variety of work has not only produced a substantial income, but has widened the interests of the trainees. The firms who have very kindly provided the work have expressed satisfaction in the way in which it has been completed. The regular attendance of the trainees is indicative of the value and need for this kind of activity and the fulfilment of plans to erect a purpose-built Industrial Centre in the future will enable further development to take place.

Residential care provided by the two hostels continued throughout the year.

There were 29 admissions during 1966 to Theophilus Cottage Hostel, representing 11 men and 8 women, a number of them having spent more than one period there during the year. This is a short-term hostel for persons recovering from mental illness and only in exceptional circumstances where rehabilitation may take longer than average, the usual length of stay is about three months. Apart from direct admissions from hospital, a number were admitted from the community. The temporary residents in the hostel during which time they were treated at the out-patient clinic, avoided hospital care becoming necessary. Many of the former residents visit the hostel from time to time and this is useful in maintaining contact and bringing to notice problems with which they may be faced. Experience in the rehabilitation of long-stay hospital patients through hostel has proved successful although it is appreciated that such persons need more time than the average. These persons must be selected very carefully as the hard shell of institutionalisation is hard to break.

The hostel continued to be open one afternoon each week for elderly persons known to the Department who were living alone and for whom the company of others is helpful.

The hostel at Furness Gardens for subnormal persons complete a full year of operation during 1966. Eight different persons stayed in the hostel during the year and in the main the stay was more prolonged. This hostel has become a settled home for the majority of the residents, for whom there would have been no other suitable type of accommodation outside hospital. None of them required care in hospital. Two were able to follow normal employment and the others attended the nearby Training Centre. This kind of person requires supervision in such matters as personal hygiene, habits, spending of leisure time and an appreciation of money values. During the summer the residents, accompanied by the House Parents, spent a week's holiday at Scarborough at the house owned by the local Society for Mentally Handicapped Children. The hostel is organised as a family unit, each of the residents lending a hand in the routine domestic duties as they would be expected to do in their own home. Plans are afoot for a similar hostel to be opened in 1967, which again will be in close proximity to the Centre. These small



units are preferable to the larger-type homes and with care can be economically administered.

The therapeutic social club for persons recovering from mental illness has continued to function during the year. Various forms of activities have been arranged and the club obviously serves a very useful purpose in the rehabilitation and resocialisation programme. The painting group within the club under the direction of Dr. Goddard produced pictures sufficient in number to warrant an exhibition in the Town Hall. This was opened by the Mayor of Halifax and was well supported by members of the public. It was one of the means of bringing the activities of the club to public notice.

The local Society for Mentally Handicapped Children continued to hold their social club for mentally handicapped persons and there is no doubt that those who attend enjoy the benefits of such a club. The Society is to be commended for their efforts in this and in many other directions so far as the needs of this group of people are concerned.

The year 1966 was the first of three years during which a special Mental Health Week is to be observed. In Halifax a considerable amount of effort was made to bring this public health matter to the notice of the community. An exhibition was staged in the Town Hall, films were shown, visits to hospitals, training centre and hostels were arranged. The Department co-operated with the Local Association for Mental Health and the Society for Mentally Handicapped Children in making the arrangements. The response by the public was not as enthusiastic as one would have hoped, but, nevertheless, the public of Halifax was made aware of what is being done for mentally disordered persons locally. The observance of Mental Health Week will be repeated in 1967 and in 1968 which will be recognised as Mental Health Year.

As in the past there was good co-operation between the hospital, general practitioner services and the Department. We are satisfied that a good service is being given within the limits of our respective resources to the community. These can only be of the best by providing finance, personnel, premises, etc., and as these become available to serve as an incentive for further development, we are satisfied that the foundations laid over the past year in Halifax will ensure a betterment of our services in the future.

We have been fortunate in Halifax that the voluntary spirit prevails in mental health activities. Personal and financial aid has been afforded many people outside the reach of the Department's resources. The local Association for Mental Health has done much to prosper the public interest in this field. Representation on their management committee by staff of the Department has been useful and appreciated. The Association was generous on many occasions in assisting former patients to overcome problems such as setting up homes, and providing needs of patients leaving hospital. The



local Samaritan Service has co-operated with the Department in assisting persons in despair. The Women's Royal Voluntary Service has always been ready to help with clothing, bedding, furniture, etc. and the Department has reason to be grateful for this help.

The Council of Social Service has also been of great assistance in easing difficult problems frequently facing mentally disordered persons.

The Mental Health and Care Sub-Committee dealt with matters relating to the Mental Health Section and met regularly throughout the year.

Staff as at 31st December, 1966:

Medical Officer of Health

John G. Cairns, M.B., Ch.B., D.P.H., F.R.S.H.

Deputy Medical Officer of Health

William B. Whisker, M.B., Ch.B., D.P.H.

Senior Mental Welfare Officer

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

Mental Welfare Officers

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

Mrs. P. C. Tansley

Mrs. R. A. McNamara (seconded Acting Home Help  
Organiser)

Social Worker

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

Welfare Assistants

Miss P. A. Hutchinson

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

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

William B. Whisker, 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.

Montague Segal, B.Sc., M.B., M.R.C.P.G., M.R.C.S., 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	269
(b) Relatives	163
(c) Hospitals	490
(d) Psychiatric Clinics	170
(e) Local Education Authority	17
(f) Police	56
(g) Other sources	110

---

1,275



2. Of the patients referred (as para. 1) number:—	
(a) Admitted to hospital under:—	
(i) Mental Health Act, 1959, s.5 (Informal) ..	276
(ii) Mental Health Act, 1959, s.25 (Observation) ..	46
(iii) Mental Health Act, 1959, s.26 (Treatment) ..	6
(iv) Mental Health Act, 1959, s.29 (Emergency) ..	71
	<hr/>
	399
(b) Referred to General Practitioners and Psychiatric Clinic .. .. .	355
(c) Referred for After-care (Mental Illness) .. ..	373
(d) Referred for domiciliary visiting (Subnormality) ..	24
(e) Referred for Guardianship .. .. .	—
(f) Referred to other social agencies .. .. .	47
(g) Admitted to Training Centres (included in (d) above)	12
(h) Other means .. .. .	77
	<hr/>
3. Number of visits:—	
(a) Mental Illness .. .. .	5,461
(b) Subnormality .. .. .	562
	<hr/>
	6,023
	<hr/>
4. Number of sessions attended at Psychiatric Clinics ..	251
5. Number of patients under care of the Local Health Authority on 31st December, 1966:—	
(a) Receiving domiciliary visits:—	
(i) Mentally ill .. .. .	645
(ii) Severely Subnormal .. .. .	50
(iii) Subnormal .. .. .	141
(iv) Psychopathic .. .. .	38
	<hr/>
	874
	<hr/>
(b) Receiving training:—	
Males under 16 years .. .. .	14
Females under 16 years .. .. .	11
Males 16 years and over .. .. .	21
Females 16 years and over .. .. .	20
	<hr/>
	66
	<hr/>
(c) Receiving residential care:—	
(i) Tneophilus Cottage Hostel (Mental Illness) ..	3
(ii) Furness Gardens Hostel (Subnormality) ..	6
	<hr/>
	9
	<hr/>

## THEOPHILUS COTTAGE HOSTEL RESIDENTS DURING 1966

1. Mr. T.P.M. — Aged 45 years — Single  
Admitted 4.1.66. Schizophrenia.

Was admitted from his home which was about to be demolished. Had lived with his aged mother and her admission to care brought his plight to notice. Seen by psychiatrist who felt hospital treatment would be ineffective. Had not worked for 10 years, no income, ineligible for benefits. Soon after admission to Hostel he was re-instated with his former employer and worked regularly. Required complete resocialisation and obviously in need of extended period of care.

2. Mr. J.M. — Aged 42 years — Married, apart  
Admitted 6.1.66. Discharged 10.6.66. Depression

Was admitted from lodgings where he had been living alone following matrimonial difficulties with his wife and family. He tended to seek solace in drink and had come under influence of Alcoholic Club. When admitted to Hostel was very depressed which was reactive to his circumstances. With help of out-patient clinic he returned to work, maintained sobriety and discharged to his own Council flat obtained by co-operation with Housing Department. Assistance given by Association for Mental Health in providing him with household goods, etc. Complete breakdown averted.

3. Miss M.G. — Aged 43 years — Single  
Admitted 25.1.66. Discharged 28.1.66 Depression

Had been resident previously in 1965 following treatment in hospital from which she made a good recovery and went to live in private lodgings. On this occasion she had a minor relapse and to enable her to overcome this, stayed in the Hostel for four days. Owing to suicidal threats in past, considered wiser to give her supervision until the episode past. Re-admission to hospital averted.

4. Miss U. W. — Aged 36 years — Divorced  
Admitted 9.2.66 Discharged 10.3.66 Recurrent depression  
Re-admitted 10.4.66 Discharged 12.4.66  
Re-admitted 16.4.66 Discharged 11.6.66

Had spent some years in Storthes Hall Hospital and previous attempts to rehabilitate her in the community had failed. With perseverance and co-operation with the Hospital she was finally placed in work and eventually well enough to leave the Hostel and live with friends.

5. Mrs. F.A.T. — Aged 62 years — Widowed  
Admitted 24.2.66 Discharged 19.3.66 Depression

Had been a long-stay patient in Storthes Hall Hospital who had been living satisfactorily with another ex-patient. This friend had to return for a further period of treatment and in her absence Mrs. F.A.T. came into the Hostel. She was a regular attender at the afternoon ladies' meeting at the Hostel.



6. Mr. H.C. — Aged 22 years — Single  
Admitted 20.2.66 Discharged 28.2.66 Schizo-affective state in an E.S.N. person.  
Re-admitted 5.3.66 Discharged 2.5.66  
Had been in the Hostel on a number of occasions in the past. Was re-admitted following further treatment in Hospital. He did not maintain and had to be returned after a week in the Hostel. He eventually decided to join the Forces, but he could not make the grade and ultimately went to live with his mother who had in the meantime separated from her husband.
7. Mr. J.C. — Aged 58 years — Widowed  
Admitted 5.3.66 Discharged 15.5.66 Alcoholic  
Had been in constant trouble with police for drunkenness. Had had no settled way of life. Came under influence of Alcoholic Club and in an attempt to help him he was admitted to Hostel. A measure of success achieved, but he became unco-operative and had to be discharged.
8. Miss E.B. — Aged 59 years — Single  
Admitted 11.3.66 Discharged 23.7.66 Paranoia  
Had been a patient at Storthes Hall Hospital for many years. Had been working out from the Hospital at a laundry. Had no home or relatives. On admission to Hostel she was found similar work in Halifax. Quite successful and eventually moved into private lodgings.
9. Mr. W.D. — Aged 37 years — Single  
Admitted 25.3.66 Discharged 15.4.66 Delusional  
Admitted on discharge from Storthes Hall as he was in need of a short period of care before returning to live with his aged mother who is blind. He was partially sighted and had worked at the Blind Workshops. Whilst in Hostel he returned to work and was fit enough to return home.
10. Mr. B.B.Snr. — Aged 59 years — Married/Apart  
Admitted 12.4.66 Discharged 22.7.66 Depression  
Had been resident in Hostel on a number of occasions in the past owing to depressive episodes. He lived alone in lodgings and with care in the Hostel re-admission to hospital has been avoided. He was admitted again over the Christmas period in 1966.
11. Miss C.V.H. — Aged 44 years — Single  
Admitted 8.7.66 Paranoid schizophrenia  
Had been a patient at Storthes Hall for a number of years and had no relative able to take her. Had been employed within the hospital on clerical duties. On coming to Hostel similar employment was found for her but she had difficulty in resocialising herself. At the end of the year she was awaiting a home of her own being prepared.

12. Mr. E.P.A. — Aged 24 years — Single  
Admitted 20.7.66 Discharged 20.10.66 Psychopath  
This man had been in the Hostel previously. Following another period of treatment in Storthes Hall Hospital, we were asked by the Probation Officer to give the man a period in the Hostel to help him settle down. Whilst there he obtained work and was finally discharged to lodgings.
13. Mr. S. T. — Aged 38 years — Single  
Admitted 30.7.66 Discharged 18.9.66 Paranoid schizophrenia  
Admitted to Hostel following a period of treatment at Storthes Hall Hospital. He had no home of his own and whilst at the Hostel was re-instated in work and ultimately discharged to lodgings.
14. Mr. B. B.Jnr. — Aged 28 years — Single  
Admitted 22.7.66 Discharged 18.12.66 Schizo-affective state in a subnormal person.  
Was transferred from Furness Gardens Hostel to where he had been admitted following treatment at Storthes Hall Hospital. It was found that he fitted in better at this Hostel rather than at Furness Gardens. He worked successfully and finally left to live with relatives.
15. Mrs. E.M.D. — Aged 63 years — Widowed  
Admitted 12.8.66 Discharged 15.8.66 Schizophrenia  
This lady spent three weekends at the Hostel whilst having treatment at St. Luke's Hospital, Huddersfield. She lived alone and was not considered well enough to spend weekends at her own home.
16. Mr. J.C. — Aged 46 years — Single  
Admitted 20.8.66 Discharged 29.8.66 Schizophrenia  
Was transferred from the Furness Gardens Hostel where he was normally resident for a period of one week, in order to make a bed available for another temporary resident.
17. Mrs. A.O. — Aged 41 years — Widowed  
Admitted 19.9.66 Schizophrenia  
Admitted on transfer from Storthes Hall Hospital where she had been a patient for a number of years. All efforts to rehabilitate her from the Hospital had failed and she was obviously in need of a long period of care. Gradually she was resocialised and was found employment in the hospital laundry where she was working satisfactorily at the end of the year. Plans were being made for her to take tenancy of a Corporation house with another former patient.
18. Mr. P.T. — Aged 17 years — Married  
Admitted 16.10.66 Discharged 3.12.66 Psychopath



19. Mrs. E.M.T. — Aged 20 years — Married  
Admitted 16.10.66 Discharged 3.12.66 Depression in inadequate personality

This young married couple had been living in furnished accommodation from which they were evicted. Both of them had had psychiatric treatment in Hospital. He was a diabetic and without supervision refused to take his insulin by injection. With some difficulty a routine was established, both were found employment and eventually were discharged together to a Corporation house.

#### FURNESS GARDENS HOSTEL RESIDENTS DURING 1966

1. Mr. G. B. — Aged 21 years — Single  
Admitted 13.11.65

Had been a resident since the opening of this Hostel. Circumstances at home made it impossible for him to be cared for by his parents. His behaviour there caused upset for his father who was a chronic invalid. He attended the Training Centre.

2. Mr. J.D. — Aged 35 years — Single  
Admitted 13.11.65

Had been a resident since the opening of this Hostel and attended the Training Centre. He has no home of his own or relatives to look after him.

3. Mr. J.C. — Aged 46 years — Single  
Admitted 13.11.65 Schizophrenia

This man had formerly resided at Theophilus Cottage but because of his need for long-term care he was transferred to Furness Gardens. He is unable to follow normal employment and attends the Furness Park Training Centre.

4. Mr. S.N. — Aged 22 years — Single  
Admitted 20.12.65

Had been a patient at Westwood Hospital and on coming into the Hostel he was able to follow employment which had been found for him whilst in the Hospital. He has no relatives able to care for him.

5. Miss M.C. — Aged 27 years — Single  
Admitted 2.5.66

This young woman was admitted in an emergency when she was evicted from her sister's home. She had been a patient at Westwood Hospital in the past. Was attending the Training Centre.

6. Mr. B.B. Jnr. — Aged 28 years — Single  
Admitted 10.6.66 Discharged 22.7.66

Was admitted following treatment at Storthes Hall Hospital but was later found to be more suitably placed at Theophilus Cottage to where he was transferred.

7. Mr. A.E. — Aged 25 years — Single  
Admitted 20.8.66 Discharged 29.8.66  
Was admitted in order to allow his mother, with whom he lived alone, to have a holiday.
8. Mr. K.D. — Aged 28 years — Single  
Admitted 10.8.66  
Was admitted from St. Catherine's Hospital, Doncaster, where he had been a patient for many years. He had no relatives able to look after him. He was unemployable and attended the Training Centre.

The following report on the activities at Theophilus Cottage Hostel has been submitted by the Matron:

Apart from the daily care of hostel residents we maintain the following services. These have built up during the past two years.

1. Persons who have previously stayed in the hostel telephone weekly or fortnightly, to ask advice or to let me know how they are managing.
2. Ex-residents call for a social evening.
3. Ex-residents (3 at present) call for a weekly bath.
4. Ex-residents call for an evening meal, especially on Saturdays and Sundays which are difficult periods.
5. Thursday afternoon ladies, one of whom has a weekly bath. All these visits are reported to Mental Welfare Officers.
6. Visits to ex-residents living in flats or rooms alone to give them moral support and encourage them to maintain a reasonable standard. I often take present hostel residents with me to give them an insight into some of the problems they will encounter.
7. I visit all friends of hostel residents, ex-residents and Thursday visitors who are in hospital.
8. Residents in the hostel are given practical help with cleaning, decorating, and furnishing of their homes if they obtain houses or flats.
9. We try to keep emergency supplies of clothing for any person needing them, e.g. new hostel residents often needing a bath and change of clothing. Ex-residents who may be in financial difficulties and glad to have help with clothing problems.
10. Mental Welfare Officers occasionally leave persons awaiting medical attention at the hostel until this can be obtained or until more satisfactory arrangements can be made.



11. Blankets, bed linen, television sets and small furnishing items are collected at the hostel for people who may need them. Usually residents or ex-residents trying to furnish a home.
12. Contact is maintained through the 4U Club on Monday evenings with people who might sometimes become hostel residents so that the hostel and the Matron are familiar and not strangers to them.
13. Student Nurses from Storthes Hall Hospital are brought on visits by the Social Workers from the Hospital.
14. Cookery, dressmaking and altering clothing, and hairdressing are all demonstrated and partaken in by residents and ex-residents on Saturday and Thursday afternoons.
15. We have two Christmas Parties. One on Christmas Eve for the Thursday ladies and Christmas Day for ex-residents of the hostel.

I am careful to make sure that these activities fit into the hostel home life naturally and are not detrimental to the overall help and guidance given by the Mental Welfare Officers.

#### DETAILS OF SUICIDES 1966

<i>Week Ending</i>	<i>Sex</i>	<i>Age</i>	<i>Occupation</i>	<i>Cause of Death</i>
15.1.66	Male	51	Nursing Orderly	Acute Aspirin Poisoning, self administered while balance of mind temporarily disturbed owing to ill health.
5.2.66	Male	75	Retired Cabinet Maker	Carbon Monoxide Poisoning, self administered while the balance of mind was disturbed.
19.2.66	Male	56	Press Man	Coal Gas Poisoning, in circumstances not fully disclosed by the evidence available.
19.3.66	Male	61	Transport Inspector	Coal Gas Poisoning, self administered while balance of mind was temporarily disturbed.
26.3.66	Male	38	Slater and Plasterer	Mortriptyline (allegran) Poisoning, self administered while balance of mind temporarily disturbed.
30.4.66	Male	61	Retired Furniture Dealer	Barbiturate Poisoning (Sodium Amytal), self administered accidentally accelerated by the ingestion of alcohol.

11.6.66	Male	71	Retired Stone-mason	Carbon Monoxide Poisoning, self administered when the balance of his mind was disturbed.
30.7.66	Male	64	Planer	Coal Gas Poisoning, self administered while balance of mind was temporarily disturbed.
6.8.66	Male	43	Labourer	Acute Alcoholic Poisoning, following ingestion of surgical spirits. Coroner Inquest held.
2.10.66	Female	77	Widow	Barbiturate (cyclobarbitone) Poisoning, self administered while balance of mind was temporarily disturbed. Coroner Inquest held.
8.10.66	Male	19	Floor-layer	Asphyxia, due to hanging himself while balance of mind was temporarily disturbed.

#### SUICIDES

The number of suicides during 1966 was eleven. During 1965 the total was twelve.

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

TABLE XXII  
SUICIDES, 1957-66

	15-24	25-44	45-64	65-74	75 & Over	Total	Males	Females
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
1966	1	2	5	1	2	11	10	1
Totals over 10 years	9	35	68	26	14	152	92	60

TABLE XXIII

#### Distribution of Suicides — Seasonal

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



## FURNESS PARK TRAINING CENTRE (JUNIORS)

On taking up my appointment as Supervisor in August 1966, I re-grouped the Junior Trainees in three groups: Nursery, Junior and Intermediates; and with the full co-operation of the staff began a carefully planned programme of activities. The Nursery programme concentrated on toilet and sense training in the main, whilst the Juniors were concerned with the handling of equipment, physical training, social training and preparation for 3R work in its simplest form. The Intermediate group have attempted more advanced work on the same lines as the Juniors, but with the object in view of work in the Senior Centre. Consequently they have had more intensive social training and educational "first-aid".

