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COUNTY BOROUGH OF HALIFAX

Health Department

ANNUAL REPORT

***on the Health of the Borough
for the Year 1967***

JOHN G. CAIRNS

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

Medical Officer of Health



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JOHN G. CAIRNS

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

Medical Officer of Health

Health Committee

(as at 31st December, 1967)

The Worshipful, The Mayor
Alderman Mrs. L. A. MITCHELL, J.P.

Chairman: Councillor J. BLACKBURN
Vice-Chairman: THE MAYOR

Alderman D. FAWCETT	Alderman F. SWIRE
Councillor S. HIRST	Alderman WHITEHEAD
Councillor H. BALDWIN	Councillor S. HOLLAND
Councillor G. E. CHADWICK	Councillor J. W. KEENAN
Councillor Mrs. A. CULPAN	Councillor G. W. MARSDEN
Councillor J. A. DRAKE, C.B.E., J.P.	Councillor Mrs. N. M. PERRY
Councillor F. HOLDEN	

Sub-Committees

Sanitary Services and Clean Air Sub-Committee:

THE CHAIRMAN VICE-CHAIRMAN
Aldermen FAWCETT and SWIRE; Councillors CHADWICK, DRAKE,
HIRST, HOLLAND and MARSDEN

Maternal and Child Welfare Sub-Committee:

THE CHAIRMAN VICE-CHAIRMAN
Aldermen FAWCETT and SWIRE; Councillors BALDWIN, HOLLAND,
and PERRY. Co-opted members: Mesdames J. GREENWOOD, M.C., L. S.
TAYLOR and Dr. P. H. HOLMES

Mental Health and Care Sub-Committee:

THE CHAIRMAN VICE-CHAIRMAN
Aldermen FAWCETT, SWIRE and WHITEHEAD; Councillors HOLDEN,
HOLLAND, KEENAN and PERRY.
Co-opted member: Dr. B. M. ROSOVSKÉ

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:

CHAIRMAN, VICE-CHAIRMAN and the M.O.H.

Staff of the Health Department

(as on 31st December, 1967)

Medical Officer of Health

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

Deputy Medical Officer of Health

KENNETH MALCOLM WOOD, M.B., Ch.B., Dc.H., D.P.H., D.R.C.O.G.

Assistant Medical Officers

MARGARET E. ANDERSON, M.B., Ch.B.

(Locum) SHAKUNTALA JINDAL, M.B., B.S., M.S.(Obst. & Gyn.)

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.
J. PRIESTLEY 2. 4. J. F. BARRACLOUGH 2. 4. D. BROADBENT 2.
B. R. SWAINE 2. G. E. ARNOTT 1. 3.

Technical Assistants

B. DRAKE (Clean Air) R. S. ELSWORTH (Housing)

Pupil Public Health Inspectors

P. V. RUTA, R. COLLINGE, D. J. WHITELEY, P. HARRISON

Rodent Control

R. GARFORTH, Senior Operative

Nursing Staff

Superintendent Nursing Officer	Miss V. SAVAGE (6. 7. 8. 13)
Deputy Supt. Nursing Officer	Miss S. L. WALKER (6. 7. 8. 12. 13)
Assistant Nursing Officer	Mr. D. S. BEER (6. 13)
Health Visitors	Miss P. VAUGHAN (6. 7. 8)
	Miss I. HOLDSWORTH (6. 7. 8)
	Mrs. J. C. B. GREENWOOD (6. 7. 8. 9. 13)
	Miss E. CROSSLEY (6. 7. 8)
	Mrs. S. M. TODD (6. 7. 8)
	Mrs. E. E. BUSWELL (6. 7. 8)
Health Visitor, Part-time (Special Treatment Cases)	Miss G. DAVIE (W.R.C.C.)
Special Duty Nurses	Mrs. C. M. TOPHAM (6. 13)
	Mrs. B. M. FIELD (6. 7)
	Mrs. M. DODD (6)
	Mrs. N. HEY (6. 13)
Part-time Clinic Nurses	Mrs. D. BAGLEY (6. 7. 9)
	Mrs. E. M. LOCKWOOD
	Mrs. M. WINSTANLEY
	Mrs. I. KNIGHT
Day Nursery Staff—	
Craigie Lea Day Nursery	Matron: Mrs. J. WIGGINS (14)
Ling Bob Day Nursery	Matron: Miss M. GOODWIN (6)

Mental Health Staff

Senior Mental Welfare Officer	Mr. L. HOLDSWORTH
Mental Welfare Officers	P. NICHOLSON (6)
	E. M. SMITH (6)
	Mrs. P. C. TANSLEY
	Mrs. R. A. McNAMARA (also acting Home Help Organiser)

Mental Health Staff—continued

Psychiatric Social Worker	Mrs. C. BERRY
Mental Welfare Assistant	Mr. J. S. WILSON
Mental Welfare Service Trainee	Miss K. L. BOLTON
Training Centres Supervisor	Mrs. I. THORPE (2 Asst Supervisors).
Adult Training Centre	Mr. C. GREENWOOD, Sen. Instructor (2 Asst. Instructors)

Part III Services Departmental Officers

Ambulance Officer	Mr. W. FITTON
Home Help Organiser	Vacant
L.H.A. Chiropodists	Mr. F. C. LUXTON, M.C.H.S., M.R.S.H. Mr. W. AKROYD, M.C.H.S. Mr. G. BRIGGS (temporary)

Part-time Consulting Staff

L.H.A. Obstetrician	Mr. J. N. EMBLIN, F.R.C.S., F.R.C.O.G. Dr. G. F. J. GODDARD, M.R.C.S., L.R.C.P. (Child Guidance) Dr. M. S. OXLEY, M.B., CH.B. (Chest Physician R.H.B.)
Analyst	Mr. R. MALLINDER, B.Sc., F.I.C.

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 Secretarial and Gen. Office	Mrs. E. A. SUNDERLAND
Clerical Assistants:	
Ambulance	Mr. D. SPEAK
Mental and Child Welfare	Mrs. B. L. WATSON
Secretarial	Miss J. WEBSTER
S/T	Miss P. JOHNSON
Mental Health and After Care	Miss G. VALENTINE
Housing	Miss U. WILLIAMS
Nursing Services	Miss D. WHITAKER
Finance	Mrs. R. WHITLEY
Housing and Environmental Hygiene	Mr. P. G. FILBY
Smoke Control	Mr. A. KOWALSKI
General Office	Mrs. B. HARGREAVES Miss S. HIGGINS Miss W. J. BAKER
Ambulance Service (Casual)	Mr. R. SCOTT
Home Help Service	Mrs. L. FINNERTY Mrs. E. HESLOP

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 1967

Madam Mayor, Mr. Chairman, Ladies and Gentlemen,

Ten years ago in my first Annual Report "Fevers" still claimed a proportion of deaths; today this does not occur, while cancer and vascular diseases contribute the same doleful and tragic quota to the final result of unconquered disease. These factors may become apparent as one reads the report for 1967.

It is doubtful whether Health interpreted as a quality in its own right has ever been evaluated on a community basis. During the last decade, for example, there has been more than a hundred fold increase in illegitimate births. This is one index of a large change in social conditions and if it expresses an alteration in the quality of mental health the new trend is also more recently associated with a higher incidence of mental illness in young people (Table XXVII). It may be that greater emphasis should be placed on health education. Methods to improve a more positive approach to the promotion of health would result in a decline not only of physical but of mental illness.

During the year the Ministry of Health re-emphasised in a circular that an adequate family planning service would help to relieve the burden placed on other Services by reducing the physical ill-health and mental distress arising from lack of knowledge and advice. The Minister has approved arrangements in Halifax for giving advice on contraception and appliances and for the medical examination of persons seeking such advice, not excluding unmarried persons, who require such assistance on social grounds.

In 1966 similar powers were afforded to Local Health Authorities in medical cases. The Halifax Family Planning Association will act as agents and money has been allocated and premises adapted to further the objects of these schemes. Their efforts are promising and require commendation and support.

My first report discussed results and the future of community health. After ten years' experience of the National Health Service it appeared that the local population was well adapted to deal with community matters including our preventive health services. Local government was born only a little more than a hundred years ago and it may surprise some that there are prospects of change. The situation would appear to be one wherein health departments in the ten years previous to 1967 were considered as stable organisations and that in the succeeding ten years they may cease to exist altogether. It is true that health is indivisible and that maximum effort can only be established by co-operation between the preventive and curative services. If and when our services have disappeared they would be replaced within a new structure by dual discipline doctors with the same zest for promoting health and preventing sickness but with responsibilities for curing disease. Reports from the Ministry of Health received during the year seem to pinpoint the importance of the general practitioner assuming the double role, working in decent premises, with an eye on prevention and a

hand in treatment and all ancillaries laid on. If this progressive movement reaches finality an intolerable load would be placed on the shoulders of practitioners who in the absence of public health personnel would only be relieved by team work with professional skills outside medicine and nursing. There is thus a danger of the advances in public health being sidetracked with a resultant loss of objective in efforts for better health. It is true that Health, like religion, education and sociology, must be directed to improving family and community life but the others are only a means to an end while health is the final quality on which depends the happiness and security of mankind. One anticipates changes in the structure of local government with some trepidation for it is something which has evolved and has included the control of health and welfare on the principle that each community must cater for its own particular requirements according to experience. This could become impersonal and unfeeling with the creation of large areas of control.