Christmas was a happy season for all our trainees – the Juniors attempted a Christmas Play entitled Santa's Party on Friday 6th December, to which parents and friends were invited. The Mayor and Mayoress honoured us with their presence on this occasion, and expressed satisfaction with the Centre generally. On Tuesday 20th December a Christmas Party was held exclusively for the trainees. The Juniors had a visit from Santa (Dr. Stuart) and received the gifts provided out of the Health Committee's grant of £25 which enabled the staff to prepare a really good party all round.

That is the main report on the Centre except that mention must be made of the fact that special-care facilities have been provided for three patients on a part-time basis. It is hoped to extend this facet of the work when space and staff permit as there appears to be a need for more facilities to be offered to this type of patient.

The average attendance has been 22 out of a possible 26 Juniors.

## ADULT CENTRE

TABLE XXIV

Number of trainees on register at 1st January 1966			41
	Females	.. ..	20
	Males	.. ..	21
Number of trainees on register at 31st December 1966			44
	Females	.. ..	21
	Males	.. ..	23
Number of staff	..	Female instructors	2
		Male instructors	1
		—	3
Percentage of attendance for trainees	.. ..		86.8 %
	Females	.. ..	86.4 %
	Males	.. ..	87.2 %

Since the beginning of August every trainee has had two hours social training per week.

For most of the year the male trainees have minimized the work of the Parks Department by cutting lawns, hedges, etc. at the Centre.

TABLE XXV  
DETAILS OF CONTRACT WORK, 1966

			£	s.	d.
<i>John Mackintosh &amp; Sons, Ltd.</i>					
	Stripping cartons	.. ..	14	0	0
	Stripping gum	.. ..	176	7	2
<i>A. Sykes (Dorlux) Ltd.</i>					
	Fixing castors to divan legs	..	519	5	4
<i>R. Mallinson, Wire Works</i>					
	Tin openers	.. ..	29	0	0
<i>A. Dixon, Wire Works</i>					
	Fixing clips to brackets	..	7	10	0
<i>Mac. A. King</i>					
	Packing plastic foam	..	10	0	0
<i>Halifax Spastics Society</i>					
	Sticking labels to bags	..	12	3	0
<i>Fisher Plastics, Ltd.</i>					
	Stripping plastics from moulds		77	5	4
			£845	10	10
<i>Value of Laundry work at 4½d. per item</i>					
	Furness Park Centre	.. 4,762	89	4	5
	Theophilus Cottage Hostel	2,160	40	10	0
	Furness Gardens Hostel	.. 1,334	25	9	1
			£155	3	6
<i>Printing</i>					
	20,000 various cards and forms.				

#### PHYSICAL HANDICAPS

During the year the co-ordinating committee for physical handicaps was wound up as a result of the poor response of certain societies for handicapped persons failing to send representatives. There are over 380 seriously disabled persons whose disabilities range from diseases of the central nervous system to various degrees of physical crippling. In addition there are a large number of disabled persons registered with the Ministry of Labour under the quota arrangements of the Disabled Persons Rehabilitation Act. Under this heading we include details concerning diabetes, multiple sclerosis and coronary thrombosis.

During 1966 diabetic patient care was reorganised. To quote from the Diabetic Nurse: "A new effort was made to encourage diabetics on insulin to be more independent and either give their own insulin or have it given by a relative". Details of visits are included under Community Care. Visitation of diabetic patients is of immense value particularly to single persons or widowed living by themselves. Great care is required in a home visit to assess the



degree of co-operation which is being given to the diabetic clinic and the steadfastness by which persons in isolation attend to their treatment. The full significance of community diagnosis by "Clinistix" methods is not yet fully understood but in all public health work the bringing to light of latent cases, as is possible in relation to "at risk" groups, including relatives of known diabetics, is thought to have a profound preventative influence on community disease.

In spite of the heavy toll of life which is claimed by coronary thrombosis the community aspects and follow-up of cases are still inadequate. Coronary thrombosis renders each victim, however much the degree of recovery achieved after a first attack, susceptible to further attacks of illness. Of all conditions coronary thrombosis is the greatest of all causes of physical incapacity. Greater confidence, understanding and reassurance could be given to patients if followed up by the Health Department staff in the pursuit of hospital after-care. Medical assessment at the clinic is important and the patients attending the Pro-Thrombin Clinic are as follows:—

TABLE XXVI  
PATIENTS ATTENDING PRO-THROMBIN CLINIC

Total number attending was 280 made up of 209 males and 71 females.

<i>Age Groups</i>				<i>Male</i>	<i>Female</i>
Under 45 years	..	..	..	28	8
40-50 years	..	..	..	17	6
50-65 years	..	..	..	137	53
Over 65 years	..	..	..	17	4

#### MULTIPLE SCLEROSIS

The Health Department works very closely with the Multiple Sclerosis Society in providing nursing care and medical equipment as this is required. Research at Leeds University shows promise of an early discovery as to cause. Mr. Fitton the Ambulance Officer provides details of 16 cases known to the Department. The work of the Multiple Sclerosis Society was greatly helped by the gift of an ambulance no longer required by the Health Department.

Miss A.M. Lived alone, attending St. John's Hospital as a day case, but has now been admitted. She is in a ward with several other M.S. patients.

Mrs. P.H. Is a patient in White Windows, gets about in a wheelchair, and has calipers fitted to her leg. Reasonably cheerful when last seen.

Mrs. A.D. This patient is very slightly worse than a year ago, but still maintains a cheerful outlook. Attends Socials regularly and is partly looked after by her brother. Meals on Wheels service attends, also Home Help service. Has been on holiday in Southport.



- Mrs. A. H. Is still a patient in St. John's Hospital and is visited regularly by a member of the Multiple Sclerosis Society.
- Mrs. L.H. Cheerful personality, though completely immobile. Attended daily by the District Nurses, injections of Pethidine nightly. Her husband and daughter care for her very carefully. In need of re-housing.
- Mrs. J.K. This patient has deteriorated over the year, but still tries to get about. Attending Socials both at the M.S. meetings and a local Community Centre. She also went to Southport on holiday under the auspices of the Multiple Sclerosis Society.
- Mrs. H. H. This patient doesn't attend any outside activities, is well looked after by a devoted husband.
- Miss M.F. Is able to get about a little, is visited by a member of the Multiple Sclerosis Society. Her house is in poor condition, but she does not wish to move to a house on the outskirts of the town. She attends monthly Socials of the Multiple Sclerosis Society, she requires transport to get to them.
- Mrs. E. S. This patient is now a patient in St. John's Hospital. Her husband is not able to cope with her, not being well himself. She went to Grange-over-Sands on holiday, taken by members of the M.S. Society. She was admitted to Horsfall Home but was soon transferred to St. John's after only a short stay.
- Mr. J.W. Able to get about but with difficulty. He owns an invalid motor-propelled chair and uses this considerably. He attends Socials of M.S. Society and also at the local Community Centre. Lives with his wife and has been on holidays at Fleetwood and Tenby.
- Mr. R. G. Still refuses to talk about Occupational Therapy, or even a trip round the local countryside. He was with difficulty persuaded to take a holiday at Southport. He lives with his ageing mother who looks after him well, but the strain on her is considerable. The holiday was arranged by the M.S. Society and his mother was also taken. It was thought she needed the rest more than the patient and if she cracks up he will definitely become a hospital case. He remains quite cheerful and extremely talkative.
- Mr. J.H. Still maintains a cheerful outlook, looked after by his wife who is able to drive, and takes him out in a mini-car supplied by the Ministry. He has recently re-housed himself in a modern bungalow. His wife shows some strain, and has been in hospital for operations, during these periods patient has been admitted to a private nursing home. But he is not happy except when at home.
- Mrs. J.E.F. Still has no social contact with the M.S.Society, but appears fairly well.
- Mrs. T. Is now at home permanently. Was on St. John's Commuter System, but not now. Looked after by husband who has own business.



Mrs. E.M. Lives alone, attends Socials, and benefits from Home Help service. She had holidays provided by M.S. Society and Blind Society.

Mr. F.H. Able to get about the house, looked after by his wife, was a regular attender of M.S. Socials but has not been lately. No reason given for not attending. Lives close to another patient but there is no social contact.

Mrs. E.W. Is able to get about reasonably well, lives with husband and small daughter, is well cared for, and attends Socials. They are able to arrange their own holidays.

There is a need for visits to house-bound M.S. patients, this need is met to some extent by the Welfare Services of the Local Authority, by the Home Help service and the District Nurses. The local branch of the Multiple Sclerosis Society also fills part of this need by arranging monthly socials and providing transport for patients who are not able to attend without. Annual events are arranged, such as a Christmas Party at which each patient receives a present, a trip by coach in the summer and the Annual General Meeting.

Members of the Society visit patients who are unfortunately in hospital, and when possible these patients are taken to Socials as well; it helps to break the monotony of hospital life, though this has been reduced considerably by the introduction of television and such. At one hospital the authorities have allowed an M.S. patient to have a budgerigar in the side ward with her, which is a very kind act, because it gives the patient endless enjoyment.

The Committee were fortunate in getting the loan of a bungalow at Bridlington and were able to send three patients with their wives for a week's holiday, looked after by a St. John's Ambulance Brigade Nurse who volunteered. They had a marvellous time, the bungalow being situated almost on the shore. The M.S. Society provided the money for food and transport to and from Bridlington.

Physically handicapped persons may be issued on request with loan equipment reported in Section IV. The usual care and after-care services are frequently requested. The Welfare Services Dept. know a great deal about the whole range of physical disability but in 1966 the M.O.H. and P.S.M.O. has been requested to prepare a register of handicapped schoolchildren which will ultimately be used in individual cases by the Welfare Services. The other disabilities with which the Health Department is especially concerned are as follows:

*Bronchitis:* and it will be noted that the mortality from this and other respiratory diseases has gone up during 1966 to 84, (63 in 1965).

*Poliomyelitis*  
*Hemiplegia*  
*Tuberculosis* } see previous report.

*Congenital Defects,* see Section IV.



The after-care of physically handicapped persons depends on instructions from the Consultant or Specialist in charge of treatment. By recommendation or special request, he alone with the patient's consent can secure for the individual, maximum care and support in the community by the Health Department.

#### HOME HELPS

In the year under review, this Service has continued to expand. The most notable feature of this Report is the fact that, although there has been a marked increase in the number of cases helped, the establishment has remained constant. This has been possible by close scrutiny of the cases and review of time-allotment according to need on a clinical basis.

The Home Helps have worked 112,615½ hours in 814 homes during the year. The latter part of the year saw a sharp increase in the demand for help, and it became necessary to employ casual labour to meet the need. Requests for help have been received from statutory bodies and voluntary agencies, and every effort has been made to supply domestic assistance, small as it may have been on occasions.

Many times people have expressed their gratitude to the Domestic Help Service both verbally and in writing. It has been commented that, without the service of the Home Help, many of our old people would have to be taken into hospital or welfare accommodation.

At Christmas, voluntary aid was sought to care for the very needy and aged over the holiday. The response was encouraging and thanks are due to those private citizens together with the various voluntary bodies who offered their help.

Table XVII indicates that the majority of the help requested has been for geriatric cases. Maternity and ante-natal cases show a marked decrease and this is due to most households in this category enjoying a high income, being assessed to pay for the help, with a resultant reluctance to pay. They prefer to summon the aid of relatives or friends.

Table XXVIII illustrates the ever-increasing case load. This has been accommodated by the aforementioned reason in the opening remarks.

Table XXIX. More time has been spent in the homes of the "Housewife-ill" category this year because the figures include time spent on Family Care cases. These are cases where the mother is ill or has died and there is a child of pre-school age present in the house.

Table XXX - shows a decrease in the hours used with a corresponding decrease in the hours "wasted".

Table XXXI. To get maximum efficiency in this Service, the need for visiting is always pressing. This table shows that no effort has been spared to concentrate on the field work.

The Night-Sitting Service has proceeded steadily over the year. The Night-Sitters have been in constant employment and every request for help for terminal cases has been met, although most cases have had a limited amount of time. The help that has been



given has alleviated the strain on the other members of the families and been very much appreciated.

The Home Helps have worked very well during 1966 and coped with the many difficulties that have confronted them. Their work can be very trying at times, having to work in homes with difficult people and little cleaning equipment, and with the ever-increasing volume of work, their individual case loads have increased considerably. This they have accepted and thus enabled this Service to expand to the extent that it has.

The Service has continued to attract the right type of woman for this work and there has been no difficulty with recruitment. The Home Helps themselves recruit the staff by relaying to their friends how satisfying and rewarding this work is. There is a very good team spirit present amongst the Home Helps and they are a credit to this Service. Many thanks are due to them for their untiring efforts and the many "extras" that they do for their patients.

From very small beginnings, this Service has grown to become of major importance in the community care system and even greater expansion is foreseen.

TABLE XXXIII

*No. of Home Helps at end of year:*

Whole-time — 13 .. 3 Night-sitters

Part-time — 76 .. 1 Night Sitter

<i>No. of cases where Domestic Help was provided during the year 1966</i>				<i>No. of hours worked</i>			<i>Cases Completed</i>	
	JAN. to AUG.	SEPT. to DEC.	TOTAL	JAN. to AUG.	SEPT. to DEC.	TOTAL	JAN. to AUG.	SEPT. to DEC.
Maternity } Ante-natal } Chronic sick* Under 65 Over 65 Tuberculosis Housewife ill Under 65 Over 65 Husband ill Under 65 Over 65 Mental Health Blind over 65 Family care TOTAL	21 39 517 8 25 35 3 2 7 16 4 677	+ + + — + + + + + — + + + + + 129	= = = = = = = = = = = = = = = = 806	849½ 3,941 62,302½ 823½ 2,291¼ 2,925½ 84½ 21 258½ 2,704 402¼ 76,603½	+ + + + + + + + + + + + + + + 36,011¾	= = = = = = = = = = = = = = = = 112,615¼	NOT AVAILABLE	6
								3
								50
								1
								6
								4
								4
								—
								3
								3
								2
								82

\*Night-sitting cases and hours included in Chronic sick over 65

Number of applications for help received: Jan.-Aug. *not available*  
Sept.-Dec. 176

TABLE XXVII  
COMPARISON TABLE OF NEW CASES

	1965	JAN. to AUG.		1966 SEPT. to DEC.		TOTAL
Chronic Sick	211	156	+	105	=	261
Tuberculosis	2	3	+	—	=	3
Mental Health	4	1	+	1	=	2
Maternity and Ante-natal	55	21	+	8	=	29
Housewife ill	50	36	+	9	=	45
Husband ill	4	2	+	4	=	6
<b>TOTAL</b>	<b>326</b>	<b>219</b>	<b>+</b>	<b>127</b>	<b>=</b>	<b>346</b>

TABLE XXVIII  
COMPARISON TABLE OF CASE LOADS

	1964	1965	1966
Cases brought forward	395	433	459
New Cases	275	326	355
Cases for year	670	759	814
Cases Finished	237	300	278
Cases carried forward	433	459	536

TABLE XXIX  
COMPARISON TABLE OF HOURS WORKED

	1965	1966
Chronic Sick* .. ..	106,379 $\frac{3}{4}$	101,358 $\frac{1}{4}$
Tuberculosis .. ..	1,265 $\frac{1}{2}$	1,175 $\frac{1}{2}$
Mental Health .. ..	1,206 $\frac{3}{4}$	425 $\frac{1}{2}$
Maternity and Ante-natal .. ..	2,177 $\frac{1}{2}$	1,066
Housewife Ill** .. ..	6,487	8,003
Husband ill .. ..	565 $\frac{1}{2}$	587
<b>TOTAL</b>	<b>118,082</b>	<b>112,615<math>\frac{1}{4}</math></b>

\*Chronic Sick includes aged, blind and night-sitting cases.

\*\*Housewife ill also includes family care.



TABLE XXX  
ANALYSIS OF HOURS PAID

	1965	1966
Hours worked .. ..	118,082	112,615½
Travelling time .. ..	2,296½	1,451½
Sickness .. .. .	7,706½	4,811¼
Leave .. .. .	8,196½	8,215¼
Total hours paid .. ..	136,281½	127,093¼
Wastage total (i.e. hours paid not worked) .. ..	18,199½	14,478

TABLE XXXI  
DOMICILIARY VISITS

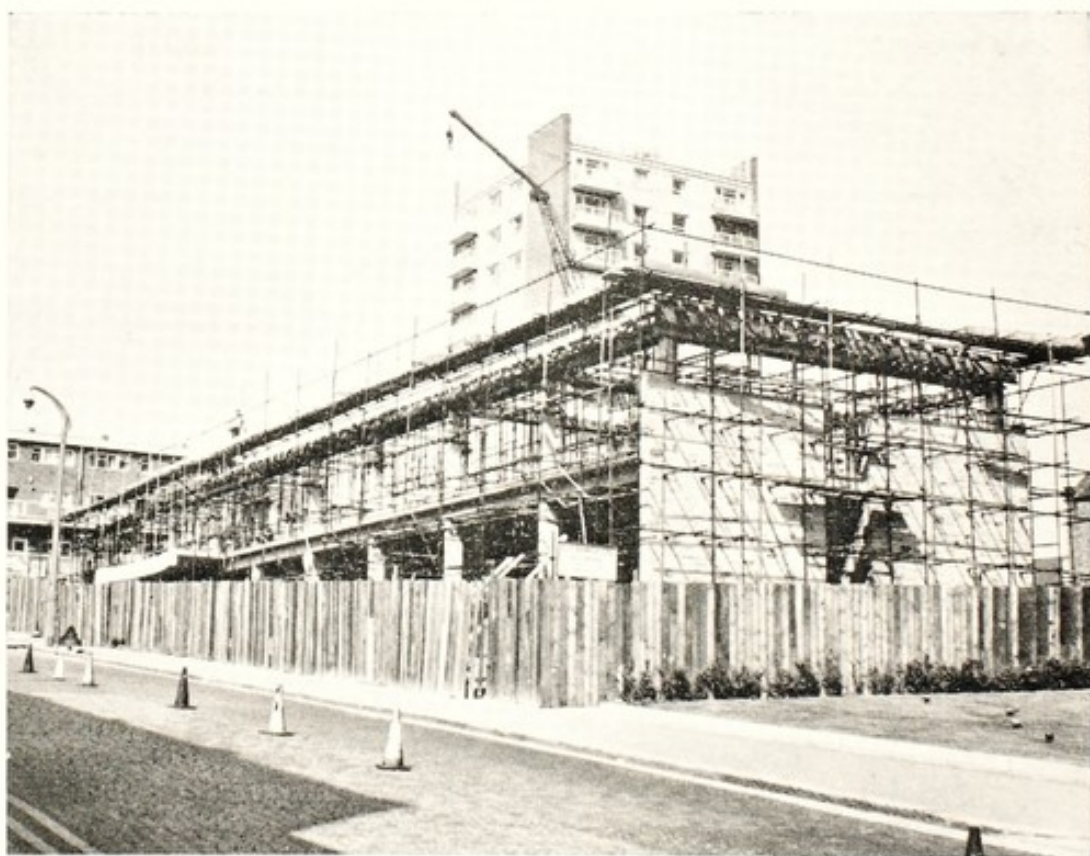
	1964	1965	1966 JAN.-AUG. SEPT.-DEC.		
No of Visits	1,312	1,462	981	+	677 = 1,658

TABLE XXXII  
NIGHT-SITTING SERVICE 1966

	<i>No. of Cases</i>	<i>Hours Worked</i>	<i>Nights Attended</i>
Male ..	6	311	31
Female ..	26	43,06¼	432
	32	4,617¼	463
Cases finished	28		
Cases c/fwd.	4		

NEW COMBINED CLINIC (Great Albion Street)

UNDER CONSTRUCTION



TO BE COMPLETED 1968



## SECTION III

---

### NATIONAL HEALTH SERVICE ACT, 1946

HEALTH CENTRES

CARE OF MOTHERS AND YOUNG CHILDREN

DOMICILIARY MIDWIFERY

MIDWIFERY

HEALTH VISITING

HOME NURSING

VACCINATION AND IMMUNISATION

## HEALTH CENTRES

### HEALTH CENTRES

During the second half of the year discussions took place with hospitals, L.M.C. and Executive Council, but no requests had been received by 31st December from consultants or the general services for the building of Health Centres. Under the doctor's charter special concessions are made for the organisation of group practice; one combination of doctors, consisting of at least three practices, constituted themselves as a functional group, but they failed to organise themselves in a centre. Local Health Authorities may provide, equip and maintain Health Centres with central support when the centres are planned to facilitate integrated function and maximum sharing of services. In Halifax, use of health visitors, nurses or other domiciliary services by hospital out-patient departments and general practitioners would become possible in Health Department Health Centres, or in G.P. Group Practices. Otherwise, in Halifax it has been found by experiment that the central deployment of domiciliary health department staffs gives greater support to after-care requested by consultants or the day-to-day socio-medical preventive service required by general practice. By the 31st December, practitioners had not indicated their willingness overall to plan their services in line with shifting population, brought about by slum clearance, town planning and new buildings. This is an additional reason why the Health Department domiciliary services, of their own insight and choice, wished to preserve their status quo.