The Housing Act of 1964 gave local authorities power to declare improvement areas. Voluntary improvements in Copley will be followed by a new emphasis towards the improvement of some houses rather than their demolition and following visits to other authorities, the Council in 1967 made the Gladstone Road Improvement Area of 237 houses. These are through houses with pedestrian access to the front and roadway access to the rear and are suitable for compulsory improvement. This is the first of several areas meeting this new emphasis.

Criticism has been levelled at the Local Authority because of the large number of open spaces caused by demolition and it is pleasing to note that most of the areas are in the planning stage for some form of redevelopment. But from the Public Health point of view it must always be remembered that an open space, even even if unsightly, is far, far better than the hundreds of poor type back-to-back properties which once were there, and should provide the space for new homes.

The improvement in the purity of the atmosphere is gratifying and along with the reduction in smoke in the air there has been a reduction in the sulphur dioxide even though there is a national tendency for more oil to be used as a fuel. In some towns the pollution from sulphur dioxide has remained about constant but in Halifax, due no doubt to the preference of householders for gas fires, our pollution has decreased again since last year.

The Report this year is on the usual lines and each section contains an introductory paragraph. There are no new tables. In all matters relating to public health the citizens of Halifax are interested participants. Press reports and the help of voluntary societies seem to increase the progress which is being made. There has, however, been an inadequate response to immunisation and vaccination, particularly poliomyelitis oral vaccine, and it must be at their own risk and their own distress not to mention the suffering of their children if parents do not take the trouble to give punctilious attention to the protection of their infants and children.

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 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



THE LAURA MITCHELL CLINIC

—opened by H.R.H. Duchess of Kent on 23rd October, 1968

CONFERENCES ATTENDED 1967

- Federation of Associations of Mental Health Workers
Course, Brighton, Spring 1967
L. Holdsworth
- Association of Public Health Inspectors
Refresher Course and Weekend School, 14th-16th April, 1967. Wentworth.
J. Barnes
- National Association of Mental Welfare Officers
Induction Course for Newly Appointed Welfare Officers, 3-14 April, Leeds
Mrs. P. C. Tansley.
- National Association for Mental Health
Annual Conference, 23-24 Feb., 1967, London
Chairman and Medical Officer of Health
- National Association for Maternal and Child Welfare
Annual Conference, 21-23 June, Cardiff
Chairman and Medical Officer of Health
- National Association for Mental Health
Course, Bristol, 24-29 July
Mrs. Thorpe
- National Association for Mental Health Psychiatric Social Clubs
Conference, 22nd March, Leeds
Mr. Holdsworth
- University of Cambridge Department of Extra-Mural Studies
Annual Conference, Maddingley Hall, 17-24 June
Mr. D. Beer
- University of Leeds Department of Psychology
Course, Leeds, Two days
Dr. Anderson
- National Association of Ambulance Officers
Annual Conference, Brighton, 12-14 September
Chairman and Ambulance Officer
- Association of Public Health Lay Administrators
Summer School, Bangor, 13-16 September
J. Fletcher
- Institute of Shops Acts Administrators
Annual Conference, Hastings, 12-14 September
Chairman and Chief Inspector of Weights and Measures
- National Society for Clean Air
Annual Conference, Blackpool, 17-20 October
Chairman and Public Health Inspector
- Institute of Home Help Organisers
Weekend School, Scarborough, 28-30 September
Home Help Organiser

SECTION I

STATISTICS AND POPULATION

Six more children were born in Halifax during 1967, 1,685 LIVE BIRTHS (compared with 1,679 in 1966), equivalent to a crude birth rate of 17.80. The rate for 1966 was 17.68. When multiplied by the Area Comparability Factor, the adjusted rate for 1967 is 19.22 which corresponds with the rate for England and Wales of 17.2. Illegitimate live births numbered 219 as compared with 245 in 1966, and equal to 14.49% of the total live births. Notifications of Premature Births during 1967 showed a decrease of 5 on the previous year. During 1967 there were 14 Premature Infant Deaths, an increase of 5 on the previous year. Details of all premature live and still births for two years are shown in Table IIa.

There were 28 still births during the year, the same as in 1966. The rates for the two years were 17.1 and 16 respectively, whilst the rate for England and Wales for 1967 was 14.8. DEATHS of infants under one week (20) were 3 more than in the previous year and the total Perinatal deaths numbered 49. The PERINATAL Mortality rate has increased from 26.36 (1966) to 29 (1967), the national figure being 25.4.

The total number of children who died under the age of one year was 48 compared with 41 in the previous year and the infant mortality rates for the two years were 24.42 in 1966 and 28.48 in 1967 per 1,000 live births. The figure for England and Wales for 1967 was 18.3. The figures relating to infant mortality for a ten-year period are shown in Table V. Of the total of 48 infant deaths 34 took place during the first four weeks of life, giving a neo-natal mortality rate of 20.83 per 1,000 live births, and 14 occurred between the age of four weeks and one year, giving a post neo-natal mortality rate of 12.46.

One cannot be complacent about these statistics. 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 1,319 in 1967 of which 676 were males and 543 were females. The crude death rate was 13.9 per thousand compared with 15.53 per thousand for 1966. When the crude death rate is multiplied by the area comparability factor, the adjusted death rate is 12.23 which compares with 13.97 in 1966. The rate for England and Wales for 1967 was 11.2. 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. The rate, although improving, is still high and in line with the proportion of persons over 65, viz. 14% in Halifax.

There were no deaths from influenza, and the total number of

deaths from other respiratory disease (excluding respiratory tuberculosis) decreased, 144 being recorded compared with 184 in 1966.

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 246 deaths due to malignant neoplasms in 1967, an increase on the previous year's figure. The rate per thousand estimated population was 2.59 as against the rate of 2.44 in 1966. These deaths from malignancy or cancer accounted for 18.27 per cent of the total deaths for the year under review compared with 16.51 in 1966 and 17.38 in 1965. 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, the greatest number occurring in males in the age group 65-74. Deaths from cancer of the stomach numbered 36 compared with 26 in 1966 and 39 in 1965. 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 346 deaths as against 376 in 1966. Seizures due to diseases of the blood vessels in the nervous system have shown a decrease, there being 250 compared with 259 in 1966. The rates for coronary disease and diseases of circulation of the nervous system per 1,000 of the population are as follows: Coronary Disease 3.65 per thousand compared with 3.95 per thousand in 1966; Seizures 2.65 per thousand compared with 2.72 per thousand in 1966.

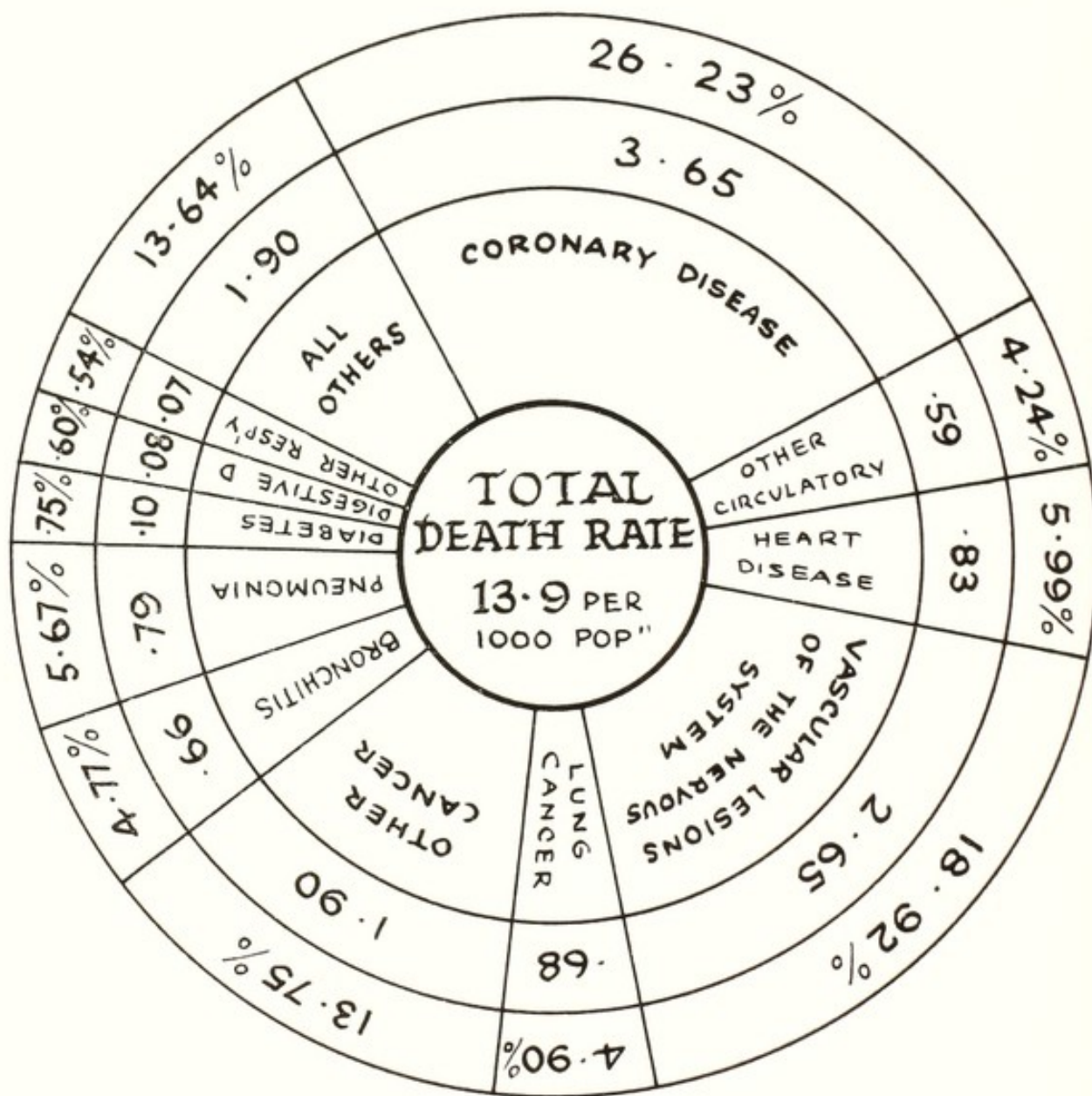
The Halifax position compared to other towns is shown in Table XXVIII.

Cases referred to the Mental Health Service (1430) increased by 145 (1430 in 1967 compared with 1275 in 1966). This increase was in spite of the fact that there were fewer cases referred with psychopathy and sub-normality, the main increase being in younger persons suffering from mental illness. Table XVI shows that the percentage in employment and attending Training Centres 52.2 and 28.9 showed an increase from 1966 (49.3 and 28.5). The number unoccupied decreased to 30 (32).

The prevalence of tuberculosis was reduced from 5.88 per thousand (1966) to 5.42 per thousand (1967) Table XXIV.

TABLE XXVIII
COMPARATIVE STATEMENT OF VITAL STATISTICS
Year 1967

	Birth Rate	Death Rate	Infant Mortality Rate	Still Birth Rate and (per 1,000 live and still births)	Perinatal Mortality Rate	Death 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)	..	..	..	..	..	..	..	..	..	..
Birkenhead	17.2	11.2	18.3	14.8	25.4	.037	.005	.16	.04	.20
Burnley	17.8	11.6	24.0	16.5	33.7	.05	—	—	—	—
Bury	15.71	14.53	22.02	12.09	24.17	.08	—	—	—	—
Halifax	19.24	12.37	22.54	20.5	33.91	.01	—	—	—	—
Liverpool	17.8	13.9	28.0	16.0	29.0	.09	.01	—	—	—
Manchester	17.8	11.6	22.0	17.4	30.2	.062	.001	.098	—	.078
Oldham	18.34	12.57	22.8	20.0	33.0	.07	.07	.09	—	.09
Preston	17.7	14.93	24.7	13.2	24.38	.06	.01	—	.525	1.05
Rochdale	17.59	12.12	25.74	21.51	35.15	.066	.609	.525	—	—
St. Helens	19.7	13.3	28.7	13.8	31.3	.03	—	.55	.55	1.1
Stockport	16.9	12.8	23.5	20.2	33.1	.08	—	.381	—	.381
Wallasey	18.03	13.05	20.39	15.63	30.11	.04	—	—	—	—
Wigan	16.47	12.76	26.65	23.71	41.06	.058	—	—	—	—
Wigan	18.0	13.8	16.0	18.0	27.0	.06	.01	—	1.37	1.37



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 (Census 1961)	..	..	..	..	..	96,873
Population (Registrar General's Estimate 1967)	..	..	..	..	..	94,770
Density of population per acre	..	..	..	..	..	6.07
Number of inhabited houses (1931 Census)	..	..	..	..	..	28,488
Number of inhabited houses on 31st December, 1967,	..	..	..	..	..	35,288
according to the Rate Books						
Average number of persons to each occupied house	..	..	..	..	..	2.68
Rateable Value (31st December, 1967)	..	..	..	..	..	£2,792,233
Sum represented by a Penny Rate (1967-68)	..	..	..	..	..	£11,000

EXTRACT FROM VITAL STATISTICS FOR THE YEAR

	Male	Female	Total
Live Births—Legitimate	780	686	1,466
Illegitimate	98	121	219
Total	878	807	1,685

Live Birth Rate per 1,000 Estimated Resident Population

Crude	17.80
Adjusted	19.22
Illegitimate Live Births per cent. of total live births	14.49

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

	Male	Female	Total
Stillbirths—Legitimate	17	8	25
Illegitimate	3	—	3
Total	20	8	28
Stillbirth Rate per 1,000 Live and Stillbirths			16.9
Total Live and Stillbirths			1,713
Deaths of Infants:	Male	Female	Total
Under 1 year of age—Legitimate	21	20	41
Illegitimate	6	1	7
Total	27	21	48
Infant Mortality Rates:—			
Total Infant Deaths per 1,000 total live births			28.48
Legitimate Infant Deaths per 1,000 Legitimate Live Births			27.9
Illegitimate Infant Deaths per 1,000 Illegitimate Live Births			31.9
Deaths of Infants:—	Male	Female	Total
Under 4 weeks of age—Legitimate	18	13	31
Illegitimate	4	—	4
Total	22	13	35
Neo-Natal Mortality Rate per 1,000 total live births ..			15.43
Deaths of Infants:—	Male	Female	Total
Under the age of 1 week—Legitimate	14	6	20
Illegitimate	1	—	1
Total	15	6	21
Early Neo-Natal Mortality Rate per 1,000 total live births			12.46
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)			28.60
Maternal Deaths (including abortion)			Nil
Maternal Mortality Rate per 1,000 Live Stillbirths ..			Nil
	Male	Female	Total
TOTAL DEATHS (all ages)	676	643	1,319
Death rate per 1,000 Estimated Resident Population:			
Crude			13.90
Adjusted			12.23
Area Comparability Factors—Births			1.08
Deaths			0.88

TABLE I

THE POPULATION OF THE BOROUGH OF HALIFAX

Year	Population	Note
1848	40,000	Borough Incorporated
1861	51,937	
1871	65,510	
1881	63,360	
1891	82,864	
1892	83,364	Borough extended by the additions of Ovenden and Illingworth Wards.
1899	90,934	
1900	96,684	Borough extended by the addition of Copley Ward.
1901	104,936	
1911	101,566	Borough extended by the additions of Warley and Northowarm Wards.
1921	100,700	
1931	98,115	Mid-year density of population per acre 6.3.
1945	89,390	
1946	93,280	
1947	94,580	
1948	96,420	
1949	97,820	Mid-year density of population per acre 6.9.
1950	98,840	
1951	97,490	
1952	97,320	
1953	97,070	
1954	97,130	ditto.
1955	96,870	ditto.
1956	96,440	6.88
1957	95,430	6.85
1958	95,250	
1959	94,980	96,073 (Census 1961).
1960	94,900	
1961	95,980	
1962	96,250	
1963	95,850	
1964	95,450	
1965	95,090	
1966	94,950	
1967	94,770	

TABLE II
BIRTH RATES, 1958-67

Years	HALIFAX		ENGLAND AND WALES BIRTH RATE
	No. of Births	Birth Rate per 1,000 Population	
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
1967	1,685	17.80	17.2

TABLE II(a)
PREMATURE LIVE BIRTHS, 1966-67

Premature Live Births Notified	YEARS	
	1966	1967
(a) Born in Hospital	128	124
(i) Died within 24 hours of birth	1	11
(ii) Survived 28 days	122	107
(b) Born at home and nursed entirely at home ..	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	4
(i) Died within 24 hours of birth	1	—
(ii) Survived 28 days	2	4
(d) Born in Nursing Home and nursed entirely there	—	—
(i) Died within 24 hours	—	—
(ii) Survived 28 days	—	—

TABLE II(b)
PREMATURE STILLBIRTHS 1966-67

Premature Stillbirths Notified	YEARS	
	1966	1967
(a) Born in Hospital	19	17
(b) Born at Home	—	—

TABLE III
STILLBIRTHS AND PERINATAL MORTALITY

Year	Total Number of Stillbirths	Deaths in the First Week	Total Perinatal Deaths
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
1967	28	21	49

TABLE IV
STILLBIRTHS AND PERINATAL MORTALITY

Year	No. of Stillbirths Registered during the year per 1,000 live and Stillbirths		Number of stillbirths along with the number of deaths of children under the age of one week per 1,000 live and Stillbirths registered during the same year	
	Stillbirth Rate		Perinatal Mortality Rate	
	Halifax	England & Wales	Halifax	England & Wales
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
1967	16.90	14.8	28.60	25.4

TABLE V
INFANT MORTALITY RATES 1958-67

Year	Births	HALIFAX		ENGLAND AND WALES RATE
		Deaths of Infants under one year	Infant Mortality Rate per 1,000 live births	
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
1967	1,713	48	28.48	18.3

TABLES VI and VII

NEO-NATAL AND POST NEO-NATAL MORTALITY
1958-67

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
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	—
1967	48	35	20.77	12.5	13	7.71	—

TABLE VIII

INFANT MORTALITY

Principal Causes	No.	Percentage of Total Deaths	
		1966	1967
Prematurity	14	14.63	29.17
Pneumonia	12	34.14	25.00
Congenital Malformations	5	9.74	10.41
Other Conditions	17	41.74	35.42

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 ..	13	—	—	—	13	—	—	—	—	13
Pneumonia, etc.	—	3	1	2	6	2	2	—	2	12
Cong. Malformatn.	5	1	1	—	7	—	—	—	—	7
Cerebral Haem.	1	—	—	—	1	—	—	—	—	1
Enteritis ..	—	2	2	2	6	—	1	—	—	7
Other conditions	1	—	—	—	1	1	1	4	1	8
TOTAL ..	20	6	4	4	34	3	4	4	3	48
										Deaths in Institutions
										13
										6
										7
										1
										7
										4
										38