### CARE OF MOTHERS AND YOUNG CHILDREN

The M.&C.W. Clinics in Halifax are well organised and well attended. They are conducted by Assistant Medical Officers of Health. A friendly atmosphere is noted at all centres, and the mothers enjoy bringing their babies for routine examination, immunisation and special advice if this is required. The clinics are held at the following times:

North Parade ..	Wednesday and Fridays a.m.
St. Paul's .. ..	Tuesday 9.30 a.m.
Fairfield .. ..	Tuesday 1.30 p.m.
Mixenden .. ..	Monday 1.30 p.m.
Siddal .. ..	Monday 9.30 a.m.
Northowram .. ..	Wednesday 1.30 p.m.
Illingworth .. ..	Friday 1.30 p.m.
Ovenden .. ..	Thursday 1.30 p.m.

British and immigrant mothers attend with their babies and the clinic affords point of contact with D.H.V., who may visit the home with the A.M.O.H. New case sheets assist the work of developmental paediatrics.

The Ante-Natal Clinic conducted by the Medical Officer of Health with consultations by Mr. Emblin, F.R.C.S., F.R.C.O.G., is held each Thursday morning commencing at 9 o'clock, and midwives hold clinics on two afternoons per week.



## CHILD WELFARE ATTENDANCE 1966

No. of Sessions	Attendances				Medical Officers' Consultations	
	0-1 year		1-5 years			
	1st	Sub.	1st	Sub.	Under 1 year	1-5 years
483	1,306	11,575	116	4,233	1,449	4,456

The following table shows attendances at the Child Welfare Clinics during recent years:

Year	1961	1962	1963	1964	1965	1966
No. of sessions . .	485	480	475	476	483	483
Total attendances	15,977	16,022	14,919	17,481	17,875	17,232
Average attendances	32	33	31	36	37	35

### AUDIOLOGY—Hearing Tests

Attendances at Screening Clinic 123. No cases referred to Audiology Clinic during 1966.

### ISSUE OF WELFARE FOODS

National Dried Milk	3,991 tins
Ostermilk . . . .	16,754 tins
Trufood . . . .	6,826 tins
Cow & Gate . . . .	3,407 tins
SMA . . . .	1,530 tins
Orange Juice . . . .	19,361 bottles
Cod Liver Oil . . . .	1,903 bottles
Vitamin A & D . . . .	1,034 packets

### PHENYLKETONURIA TESTS

Health Visitors	Midwives	Positive
1,221	564	Nil

### ANTE-NATAL CLINIC ATTENDANCES

Year	Number of Sessions per Month	New Cases	Total Attendances
1966	16	704	3,918
1965	16	785	3,651

Ante-natal care includes physical and dental examinations, estimations of blood pressure, urine analysis and blood testing. The following is a summary of blood tests for 1966:

Number of blood samples taken for the first time during the pregnancy .. .. .	689
Total number of blood samples taken .. .. .	803
Number of blood samples taken where rhesus antibodies detected .. .. .	2
Number of rhesus positive cases .. .. .	650
Number of rhesus negative cases .. .. .	79

## DAY NURSERIES

### CRAIGIE LEA DAY NURSERY

The day nursery has had a successful year and many children had the benefit of the services and facilities it has provided.

Fourteen children attained the age of five years during the past twelve months, and have settled down to school life immediately, thus indicating the importance of pre-school play and recreation in ideal surroundings which the nursery provides.

The most important priorities are listed below and we often work in conjunction with the Children's Department. The figure indicates the number of children who attended during 1966 in each case.

(a) Deserted children in the care of relatives .. .. .	3
(b) Unmarried mothers .. .. .	33
(c) Widowed parent .. .. .	7
(d) Parent whose earning capacity is limited due to recognised physical handicaps (disabled) .. .. .	5
(e) Mother undergoing an operation or confinement .. .. .	8
(f) Mother who is financially embarrassed or separated .. .. .	40
(g) Mother who is working in industry, teaching or nursing .. .. .	1
(h) Mother who is a student .. .. .	4
(i) Mother advised to bring child by G.P. .. .. .	4
(j) Transfers from Ling Bod Day Nursery .. .. .	1

A doctor attended the nursery every six to eight weeks in order to carry out medical inspections and to attend to immunisation against diphtheria, whooping cough, tetanus, smallpox and vaccination against poliomyelitis.

The numbers attended to were:

Triple .. .. .	15
Poliomyelitis .. .. .	49
Diphtheria and Tetanus .. .. .	8

There has been no accidents other than minor abrasions and bruises which were attended to on the premises.

All the staff have attended Mass Radiography at Nursery Lane School.



There were three staff changes during 1966:

Miss Christine Rathmell replaced Miss Nellie Oddy,  
Miss Sheila Greenwood replaced Miss Carol Fawcett,  
Miss Patricia Broadbent replaced Miss Susan Statham.

The usual treats have been enjoyed—gifts of Easter Eggs and cards at Easter-time, a bonfire and fireworks on November 5th, and Father Christmas visited the nursery with presents for all the children on party day. Money for these extra luxuries was provided by means of a jumble sale and bring-and buy sale organised by the staff, and to which many parents contributed.

## INFECTIONS AND DISEASES

<i>Disease</i>	<i>No. of children excluded</i>
Chicken Pox .. .. .	6
Measles .. .. .	36
Mumps .. .. .	7
German Measles .. .. .	6
Whooping Cough .. .. .	2
Gastro Enteritis .. .. .	2
Bronchial Pneumonia .. .. .	2
Scarlet Fever .. .. .	1

### LING BOB DAY NURSERY

The average daily attendance of children has been 34.5%, a slight increase on the previous year. This year we have had a bigger demand for places for young babies, but have a full nursery of 2-3 year olds at the present time. The number on the register has averaged 50 places throughout the year.

We have had a large number of children absent with infectious diseases: Measles 37; German Measles 3; Whooping Cough 2; Mumps 2.

The attacks of measles occurred at the end of the summer, and most of the children had troublesome coughs for weeks following.

Injections completed in the nursery were: Triple 10; Polio-myelitis 7.

We had just one accident last springtime; a little girl fell and hurt her leg. There was no visible injury and Sister took the child to the hospital for an X-ray, but there was no fracture.

We have been constantly in touch with the Superintendent Nursing Officer and Miss Brown, who is the health visitor for the district concerned with some of our problem families. The children have regular medical examinations by the doctor visiting the nursery, and they are weighed each month.

We have been most fortunate in having a piano given to the nursery. Our old one was worn out. We have also been given a double swing for outside play, which we hope to have erected in the spring.

The reasons for children attending the nursery are still a large number of unmarried mothers, families separated, one baby whose mother died, and financial difficulties due in most cases to rehousing.

## DAY NURSERY ATTENDANCES 1966

Attendances	Craigie	Ling Bob
Bo. of children on register 1/1/66.. ..	80	46
No. added to register .. ..	94	72
No. removed from register .. ..	94	67
No. remaining on register 31/12/66 .. ..	80	51

## REASONS FOR ADMISSION TO NURSERIES DURING 1966

Categories	No. on register 1/1/66	No. admitted during 1966	No. on register 31/12/66
Illness of Parents .. ..	8	25	8
Debilitated Children .. ..	2	2	Nil
Confinement .. ..	Nil	6	Nil
Illegitimacy .. ..	34	36	38
Children of Widows/Widowers	Nil	9	7
Parents separated .. ..	29	26	22
Father in H.M. Forces .. ..	1	1	1
Adverse housing conditions ..	2	5	1
Poor financial circumstances	17	19	16
Others, Teachers and Businesses	33	36	38

## AVERAGE No. OF CHILDREN ATTENDING

1966	Quarterly	Weekly	Daily
January — March	286	293	59
April — June	295	295	59
July — September	241	241	44
October — December	271	271	54

The voluntary organisation of Mother and Baby Clubs continued to increase during the year.

The numbers at 31st December, 1966 were as follows:

Church and W.R.V.S.	4
Church only ..	3
Independent Groups	2

It has not been necessary to register any voluntary groups, but each group has been visited by health visitors.

	No. exam- ined	Treat- ment com- menced	Treat- ment com- pleted	Treatment Provided					
				Scaling	Fillings	Extrac- tions	Genl. Anaes.	Den- tures	Radio- graphy
Expectant and nursing mothers	8	8	8	2	14	8	3	3	1
Children under five	130	130	130	7	5	235	137	Nil	2



## DOMICILIARY MIDWIFERY

The following summary of midwifery in Halifax from 1946 – 1966, helps us to understand the present position.

- 1946 Home confinements on the increase.  
Staffing – three midwives and four pupils, trained for the gas and air analgesia.  
Two machines purchased for home use.
- 1950 Decline in home confinements, more mothers requested hospital confinements.  
Trend did not continue as early discharge not then in force.
- 1953 Halifax selected for trilene apparatus by Medical Research Council.  
Six machines provided; mothers appreciated this type of analgesia. Relaxation classes started with the help of health visitors and physiotherapist.  
Classes are still in being.
- 1955 Steady increase in home confinements.  
Few hospital discharges around the 7th and 8th day.
- 1960 Early discharge fell to 48 hours.  
Home confinements decreased slowly, which has persisted.  
Ante-natal Clinic transferred to North Parade and mothers found this a great help because of easy access to bus station.
- 1963 Introduced midwifery aids to overcome staffing problem.  
Increased number of 48-hour discharges.  
Halifax General Hospital taking 50% of home confinements for delivery and sending them out within 48 hours. This covered vital two months.  
Then once again applications from pupil midwives eased situation.
- 1966 The trend today is for hospital confinements with a 48-hour discharge, and these are now being used to great advantage in Halifax for the “at risk” group, and are proving very satisfactory from the mothers’ point of view.  
The staff now consists of seven teaching midwives and one practising midwife, and at the moment once again we have no pupils. These are booked only for later in the year 1967.  
Three pupils were trained during 1966.

The volume of work of the midwives in relation to home visits has increased, despite the tendency recently for home confinements to diminish. Attempts to recruit an additional midwife and pupils have failed. The midwives’ attitude against scattering the reduced staff away from the North Parade Clinic and Kirby Leas to doctors’ surgeries is understandable. See page 78.

	1961	1962	1963	1964	1965	1966
No. of Domiciliary Confinements ..	571	608	598	491	505	459
Percentage of Total Confinements ..	30%	30%	28%	21%	30%	24%

## MIDWIFERY STATISTICS

	Number of Midwives practising in the area of the Authority at 31st December, 1966		
	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 (8 Part-time)	18 (8 Part-time)
Midwives in Private Practice	—	—	—
TOTAL	8	18 (8 Part-time)	26 (8 Part-time)

## MIDWIVES DELIVERIES AT HOME AND HOSPITAL

	Number of Deliveries in the Area of the Local Supervising Authority attended by Midwives during 1966		
	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	459	—	459
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
Midwives employed by Hospital Management Committees, etc.	—	1864	1864
Midwives in Private Practice	—	—	—
TOTAL	459	1864	2323



## SUMMARY OF WORK OF DOMICILIARY MIDWIVES DURING 1966

<i>Administration of Analgesia</i>	Midwife only present at time of delivery of child	Doctor and Midwife present at time of delivery of child	All
Pethidine only .. ..	9	1	10
Pethidine and Trilene	174	29	203
Trilene only .. ..	136	11	147
No analgesia .. ..	—	—	—
General analgesia ..	109	—	109
Total number of deliveries attended	428	41	469

## NOTIFICATIONS RECEIVED FROM MIDWIVES DURING 1966

	Domi- ciliary Midwives	Maternity Hospital and Extension	Inde- pendent Practice	Total
(a) Intention to practice ..	11	25	1	37
(b) Intention to cease practice	—	—	—	—
(c) Change of address ..	—	—	—	—
(d) Change of name .. ..	—	—	—	—
(e) Sending for medical help	295	—	—	295
(f) Stillbirths occurring in practice .. ..	1	—	—	1
(g) Deaths occurring in practice: (i) Mothers ..	—	—	—	—
(ii) Infants ..	—	—	—	—
(h) Laying out the dead ..	—	—	—	—
(i) Liability to be a source of infection .. ..	16	—	—	16

The number of cases in which medical aid was summoned during the year under Section 14(1) of the Midwives Act 1956, 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 .. ..	69
(ii) Others .. ..	Nil

Medical Aid Forms received during the year on behalf of child	52
Of these—Oedema .. .. .	1
Pemphigus .. .. .	1
Discharging eye(s) .. .. .	20
Asphyxia .. .. .	1
Colds .. .. .	12
Septic Spots .. .. .	4
Haematuria .. .. .	1
Abnormalities .. .. .	2
Thrush .. .. .	3
Prematurity .. .. .	2
Bleeding Umbilicus .. .. .	1
Cyanosis .. .. .	4
Notifications received in accordance with Central Midwives' Board Rules:	
Notification of Stillbirth .. .. .	1
Notification of having laid out a dead body .. .. .	—
Liable to be a source of infection .. .. .	2

#### 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.

(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 43 girls admitted in 1966, 17 were thirteen to seventeen years old, 23 were eighteen to twenty-one years old, and 3 were twenty-one to twenty-three years old.

Out of the 43 babies, 25 were placed for adoption. Eighteen babies went home with their mothers.

#### HEALTH VISITING

The following table shows the work of health visitors for the year under review:

	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	Cytology	Other Cases
1966	5	—	274	302	1610	3745	6082	94	831



Health visitors numbers have remained persistently low throughout the post-war years. Despite this, the visiting of babies has been maintained throughout at a higher level than in recent years.

The routine visiting of older children has taken second place, as it is with the young infant that the most valuable work is done by the health visitor. In this period her relationships with mother and families are established and help is provided when it is most needed and best appreciated. Visiting the home is her first priority, but education and instruction at clinics reduces the number of domiciliary visits which need to be paid in well adjusted homes.

A closer liaison exists with the health visitor and hospitals and general practitioners, who help on all occasions where necessary information is required concerning families with problems. During the month of August, three students were taken on with a view to taking their health visitor training. Despite a good deal of time being spent on their preparation for this, all three left before being tested for a training course.

Mrs. Greenwood, health visitor, was absent from 24th May until 10th September 1966, taking her district nurse training with the Halifax District Nursing Association.

Miss Webster, a health visitor with two years' experience joined the staff on 1st May, 1966.

During the summer the three clinic nurses referred to left, and were replaced by three part-time nurses.

Mrs Todd, who started her health visitor training in 1965 after taking her examinations on the 4th-6th July, was given maternity leave, commencing on the 15th July. She was absent for the remainder of the year.

During 1966, five Play Groups were started in certain areas and these were visited by the district health visitor.

The training of a health visitor is very comprehensive, but owing to an extreme shortage, assessed as the lowest in Britain, her full role in Halifax has been unattainable. However, she is statutorily obliged to visit homes in pursuance of Notification of Birth Act, in the case of children from one to five years. S.R.Ns. and others perform the following duties:

- Follow-up of infectious diseases
- Venereal disease
- Health Education
- Visitation of tuberculosis, diabetics and aged persons
- Care and after-care
- School Health

It may not be surprising, therefore, that the Halifax health visitors are not prepared to attach themselves to general practitioners who numerically are more than six times as strong as themselves.



## HOME NURSING

The following summary of the work of the Halifax District Nursing Association from 1946 to 1966, may help the reader to understand the present position of nursing in Halifax.

In 1946 we had a total staff of six nurses, full-time and one part-time, having a case load of 751. Total of visits being paid to these cases was 16,707.

In September 1946, the Home Help Service was relinquished to the Halifax Corporation because the work it entailed by the Superintendent was too great.

During the next five years, the case load increased considerably to 1,191, and the staff increased to nine nurses including one male nurse. During ensuing years the staff and case load continued to increase and an evening visiting rota was introduced and was much appreciated by the general public.

During 1956, the Halifax District Nursing Association was approved as a training school for Queen's Sisters and a domiciliary diabetic scheme, in conjunction with the Royal Halifax Infirmary, was commenced, also a pilot scheme for laundry was started in co-operation with the Samuel Watson Batty Trust.

In 1960, a further staff increase of twenty-one was needed, as the case load then came up to the 16,000 mark. Also visits by the students of the Royal Halifax Infirmary and Halifax General Hospital were introduced, which were very beneficial. This year also saw the Centenary of District Nursing.

In 1961, the Medical Officer of Health introduced a new scheme for special nurses to deal with geriatrics, sub-normals and tuberculosis visits, and three Queen's Sisters were transferred to do this work.

In 1963 there was a 6% increase in general nursing, due, we think, to the very hard winter. Also in this year the health department took over the laundry service.

In 1964, car allowances were introduced to the nursing staff, and were very much appreciated.

In 1965, a meeting with the general practitioners and the Queen's Sisters with a view to attachment, was held at Kirby Leas; ten general practitioners having a Sister attached to them for a pilot scheme. For a number of reasons this scheme did not develop beyond a year. A study of the nursing position may justify the reticence of hazarding a very sound administration to the uncertainty of attachment to surgeries.

In 1966, six State Enrolled Nurses had a course of in-service training and are now employed on the district to relieve the Queen's Sisters of routine duties.

A survey was made of the nursing sisters' case loads in relation to the practitioners' visits throughout the town. The period chosen was at year end 1966.



## NUMERICAL SUMMARY OF CASES REQUIRING CERTAIN TREATMENTS

Injections	..	..	242
Bed Baths	..	..	96
Dressings	..	..	50
Douching, etc.	..	..	44
General attention	..	..	35
Syringing Ears	..	..	4
Others	..	..	4

TOTAL 475

## DISTRIBUTION OF CASES IN EACH OF THE FOUR NURSING DIVISIONS

<i>Division</i>	<i>No. of Cases</i>	<i>Districts within Division</i>
Victoria	140	Ovenden, Lee Mount, Illingworth, Mixenden, Bradshaw.
Edward	123	Warley, West End, Rye Lane, Sandhall.
Royal ..	108	Siddal, Southowram, Copley, Huddersfield Road, Pye Nest.
Mary ..	104	Town, Boothtown, Northowram.
TOTAL	475	

## GENERAL PRACTITIONERS IN EACH DIVISION

<i>Division</i>	<i>No. of G.P.'s</i>	<i>No. of Cases</i>
Victoria	19	140
Edward	24	123
Royal	22	108
Mary ..	21	104

WORK LOAD			No. OF PATIENTS TO G.P.'s			
Victoria	..	29.4%	Victoria	..	..	7.3
Edward	..	25.8%	Edward	..	..	5.2
Royal	..	22.7%	Royal	..	..	4.8
Mary	..	21.8%	Mary	..	..	4.8

A study of work load shows that each nursing sister working in a division would deal with 5.2, 4.8 or 7.3 doctors' cases. Several doctors would be involved in each case load. If nursing attachment was to be an administrative success it becomes obvious that doctors will have to group themselves and the group practices so formed should be in corresponding areas to the nursing staff.

These cases, however, are special cases which have been referred by general practitioners. The following table includes other cases which, whilst in most instances have a G.P., have been referred by hospital or other agency.

## NUMBER OF CASES AND VISITS

<i>Type of Case</i>	<i>Number of Cases</i>	<i>Number of Visits</i>
Acute Medical .. .. .	1,701	44,973
Chronic Medical .. .. .	—	—
Surgical .. .. .	589	10,769
Tuberculosis .. .. .	9	330
Abortion .. .. .	—	—
Other .. .. .	93	1,185
Total	2,392	57,257

## NURSING HOMES

The following table shows the position of nursing homes in the town.

	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 1966 .. .. .	2	—	28	28

## 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, 1966			Total No. of Children who were given a secondary or Reinforcing Injection
Age at date of Final Injection		Total	
Under 5	5-14		
1119	281	1400	During 12 months ending 31st December, 1966
			1050

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.

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

Local Authority Doctors	..	..	..	..	21,814
General Practitioners	..	..	..	..	14,111
Third injection	..	..	..	..	33,591
Fourth injections	..	..	..	..	14,147

## 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:—

Age at 31st Dec. 1966	Under 1	1-4	5-14	15 or over	Total 1966	Gross Total
No. Vaccinated	60	480	39	54	633	16,512
No. Re-vaccinated	—	21	89	310	420	12,034

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 1966—numbers tested, etc.