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 ..	11	—	—	—	—	—	1	1	3	4	2
" Other ..	1	—	—	—	—	—	—	1	—	1	—
Syphilitic Disease ..	1	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection ..	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—
Measles ..	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Disease ..	3	1	—	—	—	—	—	2	5	16	1
Malignant Neoplasm, Stomach ..	36	—	—	—	—	—	—	10	17	25	13
Lung and Bronchus ..	65	—	—	—	—	—	4	4	5	4	9
Breast ..	20	—	—	—	—	—	2	2	3	5	5
Uterus ..	15	—	—	—	1	—	3	11	23	36	1
Others ..	105	—	—	—	—	—	—	2	1	1	31
Leukaemia and Aleukaemia ..	5	—	—	—	—	—	—	2	1	5	2
Diabetes ..	10	—	—	—	—	—	—	4	22	67	152
Vascular Lesions of Nervous System ..	250	—	—	—	—	—	5	6	65	119	133
Coronary Disease, Angina ..	346	—	—	—	—	1	—	22	—	1	2
Hypertension with Heart Disease ..	4	—	—	—	—	—	—	1	9	16	47
Other Heart Disease ..	75	—	—	—	—	1	—	2	3	15	37
Other Circulatory Disease ..	56	—	—	—	—	—	—	—	—	—	—
Influenza ..	—	—	—	—	—	—	—	—	6	18	30
Pneumonia ..	75	14	4	1	—	—	—	7	16	14	25
Bronchitis ..	62	—	—	—	—	—	—	1	2	2	7
Other Diseases of Respiratory System ..	7	—	—	—	—	—	—	—	—	—	—
Ulcer of the Stomach and Duodenum ..	8	—	—	—	—	—	—	—	—	—	—
Gastritis, Enteritis and Diarrhoea ..	4	4	—	—	1	—	—	1	—	1	2
Nephritis and Nephrosis ..	5	—	—	—	—	—	—	—	—	—	—
Hyperplasia of Prostate ..	2	—	—	—	—	—	—	—	—	—	—
Pregnancy, Childbirth and Abortion ..	1	—	—	—	1	—	—	—	—	—	1
Congenital Malformations ..	9	5	—	2	—	—	1	3	11	20	23
Other Defined and Ill-defined Diseases ..	87	24	1	2	1	2	3	1	1	3	2
Motor Vehicle Accidents ..	22	—	—	2	8	1	1	3	3	3	2
All Other Accidents ..	14	—	—	1	—	3	2	6	2	1	2
Suicide ..	18	—	—	—	2	—	—	—	—	—	—
Homicide and Operations of War ..	2	—	—	—	1	—	—	—	—	—	—
TOTALS ..	1,319	48	6	8	15	11	32	88	199	378	534

PREMATURE LIVE BIRTHS 1966 TABLE IXA

WEIGHT AT BIRTH	BORN IN HOSPITAL			BORN AT HOME OR IN NURSING HOME						PRE- MATURE STILL BIRTHS			
				<i>nursed entirely at home or in a nursing home</i>			<i>Transferred to hospital on or before 28th day</i>						
	Total	DIED			Total Births	DIED			Total	DIED			BORN
		within 24 hours	in 1 and under 7 days	in 7 and under 28 days		within 24 hours	in 1 and under 7 days	in 7 and under 28 days		within 24 hours	in 1 and under 7 days	in 7 and under 28 days	
2 lb. 3 oz. or less	4	4	—	—	—	—	—	—	—	—	—	3	
Over 2 lb. 3 oz. up to and incl. 3 lb. 4 oz.	12	2	4	—	—	—	—	—	1	—	—	3	
Over 3 lb. 4 oz. up to and incl. 4 lb. 6 oz.	30	3	1	—	—	—	—	—	3	—	—	3	
Over 4 lb. 6 oz. up to and incl. 4 lb. 15 oz.	23	2	—	—	—	—	—	—	—	—	—	5	
Over 4 lb. 15 oz. up to and incl. 5 lb. 8 oz.	55	—	—	1	6	—	—	—	—	—	—	3	
TOTAL	124	11	5	1	6	—	—	—	4	—	—	17	

TABLE XI
DEATH RATES, 1958-67

Year	HALIFAX		ENGLAND and WALES
	Number of Deaths	Death Rate per 1,000 Population	
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
1967	1,319	13.91	12.2

TABLE XII
CANCER DEATHS, 1958-67

Years	Number of Cancer Deaths	Males	Females	Death Rate Per 1,000 Population	Deaths from all Causes	Per- centage If total Deaths
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
1967	241	129	112	2.54	1,319	18.27

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.	1966		1967		
													M.	F.	M.	F.	
Stomach	..	—	—	—	—	—	3	4	9	7	7	6	12	14	19	17	
Lung and Bronchus	..	—	—	—	3	1	24	3	21	4	7	2	56	9	55	10	
Breast		—	—	—	—	2	—	9	—	4	—	5	—	22	—	20	
Uterus		—	—	—	—	4	—	5	—	5	—	1	—	13	—	15	
Other		—	—	1	—	3	20	14	19	17	16	15	70	46	55	50	
TOTALS		—	—	1	3	10	47	35	49	37	30	29	138	104	129	112	

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
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
1967	346	179	167	3.65	1,319	26.23

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
1958	221	76	173	2.32	1,422	15.54
1959	191	83	138	2.01	1,400	13.64
1960	185	78	113	1.95	1,371	13.49
1961	164	77	108	1.71	1,534	10.69
1962	169	61	103	1.76	1,422	11.88
1963	136	67	102	1.42	1,587	8.57
1964	128	38	98	1.34	1,379	10.79
1965	114	42	86	1.19	1,421	8.02
1966	151	37	77	1.60	1,475	10.23
1967	75	31	44	0.79	1,319	5.68

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
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
1967	250	104	146	2.53	1,319	18.95

**TABLE XVII
DEATHS FROM PRINCIPAL CAUSES IN AGE GROUPS**

CAUSE	Age Sex	Under 25		25-44		45-64		65-74		75 and over		Totals 1966		Totals 1967	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Coronary	—	—	—	6	1	63	24	62	57	48	85	200	176	179	167
Other Heart Diseases	—	—	—	—	1	6	5	8	8	17	30	58	93	31	44
Cerebral Haemorrhage ..	—	—	—	1	4	17	9	33	34	53	99	110	149	104	146
Cancer	—	1	1	3	10	47	34	49	37	31	29	138	104	129	112
TOTALS	—	1	1	10	16	133	72	152	136	149	243	506	522	443	469

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	1967	17.2	11.2	*	*	*	*	*	*	18.3
HALIFAX	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
	1967	17.80	13.91	0.00	0.00	0.00	0.00	0.00	0.0	28.42

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
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	2	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	nil
1959	14.7	23.15	0.00	45	6	nil	nil	123	nil	nil	nil	nil	nil	33	2
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
1967	13.9	28.42	0.00	48	12	nil	nil	26	nil	nil	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			
1947	67	37	237	1	nil	nil	214	455	188
1948	62	39	295	1	il	nil	206	415	213
1949	85	71	92	1	nil	nil	241	471	203
1950	59	43	374	1	nil	nil	239	505	208
1951	73	49	145	nil	nil	nil	211	468	231
1952	41	30	153	nil	nil	nil	230	454	238
1953	54	65	154	nil	4	nil	261	451	239
1954	23	46	72	nil	nil	nil	244	499	238
1955	80	38	111	nil	nil	nil	253	520	282
1956	71	56	152	nil	nil	nil	214	519	316
1957	34	67	70	nil	nil	nil	252	509	254
1958	36	61	37	nil	nil	nil	236	534	238
1959	23	80	47	nil	nil	nil	234	512	207
1960	8	73	43	nil	nil	nil	209	516	217
1961	15	83	30	nil	nil	nil	252	567	231
1962	13	87	6	nil	nil	nil	235	520	211
1963	11	129	8	nil	nil	nil	256	526	241
1964	6	89	1	nil	nil	nil	217	522	201
1965	2	39	6	nil	nil	nil	247	515	250
1966	15	87	42	nil	nil	nil	242	535	259
1967	2	75	18	nil	nil	nil	241	425	250

TABLE XX TABLE SHOWING COMPARATIVE YEARLY VITAL AND MORTALITY STATISTICS FROM 1957 TO 1967 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
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
1967	17.80	13.90	28.42	0.00	41	.11	6	98	2	75

Year	Deaths from Heart Disease	Deaths from Cancer	Deaths from Cerebral Haemorrhage	Deaths from Diabetes	Diphtheria		Scarlet Fever	
					New Cases	Deaths	New Cases	Deaths
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
1967	425	241	250	10	nil	nil	26	nil

TABLE XXI

HOME ACCIDENTS

1967 Month	Age Group—Years						Total
	0-5	6-15	16-25	26-50	51-60	61 & Over	
January	24	9	2	5	2	8	50
February	6	5	4	8	1	3	27
March	9	1	1	3	1	3	18
April	19	2	2	6	3	8	40
May	16	4	4	7	3	7	41
June	18	3	—	4	1	2	28
July	20	4	2	4	2	5	37
August	12	9	5	3	4	8	41
September	14	2	3	2	1	2	24
October	19	4	7	9	—	5	44
November	14	1	—	6	3	2	26
December	13	1	1	3	4	5	27
Totals	184	45	31	60	25	58	403

Injuries	Age Groups—Years						Total
	0-5	6-15	16-25	26-50	51-60	61 & Over	
Head	20	5	2	3	4	14	48
Upper Limb	14	7	9	14	5	12	61
Lower Limb	12	6	4	5	4	13	44
Cuts	20	8	6	20	4	8	66
Swallowed	30	5	1	6	—	—	42
Back	4	6	3	2	2	4	14
Burns	38	3	1	4	—	4	55
Scalds	30	2	4	4	2	1	45
Miscellan.	16	3	1	2	4	2	28

As will be noted by the above table, the largest group is again the small children. burns, scalds and swallowed objects being the chief cause of their visit to hospital. Swallowed objects are probably the most dangerous and range from perfume, boot polish, window polishing substance, slug-killer, diesel oil, hair dye and Ajax cleaning powder, besides the more normal things such as junior aspirin, fersolate tablets and contraceptive tablets.

The older age group sustain injuries of a fairly severe nature, quite often proving fatal to those over 70 due to some other cause. It is a very difficult problem knowing how to re-educate old people into pre-thinking the results of their actions in the home, which might result in accident. Some of the accidents are quite trivial but the result is catastrophic.

ROAD ACCIDENTS

The number of road accidents reported to the police was 1,629, and 12 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	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
	6	9	10	14	12	22	18	11	24	12
R.G.'s Report (after transfer adjustments)	10	9	15	21	11	15	23	17	13	22

It is interesting to note from a report issued by the Chief Constable that only eight of the accidents causing injuries were owing to weather conditions, whilst 168 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, 1967

Jan.	3rd	..	440	May	2nd	..	447	Sept.	5th	..	419
	10th	..	620		9th	..	474		12th	..	350
	17th	..	614		16th	..	419		19th	..	467
	24th	..	563		23rd	..	425		26th	..	516
	31st	..	504		30th	..	312	Oct.	5th	..	500
Feb.	7th	..	469	June	6th	..	430		12th	..	537
	14th	..	538		13th	..	399		19th	..	461
	21st	..	534		20th	..	374		26th	..	492
	28th	..	480		27th	..	407	Nov.	2nd	..	460
Mar.	7th	..	535	July	4th	..	345		9th	..	436
	14th	..	444		11th	..	335		16th	..	481
	21st	..	419		18th	..	253		23rd	..	455
	28th	..	304		25th	..	299		30th	..	463
April	4th	..	396	Aug.	1st	..	354	Dec.	7th	..	514
	11th	..	426		8th	..	371		14th	..	440
	18th	..	440		15th	..	335		21st	..	412
	25th	..	476		22nd	..	382		29th	..	516
					29th	..	396				

TABLE XXIV

ASSESSMENT OF PREVALENCE (TUBERCULOSIS)

	PULMONARY		NON-PULMONARY		TOTAL
	Male	Female	Male	Female	
No. of cases on Register of Notification at 1st January 1967	357	196	25	16	594
No. of cases notified for the first time during the year ..	33	9	1	—	43
No. of cases transferred from other districts	7	3	—	—	10
Totals	397	208	26	16	647
No. of cases removed from the Register during the year on account of having:					
(a) Recovered	25	13	—	1	39
(b) Removed from the district.	13	4	—	—	17
(c) Deceased	18	3	—	—	21
(d) Revision of diagnosis	8	3	—	—	11
Totals	64	23	—	1	88
No. of cases remaining on the at 1st December 1967 ..	333	185	26	15	559

Total Respiratory Cases of 518 on Register at 31st December 1967, represents a prevalence rate of 5.4 per thousand of the population, as compared with 5.8 at the end of 1966.

TABLE XXV

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

CATEGORY OF DISORDER			CASES REFERRED DURING 1967						ACTION TAKEN												Under Guardianship		UNDER COMMUNITY CARE AT END OF PERIOD											
			Old		New		Total		Admitted to Guardianship	COMPULSORILY						WITHOUT COMPULSION																		
										Admitted to Hospital						Informally		Referred to Out-Patient Clinic		Placed under Community Care									Other Action					
										For Observation Emergency S.29	For Observation S.25	For Observation Treatment S.26	For Observation Emergency S.29	For Observation S.25	For Observation Treatment S.26																			
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total	On Leave from Hospital		Under Other Community Care		Total		
Mental Illness	347	524	168	237	515	761	—	—	25	36	23	25	4	4	113	161	163	242	134	223	53	70	—	161	282	161	282	761	—	—	26	24	26	24
Psychopathy	37	42	12	10	49	52	—	—	6	6	2	2	—	—	6	9	11	13	14	11	10	11	10	—	19	10	19	52	—	—	—	10	10	
Subnormality	9	9	10	5	19	14	—	—	—	1	—	—	—	—	6	3	1	1	10	4	2	5	—	75	67	75	14	—	—	—	75	67		
Severe Subnormality	8	5	3	4	11	9	—	—	—	—	—	1	—	—	5	5	—	—	6	3	—	—	—	26	24	26	9	—	—	—	26	24		
TOTALS	401	580	193	256	594	836	—	—	31	43	25	28	4	4	130	178	175	256	164	241	65	86	—	281	383	281	383	1,430	—	—	664	664		
		981		449		1,430			74		53		8		308	431			405		151													

There have been no indications for boarding out or guardianship during 1967. 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	..	45	55.6	25	20.8	11	13.6	81
Females	..	38	48.7	21	26.9	19	24.4	78
TOTALS		83	52.2	46	28.9	30	18.9	159

TABLE XXVII

The following Table shows in ages and sexes the cases of MENTAL ILLNESS referred during 1967 with comparative figures for the years 1956, 1959 and 1966

AGE GROUPS

	Under 21		21-30		31-40		41-40		51-60		61-70		Over 70		Total
	No.	%age	No.	%age	No.	%age	No.	%age	No.	%age	No.	%age	No.	%age	No.
1956															
Males ..	—	—	14	11.47	36	29.50	25	20.49	16	13.03	20	16.49	11	9.02	122
Females ..	4	1.91	23	15.29	33	21.66	24	15.29	29	17.83	21	13.37	23	14.65	157
1959															
Males ..	5	3.23	26	16.77	38	24.52	28	18.06	18	11.61	25	16.13	15	9.68	155
Females ..	6	2.32	39	15.06	78	30.11	44	16.99	37	14.29	25	9.65	30	11.58	259
1966															
Males ..	61	11.43	127	23.57	104	19.28	112	20.71	73	13.57	31	5.72	31	5.72	539
Females ..	77	10.53	175	23.69	128	17.37	135	18.42	89	12.11	74	10.00	58	7.88	736
1967															
Males ..	61	10.25	145	24.46	128	21.58	113	19.06	88	14.75	41	6.83	18	3.07	594
Females ..	83	9.93	173	20.66	180	21.54	157	18.77	120	14.36	69	8.31	54	6.43	836

SECTION II

SICKNESS AND DISABILITY

COMMUNITY CARE

INFECTION

VENEREAL DISEASE

TUBERCULOSIS

AGED PERSONS

MENTAL ILLNESS

PHYSICAL HANDICAPS

HOME HELPS

SICKNESS AND DISABILITY

In this section of the Annual Report there is described the follow-up of cases coming to the notice of the Department either by statutory notification (infectious disease) or from informal notices by hospitals, voluntary societies, etc. (sickness, disability, handicap). Special nurses who are part of the Health Visitor establishment visit the Homes and the number of visits have increased in 1967 as a result of new arrangements whereby ward sisters inform the Superintendent Nursing Officer of cases where after-care is requested.

TABLE I
SPECIAL VISITS TO THE HOME

	Aged Persons	Tuber- culosis	Diabetes	Mental Disorder		
				Mental Illness	Sub- normal	Child Guidance
1st Visit	305	66	217	355	12	132
1966	348	70	140	331	17	120
Follow-up Visits	3,858	1,482	6,840	2,699	882	991
1966	2,735	1,369	4,706	3,083	560	888

COMMUNITY CARE

In assessing the work load, numbers alone may not convey the true picture of social adjustment, treatment or the special measures required in the home. Mental Welfare Officers may have very difficult assignments and the amount of visitation in the community may have suffered as a result of dealing with new cases, arranging admissions to hospital and the time spent in assisting the hospital staffs at out-patient sessions. Early detection of diabetes has meant an overwhelming share of responsibility on the shoulders of Mrs. Scott the Diabetic Nurse. The Home Visiting Nurses for aged persons who work closely with the Geriatric Hospital Consultant also visit tubercular households and assist if necessary with the home supervision of mentally disordered. Where special treatment is required or social failure takes place the special nurses may assist general practitioners to secure beds in hospitals. In the case of mental illness compulsory measures may be required and Table II, which gives the trend of admissions during the past six years, is graphically represented and shows the proportion of cases admitted in emergency S.29, for observation S.25, and for treatment S.26.