#### SUMMARY

Number of children in this age group	1,730
Number of acceptances for B.C.G. ..	1,015
Percentage of age group accepting ..	58.5
Number skin tested .. .. .	95.3
Percentage of acceptances tested ..	93.8
Attendances for inspection .. ..	888—Absences 62
Of these—Positive .. .. .	125 = 14%
Negative .. ..	763 = 86%
Of those inspected: Vaccinated ..	763
Referred X-ray	125
Attended X-ray ..	119

#### Result of X-ray:

No radiographic evidence of disease	117
Referred to Chest Clinic .. ..	1
Referred to School M.O. .. ..	—
Re-called .. .. .	1

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 Immunized		
	Diphtheria	Diphtheria Whooping Cough and Tetanus Combined	Diphtheria & Whooping Cough Combined	Diphtheria and Tetanus Combined	Whooping Cough	Tetanus			
Child Welfare Centres	—	854	—	16	—	—	870	854	870
Schools & School Clinic	5	8	—	233	—	129	375	8	370
General Practitioners	—	275	—	9	—	78	362	275	362
Total	5	1137	—	258	—	207	1607	1137	1612

**(a) REINFORCING COURSE**

Child Welfare Centres	—	5	—	42	—	—	47	5	47
Schools & School Clinic	55	—	—	873	—	4	932	—	877
General Practitioners	1	52	—	27	—	14	94	52	94
Total	56	57	—	942	—	18	1073	57	1018

**COMBINED PRIMARY/REINFORCING COURSE**

Child Welfare Centres	—	859	—	58	—	—	917	859	917
Schools & School Clinic	60	8	—	1106	—	133	1307	8	1247
Total	60	867	—	1164	—	133	2224	967	2164

(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 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)	
1966	—	476	—	4	—	—	480	476	476	
1965	—	551	—	7	—	—	558	551	558	
1964	—	52	—	5	—	1	57	52	58	
1963	—	19	—	5	—	—	24	19	24	
1962	—	16	—	11	—	2	27	16	29	
1961	3	14	—	24	—	11	41	14	49	
Totals 1961-66 1951-60	3 2	1,128 9	— —	56 202	— —	14 138	1,187 213	1,128 9	1,198 349	
Totals 1951-65	5	1,137	—	258	—	152	1,400	1,137	1,547	

**REINFORCING COURSE**

1966	—	—	—	—	—	—	—	—	—
1965	—	—	—	—	—	—	—	—	—
1964	—	1	—	—	—	—	1	1	1
1963	—	1	—	4	—	—	5	1	1
1962	—	7	—	14	—	—	21	7	21
1961	3	30	—	134	—	3	167	30	167
Totals 1961-65	3	39	—	152	—	3	194	39	190
1951-60	53	18	—	259	—	10	330	18	287
Totals 1951-65	56	57	—	411	—	13	524	57	477

**COMBINED PRIMARY /REINFORCING COURSE**

Totals 1951-66	61	1,194	—	669	—	165	1,924	1,194	2,024
----------------	----	-------	---	-----	---	-----	-------	-------	-------

(a) Reinforcing course

(b) Complete primary course



# COURSE OF INJECTIONS

Year of Birth	YEAR OF IMMUNIZATION															Total	Total in Age Groups
	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966		
1952	634	203	39	29	29	16	8	2	6	9	12	2	4	2	—	995	Total 5 – 15 years at end of 1966 10,114
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	3	894	
1955	—	—	—	398	224	38	33	13	20	51	21	9	7	3	6	823	
1956	—	—	—	—	479	197	25	25	39	73	30	11	7	4	2	892	
1957	—	—	—	—	—	600	186	34	50	53	15	30	18	6	3	995	Total under Five years at end of 1966 4,505
1958	—	—	—	—	—	—	424	179	75	58	18	23	57	47	9	880	
1959	—	—	—	—	—	—	—	704	141	102	13	18	29	75	37	1119	
1960	—	—	—	—	—	—	—	—	856	577	107	17	17	20	152	1646	
1961	—	—	—	—	—	—	—	—	—	437	347	45	30	14	41	914	
1962	—	—	—	—	—	—	—	—	—	—	348	470	62	25	27	932	Total under Five years at end of 1966 4,505
1963	—	—	—	—	—	—	—	—	—	—	—	415	485	50	24	974	
1964	—	—	—	—	—	—	—	—	—	—	—	—	552	607	57	1216	
1965	—	—	—	—	—	—	—	—	—	—	—	—	—	445	558	1003	
1966	—	—	—	—	—	—	—	—	—	—	—	—	—	—	480	480	

## VACCINATION AND IMMUNISATION OF CHILDREN

The following table shows the percentages vaccinated for Halifax together with the equivalent national figures:

	<i>Children born in 1965</i>			Smallpox (Children under 2) (4)
	Whooping Cough (1)	Diptheria (2)	Poliomyelitis (3)	
England and Wales	72	73	68	38
Local Authority . .	60	61	48	22

The figures in columns (1) – (3) are calculated to show the percentage of children born in 1965 who have been vaccinated at any time.

Column (4) includes only children who were vaccinated during 1966 and were under 2 years old at the time, and is calculated as a percentage of children born during 1965. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.



## SECTION IV

### MISCELLANEOUS INFORMATION

AMBULANCE SERVICE

SOCIAL WELFARE

CERVICAL CYTOLOGY

HEALTH EDUCATION

LOAN EQUIPMENT

FIRE GUARDS

INCONTINENCE PADS

CONVALESCENT HOME

CHIROPODY

MEDICAL EXAMINATIONS

ORTHOPAEDIC

CONGENITAL DEFECTS

NATIONAL ASSISTANCE ACT Sec. 47

CREMATIONS

PUBLIC MORTUARY

WATER SUPPLY

## THE AMBULANCE SERVICE

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

The number of vehicles in operation was 11 and included:

- 1 Austin Ambulance, Gypsy
- 1 Morris Ambulance L.D. type
- 9 Austin Ambulances L.D. type

These vehicles are all dual-purpose which means they can easily be adapted to carry sitting or stretcher cases. The last three to be purchased will carry ten sitting cases comfortably, or two stretcher cases. We have found that this type of vehicle is best suited to the needs of this service. The fact that the manufacturers have been able to lower the floor of this type of vehicle has enabled us to dispense with the stretcher gear because there are no high steps into the ambulance and it is not difficult to carry the loaded stretcher right into it.

The establishment at the end of the year was:

- 1 Ambulance Officer
- 4 Shift Leaders
- 2 Telephonists
- 21 Driver/attendants.

All personnel with the exception of the telephonists are fully qualified in first aid. The annual revision course was held at the Ambulance Station and all candidates for the examination satisfied the examiner who was a doctor.

The fleet is maintained and serviced by the Cleansing and Transport Department at Water Lane. My thanks to the Transport Manager for the help and advice given throughout the year.

It will be noticed from the statistical table that there has been a decrease in the number of patients carried but there is no decrease in the mileage travelled. This means that the ambulances, although travelling further, are carrying less patients on each journey. From the patients' point of view this is a good thing; it means they are not riding for very long periods, and they are not as crowded in the ambulance. It also means that we are taking more and more patients out of town to the larger cities to see specialists. Regular trips are made almost daily, sometimes twice daily, to Leeds and Bradford. Wakefield and Sheffield appear on the list regularly and this is the reason for the mileage remaining at a high level.

The hospitals are not very helpful in checking the mileage figures. There is a very great difficulty in co-ordinating appointments so that ambulances are not covering the same ground twice. There also a lack of appreciation of the ambulance service in that if a



patient notifies the hospital of inability to keep an appointment, the ambulance control is rarely notified. We know of the cancellation when the ambulance driver calls by radio to tell us, but the ambulance may have travelled up to ten miles for nothing.

In conclusion I would like to express my thanks to the Health Committee and Medical Officer of Health and his staff for help and support throughout the year.

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

Year	No. of Vehicles in service 31st Dec.		Total No. of Journeys during the year	Total No. of Patients carried during the year	No. of Accidents, and other Emergency Journeys inc. in Col. 3	Mileage during the year	Total Mileage for the year
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	
1966	Ambulances	11	12,123	38,061	2,964	163,912	170,805
	Car Amb.	0	388	1,723	0	6,893	

#### WEST RIDING COUNTY COUNCIL MILEAGE

				Ambulances	Car/Ambulances
1966	..	..	..	39,077	1,708
1965	..	..	..	37,115	3,688

#### TRANSPORTED BY RAIL

No. of Patients	37	Estimated Mileage	1,943
-----------------	----	-------------------	-------

	Journeys	TYPE OF PATIENT					MILEAGE		
		Recumbent	Sitting	Carried in Ambulance	Carried in S/Case vehicle	Ambulance Mileage	S.case vehicle Mileage	Total Mileage	
1966									
January	998	770	2,500	2,959	311	12,842	1,081	13,923	
February	897	684	2,371	2,810	245	12,036	861	12,897	
March	1,062	729	2,846	3,445	130	13,623	426	14,049	
April	974	659	2,458	3,003	114	12,733	1,157	13,190	
May	1,043	658	2,745	3,023	380	13,102	1,472	14,574	
June	1,028	650	2,751	3,202	199	13,993	865	14,858	
July	1,007	599	2,451	2,758	292	12,048	1,189	13,237	
August	1,069	651	2,700	3,299	52	14,310	542	14,850	
September	1,053	668	2,507	3,175	—	14,334	—	14,334	
October	1,105	625	2,731	3,356	—	14,785	—	14,785	
November	1,140	598	3,033	3,631	—	15,616	—	15,616	
December	1,135	650	2,750	3,400	—	14,490	—	14,490	
TOTALS	12,511	7,941	31,843	38,061	1,723	16,3912	6,893	170,805	



# CATEGORIES

1966	Street Accidents	Street Illnesses	Works Illnesses	Works Accidents	Home Accidents	Maternity	Obstetrical	Mental	House Transfers	Hospital Transfers	Out Patients	Admissions	Discharges	Totals
January	74	25	3	5	51	56	18	1	2	126	2,354	391	164	3,270
February	57	18	7	4	28	64	18	5	9	112	2,247	341	145	3,055
March	55	25	11	6	30	76	15	4	8	120	2,747	337	141	3,575
April	56	18	4	3	61	57	21	7	9	86	2,340	323	132	3,117
May	66	23	7	6	51	52	15	3	11	106	2,576	320	167	3,403
June	54	16	17	8	76	63	20	2	11	106	2,551	329	148	3,401
July	57	13	9	3	66	62	16	3	12	88	2,304	286	131	3,050
August	90	25	5	3	81	61	19	5	14	87	2,504	334	123	3,351
September	92	20	7	7	67	62	16	5	13	88	2,337	333	128	3,175
October	76	27	7	7	58	57	12	2	9	107	2,520	326	148	3,356
November	80	14	8	3	60	57	14	2	10	107	2,771	367	138	3,631
December	89	17	15	7	57	61	25	3	7	72	2,551	354	142	3,400
Totals	846	241	100	62	686	728	209	42	115	1,205	29,802	4,041	1,707	39,784

## SOCIAL WELFARE

### 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	17	7	—	30
B. Treatment (Medical Surgical or Optical)	8	—	—	8
C. Ophthalmic Medical Supervision	7	6	—	17
Number of Cases at (b) above, which on follow-up action have received treatment.	7	—	—	6
Ophthalmic Medical Supervision cases which have received treatment.	5	4	—	13

#### EPILEPSY

At the 31st December, 1966, 26 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 four 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-nine persons with cerebral palsy were registered as handicapped persons on the 31st December, 1966. of these, three were in residential accommodation at White Windows Cheshire Home, Sowerby Bridge, and nine children were attending special schools. Fifteen 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 have been 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. The Medical Officer is Dr. Ian Aitchison.



## CERVICAL CYTOLOGY

The first Local Authority Clinic in Halifax for Cervical Cytology was held on the 4th February 1966. There was an extremely good response to the advertising campaign and during the year a total of 42 Clinics were held and 756 women were examined.

Smears are examined at the Halifax Royal Infirmary by specially trained technicians.

The following table gives a breakdown of the women examined, according to age and social class:

ATTENDANCES	Single 1st Repeat	Widowed or Divorced 1st Repeat	Husband Retired 1st Repeat	Social Class Classification					TOTAL	
				1	2	3	4	5		
				1st Repeat	1st Repeat	1st Repeat	1st Repeat	1st Repeat	1st Repeat	Repeat
<i>Aged:</i>										
Under 35 years	3	4	—	3	55	—	45	2	282	—
Percentage of age group ..	1.2	1.4	—	1.1	19.5	—	16.0	0.7	100	—
<i>Aged</i>										
35 years of age	7	35	6	11	102	2	77	6	474	4
Percentage of age group ..	1.5	7.4	1.3	2.3	21.5	48.5	16.2	1.3	100	—
All ages ..	13	39	6	14	157	2	122	8	756	4
Percentage of Total ..	1.7	5.2	0.8	1.8	20.8	52.5	16.1	1.1	100	—

\* Denotes 1 Positive case. (Total of 9 Positive cases in the 756 women examined).

It is hoped that these statistics in ensuing years will be computerised to facilitate recall for repeat smears every 3 to 5 years.

## HEALTH EDUCATION

Ninety-nine lectures were given to various organisations in the town by the Health Department staff and Dr. Emily J. Ruane. The subjects covered were as follows:

The Expectant Mother	The General Nursing Services
Retirement	Community Nursing
Abortion	Public Health Inspection
Mother and Baby Clubs	Meat Inspection
Day Nurseries	Public Health
Spiritual and Physical Health	Food Hygiene
Depression in the Elderly	Mothercraft
Accidents in the Home	Home Nursing
Ambulances	Community Care
Humour and Pathos	School Health
Health of School Child	Administration

The following participated in the lectures:—

M.O.H., D.M.O.H., C.P.H.I., D.C.P.H.I., Meat Inspector, Supt. Nursing Officer, Assistant Nursing Officer, Senior Health Visitor, Mrs. Greenwood, Health Visitor, Senior Mental Welfare Officer, Ambulance Officer, First School Medical Officer, Lay Administrative Officer.

Health Education methods include films, film strips and epidiascope. In addition to public health education the department is also responsible for education in schools on health topics, such as smoking and lung cancer, drug addiction, sex hygiene.

## LOAN EQUIPMENT

Under Section 28 of the N.H.S. various items of equipment were issued to 285 patients during 1966 as compared with 263 in 1965. These included rubber sheets, bed pans, bed rests, commodes, air rings, wheel chairs, enuresis alarms, special equipment for paraplegics, bed tables, feeding cups, walking sticks, nursing aids and other medical aids for disabled and handicapped persons.

### FIREGUARDS

During 1966, 34 fireguards which had been issued by the department were in use by elderly people. These are recommended by public health inspectors, health visitors, district nurses, special nurses, general practitioners or any other members of the health team. The issue of fireguards together with all other materials required in community care is controlled by Mr. Leonard Holdsworth, the Senior Social Welfare Officer.



## INCONTINENCE PADS

During 1966 the Incontinence Pad Service which has been slow to be put into full use by Practitioners was expanded. The necessary authority was given by a Ministry of Health circular received in 1963. The service has filled a gap brought about by the discontinuance of a laundry service administered by the Halifax District Nursing Association for the Watson Batty Trust. The pads are issued free of charge by the District Nurses in the course of their professional work as required. In addition supplies can be received from the North Parade Clinic Community Care Service on the certificate of bona fide health worker or doctor. Pads include protective pants and pilch garments. Supplies have been issued as follows:

From North Parade Clinic there were 22 patients supplied at regular intervals. This caused the issue of 17 garments, 8,900 personal pads and 252 incontinent bed pads during the year. So far as the District Nursing Association is concerned:

Cases brought forward from 1965 ..	18
New cases undertaken during 1966 ..	94
Pads issued during 1966 .. ..	5,842
Average length of time on books ..	15 days

Towards the end of the year it was becoming apparent that this service was on the increase as it became more widely known. This is a service which is obviously of great benefit to the elderly and those suffering from disability like multiple sclerosis.

It is reckoned that only 2% of persons over the age of 65 in Halifax have any degree of incontinence. If the care and medical supervision of this small percentage is not attended to in the absence of adequate or traditional laundry services the public health nuisance arising would be very great.

The Chief Public Health Inspector and the Transport Manager have worked out with the M.O.H. a system of hygienic disposal which is acceptable in the smoke control areas. A worker on the staff of the Chief Public Health Inspector collects the pads by a special van provided for the purpose and in conjunction with Mr. J. Chum is responsible for hygienic tipping necessary.

### COMPARATIVE FIGURES OF PADS, ETC., ISSUED FROM NORTH PARADE CLINIC

	1963 <i>Oct.-Dec.</i>	1964	1965	1966
Bed pads ..	84	357	231	252
Personal pilch pads	—	—	3,200	8,900
Personal garments ..	..	..	12	17

*Note:* The above figures do not include bed pads issued by Kirby Leas.

## CONVALESCENT 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. Anne's-on-Sea. Thirty-three cases were admitted during 1966.

## CHIROPODY

During 1966 the Chiropodists completed 957 sessions, compared with 579 in 1965. The demand on this Service is increasing rapidly and it was essential that the number of sessions permitted be raised in order to deal with new cases and at the same time maintain a satisfactory frequency of treatment. The number of new cases referred during the year was 354, as against 217 in 1965. The number of treatments given also increased substantially—from 3,750 in 1965 to 5,312 in 1966. In addition to the treatments given in patients' homes, Mr. Luxton continued to hold two sessions per week at the North Parade Clinic, where, during 1966, 1,050 treatments were given, which was comparable with the previous year's figure of 1,085. In total 4,729 visits were made by the Chiropodists to patients' homes.

The following table, showing comparative figures for 1965 in parentheses, indicates the amount of work done:

Total number of sessions	..	..	..	..	957	(579)
New cases referred:						
Aged	..	..	..	..	335	(191)
Handicapped	..	..	..	..	19	(26)
Ante-Natal	..	..	..	..	—	(—)
Total					354	(217)
Total number of treatments	..	..	..	..	5,312	(3,750)
Total number of visits	..	..	..	..	4,729	(2,726)
Total number of treatments given at Clinics	..	..	..	..	1,050	(1,085)

## 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.



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

Examinations for employment and superannuation ..	352
Ministry of Education examinations— .. ..	
Form 28 R.Q. .. .. .	95
Form 4 R.T.C. .. .. .	167
Examinations on behalf of other local authorities ..	8
Medical examination of employees following prolonged absence due to sickness .. .. .	30
Examinations for admission to Outward Bound Schools	—
	<hr/> 390 <hr/>

### ORTHOPAEDICS

<i>Orthopaedic Clinic</i>	<i>Under 1 year</i>	<i>1-5 years</i>	<i>Total</i>
No. of new cases .. .. .	2	48	50
No. of first attendances .. ..	2	45	47
No. of subsequent attendances ..	7	408	415
Total attendances	9	453	462

CLASSIFICATION	<i>No. of Cases</i>	<i>Attendances</i>
Bow Legs .. .. .	5	52
Congenital Deformities .. ..	1	9
Hernia .. .. .	—	—
Intoing .. .. .	7	60
Knock Knees .. .. .	20	249
Metatarsus Varus .. .. .	2	2
Over Riding Toe .. .. .	4	36
Other .. .. .	11	54
	<hr/> 50 <hr/>	<hr/> 462 <hr/>

### DISPOSAL

No. of cases referred for X-ray examination .. .. .	—
No. of cases referred for admission to hospital .. ..	—
No. of cases discharged .. .. .	26

The physiotherapy and other treatment required for pre-school children is conducted by Mr. Gregor Stewart. When the new Combined Clinic is opened it is hoped that treatment at all age groups including school children and elderly will take place in a well equipped gymnasium and/or treatment room.

## CONGENITAL MALFORMATIONS

### INCIDENCE OF CONGENITAL MALFORMATIONS

In accordance with the requirements of the Chief Medical Officer of the Ministry of Health information is supplied to the General Register Office concerning congenital defects apparent at birth.

A summary and analysis of the notifications received during 1966 are given below:

### SUMMARY OF NOTIFICATIONS

Number of notifications received during year	..	..	39
Number of live births included in (i) above	..	..	37
Number of still births included in (i) above	..	..	2
Total number of malformations notified as apparent at birth			46
Number of children with multiple abnormalities	..	..	5

### ANALYSIS OF MALFORMATION NOTIFIED

Code	Defect	Cases
0	<i>Central nervous system</i>	
	·1 Anencephalus .. .. .	3
	·2 Encephalocele .. .. .	1
	·4 Hydrocephalus .. .. .	2
	·8 Spina bifida .. .. .	4
1	<i>Eye, Ear</i>	
2	<i>Alimentary System</i>	
	·1 Cleft lip .. .. .	3
	·2 Cleft palate .. .. .	1
	·5 Intestinal atresia .. .. .	1
4	<i>Respiratory</i>	
	·7 Defects of diaphragm .. .. .	1
5	<i>Uro-genital system</i>	
	·6 Hypospadias, Epispadias .. .. .	3
	·7 Other defects of male genitalia .. .. .	2
	·8 Defects of female genitalia .. .. .	1
6	<i>Limbs</i>	
	·1 Defects of lower limb N.O.S. .. .. .	1
	·3 Polydactyly .. .. .	3
	·4 Syndactyly .. .. .	1
	·5 Dislocation of hip .. .. .	1
	·6 Talipes .. .. .	13
	·8 Other defects of hand .. .. .	2
7	<i>Other Skeletal</i>	
	·3 Other defects of spine .. .. .	1
	·3 Vascular defects of skin, sub-cutaneous tissues and mucous membranes .. .. .	1
	·9 Exomphalos omphalocele .. .. .	1



**NATIONAL ASSISTANCE ACT 1948 and  
NATIONAL ASSISTANCE (AMENDMENT) ACT 1951**

**SECTION 47**

*Removal to suitable Premises of Persons in need of Care and Attention*

It was necessary on four occasions during the year to operate the National Assistance Acts relating to the removal to hospital of persons in need of care and attention.