Compulsory Admissions under Mental Health Act 1959 1961 to 1967

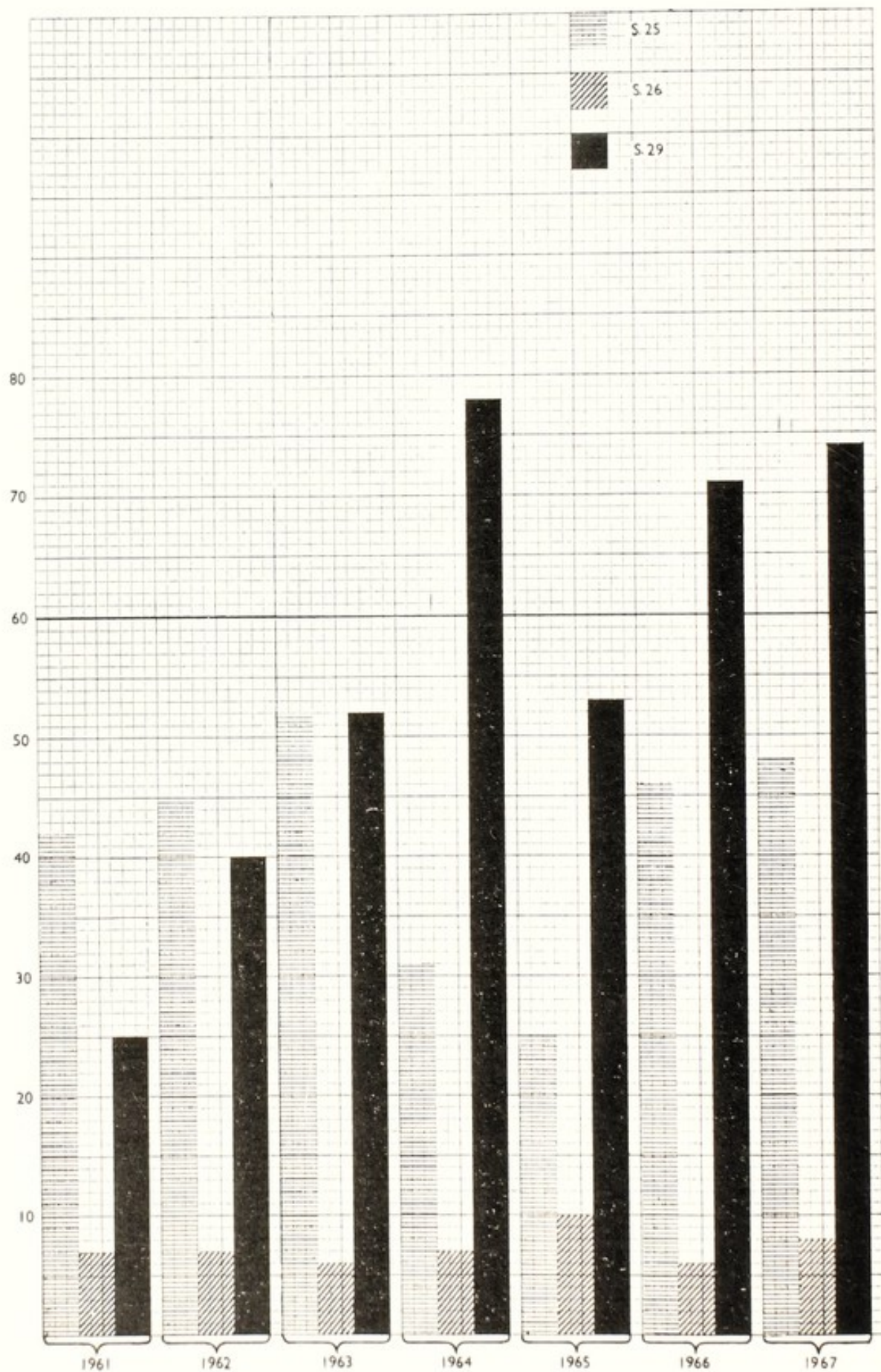


TABLE II
MENTAL HEALTH ACT, 1959

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	
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
1967 ..	53	39.3	8	5.9	74	54.8	135
TOTAL	241	40.0	43	7.1	319	52.9	603

INFECTION

1967 was satisfactory in relation to the low incidence of Infectious Disease.

TABLE III

Disease	Number	
	Notified	Confirmed
Anthrax	—	—
Smallpox	—	—
Dysentery	20	20
Food Poisoning	11	11
Typhoid Fever and Enteric Fever ..	—	—
Para-Typhoid	—	—
Scarlet Fever	26	26
Malaria	—	—
Diphtheria	—	—
Puerperal Pyrexia	—	—
Erysipelas	—	—
Ophthalmia Neonatorum	—	—
Acute Encephalitis	—	—
Acute Poliomyelitis	—	—
Cerebro-spinal Fever	—	—
Measles	267	267
Whooping Cough	18	18
Pneumonia—Primary	2	2
Meningococcal Infection	—	—
Tuberculosis—		
Respiratory	31	31
Other Forms	6	6

There were 11 cases of Food Poisoning coming to the notice of the Department during the year. Two of these notifications were not confirmed but the remaining nine were affected with *Clostridium Welchii*. In this outbreak 57 people were at risk. The outbreak was traced to infected pork which had been supplied by a catering organisation and re-heated. The catering staff were advised.

There were three further notifications of food poisoning with eight contacts and these cases were not confirmed.

There were 21 cases of Gastro Enteritis with 70 contacts and 111 specimens were examined.

Dysentery occurred in 22 cases and samples obtained from all contacts. One of these cases was due to *Shigella Flexneri*.

It is of interest to note that during 1967 there were 15 cases of Infective Hepatitis, 13 of which were treated in hospital.

Venereal Disease

The work at the clinic by social worker includes booking of all new patients, male and female, recording all subsequent attendances, interviewing all patients about problems and health; writing letters to defaulting patients, male and female; paying travelling expenses where found necessary; arranging transport if required; arranging treatment to be given by District Nurse. Requests for Halifax patients to be visited have been received from Leeds, Bradford, Dewsbury and Huddersfield centres to persons who have preferred to attend a clinic further from home.

These duties are similar to those done by Social Worker at the Dewsbury centre.

Clinic attendances at Dewsbury:—

Male – Monday morning.

Female – Wednesday afternoon.

At the Huddersfield centre social worker's duties are not the same as at the other two centres.

Clinic attendances at Huddersfield are:—

Monday – 12.30 to 7 p.m.

Friday – 2.0 to 4.0 p.m.

Social worker is responsible for writing to defaulting patients and visits requested by any of the Consultants of Ward 25.

Enquiries and offers of help with patients at Maternity Hospitals found to have positive Wassermans have been made. Several West Indian women have been visited.

TABLE V

Total number of defaulting patients	29
„ „ „ attendances after visit	21
„ „ „ revisits to defaulters	7
„ „ „ ineffectual visits	54
Total number of contacts	5
„ „ „ revisits	2
„ „ „ ineffectual visits	18
„ „ „ attendances at clinic	5
A.N.C. patients found negative	—
Total number of Clinic attendances for year 1966	196
Total number of visits for all purposes for year 1966 ..	461
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
1967	270	110	380

Of the five males suffering from syphilis there were three British, one Pakistani and one West Indian.

One female suffering from syphilis was British.

Of the seventy-seven males suffering from gonorrhoea, thirty-nine were British, four were Irish, two were West Indian, twenty-nine were Pakistani, one was Greek, one was Cypriot, and one was Indian, all but three being over 20 years.

Of the twenty-five females suffering from gonorrhoea, nineteen were British, three Irish, one Pakistani, one Dutch and one Greek. The women's age group was younger than the men's.

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	..	..	..	..	1	2
Gonorrhoea		..	..	..	—	75
Other Conditions	..	..	..	..	4	298

Tuberculosis

There has been an all-round decrease of notified new cases of tuberculosis, both respiratory and non-respiratory, a 73.2% reduction on last year. Only one non-respiratory case, viz. Tb. Kidney, was notified. The low number of N.R. notifications may be due in some measure to the short length of stay of hospital housemen, who do not fully understand the notification procedure.

However, in the immigrant population we find there has been an increase of three new cases over last year, and, the gap between the number of new admissions in the immigrant and indigenous population is narrowing, and the immigrant is now responsible for nearly 47% of all new cases.

There were five children notified who were under fourteen, one infant of ten months, who came from a large family, in poor social and financial circumstances, and in which children had previously been notified. This family were living in overcrowded conditions, and have since been re-housed. Another two year old was discovered as a direct result of contact, follow-up of a new case who had a positive sputum. The importance of careful enquiries, heaf testing of child contacts and X-rays of adults should not be overlooked in the follow-up of cases. It will be seen in Table VIII that 251 heaf tests were performed, of these 93 were positive, and offered X-ray examinations and follow-up at the Chest Clinic.

School Heafs

The improvement in acceptances of school heaf tests is encouraging and those heafed amounted to 76.3% of the 13 year old age group. Of the total 1,145 heaf tested, 12.1% were heaf positive and of these only 8 failed to attend for X-ray, the remainder were clear of disease, but of 954 negative cases, 52 failed to have vaccination against tuberculosis.

Immigrants

There was an increase in the number of immigrants who arrived in Halifax, seventy-six compared with fifty-three in 1966. Twenty-one immigrants (27.7%) went to work in local hospitals, and would have X-ray appointments and heaf tests at their place of employment. Out of the remaining fifty-five, thirty-seven were heaf tested, twenty-three attended X-ray appointments (41.8% excluding those done in hospitals) as a result of these X-rays an immigrant was subsequently notified. Fourteen immigrants were discovered for whom we had no advice notes, and one of these was also subsequently notified as a result of his X-ray report. Seven children received B.C.G. at the Health Department. The problems of immigrant follow-up remain, and in some instance the addresses given have proved to be non-existent due to slum clearance.

Heaf testing within industry has been very poor, and there have been no requests for the heaf testing of immigrants in factories. It is hoped that the response to the Mass X-ray programme is greater. We have in the town several large factories employing quite a few employees, some in textiles and others concerned in food or confectionery, often working in close proximity with each other and in a warm moist atmosphere, we cannot afford to relax our efforts in these directions, where the environment is conducive to infection.

Sixteen patients were supplied with one pint of free milk daily from the Health Department.

Diabetes Mellitus

In addition to the 217 first visits and 6,840 follow-up visits included in Table I, it should be put on record in the 1967 report that twenty-three attendances were made to the Out-Patient Department at The Royal Halifax Infirmary, where 137 patients were seen and had instruction on a diabetic diet.

Ten patients or their relatives were taught to give their own insulin injections.

Routine screening of patients in 'at risk' groups has been continued. 158 clinistix were distributed and 11 were returned as positive.

TABLE VIII

This table sets forth the number of immigrants (1967) followed up by the Health Department to exclude tuberculosis.

COMMONWEALTH COUNTRIES

India ..	..	..	..	..	..	..	..	1
Pakistan	..	..	..	..	..	..	..	40
Nigeria	..	..	..	..	..	..	..	3
Jamaica	..	..	..	..	..	..	..	13
Ghana	..	..	..	..	..	..	..	1
Trinidad	..	..	..	..	..	..	..	1
Hongkong	..	..	..	..	..	..	..	3
Barbados	..	..	..	..	..	..	..	4
Singapore	..	..	..	..	..	..	..	1
Cyprus	..	..	..	..	..	..	..	1

NON-COMMONWEALTH COUNTRIES

Spain ..	..	..	..	..	..	..	..	2
Yugoslavia	..	..	..	..	..	..	..	1
Total	..	..	..	..	..	..	..	76

TABLE IX

INCIDENCE

R: Respiratory. NR: Non-Respiratory

Age Group	R		N		PAKISTAN				ALL CASES				1967 PERSONS			1966 PERSONS		
	R		N		R		NR		R		NR		R	NR	Total	R	NR	Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
0-4	2	—	—	—	1	—	—	—	3	—	—	—	3	—	3	—	1	1
5-9	1	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	—	—
10-14	1	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	—	—
15-19	1	2	—	—	3	—	—	—	4	2	—	—	6	—	6	5	1	6
20-24	1	1	—	—	1	—	—	—	2	1	—	—	3	—	6	3	2	5
25-29	1	—	1	—	3	1	—	—	4	1	1	—	6	—	6	6	2	8
30-34	1	1	—	—	5	—	—	—	6	1	—	—	7	—	7	2	4	6
35-39	1	—	—	—	2	1	—	—	3	1	—	—	4	—	4	6	—	6
40-44	—	1	—	—	—	—	—	—	—	1	—	—	1	—	1	—	—	—
45-49	—	—	—	—	1	—	—	—	1	—	—	—	1	—	1	1	—	1
50-54	—	—	—	—	1	—	—	—	1	—	—	—	1	—	1	6	2	8
55-59	2	—	—	—	—	—	—	—	2	—	—	—	2	—	2	3	—	3
60-64	3	1	—	—	—	—	—	—	3	1	—	—	4	—	4	3	—	3
65..	2	2	1	—	—	—	—	—	2	1	—	—	3	—	3	8	—	8
TOTLL	16	7	1	—	17	2	—	—	33	9	1	—	43	—	43	43	12	55

TABLE X

Summary 1967

New cases non-Pakistani	Male	Respiratory	..	..	16
New cases non-Pakistani	Female	Respiratory	..	..	7
New cases Pakistani	Male	Respiratory	..	..	17
New cases Pakistani	Female	Respiratory	..	..	2
Total Respiratory					42
Non-Respiratory non-Pakistani Male		(kidney)			1
Total New Cases					43
Transfers in 1967 .. 10.					

Details of Tuberculosis cases removed from Register according to the following circumstances:

Recovered	..	..	..	..	..	..	39
Deceased	..	..	..	..	..	..	21
Transferred out	..	..	..	..	..	..	13
Left Country	..	..	..	..	..	..	4
F.T.A.	..	..	..	..	..	..	11
Total Removed							88

Summary 1967

Tuberculosis cases brought forward 1967	..	..	594
New Cases	..	..	43
Transferred in	..	..	10
			647
Cases carried forward 1968	..	..	559

TABLE XI

This table shows the gradual increase in the total number of Pakistani cases on the Tuberculosis Register.

PAKISTANI NEW CASES

Year	Resp.	Non Resp.	Transfer in	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
1967	19	—	4	23	88

TABLE XII
Heaf Tests 1967

Domiciliary Contacts and Immigrants—							
Negative	..	..	..	..	..		118
Positive ..	..	..	..	..	..		60
Total	..	..	..	..	..		178
Others—							
Negative	..	..	..	..	..		40
Positive ..	..	..	..	..	..		33
Total	..	..	..	..	..		73
Totals—							
Negative	..	..	..	..	..		158
Positive ..	..	..	..	..	..		93
Total	..	..	..	..	..		251
Positive Cases							
1 deg. and 2 deg.	..	..	..	..	..		51
3 deg. ..	..	..	..	..	..		8
4 deg. ..	..	..	..	..	..		34
							93

TABLE XIII

Of all cases dealt with there was only one non-respiratory, a male with kidney disease, aged 29.

TABLE XIIIa

This gives details of the work at the Chest Clinic in relation to testing and protecting infants.

B.C.G. including new born infants	..	..					96
Heaf Tests	..	..	..	..	..	..	130
(of these 79 positive)							

B.C.G. is a vaccine (Bacille Calmette Guerin) after the Frenchmen who first prepared it.

TABLE XIV

This table indicates the extent of infection in relation to tuberculosis positive sputum results.

New Cases	..	..	..	..	..	..	12
Old Cases	..	..	..	..	..	..	9
							21

TABLE XIVa

This indicates the work of examining contacts and F.T.A. refers to cases given an appointment but who failed to attend.

X-ray Contacts	..	..	..	..	..	116
F.T.A.	..	..	..	..	..	47 = 28.8%
Total number of Contacts	..	..	..	..	..	163

A contact is a person not necessarily a member of the family but who lives in the home of a tubercular person.

TABLE XV

This table sets forth those admitted to sanatorium and length of stay therein.

Admitted to Northowram	..	..	..	..	55
Discharges from Northowram—					
Normal Discharge	..	..	..	..	34
Discharge against Medical Advice	..	..	..	..	5
Deaths	..	..	..	..	8
Total Discharges	..	..	..	..	47

Average length of stay – 10 weeks.

TABLE XVI

Miniature Radiography in Halifax

1. Examinations carried out—	<i>Males</i>	<i>Females</i>	<i>Total</i>
(a) Miniature X-rays taken	2,663	2,861	5,524
(b) Number recalled for large film	16	13	29
2. Analysis of Provisional Findings—			
(a) Cases of active tuberculosis	1	—	1
(b) Cases of inactive tuberculosis	6	1	7
(c) Other abnormalities (see below)	6	6	12
(d) Failed to re-attend for large film	—	2	2
3. Analysis of Abnormalities other than Tuberculosis (2(c) above)—			
<i>Disease</i>			
1. Bacterial or virus pulmonary infections	1	1	2
2. Bronchiectasis	2	—	2
3. Emphysema	1	—	1
4. Pulmonary fibrosis: non-tuberculous	1	1	2
5. Sarcoidosis	1	—	1
6. Pleural thickening	—	1	1
7. Abnormalities of diaphragm and Oesophagus	—	3	3

Geriatrics

The special nursing staff during the past year has improved, no doubt due to some measure to the policy of employing part-time staff who, between them, cover the working day and Saturday mornings. Crises and emergencies appear much more acute on Friday evening with a weekend looming up.

There were 333 new cases last year, and it will be seen from Table I that there have been 76 new cases which have been referred from the hospitals, which is an increase over last year. This in some measure reflects the increasing confidence the hospitals place on the Special Nurse, in connection with domiciliary follow-up visits, after discharge from hospital. In spite of these, there are still instances of cases being discharged from hospital to home conditions which are not satisfactory. In these cases we would appreciate earlier notice of discharge, so that proper arrangements could be made. Quite often more time is required by the various agencies, such as the Home Help service, who are not always able without difficulty to make arrangements for this service to be implemented forthwith. The question of an assessment by the Home Help Organiser takes time, as does arranging the availability of a Home Help in that particular area, also in some cases the advisability of bringing the bed downstairs, which can be done far easier whilst the patient is in a hospital bed, rather than their own. Elderly patients eager to come back home are prone to underestimate their own physical capabilities, and if married, that of their elderly partner. They are not always capable of presenting a true picture of home circumstances and conditions. On investigation, kindly neighbours are found to be non-existent and working during the day, and in some cases the delivery of a commode may be required. There have been instances of hospital discharges who after a very short period have had to be re-admitted.

All cases referred to us from the hospitals are not always elderly; some are in various stages of terminal or chronic illness, who as yet are able to manage without medical help, but are in need of some supervision. Out of the 970 cases on our book, they account for just under 5% who are under 60, this percentage also includes those also physically disabled and those suffering with multiple sclerosis.

There is only a slight increase in the total of cases who are 65 and over, ten more as compared to last year, yet the total increase on our books is by 156, which rather indicates that cases are being referred to us at an earlier age, and before too much need or hardship has arisen. Much of our work is concerned with enabling if possible the elderly to stay at home, and in providing the necessary support when that need arises: crises can be foreseen and very often averted.