This legislation gives powers to remove compulsorily to hospital or other such premises, persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated are living in insanitary conditions and are unable to devote to themselves, or to receive from other persons, proper care and attention.

The Amendment Act of 1951 empowers the Local Authority to authorise the Medical Officer of Health when urgent removal is considered necessary to take immediate action to obtain a Magistrate's Order to detain the person in suitable premises for a period not exceeding three weeks.

Several cases were brought to notice, but by introducing a district nurse or home help into the home, or by referring the case to our Nursing Officer, it was possible in all but five cases to alleviate or remedy the circumstances and so enable the person to remain at home.

The first case was a widower aged 73 who had been living a solitary existence with no adequate assistance in preparation of meals. The friends he had had left him in his distress and he had become withdrawn and isolated failing physically and mentally with only the flickering of life as an outward remnant of what had been a full personality.

The second case was an elderly couple who through infirmity were unable to care for themselves or each other, or attend to the comforts essential to the maintenance of amenity and cleanliness within their home. They refused all offer of help.

The third case aged 82, was suffering from broncho-pneumonia. He was living alone, neglected and in insanitary condition.

The fourth case was an elderly woman who was stone-deaf and who had become mentally disordered and disorientated imagining that certain relatives who had died were still living with her. Her existence was precarious through faulty gas and electric fittings.

The fifth case—aged 84, an ex-schoolteacher was ill and infirm, and living in insanitary conditions with no help and refused hospitalisation.

## CREMATIONS

Here are the statistics relating to cremations during 1966:

Total number of cremations since opening of Crematorium	16,493
(a) Halifax residents .. .. .	not available
(b) Others .. .. .	not available
(c) Total number of cremations, 1966 .. ..	1,780
(i) Halifax residents .. .. .	not available
(ii) Others .. .. .	not available

### DISPOSITION OF REMAINS FOR 1966

(a) Scattered in the grounds .. .. .	1,617
(b) Placed or to be placed in niches .. ..	no niches
(c) Placed or to be placed in graves .. ..	no graves
(d) Taken away by representatives .. .. .	163
(e) Awaiting instructions for disposal .. ..	none

## PUBLIC MORTUARY

There were 142 post mortems performed during 1966. The present building may require to be demolished to make way for a road development in Hall Street and land adjoining.

## WATER SUPPLY

**by A. L. Gray, B.Sc., Calderdale Water Board Manager**

The quantity of water supplied by the Board was adequate for all consumers, both domestic and industrial. 697 bacteriological analyses were carried out in filtered and treated waters at Thrum Hall and Ogden Filter Houses, and at various points throughout the distribution system. In 98.6% 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 at 180°C .. .. .	87
Chlorine (chlorides) .. .. .	13.8
Free Ammonia (N) .. .. .	0.05
Albuminoid Ammonia (N) .. .. .	0.02
Oxygen absorbed from Permanganate in 4 hours at 80°F .. .. .	0.65
Temporary Hardness (as Ca CO <sub>3</sub> ) .. ..	6
Permanent Hardness (as Ca CO <sub>3</sub> ) .. ..	27
Nitrous Nitrogen .. .. .	Nil
Nitric Nitrogen .. .. .	0.48
Lead in solution .. .. .	Nil
Lead absorbed in 24 hours .. .. .	Nil
Manganese (Mn) .. .. .	0.12
Iron (Fe) .. .. .	0.13
pH value .. .. .	8.6



Colour in °Hazen	..	..	..	..	Less than 5
Turbidity—silica scale	..	..	..	..	1.8
Total residual chlorine	..	..	..	..	0.25
Free carbon dioxide	..	..	..	..	Nil
Calcium hardness (as Ca CO <sub>3</sub> )	..	..	..	..	21
Flouride (as F)	..	..	..	..	0.1
All results expressed in parts per million.					

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

Total solids dried at 180°C	..	..	..	..	83
Chlorine (as chlorides)	..	..	..	..	13.3
Free Ammonia (as N)	..	..	..	..	0.05
Albuminoid Ammonia (as N)	..	..	..	..	0.18
Oxygen absorbed from Permanganate in 4 hours at 80°F	..	..	..	..	1.46
Temporary hardness (as (Ca CO <sub>3</sub> ))	..	..	..	..	Nil
Permanent hardness as (Ca CO <sub>3</sub> )	..	..	..	..	27
Nitrous Nitrogen	..	..	..	..	Nil
Nitric Nitrogen	..	..	..	..	0.36
Lead in solution	..	..	..	..	Nil
Lead absorbed in 24 hours	..	..	..	..	2.4
Manganese (Mn)	..	..	..	..	0.14
Iron (Fe)	..	..	..	..	0.36
pH value	..	..	..	..	5.0
Colour (°Hazen)	..	..	..	..	24°
Turbidity—Silica Scale	..	..	..	..	6.1
Total residual chlorine	..	..	..	..	Nil
Free carbon dioxide	..	..	..	..	5.9
Calcium hardness (as Ca CO <sub>3</sub> )	..	..	..	..	14
Flouride (a F)	..	..	..	..	0.1

The treatment at Thrum Hall Filter House includes the addition of lime and sodium aluminate before filtration, and lime and chlorine after filtration. During most of 1966 pre-chlorination was in use, in which a small dose (approximately 0.2 p.p.m) of chlorine was added to the water before filtration, as an additional safeguard.

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

The treatment at Ogden Filter House is similar to that at Thrum Hall, except that sodium carbonate is used instead of lime and the volume of water treated daily is much less, being approximately 500,000 gallons.

#### NUMBER OF DWELLING HOUSES AND POPULATION SUPPLIED

(a) Direct to the house	..	33,000	95,000
(b) By means of stand pipe	..	Nil	

## SECTION V

### HOUSING AND SANITARY CIRCUMSTANCES

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

During 1966 the rate of clearance of unfit houses was further intensified, with 602 houses being represented, an increase of 121 on last year. Four Clearance Areas were represented during the year, namely, Musgrave Street C.P.O. (April), Range Lane C.P.O. (June), Commercial Road (North No. 2) C.P.O. (March), and Horley Green and Godley Road C.P.O. (November). There were six compulsory purchase orders confirmed in the year as follows: Silver Street North (February), Stannary Street (March), Commercial Road South (September), Musgrave Street (October), Boothtown (November), and Commercial Road (North No. 2) (December), in each case after a public inquiry.

Now that tuberculosis in milk is a rarity, more attention is being paid to the incidence of Brucellosis, an infection transmissible to man and usually obtained from infected raw milk. Routine checks found positive results and it was necessary to take 151 samples to control the infection. Until the Brucellosis eradication scheme is under way this is one more reason why the public are advised to drink only pasteurised or heat-treated milks.

Schemes for the extension of water mains to supply houses with spring supplies proceed all too slowly. Limited in the first instance by finance but secondly because owners themselves are reluctant to invest a hundred pounds on their property to ensure it has always a guaranteed sterile water supply.

The number of complaints received about unsatisfactory food was higher than last year and this culminated in an increase in the number of prosecutions taken. There is still too much carelessness in the preparation of food for human consumption and I am still surprised at the variety of "foreign matter" found in food.



## HOUSING

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

### CORPORATION STREET COMPULSORY PURCHASE ORDER

Demolition has continued and by the end of the year 227 houses had been demolished.

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

By the end of the year all 300 houses in this area had been demolished, thus completing the demolition of this area.

### CHATHAM STREET COMPULSORY PURCHASE ORDER

Rehousing of this area was completed, and by the end of the year 80 houses had been demolished.

### HARE STREET COMPULSORY PURCHASE ORDER

All 10 houses in this area had been demolished by the end of the year.

### STANNARY STREET COMPULSORY PURCHASE ORDER

This was confirmed on the 22nd March 1966, and by the end of the year most families had been rehoused.

### BOOTH TOWN COMPULSORY PURCHASE ORDER

This was confirmed on the 1st November, 1966. By the end of the year more than half the families had been rehoused.

### SILVER STREET NORTH COMPULSORY PURCHASE ORDER

This was confirmed on the 1st February 1966 and rehousing has begun.

### COMMERCIAL ROAD (SOUTH) COMPULSORY PURCHASE ORDER

This was confirmed on the 23rd September 1966. By the end of the year the majority of families were rehoused.

### MUSGRAVE STREET COMPULSORY PURCHASE ORDER

This was represented on the 14th April 1966, and was confirmed on the 6th October 1966. By the end of the year only one house remained occupied.

### RANGE LANE COMPULSORY PURCHASE ORDER

This was represented on the 16th June 1966.

### COMMERCIAL ROAD (NORTH NO. 2) COMPULSORY PURCHASE ORDER

This was represented on the 17th March 1966 and was confirmed on the 16th December 1966. By the end of the year over half the families in this area had been rehoused.

### HORLEY GREEN AND GODLEY ROAD COMPULSORY PURCHASE ORDER

This was represented on the 17th November 1966.

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

The following 16 houses had closing orders placed upon them under the provisions of the above Act during the year:

8 St. Thomas Street	10 Aspinall Street East
6 Beacon Terrace	12 Wainhouse Terrace
12 St. Mark's Street	14 Wainhouse Terrace
11a Wainhouse Terrace	3 Wood Square
9/11 High Grove Lane	44 St. Mark's Street
7 High Grove Lane	11 Lawson Street
6 Cross Street	4 Moor Street
8 Church Terrace	4 Martin Street

The following two houses were the subject of demolition orders during the year, and are now demolished:—

6 Brackenbed Grange	7 Brackenbed Grange
---------------------	---------------------

**Improvement and Standard Grants**

Although the number of applications for grants was less than in the previous year, more grants were approved (359 in 1966—347 in 1965).

Improvements by the owners at Copley continued throughout the year despite labour troubles and some final payments have now been made. The conversion of 96 back-to-backs to 48 through houses as, of necessity, meant quite a disturbance of the tenants, which has been accepted. In some cases it has been possible to work in two empty houses but in the majority of cases the work is being carried out with one of the tenants being in residence. No difficulty has been experienced by the landlord not re-letting the houses improved.

The percentage of requests for grants for tenanted houses dropped from 15·9% (1965) to 10·7% in 1966.

The following table shows details of applications submitted 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	299	262	9	195	£23,453 3 1	18
Improvement	62	97	4	68	£13,134 4 9	10
Total	361	359	13	263	£36,587 7 10	28



An analysis of the 262 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
234	200	179	214	217	227	28	26	26	27	25	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 1966 there were seven applications from tenants for compulsory improvement of the houses which they occupied. In five cases the owners have agreed to improve the property and applied for grants and three of these have been approved at the end of the year. One other application was from the tenant of a house which is now to become a subject of a Closing Order. This application was refused. The seventh application relates to a house the life of which is in doubt and has been deferred.

### **Houses in Multiple Occupation**

Due to shortage of staff it has only been possible to inspect these houses as complaints have arisen.

Twenty-four lettings have been inspected in detail to determine their compliance with the statutory requirements and again the advice of the Fire Prevention Officer was sought to ensure the main escape in case of fire was satisfactory before the service of notices.

## Housing Statistics

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

After informal action by local authority;	
By owner .. .. .	492
After formal notice under Public Health Acts:	
By owner .. .. .	125
By Local Authority .. .. .	103
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 ..	17
	No. of occupants	—

### UNFIT HOUSES CLOSED

No. of Houses	Under S.16 (4), 17 (1) and 35 (1) Housing Act, 1957 and S.26 Housing Act, 1961 .. .. .	24
	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 .. .. .	19
	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 .. .. .	9
	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 .. .. .	229
		Included by reason of bad arrangement ..	18
		On land acquired under S.43 (2) Housing Act, 1957 .. .. .	3
	Persons Displaced	From houses unfit for human habitation ..	794
		From houses included by reason of bad arrangement .. .. .	47
		From houses on land acquired under S.43 (2) Housing Act, 1957 .. .. .	7
	Families Displaced	From houses unfit for human habitation ..	274
		From houses included by reason of bad arrangement .. .. .	18
		From houses on land acquired under S.43 (2) Housing Act, 1957 .. .. .	3
NOT IN CLEARANCE AREAS	Houses Demolished	As a result of formal or informal procedure under Sections 16 or 17 (1) Housing Act, 1957 .. .. .	2
		Local Authority owned houses certified unfit by Medical Officer of Health .. .. .	22
		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 .. .. .	8
		From local authority owned houses certified unfit by Medical Officer of Health .. .. .	20
		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 .. .. .	4
		From local authority owned houses certified unfit by Medical Officer of Health .. .. .	7
		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 .. .. .			4

# 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 .. .. .	650
Subsequent Inspections under the Housing Acts .. .. .	109
Work in progress under the Housing Acts .. .. .	7
“Well-maintained” payments .. .. .	125
Official Count .. .. .	586
Standard and Improvement Grants .. .. .	1,470
Certificates of Disrepair .. .. .	—
Removals and Disinfestation .. .. .	—
Inspection on behalf of Housing Manager .. .. .	26
Sanitary defects .. .. .	1,402
Notifiable diseases .. .. .	127
Food Poisoning .. .. .	4
Pathological Specimens .. .. .	166
Dirty and/or verminous conditions .. .. .	87
Overcrowding .. .. .	27
Moveable Dwellings .. .. .	2
Common Lodging Houses .. .. .	7
Visits to lettings—Houses in Multiple Occupation .. .. .	24
Sale of Property to Council .. .. .	208
Public Enquiry .. .. .	167
Survey Re-Improvement Areas .. .. .	—

#### DRAINAGE:—

Public sewers inspected .. .. .	173
Public sewers tested .. .. .	66
Drains inspected, special inspections only .. .. .	96
Drains tested .. .. .	209
Ditches and Watercourses .. .. .	6

#### FACTORIES:—

Factories (with power) .. .. .	22
Factories (without power) .. .. .	16
Outworkers' premises .. .. .	—
Workplaces (General) .. .. .	5
Workplaces (Offices) .. .. .	2

#### SHOPS:—

Shops Act, 1950, section 38 .. .. .	39
Other visits .. .. .	289
Mobile Shops .. .. .	71



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

Offices .. .. .	37
Retail Shops .. .. .	106
Wholesale shops and Warehouses .. .. .	6
Catering establishments and canteens .. .. .	7
Accidents .. .. .	6

## FOOD PREMISES:—

Milk Distributors .. .. .	148
Dairies .. .. .	5
Milkshops .. .. .	76
Fried Fish Shops .. .. .	40
Bakehouses .. .. .	32
Butchers' Shops .. .. .	120
Ice Cream premises .. .. .	118
Restaurants, Cafes, etc. .. .. .	104
School Canteens .. .. .	6
Licensed Premises .. .. .	8
Other food premises .. .. .	320

## SMOKE CONTROL:—

Smoke Observations .. .. .	753
Works, etc., re smoke emission .. .. .	160
Works, etc., re Prior Approval .. .. .	5
Works, etc. re Chimney Heights .. .. .	18
Smoke Control Areas .. .. .	1,333
Atmospheric Pollution Gauges .. .. .	1,526

## SAMPLING:—

Foods and Drugs Act, 1955 .. .. .	93
Bacteriological samples—Milk .. .. .	54
Bacteriological samples—Ice Cream .. .. .	28
Biological examination—Milk .. .. .	—
Brucellosis—Milk .. .. .	42
Water .. .. .	16
Swimming Baths Water .. .. .	69
Fabrics (Misdescription) Act—Flameproof Materials .. .. .	1

## GENERAL:—

Premises re Rag Flock Acts .. .. .	24
Premises re Fertilisers and Feeding Stuffs Act .. .. .	15
Premises re Pharmacy and Poisons Act .. .. .	25
Premises re Merchandise Marks Act .. .. .	115
Stables re nuisances .. .. .	4
Fowls, Swine and other animals .. .. .	47
Schools .. .. .	4
Places of Public Entertainment .. .. .	9
Public Sanitary Conveniences .. .. .	357
Abattoir .. .. .	155
Noise Nuisances .. .. .	64
Pet Shops .. .. .	18
Offensive Trades .. .. .	1

Childrens Nightdress Regs.	..	..	..	..	10
Knackers' Yards ..	..	..	..	..	4
Rodent Control ..	..	..	..	..	75
Accumulations of Refuse	..	..	..	..	203
Interviews ..	..	..	..	..	863
Animal Boarding Est. Act	..	..	..	..	4
Hairdressers re bye laws	..	..	..	..	4
Riding Establishment Act	..	..	..	..	3
Miscellaneous visits ..	..	..	..	..	4,143

Total number of inspections and visits	..	17,572
Total number of re inspections ..	..	6,255

Total number of inspections of all types	..	23,827
--	----	--------

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

**DWELLINGHOUSES:—**

General repairs ..	..	..	..	..	715
Dirty houses cleansed ..	..	..	..	..	27
Overcrowding abated ..	..	..	..	..	1
Council houses found bug-infested and disinfested ..	..	..	..	..	6
Other houses found bug-infested and disinfested ..	..	..	..	..	1
Houses cleared of other vermin ..	..	..	..	..	44
Common lodging houses ..	..	..	..	..	3
Houses-let-in-Lodgings ..	..	..	..	..	4

**DRAINAGE:—**

Sewers cleansed ..	..	..	..	..	181
Drains cleansed and/or repaired ..	..	..	..	..	166
Public sewers repaired and/or reconstructed ..	..	..	..	..	46
Drains reconstructed or new drains provided ..	..	..	..	..	63

**FACTORIES:—**

**(Nuisances abated or improvements effected)**

Factories (with power) ..	..	..	..	..	10
Factories (without power) ..	..	..	..	..	1
Workplaces (General) ..	..	..	..	..	—
Workplaces (Offices) ..	..	..	..	..	31

**SHOPS:—**

**(Nuisances abated or improvements effected)**

Shops Act, 1950, section 38 ..	..	..	..	..	5
General ..	..	..	..	..	156
Mobile Shops ..	..	..	..	..	—

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

**(Nuisances abated or improvements effected)**

Shops ..	..	..	..	..	95
Accidents ..	..	..	..	..	6
Offices ..	..	..	..	..	31



FOOD PREMISES:—

(Nuisances abated or improvements effected)

Fried Fish Shops	..	..	..	..	..	13
Bakehouses	..	..	..	..	..	15
Butchers	..	..	..	..	..	37
Ice Cream Premises	..	..	..	..	..	8
Restaurants, Cafes, etc.	..	..	..	..	..	51
School Canteens	..	..	..	..	..	—
Licensed Premises	..	..	..	..	..	1
Other food premises	..	..	..	..	..	58

SMOKE CONTROL:—

(Improvements effected)

Boiler plants re emission of smoke	..	..	..	2
------------------------------------	----	----	----	---

GENERAL:—

(Nuisances abated or improvements effected)

Fowls, Swine and other animals	..	..	..	1
Stables	..	..	..	—
Schools	..	..	..	1
Places of Public Entertainment	..	..	..	—
Public Sanitary Conveniences	..	..	..	167
Noise	..	..	..	12
Accumulations of Refuse	..	..	..	108
Merchandise Marks Act (Contraventions remedied)	..	..	..	31
Miscellaneous sanitary improvements	..	..	..	143
Total	..	..	..	2,240

SAMPLES OBTAINED:—

				Formal	Informal
Food and Drugs Act, 1955	..	..		95	228
Milk—Bacteriological	..	..		—	59
Milk—Biological	..	..	..	—	—
Milk—Brucellosis	..	..	..	—	151
Ice Cream—Bacteriological			..	—	28
Water	..	..	..	—	16
Swimming Baths Water	..	..		—	78
Fertilisers and Feeding Stuffs			..	11	—
Fabrics (Misdescription) Act	—	Flame			
proof materials	..	..	..	1	—
Pathological Specimens	..	..		—	843
Rag Flock	..	..	..	2	—
Total	..	..	..	109	1,403

## SEWAGE PURIFICATION

*Information supplied by Mr. Ives,  
Water Purification Manager*

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 1966, a total volume of 2,407,490,000 gallons of sewage and industrial wastes were given full treatment, an average of 6,595,863 gallons for each day of the year, from which 38,371 tons of liquid sludges were extracted yielding after processing 2,650 tons of organic fertilisers and 298 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, has been



approved in principle by the Minister of Housing and Local Government. 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.

## **STREET CLEANSING AND GULLY EMPTYING**

*Information supplied by Mr. Churm,  
Cleansing and Transport Manager*

Over the years these services have proved extremely difficult to maintain and 1966 has proved no exception. The only bright spot of the whole year has been the transfer of the night snow rota men on to Street Cleansing and Gully Emptying whenever possible. This experiment was tried last year with success and I foresee an extension of this service being carried out providing the necessary staff can be obtained.

It has been most noticeable during the past twelve months to see the number of cars which have been parked in the streets in spite of the Car Parking facilities which are provided. It is the congestion caused by parked cars and the increasing volume of moving traffic that makes it absolutely necessary that a major portion of street cleansing and gully emptying must be carried out at night.

The number of litter receptacles in the town has been increased over the past two years and whilst some of these are used reasonably well, there is still room for improvement. Far too much litter is dropped on the streets of Halifax, and it seems that civic pride is a thing of the past when the problem of litter arises.

Another problem is spillage from vehicles, and I must say that this problem is increasing rapidly. Evidence of spillage can be seen at all bends in the road, particularly around the traffic islands. I can only say this that judging from the amount of spillage on the roads of Halifax, a considerable amount of the haulage contractors' profits are left lying around the roads.

Improvements are still being made in the organisation of the snow clearance section. The liaison with the Met. Stations is very good indeed, but in spite of all the organisation that can be achieved, nature has a habit of doing the unexpected and when this happens, every effort is made to keep the inconvenience to the public to a minimum. There is now well over a mile of snow fencing erected every year at points where drifting takes place. This operation is confined to major roads and bus routes only at present, although serious thought is being given to the extension of this service. The question is marrying the work of your snow clearance equipment to the help received from snow fencing, i.e. knowing just how much to erect economically.



## Operational Statistics

### REFUSE COLLECTION AND DISPOSAL

	1964/5	1965/6
Refuse collected .. .. .	39,513 tons	39,250 tons
Refuse disposed of .. .. .	41,855 „	41,855 „
Cwts. per 1,000 population per day (365 days to year) .. .. .	22.67 cwts.	22.52 cwts.
Number of premises from which refuse is collected .. .. .	39,300	43,500
Premises from which collections are made at least once per week ..	100%	100%

### *Methods of Disposal*

Controlled tipping .. .. .	100%	100%
----------------------------	------	------

### SALVAGE ANALYSIS OF INCOME AND TONNAGE

1964/5: 1,072 tons — £8,940	1965/6: 1,146 tons — £10,420
-----------------------------	------------------------------

### TRADE REFUSE INCOME

1964/5: £3,439	1965/6: £3,350
----------------	----------------

## PUBLIC CLEANSING SERVICES

*Information supplied by Mr. Churm,  
Cleansing and Transport Manager*

The following report is for the working year 1st January 1966, to the 31st December 1966, it being the third annual report of the Cleansing and Transport Department.

A great deal of credit must go to the Joint Consultative Committee for its efforts to iron out problems on a collective basis. It has proved a valuable instrument in the method of communication, this has helped considerably with the integration of the Cleansing and Transport Departments which should be complete when the new premises at the Pellon sidings site are occupied.

### Refuse Collection

In spite of all the labour difficulties during 1966 a weekly collection service was maintained with the exception of the three holiday periods, namely, Christmas, Easter and Whitsun, but here again within a space of two weeks, the weekly collection was back into operation again.

With these delays in mind, in 1965 an attempt was made to stagger holidays within the department. 1966 proved a little better in that progress was made in all sections with the staggering of holidays. If success is achieved in this direction, the delays in the services will be cut to an absolute minimum, and this is what the department is aiming at.

Re-organisation of refuse collection has been taking place fairly regularly during the latter half of the year, due to the speed with which demolition of properties was taking place.



Experiments are still being carried out on the use of plastics for refuse storage containers. The results of some of these experiments have been very good indeed but progress is not as quick as one would like, for the problem of abrasion and durability of these materials in this type of application are not quickly resolved.

The publicity given to the free collection of household effects during the past two years has had the desired effect as far as the department is concerned. There is now a vehicle employed full-time on the collection of these materials, but in spite of this service that is given, the department is still called upon to collect articles that have been dumped in all sorts of places within the town boundary.

### **Refuse Disposal**

The year has seen Halifax placed in a very favourable position as far as refuse disposal is concerned. Approximately twenty-five years tipping space has been made available by the culverting of Hebble brook, the work was completed during the year, and tipping will commence in the Roystons valley as soon as the topping-off process has been completed on Birks Hall.

The standard of controlled tipping has been maintained and in some ways improved. A fair amount of weed-killing has taken place, more will be taking place in the future and at the same time, provision has been made for grassing and the planting of 150 trees on the Hebble Lane side of the tip. In two or three years' time this part of Hebble Lane should be very pleasing to the eye.

Operations at the new Paper Baling Plant at Roystons did not commence until April, due to the delay in the completion of the amenity block. However, I have to report that both the amenity block and the paper baling installation have proved very valuable acquisitions to the Corporation. Further improvements are envisaged during next year.

### **OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963**

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

The total number of premises registered at the end of 1966 was 1,117 compared with 1,061 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.

There was a shortage of staff for the first seven months of the year, but after that, routine inspection proceeded smoothly.

There were 18 accidents reported during the year, none of them very severe. Advice was given and improvements effected in six of the cases notified.

132 notices were served and improvements were effected in 126 premises at the end of the year.

**TABLE A**  
**REGISTRATIONS AND GENERAL INSPECTIONS 1966**

	1	2	3
	No. of premises registered during year	Total No. of registered premises at end of year	No. of registered premises receiving a general inspection during the year
Offices .. .. .	20	284	37
Retail Shops .. ..	25	614	105
Wholesale Warehouses..	4	67	6
Catering Establishments open to the public canteens .. .. .	7	149	7
Fuel storage depot ..	0	3	0
Totals .. .. .	56	1117	155

**TABLE B**

Total No. of visits of all kinds by inspectors to registered premises .. .. .	511
---	-----

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

Class of workplace	No. of persons employed		
	Male	Female	Total
Offices .. .. .	1,266	1,443	2,709
Shops .. .. .	998	1,885	2,883
Wholesale departments, warehouses .. ..	474	57	531
Catering establishments open to public .. ..	248	427	675
Canteens .. .. .	2	33	35
Fuel storage depots ..	35	1	36
Totals .. .. .	3,023	3,846	6,869



### **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 eleven samples obtained during the year, five were of fertilisers and six were of feeding stuffs. One sample of feeding stuff was unsatisfactory and the manufacturer was warned and when a sample of fertiliser was found to be unsatisfactory the Ministry of Agriculture, Fisheries and Food was informed which resulted in a change of production methods by the manufacturer.

### **Pharmacy and Poisons Act, 1933**

#### **Pharmacy and Medicines Act, 1941**

At the end of the year there were 108 registered sellers of Part II Poisons, occupying 149 registered premises.

### **Rag Flock and other Filling Materials Act, 1951**

#### **Rag Flock and other Filling Regulations, 1961**

At the end of the year there were 7 premises registered under this enactment and all were in a satisfactory condition.

Two samples were taken, and found to be satisfactory.

### **Pet Animals Act, 1951**

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

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

### **Places of Public Entertainment**

During the year twelve 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 "Halifax Pool", a new swimming bath was opened on Huddersfield Road on the 9th March, 1966. There are now two public swimming baths in the borough. The new pool was designed to conform with international racing requirements regarding length and is provided with a special diving area. Accommodation for spectators has also been provided.

The capacity of the pool is approximately 240,000 gallons. Water is initially drawn from the town's mains and is constantly

being circulated, purified and sterilised, circulation being at the rate of 80,000 gallons per hour. The whole of the bath water is passed through the filters, purified and sterilised every three hours. The bath water is being chemically treated for the whole twenty-four hours' cycle by Alumina, Chlorine and Sodium Carbonate.

The other public swimming pool at Woodside is 75 feet long and 36 feet wide and contains approximately 84,000 gallons. This water is circulated through the filters at the rate of 22,000 gallons per hour. The complete contents of the bath are passed through the filters in approximately four hours.

There are twenty-six slipper baths for men and twenty for women available at Woodside.

Both pools are open throughout the year.

Samples of swimming bath water 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, there are full-time attendants, where there is a wash and brush up service, and facilities are available for the free washing of hands after use of the toilets. Wash hand basins have now been installed at all the conveniences where it is possible to do so easily. Three more conveniences, Bank Top Southowram, Northowram, and Boothtown, were improved with electric lighting and a new convenience has been approved for the Mixenden Area, although construction work has not yet commenced.

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

## **INSPECTION OF WATER**

### **Domestic Supplies**

The Health Department has sampled various domestic supplies.

During the year 16 samples were taken from various domestic supplies, either from a spring supply in outlying areas or from the mains supply. In ten of the cases the samples were taken in connection with Standard or Improvement Grants.



Eight of the samples were satisfactory, two not wholly satisfactory and six were not safe for human consumption.

Steps were taken to trace the sources of pollution and filters were fitted in three cases. It was also found that several of the spring supplies in the outlying areas were plumbo-solvent in nature and the users were advised not to use lead distribution pipes. Complaints about rust and corrosion were dealt with by the Water Board who flush out the mains at regular intervals.

### **Rural Water Supplies and Sewerage Acts**

Schemes for the extension of the Calderdale Water Board's mains to the outlying areas of Shibden Fold and Gibb Lane were completed during the year; a scheme at Green Lane, Shibden, is with the Ministry, and surveys have commenced at Jowler and Bradshaw with a view to extending the mains in these areas.

## **RODENT CONTROL**

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

During the year 404 complaints of rats and 728 of mice were received and treatments were carried out as shown below:

	Rats	Mice	Total
Local Authority Premises ..	58	230	288
Corporation Houses ..	24	404	428
Private Business Premises ..	187	579	766
Private Dwelling Houses ..	446	804	1,250
	<hr/>	<hr/>	<hr/>
TOTAL	715	2,017	2,732
	<hr/>	<hr/>	<hr/>

No charge is made for the service to householders but a charge of 10/- per hour is made for business premises.

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".

1,560 manholes were treated by contract with "1081" during November and December 1966. Of these 166 were re-inspected and complete takes were found in 79 cases—48 per cent, and part takes in a further 7 cases—4 per cent.

Two meetings of the Yorkshire (West Riding) No. 4 Area Liaison Committee on Pest Control were 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. At the second meeting a proposal to amalgamate all Area Liaison Committees into one Committee was agreed.

This was eventually set up and held its first meeting in late November. This new Committee will be known as the "West Riding Pests Control Committee" and will provide for liaison between the Ministry and Local Authorities on all types of pests. A Deputy Chief Scientific Officer addressed members on future methods of pest control.

## FACTORIES

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

H.M. Inspector of Factories sent 5 notices (comprising 6 items) under Section 9 of the Factories Act, 1961. In addition there was a complaint (1 item) brought forward from 1965.

Of these 5 complaints (6 items) were remedied during the year and a complaint (1 item) from H.M. Inspector of Factories was outstanding at the end of the year.

The Public Health Inspectors found and remedied 5 other defects.

There were 19 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	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel { Making etc.	19	—	—	—	—	—
	—	—	—	—	—	—
{ Cleaning and Washing	—	—	—	—	—	—
Total	19	—	—	—	—	—



**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	28	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authorities .. .. .	672	47	2	—
3. Other premises in which Section 7 is enforced by the Local Authority* (excluding outworkers premises) ..	—	—	—	—
Total .. .. .	688	75	2	—

\* 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 .. ..	—	2	—	2	—
(b) Unsuitable or defective	5	8	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	—	—	—	—	—
Total ... ..	5	11	—	6	—

#### 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 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 323 samples of food and drugs was obtained during the year and submitted to the Public Analyst for chemical examination.

These included 103 samples of milk, 28 samples of ice cream, and 192 samples of food and drugs.

Samples of milk "not genuine" according to the Sale of Milk Regulations numbered 9, giving a percentage of 8.7%.

All the 28 samples of ice cream were reported as satisfactory.

Of the 192 samples of other food and drugs, 64 (or 33.3%) were reported not genuine.

All the 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 1

Nature of Sample	No. of Samples Taken			No. Not Genuine		
	<i>Formal</i>	<i>In-formal</i>	<i>Total</i>	<i>Formal</i>	<i>In-formal</i>	<i>Total</i>
Milk .. .. .	77	18	95	9	—	9
Channel Islands .. .. .	8	—	8	—	—	—
Carton .. .. .	—	3	3	—	3	3
Evaporated .. .. .	—	4	4	—	—	—
Instant Non-Fat .. .. .	—	1	1	—	—	—
Top of the .. .. .	—	1	1	—	—	—
Sterilised .. .. .	—	1	1	—	1	1
Bottle .. .. .	—	2	2	—	2	2
Pudding .. .. .	—	4	4	—	—	—
Ale .. .. .	—	1	1	—	—	—
Almonds—Ground .. .. .	—	4	4	—	—	—
Baked Beans .. .. .	—	1	1	—	—	—
Beer .. .. .	3	1	4	—	—	—
Bread (various) .. .. .	—	12	12	—	12	12
Cake—Icing Mix .. .. .	—	1	1	—	—	—
Cheese:						
Camembert .. .. .	—	1	1	—	—	—
Cottage .. .. .	—	1	1	—	—	—
Cream .. .. .	—	1	1	—	1	1
Spread .. .. .	—	1	1	—	—	—
Chocolate:						
Teacakes .. .. .	—	1	1	—	1	1
Drops .. .. .	—	1	1	—	—	—
Cocktail Sticks .. .. .	—	1	1	—	1	1
Confectionery						
Chocolate Cream Cake .. .. .	—	1	1	—	1	1
Chocolate Eclairs .. .. .	—	1	1	—	1	1
Christmas Pudding .. .. .	—	3	3	—	1	1
Cream Cakes .. .. .	—	2	2	—	1	1
Currant Pasty .. .. .	—	1	1	—	1	1
Currant Teacake .. .. .	—	2	2	—	2	2
Mince Pies .. .. .	—	1	1	—	1	1
Russian Cake .. .. .	—	1	1	—	1	1
Scone .. .. .	—	2	2	—	2	2
Sultana Raisin Square .. .. .	—	1	1	—	—	—
School Bun .. .. .	—	1	1	—	1	1
Vanilla Slice .. .. .	—	1	1	—	1	1
Crab .. .. .	—	1	1	—	—	—
Cream						
Danish .. .. .	—	2	2	—	—	—
Dairy .. .. .	—	5	5	—	1	1
Tinned .. .. .	—	1	1	—	—	—
Crystallised Fruit:						
Glace Cherries .. .. .	—	2	2	—	—	—
Dried Fruit .. .. .	—	4	4	—	1	1
Drugs:						
Actal .. .. .	—	1	1	—	—	—
Anadin .. .. .	—	1	1	—	—	—
Doriden .. .. .	—	1	1	—	—	—
Panadol .. .. .	—	1	1	—	—	—
Pro-Plus .. .. .	—	1	1	—	—	—
Energy Drink .. .. .	—	1	1	—	—	—
Flour:						
Plain .. .. .	—	2	2	—	—	—
Self-raising .. .. .	—	2	2	—	—	—
Fruit—Tinned .. .. .	—	1	1	—	1	1
Ice Creams .. .. .	—	28	28	—	—	—

Nature of Sample	No. of Samples Taken			No. Not Genuine		
	<i>Formal</i>	<i>In-formal</i>	<i>Total</i>	<i>Formal</i>	<i>In-formal</i>	<i>Total</i>
Jam .. .. .	—	3	3	—	1	1
Marmite .. .. .	—	1	1	—	—	—
Marzipan .. .. .	—	3	3	—	—	—
Meat Products:						
Chicken—Boneless ..	—	1	1	—	1	1
„ —in Jelly ..	1	2	3	1	1	2
„ —Minced ..	—	1	1	—	—	—
„ —in Mushrooms ..	—	1	1	—	—	—
Cod Roe .. .. .	—	1	1	—	—	—
Chopped Ham and Pork ..	—	2	2	—	1	1
Chopped Pork .. .. .	—	1	1	—	—	—
Corned Beef .. .. .	—	8	8	—	6	6
Corned Mutton .. .. .	—	1	1	—	1	1
Fish .. .. .	—	1	1	—	—	—
Margarine .. .. .	—	3	3	—	—	—
Meat Pie .. .. .	—	2	2	—	2	2
Mixed Grill and Curry ..	—	1	1	—	—	—
Pork Luncheon Meat ..	—	1	1	—	1	1
Rabbit .. .. .	—	1	1	—	1	1
Spam .. .. .	—	2	2	—	2	2
Turkey Meat Sandwich ..	—	1	1	—	1	1
Turkey minced in Jelly ..	—	1	1	—	—	—
Sausage—Beef .. .. .	—	5	5	—	—	—
„ —Beef and Pork ..	—	1	1	—	—	—
„ —Pork .. .. .	—	6	6	—	—	—
„ —Skinless Hot Dog ..	—	1	1	—	—	—
Mince-meat .. .. .	—	3	3	—	—	—
Mustard .. .. .	—	1	1	—	—	—
Pickles .. .. .	—	4	4	—	—	—
Potato—Instant Mashed ..	—	1	1	—	—	—
Sago .. .. .	—	1	1	—	—	—
Sandwich—Spread .. .. .	—	1	1	—	1	1
„ —Egg and Tomato ..	—	1	1	—	1	1
„ —Pork .. .. .	—	1	1	—	—	—
Sauce—Tartare .. .. .	—	1	1	—	—	—
Sild .. .. .	—	1	1	—	—	—
Soft Drinks .. .. .	1	10	11	—	1	1
Stuffing—Parsley and Thyme ..	—	1	1	—	—	—
„ —Sage and Onion ..	—	1	1	—	—	—
Suet Shredded .. .. .	—	1	1	—	1	1
Sugar .. .. .	—	1	1	—	—	—
Sugar—Party .. .. .	—	1	1	—	—	—
Spirits:						
Brandy .. .. .	1	—	1	1	—	1
Gin .. .. .	1	—	1	1	—	1
Rum .. .. .	2	1	3	—	—	—
Whisky .. .. .	1	—	1	—	—	—
Sweets .. .. .	—	1	1	—	1	1
Tea .. .. .	—	4	4	—	—	—
Tomatoes .. .. .	—	1	1	—	—	—
Vinegar—Malt .. .. .	—	2	2	—	—	—
Walnuts .. .. .	—	3	3	—	1	1
Yoghurt .. .. .	—	3	3	—	—	—
	95	228	323	12	61	73



TABLE II

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

<i>No. of Sample</i>	<i>Nature of Sample and Result of Analysis, etc.</i>	<i>Administrative action taken</i>
1	Milk Bottle—tainted with paraffin or diesel oil.	Informal sample submitted for analysis following complaint. The Public Analyst reported that two bottles of untreated milk were tainted with a petroleum oil and he was of the opinion that the contents of the bottles were unsatisfactory. The Chief Public Health Inspector drew the attention of the producer to the matter.
3	Tin of Fruit—containing grub	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a grub, and he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the canner to the matter.
6	Scones — containing vegetable fibre.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a fibre of jute, and he was of the opinion that the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
7	Loaf of Bread—stained by iron oxide.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a small stain due to iron oxide. Whilst the quantity of iron in the stain was so small as to be harmless, he classified the sample as irregular. The Chief Public Health Inspector drew the attention of the baker to the matter.
16	Corned Mutton—sample mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the meat was mouldy and the contents were deeply stained and affected by rust where the meat had been in contact with the corroded tin plate. The Chief Public Health Inspector referred the matter to the Ministry of Agriculture, Fisheries and Food who are to alter the method of control and release of their canned meat.
17	Tin of Spam—contains yellow stain.	Informal sample submitted for analysis following complaint. The Public Analyst reported that portions of the meat were discoloured with a yellow stain but he was unable to identify the cause of staining. 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
18	Turkey sandwich—meat not fresh	Informal sample submitted for analysis following complaint. The Public Analyst reported that the meat in the sandwich was not fresh and was beginning to decompose. In his opinion the sample was unfit for human consumption. The Chief Public Health Inspector drew the attention of the retailer to the matter and no further sandwiches are to be manufactured on the premises.
50	Buttered Scone—containing iron oxide, hair and wool.	Informal sample submitted for analysis. The Public Analyst reported that the sample contained foreign matter, namely traces of iron oxide and fragments of hair and wool. In his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
51	Milk Carton—containing flakes wax.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained flakes of hard paraffin wax from the carton and he classified the sample as irregular. The Chief Public Health Inspector drew the attention of the producer to the matter.
61	Corned Beef—tin perforated.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the tin was perforated and that the sample was unfit for human consumption. The Chief Public Health Inspector drew the attention of the wholesaler and importer to the matter.
65	Boneless Chicken—contains part of a feather.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained fragments of a feather and that in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
66	Sweets — containing fragment of steel.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a fragment of steel. This matter was reported to the Health Committee on the 7th June 1966, when the Town Clerk was instructed to send a letter of warning to the manufacturer.



TABLE 2—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
68	Dates—containing mites.	Informal sample submitted to the Public Analyst following complaint. The Public Analyst reported that the sample contained mites and although the infestation has not reached such a stage as to render the food unfit for human consumption he regarded the sample as unsatisfactory. The retailer surrendered the remainder of his date stock for disposal and no further action was taken.
72	Egg and Tomato Sandwich — stained with iron and carbon.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a small stain due to iron oxide and carbon. Whilst the quantity of iron and carbon was so small as to be harmless, he classified the sample as unsatisfactory. No further action was taken.
73	Currant Teacake—containing rubber band.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a rubber band. The Chief Public Health Inspector drew the attention of the baker to the matter.
74	Corned Beef—containing rust from tin.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the meat in the sample was stained with iron from the rusted seams of the can. He was of the opinion that although the quantity of iron was too small to be harmful the staining and corrosion had made the sample unsatisfactory. The Chief Public Health Inspector drew the attention of the wholesalers and importers to the matter.
75	School Bun—containing piece of twine.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a piece of jute twine, and he was of the opinion that the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
77	Milk—deficient in fat.	Three formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that one of the samples contained only 2.70% of fat. It was found that the average fat content of the three samples when bulked together was 3.83%. No further action was taken.

TABLE 2—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
82	Milk—deficient in fat.	Three formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that one of the samples contained only 2.94% of fat. It was found that the average fat content of the three samples when bulked together was 3.21%. No further action was taken.
88	Portion of Currant Pasty—containing a pin.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a pin, and he considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 7th June, 1966 when the Town Clerk was instructed to institute legal proceedings. The case was heard on the 27th July 1966, when a plea of "guilty" was made and the magistrates imposed a fine of £10 with costs of £3 18s. 0d.
90	Currant Teacake—containing metal washer.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a metal washer and he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.
91	Milk Chocolate Teacakes—containing pin.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a pin, and that he classified the sample as irregular on that account. The Chief Public Health Inspector drew the attention of the manufacturer and retailer to the matter.
92	Carton of Cream cakes—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 matter was reported to the Health Committee on the 9th August 1956, when the Town Clerk was instructed to institute legal proceedings. The case was heard on the 21st September 1966, when a plea of "guilty" was made and the magistrates imposed a fine of £20 with £3 18s. costs.



TABLE 2—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
93	Russian 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. The matter was reported to the Health Committee on the 9th August 1966 when the Town Clerk was instructed to institute legal proceedings. The case was heard on the 21st September 1966, when a plea of "guilty" was made and the magistrates imposed a fine of £20 with £3 18s. costs.
96	Chocolate Eclairs 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 matter was reported to the Health Committee on the 9th August 1966, when the Town Clerk was instructed to send a letter of warning to the retailer.
110	White 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 matter was reported to the Health Committee on the 9th August 1966, when the Town Clerk was instructed to institute legal proceedings against the retailer. The case was heard on the 28th September 1966, when a plea of "not guilty" was made. The magistrates found the case proved and imposed a fine of £15, with costs of £6.
116	Cocktail Sticks—infested with spider beetles.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the Cocktail Sticks were infested with spider beetles and were unfit for human consumption. This matter was reported to the Health Committee on the 9th August 1966, when the Town Clerk was instructed to institute legal proceedings against the retailer. The case was heard on the 21st September 1966, when a plea of "guilty" was made and the magistrates imposed a fine of £20 with costs of £3 18s.
117	Carton of Milk—containing flakes of wax.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained flakes of wax from the side of the carton and although the flakes of wax were not sufficient to be injurious he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the producer to the matter.

TABLE 2—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
119	Corned Beef—stained by rust.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the meat in the sample was stained by rust from the inside of the can and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturing agents to the matter.
120	Cheese spread—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported a portion of cheese spread was affected by mould and he was of the opinion that the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the producer to the matter.
121	Spam—leaky can.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the tin was split on a seam and that the meat had suffered by the entry of air and bacteria. In his opinion the sample was unfit for human consumption. The Chief Public Health Inspector drew the attention of the retailer to the matter.
122	Bread—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was affected by mould and in his opinion was unfit for human consumption. The Chief Public Health Inspector drew the attention of the Baker to the matter.
123	Bread—with a sour smell and mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had a sour smell and was mouldy. In his opinion the sample was unfit for human consumption. The Health Committee considered this complaint with others and legal proceedings were authorised in respect of another loaf sold by the same retailer.
124	Chocolate Cream Cake—mouldy and fermented.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was fermented and mouldy and in his opinion was unfit for human consumption. This matter was reported to the Health Committee on the 9th August 1966, when legal proceedings were authorised. This case was heard on 16th November 1966, when a plea of "guilty" was made and the magistrates imposed a fine of £20 with costs of £3 18s.



TABLE 2—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
125	Pork Pie— containing fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a house fly, and he regarded the sample as unsatisfactory. This matter was reported to the Health Committee on the 9th August 1966, when legal proceedings were authorised. This case was heard on the 2nd November 1966, when a plea of "not guilty" was made. The magistrates found the case proved and imposed a fine of £60 with costs of £7 1s. 3d.
140	Teacake— 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 he regarded the sample as unsatisfactory. On investigation it was found that the piece of glass embedded in the teacake came from the complainant's house. No further action was taken.
160	Milk Carton— containing flakes of wax.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained flakes of wax and scorched milk solids which had turned brown when the carton was sealed. The Public Analyst was of the opinion that the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the producer to the matter.
161	Cream—irregular label.	A routine informal sample was submitted for analysis. The Public Analyst reported that the foil cap on the bottle was embossed with the name of the producer and there was no indication that the bottle contained cream. The Chief Public Health Inspector drew the attention of the producer to the Labelling of Food Order, 1953.
178	Sliced Brown Loaf—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. The Chief Public Health Inspector drew the attention of the baker to the matter.
180	Piece of Hovis Loaf—contains fragments of pot.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a small piece of pot, 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
181	Shelled Walnuts—containing grub.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a grub, and he regarded the sample as unsatisfactory. This matter was reported to the Health Committee on the 4th October 1966, when the Town Clerk was instructed to send a letter of warning to the shopkeeper.
184	Vanilla Slice—containing bristle from a brush.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a vegetable fibre bristle from a brush and he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
193	Pork Luncheon Meat—leaky can.	Informal sample submitted for analysis following complaint from the Health Department of another authority. The Public Analyst reported that the tin was split along a seam and that the meat had suffered by the entry of air and bacteria. The Chief Public Health Inspector drew the attention of the retailer to the matter.
194	Carton of Cream Cheese—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that a split in the foil had allowed one section of the cheese to become mouldy and he regarded the affected portion to be unfit for human consumption. This matter was reported to the Health Committee on 8th November 1966, and the Town Clerk was instructed to send a letter of warning to the manufacturer.
198	Sliced White 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.
200	White Loaf—stained with lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a stain due to iron and lubricant from some part of the bakery equipment and he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
201	Sliced White Loaf abnormal odour.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had a fruity smell and he regarded the sample as sub-standard. The Chief Public Health Inspector drew the attention of the baker to the matter.



TABLE 2—continued

209	Milk—deficient in fat.	Eleven formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that one of the samples contained only 2.83% of fat. It was found that the average fat content of the eleven samples when bulked together was 3.38%. No further action was taken.
217 and 227	Chopped Chicken in Jelly—deficient in meat.	A routine informal sample was obtained and submitted to the Public Analyst. Following his report a formal sample was obtained and on this occasion the Public Analyst reported that the sample contained only 76% meat instead of the recommended 80%. It was found that the sample had been produced before the issue of revised proposals. The Chief Public Health Inspector drew the attention of the importer to the matter.
221	Shredded Suet—sample mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was rancid, discoloured and unfit for human consumption. This matter was reported to the Health Committee on the 8th November 1966, when the Town Clerk was instructed to send a letter of warning to the retailer.
222	Chopped Ham and Pork — containing fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a fly. This matter was reported to the Health Committee on 8th November 1966, when the Town Clerk was instructed to institute legal proceedings. The case was heard on the 21st December 1966, when the magistrates imposed a fine of £25 with costs of £3 18s.
224	Rabbit—not fresh.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was not fresh and in his opinion was unsatisfactory. This matter was reported to the Health Committee on the 8th November 1966, when the Town Clerk was instructed to send a letter of warning to the retailer.
225	Homestead Loaf—containing piece of plastic sheet.	Informal sample submitted for analysis complaint. The Public Analyst reported that the sample contained a foreign body, namely a piece of plastic sheet. The Chief Public Health Inspector drew the attention of the baker to the matter.
226	Mince Pies—stained with aluminium.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the pies were stained with metal from the aluminium cases and he regarded the sample as sub-standard. 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
228, 229, 231, 233, 234, and 236	Milk—extraneous water.	Nine formal samples of milk were obtained from a producer's consignment at a pasteurising plant. The Public Analyst reported that the samples contained 2.8, 0.7, 3.4, 0.8, 3.5 and 1.6 per cent extraneous water respectively. The average percentage of added water of the nine samples was 1.2%. Because of the small quantity of added water no action was taken but at a later date further formal samples were obtained which proved to be satisfactory.
247	Apple and Strawberry Jam—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and in his opinion it was unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter and stocks were withdrawn from sale.
248	Sterilised Milk—containing piece of wood.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the bottle contained a foreign body, namely a piece of wood. In his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the producer to the matter.
249	Meat Pie—containing glass.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a piece of glass. In his opinion the sample was unsatisfactory. This matter was reported to the Health Committee on the 29th November 1966, when the Town Clerk was instructed to send a letter of warning to both the manufacturer and the retailer.
253	Milk in dirty bottle—stained by smoke deposit.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the interior of the bottle was stained by smoke deposit, probably from a firework. 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.
254	Corned Beef—mouldy.	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 reported to the Health Committee on the 9th January 1967, 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
272	Corned Beef— with peculiar odour.	Informal sample submitted for analysis following complaint. The Public Analyst reported that although the meat was wholesome, the contents had a smell of "cats" and in his opinion the sample was irregular. Investigation by Manufacturer's Research Laboratory produced no results and no cause of the smell could be found.
285	Fish—containing piece of cardboard.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a piece of cardboard, and he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter.
286	Sliced Loaf— stained with lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign matter, namely stained lubricant, and he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
295	Corned Beef— abnormal odour and taste.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had a peculiar odour and the surface layers had an abnormal flavour. In his opinion the sample was unsatisfactory. Investigation by Manufacturer's Research Laboratory produced no result and no cause of the smell could be found.
311 and 312	Brandy and Gin— adulterated.	Routine formal samples purchased for analysis. The Public Analyst reported that the brandy contained only 60.3 per cent and the Gin only 60.4 per cent, instead of the minimum of 65 per cent. He considered the samples to be unsatisfactory. This matter was reported to the Health Committee on the 9th January 1967, when the Town Clerk was instructed to institute legal proceedings. The case was heard on the 1st March 1967, when a plea of "guilty" was made and the magistrates imposed a fine of £25 with £3 18s. costs in each of two cases.
320	Orange Cordial— excess preservative.	Routine informal sample purchased for analysis. The Public Analyst reported that the sample contained 371 parts per million of sulphur dioxide instead of the permitted maximum allowance of 350 parts per million. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.

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	4.10	8.82	—	—	—
March ..	12	3.61	8.71	—	—	—
April ..	3	3.56	8.75	—	—	—
May ..	12	3.59	8.55	—	—	—
June ..	2	3.67	8.76	—	—	—
July ..	—	—	—	—	—	—
August ..	25	3.86	8.92	8	5.08	9.49
September ..	—	—	—	—	—	—
October ..	20	3.70	8.50	—	—	—
November ..	9	3.65	8.59	—	—	—
December ..	—	—	—	—	—	—
Total ..	95			8		
Average for year 1966		3.79	8.77		5.08	9.49
" " " 1965		3.76	8.76		4.93	9.40
" " " 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		—	—

The figures given in the third and fourth columns of the above table represent the average milk fat and non-fatty solids in the 95 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 8 samples of Channel Islands milk are given. The legal standard is 4.0 per cent by weight of milk fat, as laid down in the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, with a presumptive standard of 8.5 per cent of non-fatty solids.



## Milk and Dairies

*Milk and Dairies (General) Regulations, 1959.*

*Milk (Special Designation) Regulations, 1963.*

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

### MILK DISTRIBUTION

At the end of the year there were 282 registered distributors of milk (excluding dairy farmers) within the Borough, and there were 5 registered dairy premises.

Dealers (Pre-Packed Milk) Licences are now issued for a period expiring 31st December 1970.

### BACTERIOLOGICAL EXAMINATION OF MILK

During the year 59 samples of milk—as shown below—were submitted to bacteriological examination.

Designation	Samples taken	Satisfactory	Unsatisfactory
Pasteurised .. .. .	57	57	—
Sterilised .. .. .	1	1	—
Untreated .. .. .	1	1	—
TOTAL .. .. .	59	59	—

### BIOLOGICAL EXAMINATION OF MILK

There were no samples obtained for biological examination. Samples of milk obtained for Brucellosis are examined bacteriologically.

### BRUCELLA ABORTUS

Particulars are given, in the following table, of the 151 samples submitted to the Public Health Laboratory Service for examination for *Brucella abortus*:

Produced	No. of samples	Satisfactory	Positive on culture
In Borough .. .. .	144	135	9
Outside of Borough .. .. .	7	6	1
TOTAL .. .. .	151	141	10

There has been a considerable increase in the number of samples obtained this year. This was due to the number of individual cow samples which were taken when some of the cows in four herds produced positive Brucellosis samples.

The milk from the infected cows was isolated and five cows have been slaughtered.

The positive sample from the milk produced outside the Borough was reported to the Medical Officer of Health of the district concerned.

#### 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 118 inspections were made of 363 registered premises (all retailers).

A total of 71 samples was submitted to bacteriological examination by the Methylene blue reduction test, particulars of which are given in the following Table:—

Produced	No. of Samples	Grade 1 Highly Satisfactory	Grade 2 Satisfactory	Grade 3 Unsatisfactory	Grade 4 Very Unsatisfactory
In Borough	—	—	—	—	—
Outside of Borough	71	45(63·38%)	16(22·53%)	9 (12·67%)	1 (1·40%)
TOTAL	71	45(63·38%)	16(22·53%)	9 (12·67%)	1 (1·40%)

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. 14 vans, etc., were inspected by the department, prior to the granting of Street Traders' Licences by the Markets Department.

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

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

At the end of the year there were 44 premises registered for the preparation or manufacture of sausages, potted, pressed, pickled or preserved foods.

#### FRIED FISH SHOPS

During the year 76 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 43 inspections made, and improvements were effected in 15 cases.

#### FOOD HYGIENE

During the year 71 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 968 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	27	27	27	27
Butchers	132	100	132	132
Canteens	49	49	49	49
Fish & Chips	54	34	54	54
Grocers	352	239	352	325
Licensed Premises	138	134	138	138
Restaurants	21	21	21	21
Sweets and Tobacco	113	81	113	113
Other Food Premises	82	71	81	81
TOTAL	968	756	967	940

Visits to food premises, including any necessary re-visits numbered 977.

183 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 two cows were found affected with tuberculosis. These were of the very old "manufacturing type" with lesions in the head and lungs. Fortunately it was possible for the Ministry of Agriculture, Fisheries and Food to trace these cattle back to the farm; both ear tag numbers (herd numbers) and the auction market sale number being available. It was subsequently learned that on testing and inspection at the farm, a herd break down was found and what might have developed into a serious spread of the disease was confined to the herd. An occurrence of this kind, besides indicating co-operation between Local Authorities and the Ministry of Agriculture, also emphasizes the extent to which tuberculosis has been virtually eliminated in food animals as a result of the testing and slaughtering policy. A generation of Public Health Inspectors is now working or training who have never seen tuberculosis in a



food animal, a circumstance which seemed hardly possible ten years ago. All interested in human and animal health should look forward with confidence to the next eradication scheme—that of brucellosis.

The number of sheep found affected with liver fluke almost doubled and unless we are fortunate enough to have a dry summer, infestation is bound to rise again next year. Sheep from the East Riding, the drier part of the county, are fairly free but in sheep from the westerly counties—Lancashire, Westmorland, Cumberland and the borders—the disease was extremely prevalent. Over ten tons of liver was condemned for this reason; food equivalent to 40 carcasses of beef or 500 carcasses of lamb, and valued at about £5,000.

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 .. .. .	8,243	2,856	698	37,704	11,012	—
Number inspected .. .. .	8,243	2,856	698	37,704	11,012	—
ALL DISEASES EXCEPT T.B. AND CYSTICERCI						
Whole carcasses Condemned ..	3	13	10	48	28	—
Carcasses of which some part or organ was condemned .. .. .	739	1,063	—	1,797	439	—
Percentage of the No. inspected with disease other than T.B. and Cysticerci .. .. .	9.00	37.7	1.43	4.9	4.24	—
TUBERCULOSIS ONLY						
Whole carcasses condemned ..	—	—	—	—	—	—
Carcasses of which some part or organ was condemned .. .. .	2	—	—	—	—	—
Percentage of the No. inspected affected with Tuberculosis .. .. .	.00025	—	—	—	—	—
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. 15,349
Total amount of Offals destroyed	..	..	..	..	36,193
Total amount of Meat destroyed on account of Tuberculosis					—
Total amount of Offals destroyed on account of Tuberculosis					42
Total amount of Meat destroyed from other causes	..			..	15,349
Total amount of Offals destroyed from other causes	..			..	36,151
Total Meat and Offals destroyed	..	..	..	..	51,542

## FOOD INSPECTION

The following Table shows the amount of foods condemned:—

Food Condemned	Quantity in lbs.
16 Carcases of Beef .. .. .	7,640
Beef not in Carcase .. .. .	849
10 Carcases of Veal .. .. .	290
48 Carcases of Mutton .. .. .	1,771
28 Carcases of Pork .. .. .	4,094
Pork not in carcase .. .. .	705
Offals .. .. .	36,193
Bacon and Ham .. .. .	100
Canned Foods .. .. .	3,773
Frozen Foods .. .. .	400
Fish .. .. .	330
Fruit .. .. .	3,812
Imported Meat and Offals .. .. .	378
Vegetables .. .. .	9,760
Other Foods .. .. .	1,925
Total Weight .. .. .	72,020

## 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.



## POULTRY INSPECTION

There are three poultry processing premises in the district. Twenty visits were made including visits for hygiene purposes and noise control. It is estimated that at one processing plant where rough plucked poultry are prepared 1,800,000 to 2,000,000 birds were dealt with in the year. At a second premise about 100,000 birds were dealt with, and at a third 1,000; total number 2,101,000. The birds were mainly broilers and hens. There is no record of the total number of birds rejected as unsafe for human consumption for the year 1966 nor for the weight of poultry but arrangements have been made commencing on the 1st January 1967 for day-to-day inspections of these premises with a system of controlled inspection by the Senior Meat Inspector assisted by District Public Health Inspectors.

## PROSECUTIONS DURING 1966

<i>Date of Hearing</i>	<i>Act</i>	<i>Offence</i>	<i>Penalty</i>
16.3.66	Food and Drugs Act, 1955, Section 8.	Selling Swiss Roll unfit for human consumption.	Defendants fined £40 with £3 18s. costs.
16.3.66	Food and Drugs Act, 1955, Section 8.	Selling a Turkey unfit for human consumption.	Defendants fined £20 with 15s. costs.
27.7.66	Food and Drugs Act, 1955, Section 8.	Selling a Chicken unfit for human consumption.	Defendant fined £10 with 10s. 4d. costs.
27.7.66	Food and Drugs Act, 1955, Section 2.	Selling a Currant Pasty which was not of the substance demanded.	Defendants fined £10 with £3 18s. costs.
21.9.66	Food and Drugs Act, 1955, Section 8.	Selling Cocktail Sticks unfit for human consumption.	Defendants fined £20 with £3 18s. costs.
21.9.66	Food and Drugs Act, 1955, Section 8.	Selling Russian Cake unfit for human consumption.	Defendants fined £20 with £3 18s. costs.
21.9.66	Food and Drugs Act, 1955, Section 8.	Selling Carton of Cream Cakes unfit for human consumption.	Defendants fined £20 with £3 18s. costs.
21.9.66	Byelaws relating to Hairdressers and Barbers. Public Health Act, 1961.	Carrying on a hair-dressing business in unclean premises and using unclean equipment (Seven Informations.).	Defendant fined a total of £35.
28.9.66	Food and Drugs Act, 1955, Section 8.	Selling a loaf unfit for human consumption.	Defendant fined £15 with £6 costs.

PROSECUTIONS—continued

<i>Date of Hearing</i>	<i>Act</i>	<i>Offence</i>	<i>Penalty</i>
2.11.66	Food and Drugs Act 1955, Section 2.	Selling a Pork Pie which was not of/the substance demanded.	Defendants fined £60 with £7 1s. 3d. costs.
16.11.66	Food and Drugs Act 1955, Section 8.	Selling a Chocolate Cream Cake unfit for human consumption.	Defendants fined £20 with £3 18s. costs.
14.12.66	Clean Air Act 1956, Section 1(1). Dark Smoke (Permitted Periods) Regulations 1958.	Emitting dark smoke from a chimney contrary to the Act.	Defendants fined £5.
14.12.66.	Clean Air Act 1956, Section 1 (1). Dark Smoke (Permitted Periods) Regulations 1958.	Emitting dark smoke from a chimney contrary to the Act.	Defendants fined £40.
14.12.66	Clean Air Act 1956, Section 11(2).	Emitting smoke from a chimney of a building within a Smoke Control Area.	Defendants fined £2.
14.12.66	Clean Air Act 1956, Section 11(2)	Emitting smoke from a chimney of a building within a Smoke Control Area.	Defendants fined £2.
21.12.66	Food and Drugs Act, 1955, Section 2.	Selling a tin of Chopped Ham and Pork which was not of the substance demanded.	Defendants fined £25 with £3 18s. costs.



## SECTION VII

### CLEAN AIR AND CLIMATE

#### Smoke Control Area

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

The gauge in Powell Street shows that during the winter months of October 1965 to March 1966 there was a reduction of 69% in smoke and 52% in the amount of sulphur in the atmosphere, as compared with 1959 prior to smoke control. This is a further improvement and is demonstrated on the graphs following.

The Ministry of Housing and Local Government confirmed, with slight modification, the Halifax No. 12 (Copley) Smoke Control Order. This Order will come into operation on the 1st day of October 1967.

The No. 13 (Waltroyd and Ovenden Way) Smoke Control Order was also confirmed by the Minister and will become operative on the 1st day of June 1967.

The occupiers of all houses affected by the above Orders have been offered the widest freedom of choice of appliances and, in this respect, it is interesting to note the remarkable increase in popularity of the gas fire. Seventy-nine percent of the occupants of those Local Authority owned dwellings in the No. 13 Area where works of adaptation are necessary have chosen to have a gas fire installed.

The No. 14 (King Cross and West End) Smoke Control Area was surveyed. This area is included within a boundary line commencing at the point of intersection of Kings Cross Road and Queens Road thence in a north easterly and northern direction along the centre of Queens Road to its junction with Hopwood Lane, thence in a south-westerly direction along the centre of Hopwood Lane to its junction with Warley Road, thence generally in a south-easterly direction along the centre of Warley Road to its junction with King Cross Road, and thence along the centre of King Cross Road to the point of commencement aforesaid. There are 1670, premises in the area including 1,554 dwellings, 86 commercial premises, 25 industrial premises, and 5 other premises.

It is to be regretted that despite the benefits of smoke control to the community, which become increasingly obvious, a considerable number of householders in Smoke Control Areas still continue to burn coal. During the year 146 dwelling houses have been visited, and the occupants cautioned, regarding the emission of smoke in a Smoke Control Area.

Proceedings were instituted in two instances. In each case there was a plea of guilty and a fine of £2 was imposed.

Grants paid in respect of adaptations in dwelling-houses amounted to £22,463 allocated as under:

		£	s.	d.
No. 4	(Savile Park) Smoke Control Area .. .. .	45	1	10
No. 5	(Wheatley Valley) Smoke Control Area ..	21	13	4
No. 7	(Illingworth and Cousin Lane West) Smoke Control Area .. .. .	111	19	11
No. 8	(Cousin Lane East) Smoke Control Area ..	195	19	3
No. 9	(Pye Nest and Rochdale Road) Smoke Control Area .. .. .	1,387	14	4
No. 10	(Riley Lane) Smoke Control Area .. ..	25	4	8
No. 11	(Highroad Well) Smoke Control Area ..	20,675	19	0

During the year the North Eastern Gas Board made extensive improvements to the gas mains in order to give a better service to residents in the Illingworth and Cousin Lane Smoke Control Areas.

44% of the houses in Halifax are now the subject of Smoke Control Orders.

### **Industrial Smoke**

The number of smoke observations made during the year was 753.

Visits to works in connection with smoke emissions numbered 14 and industrial boiler plants were improved to reduce smoke emissions in two cases.

There were five applications to the Council requesting prior approval of new furnaces, and in each case, approval was granted subject to the chimney being not less than a recommended minimum height.

Thirty deposited plans were examined and in each case the heating arrangements, including height of chimney, where shown, were considered to be satisfactory.

The height of the chimney shown on a plan giving details of the construction of a new cupola was considered to be inadequate and it was recommended that the plan be disapproved.

Proceedings were instituted against the occupiers of two industrial premises for emitting dark smoke from the boiler chimney, contrary to Section 1(1) of the Clean Air Act, 1956. In the first case a plea of guilty was made and the firm was fined £5. The second firm pleaded not guilty. The case was found proved and a fine of £40 was imposed, there being a previous conviction for a similar offence.

### **The Investigation of Atmospheric Pollution**

1,526 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 for the sixth consecutive year and thanks are due to the staff and pupils of the school for their continuing assistance with this work.



**TABLE I**  
**DEPOSITED ATMOSPHERIC POLLUTION, 1966**  
(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	1.69	5.27	4.54	9.81	1.77	6.47	7.15	13.62	1.50	5.32	4.20	9.52	1.69	6.14	5.20	11.34
February	6.07	5.14	7.54	12.68	5.71	5.83	7.73	13.56	5.91	4.46	7.49	11.95	5.48	5.84	9.30	15.14
March	1.77	8.27	6.99	15.26	2.25	6.36	8.23	14.59	*	*	*	*	1.85	3.26	5.46	8.72
April	4.22	7.22	7.77	14.99	4.49	7.80	8.65	16.45	3.15	5.68	5.92	11.60	4.45	8.55	8.67	17.22
May	3.23	9.87	7.30	17.17	3.19	6.23	6.46	12.69	3.15	6.18	5.32	11.50	*	*	*	*
June	*	*	*	*	4.30	5.79	6.41	12.20	3.51	4.05	5.64	9.69	3.94	5.20	5.58	10.78
July	*	*	*	*	2.64	3.59	6.92	10.51	*	*	*	*	2.88	3.03	2.84	5.87
August	5.76	5.28	7.94	13.22	5.59	3.84	5.70	9.54	*	*	*	*	5.52	3.71	6.91	10.62
September	*	*	*	*	2.37	4.40	5.16	9.56	2.29	4.13	4.18	8.31	*	*	*	*
October	3.94	3.50	6.28	9.78	4.14	4.06	5.86	9.92	3.67	3.39	6.04	9.43	*	*	*	*
November	3.15	4.97	12.85	17.82	3.74	5.47	11.31	16.78	3.47	3.56	6.91	10.47	3.63	3.52	8.48	12.00
December	*	*	*	*	4.58	4.16	9.68	13.84	3.90	2.53	6.51	9.04	3.23	3.03	6.71	9.74
Aggregate	29.83	49.52	59.21	110.73	44.97	64.00	89.26	153.06	30.55	39.30	52.21	91.51	32.67	42.28	59.15	101.43
Averages	3.73	6.19	7.40	13.84	3.75	5.33	7.44	12.75	3.39	4.37	5.80	10.16	3.63	4.69	6.57	11.27

\* Records spoilt by unlawful interference with gauge

Monthly Average for Borough:—

Insoluble Solids      5.14 tons per square mile  
Soluble Solids      6.80    "    "    "  
Total Solids      12.00    "    "    "  
Rainfall in inches      3.62

Total Annual Deposit for Whole Borough: 144.09 tons per square mile.

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

						Tons per sq. mile	Inches of Rainfall
1966	..	..	..	..	..	144.09	3.62
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
(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>3</sup> per 100 square centimetres
1966	..	..	..	..	..	2.22
1965	..	..	..	..	..	2.14
1964	..	..	..	..	..	2.38
1963	..	..	..	..	..	2.50
1962	..	..	..	..	..	2.36
1961	..	..	..	..	..	2.46
1960	..	..	..	..	..	2.20
1959	..	..	..	..	..	2.34
1958	..	..	..	..	..	2.61
1957	..	..	..	..	..	2.61
(1947	..	..	..	..	..	2.75)



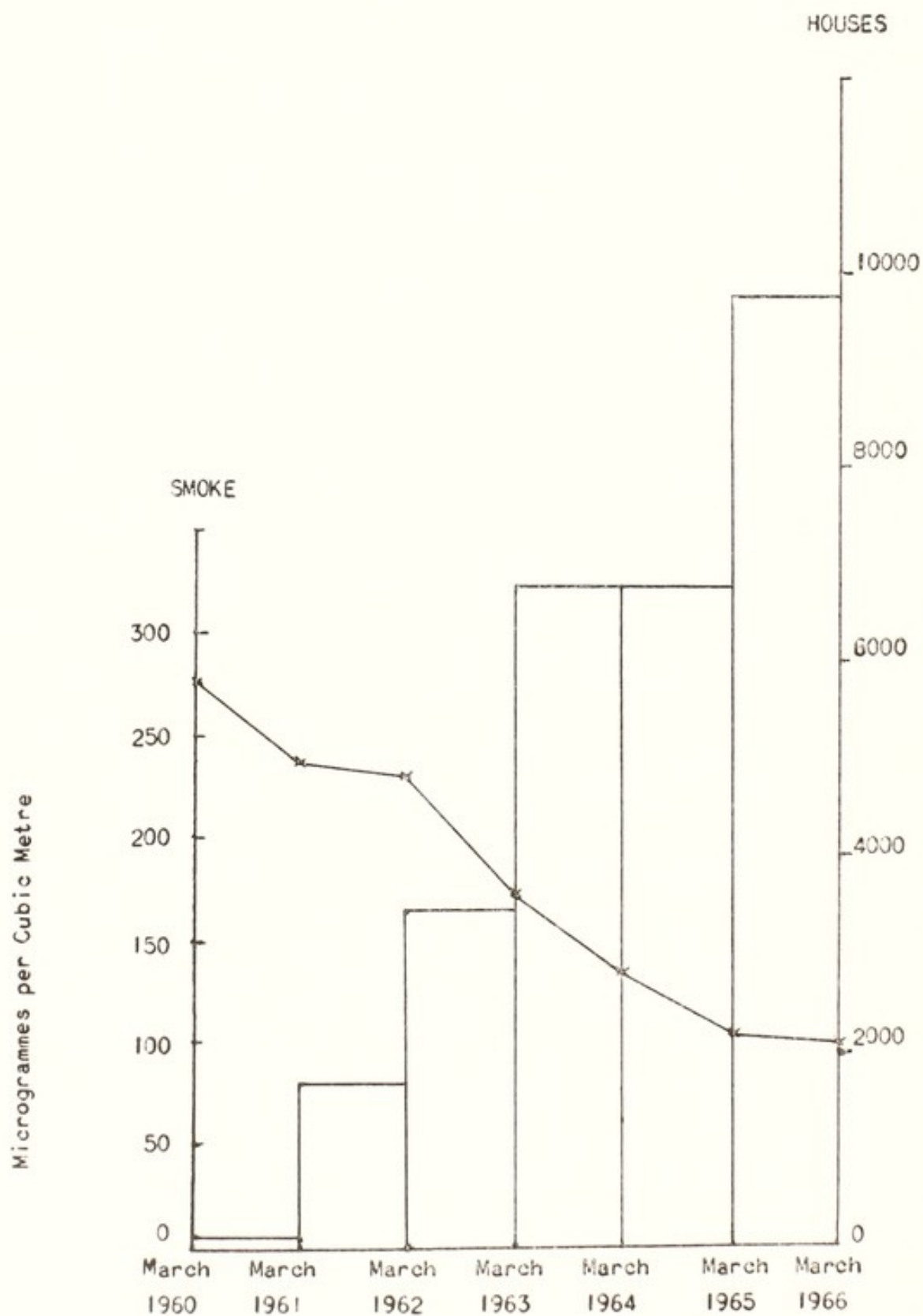
TABLE 2  
SULPHUR POLLUTION—LEAD PEROXIDE METHOD, 1966

MILLIGRAMS OF SO <sub>3</sub> PER 100 SQUARE CENTIMETRES—DAILY AVERAGES													
STATION	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Daily Total
WEST VIEW PARK ..	3.95	3.41	1.36	2.86	1.08	0.86	0.54	1.06	1.32	1.98	1.92	1.70	1.84
BEACON HILL ..	3.93	3.65	3.73	2.25	1.50	1.63	*	1.38	*	2.36	2.49	3.11	2.60
TOTAL DAILY AVERAGES	3.94	3.53	2.54	2.55	1.29	1.74	0.54	1.22	1.32	2.17	2.20	2.40	2.22

\*Records spoilt by unlawful interference.

# HOUSES UNDER SMOKE CONTROL

## AND CONSEQUENT REDUCTION IN ATMOSPHERIC POLLUTION





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

Longitude of Station: 1° 52' W.

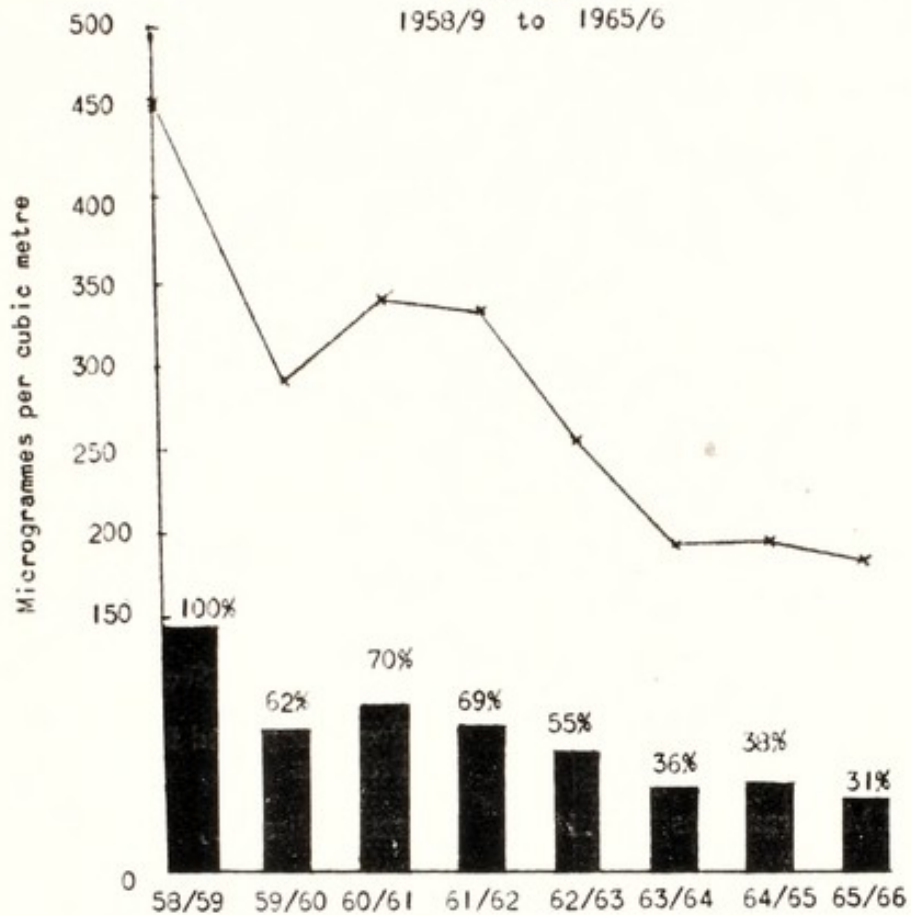
Altitude 625 feet (Barometer 632 feet)

[illegible]

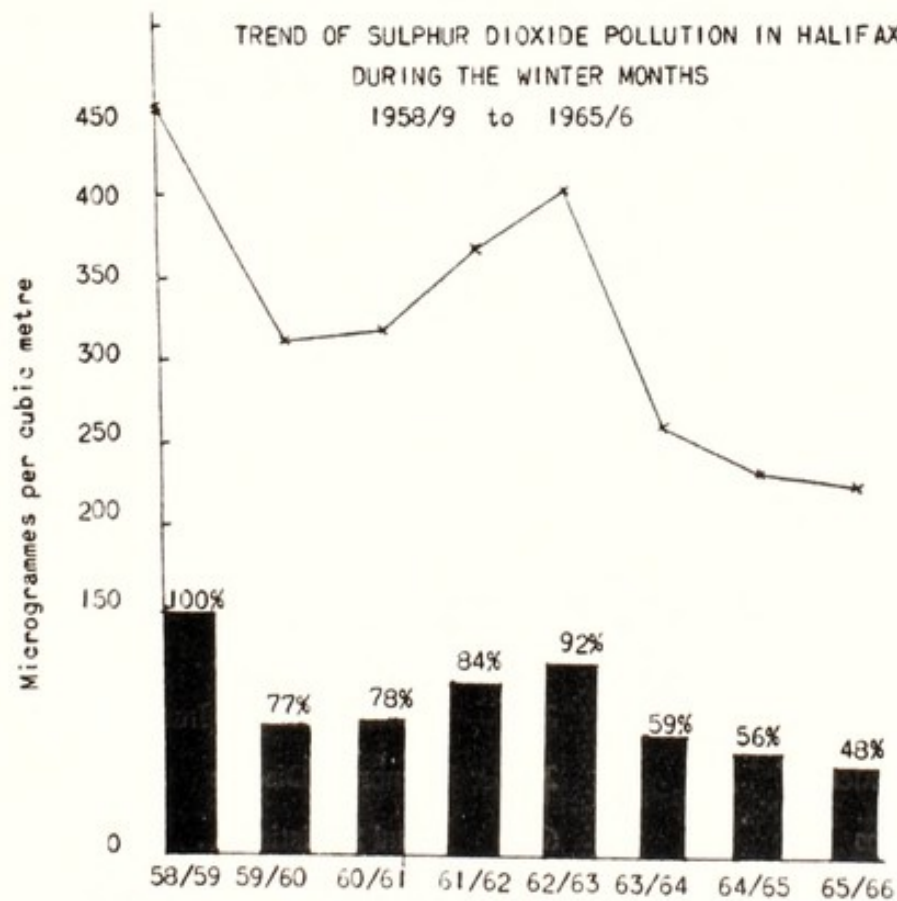




TREND OF SMOKE POLLUTION IN HALIFAX DURING THE  
WINTER MONTHS  
1958/9 to 1965/6



TREND OF SULPHUR DIOXIDE POLLUTION IN HALIFAX  
DURING THE WINTER MONTHS  
1958/9 to 1965/6



# INDEX

	<i>Page</i>		<i>Page</i>
Ambulance Facilities .. ..	92	Housing .. ..	107
Atmospheric Pollution .. ..	149	Incontinent Service .. ..	99
Birthrate .. ..	13	Infant Mortality .. ..	18
Blind Persons .. ..	96	Introduction .. ..	5
Care of Mothers and Young Children .. ..	72	Mass Radiography .. ..	44
Cerebral Palsy .. ..	96	Mental Health .. ..	32-36, 48-58
Cervical Cytology .. ..	97	Meteorological Observations ..	156
Chiropody .. ..	100	Milk Samples .. ..	140
Clean Air .. ..	149	Mortuary .. ..	104
Closing and Demolition Orders	110	Multiple Sclerosis .. ..	63
Community Care .. ..	34	N.A. Act (1947) Sect. 47 ..	103
Conferences .. ..	7	Offices, Shops and Railway Premises .. ..	119
Congenital Malformations ..	102	Orthopaedics .. ..	101
Convalescence .. ..	100	Population .. ..	5, 9, 15
Coronary Thrombosis .. ..	63	Prevention of Illness .. ..	94
Cremation .. ..	104	Pro-Thrombin .. ..	63
Day Nurseries .. ..	75	Public Cleansing .. ..	118
Deaths .. ..	14 and 20	Road Accidents .. ..	29
Diabetes .. ..	62	Rodent Control .. ..	123
Epilepsy .. ..	96	Sanitary Circumstances ..	112
Factories .. ..	124	Sewage .. ..	116
Food Inspection .. ..	115 and 126	Sickness Figures .. ..	29
Health Committee .. ..	2	Staffs .. ..	3
Health Centres .. ..	72	Statistics and Population ..	9-13
Health Education .. ..	98	Suicide .. ..	59
Health Visiting .. ..	80	Tuberculosis .. ..	30 and 39
Heart Diseases .. ..	23	Vaccination and Immunisation	84
Home Accidents .. ..	28	Venereal Disease .. ..	39
Home Helps .. ..	66	Vital Statistics .. ..	11
Home Nursing .. ..	82	Water Supply .. ..	104





Terry & Nephew Ltd.  
Wesley Street,  
Dewsbury