In Table IV, it will be seen that 935 cases are receiving regular visits, and of these 360 are living alone, i.e. 38.5% of those being visited live alone. Of those living alone, 73 were men, and 287 were

women. In this category of people living alone, we felt that there were cases who presented a special risk during the winter months, who during this period were visited weekly. It is interesting to note, although only 20 men were considered to be at risk, this represented 27.2% of men at risk of those men living alone, whilst for the ladies living alone the at risk percentage was only 11.4. It will also be seen that we have 54 cases who require close supervision, and for our purposes these are cases who although not considered at risk are visited frequently, otherwise their home conditions would soon deteriorate due to general apathy and neglect.

The ratio between male and female cases has increased slightly and now stands at one male to 3.4 females.

In Table II it will be seen that there has been an all-round increase in the help given to our cases by other agencies. The meals on wheels service manned by the W.R.V.S. is much appreciated, and is badly missed in those parts of the town where it does not operate. We look forward to the time when they are able to provide complete coverage of the town in this vital and appreciated service. Likewise with the help given by the W.R.V.S. in clothing, who supplied a real need, but it was regretted that there was a shortage of blankets and bedding, at a time when publicity was given in the press of the same being sent overseas.

As the number of cases known to the department increases, so do the problems relating to old age come to our notice. This is made clear in Table III, which relates to housing and Part III accommodation. The biggest increase is found in those who require rehousing due to age and infirmity.

Weekends and Bank Holidays still present problems in respect of care of the elderly. At a time when relatives and neighbours are away, so too are the supporting services.

The support and help given by the Home Help is much appreciated, and there are several cases who, but for their service, would have had to be admitted to Part III accommodation, as without the help they would not have been able to manage at home.

It has been mentioned in earlier reports the abortive attempts in obtaining a Domiciliary Physiotherapist. The need is still very real and acute, due to the shortage of hospital beds and the quick turn-round, patients are being discharged who are still in need of some form of therapy; some do have appointments to attend the department in hospital, but these present real problems.

It is not easy for a disabled elderly person, even with the help of a partner who may also be infirm, to get washed, dressed, have a meal and yet be ready for transport to take them to hospital. This often involves long journeys and waits, as transport has other cases to collect, further waiting at the hospital for treatment, and more waiting for transport to bring them home again, after the last patient has been treated. Added to this the anxiety of the partners at home who can never be sure when to expect the patient home again. A

Domiciliary Therapist would go a long way to alleviate this. The therapist would also be a boon to patients recovering from "strokes" who have some resulting paralysis.

The loans and incontinent sheet service have been much appreciated.

The help given by the District Nursing Services has been invaluable, especially in connection with weekly bed baths. The help of the Welfare Services and the Public Health Inspectors also, the latter have given their help in the disinfection of two houses with vermin and one with mice, also the advice and visits given in connection with unsuitable houses has been much appreciated. In the two instances the cases had to go to Bradford for bathing and were re-issued with clothing.

Thanks are due to the staff who have worked cheerfully and well, and in so many cases have gone the extra mile.

GERIATRIC STATISTICS

TABLE I

Cases Referred by:—

Health Department	13
Home Helps	45
Medical Social Workers, H.G.H.	25
Medical Social Workers, R.H.I.	33
Medical Social Workers, St. John	17
Medical Social Workers, Pinderfields	1
Chiropody	86
Welfare Services	25
Council of Social Services	16
District Nurses	20
Mental Health	1
Health Visitors	1
Others	44
General Practitioners	6
Total New Cases	333

TABLE II

Services and Other Agencies: Number of patients served

Home Help visit	217
Meals on Wheels	40
Visited by Welfare Department	163
W.R.V.S. Clothing	55

TABLE III

Could benefit by Part II Accommodation	57
Refused Part III Accommodation	15
Require rehousing due to age and disability ..	53
Applied for rehousing	50
Warden-type flats and almshouses	28

Table III shows that there are still a large number of patients whose needs in the community remain unsatisfied.

TABLE IV

Distribution of Cases as at 31st December, 1967
Numbers in Hospital and in Potential Need

Acute Hospital Cases	20
St. John's Hospital Cases	15
Number receiving visits	935
Patients living alone: Men	73
Women	287
Total living alone	360
Of those living alone:—	
Men at risk	20
Women at risk	33
Requiring close supervision	54

TABLE V

Ratio Males to Females

<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>Ratio Male to Female</i>	<i>Percentage</i>
60 to 64 ..	24	64	1 to 2.6	9.07%
65 to 69 ..	38	96	1 to 2.5	13.8%
70 to 74 ..	42	140	1 to 3.3	18.7%
75 to 79 ..	37	158	1 to 4.2	20.1%
80 to 84 ..	38	145	1 to 3.8	17.7%
85 to 89 ..	22	85	1 to 3.9	11.0%
90 to 94 ..	3	26	1 to 8.6	3.0%
95 plus ..	2	2	1 to 1.0	0.4%
	206	716	3 to 4.0	

Total Over 60 .. 922

4.9% under 60.

48 under 60, some physically disabled, handicapped and social misfits.

TABLE VI
Case Register

Total Cases remaining on Register at 31st December, 1967					
Total of Register, 1966	..	..	..	..	825
New Cases 1967	..	..	..	..	333
					1,158
Less Take-offs ..	..	..	..	..	188
					970
Total, December, 1967	..	..	..	..	

Clinics Manned by the Special Nurses

St. John's Outpatients, Geriatric.
Wednesday afternoons.

Chest Clinic, Royal Halifax Infirmary.
Wednesday all day, except the first and last Wednesday of the month.

Comparison Table, 1963-1967

1963	..	..	..	..	342 cases on books
1964	..	..	..	..	394 cases on books
1965	..	..	..	..	609 cases on books
1966	..	..	..	..	824 cases on books
1967	..	..	..	..	970 cases on books

MENTAL HEALTH

During each of the past years there has been a steady increase in the number of referrals to the Mental Health Service and this pattern was perpetuated during 1967, when 1,430 referrals were recorded. Again, only 31.4% were persons referred for the first time, the remaining 68.6% having been previously dealt with by the Service. There was an increase in the number of admissions to hospitals with which the Mental Welfare Officers were concerned - 443 as against 399 during 1966. Of these, 135 had to be dealt with by compulsory measures in comparison with 123 the previous year. The time involved in dealing with admissions reduced that available for domiciliary visiting which is illustrated by the fact that the number of home visits to cases of mental illness fell to 2,699 from the previous year's figure of 3,083. The situation was again aggravated by one of the Mental Welfare Officers having been seconded as Acting Home Help Organiser for most of the year. The appointment of this Officer as Home Help Organiser in the latter part of the year was too late to allow the establishment of Mental Welfare Officers to be brought up to strength before the end of the year.

The greater proportion of cases were referred from the out-patient clinics and the hospitals. The Mental Welfare Officers continued to work in close contact with the psychiatrists and hospital social workers. They attended the out-patient clinics regularly and accompanied the psychiatrists on domiciliary visits. The preparation of case histories prior to clinic consultation has become the general practice of the Mental Welfare Officers.

The closure of the small psychiatric unit at the Halifax General Hospital during 1967 was regrettable as this was serving a very useful purpose in treating certain types of mental illness locally. There was considerable effort made at local, regional and national level by a number of bodies, and not least the Local Authority, to persuade the Regional Hospital Board to provide alternative facilities until such time as the new psychiatric unit was ready in about three years' time, but nothing could be achieved. This had a number of repercussions which affected the Department including that of all patients having to journey to either Storthe's Hall Hospital or St. Luke's Hospital, Huddersfield, for in-patient treatment. This involved more time being spent by Mental Welfare Officers in dealing with admissions, and also more expense in the provision of transport.

It will be noted that the incidence of mental illness coming to notice was more prevalent amongst the younger age groups than the older groups. This is a striking difference from the position some ten years ago. Two conclusions emerge from these facts: mental illness is coming to notice and being treated in earlier life than was the case in past years; and there is evidence that the supportive services being provided for the elderly are proving more effective.

At the end of the year 664 patients in all categories of mental disorder were receiving visits in their homes at varying intervals according to their needs. Unfortunately, the frequency of visits was not as good as one would have liked. Regular contact with former patients would help to detect signs of relapse. It is not uncommon for out-patient clinic appointments to be broken and this, together with the discontinuing of medication, are danger signs that a relapse may well occur and these are matters which should be followed up, otherwise re-admission to hospital is often the only recourse.

Much of the visiting of mentally subnormal persons in their homes was undertaken by one of the Special Nurses and although her work was on a part-time basis, the number of visits increased from 560 in 1966 to 882 in 1967. At the end of the year, 192 mentally subnormal persons of all ages known to the Department were living in the community. Of these, 159 were of working age and it is gratifying to note that only 30 of them, representing 18.9%, were not occupied; 46 (28.9%) were attending the Training Centre, and 83 (52.2%) were engaged in normal employment.

Since the hospitals for the mentally subnormal adopted the sensible practice of providing temporary care for short periods for patients, including the severely subnormal, rather than accepting them on a permanent basis, more are being cared for in their own

homes by their families. This has caused the Department to investigate and consider provision to assist such families. It was possible to arrange for one or two to be cared for on a daily basis, once or twice each week, at the Training Centre, but this was inadequate to meet the real need. Plans were in hand towards the end of the year to provide limited accommodation in a Special Care Annexe at Furness Park Centre. This type of accommodation will be extended into the Centre proper when the new Adult Centre is completed as the men and women will be transferred from Furness Park.

It is disappointing that it cannot be reported that the proposed Adult Centre is an accomplished fact. Financial stringencies have delayed this project for a long time, but the need has become increasingly more acute. The present Centre is grossly inadequate to meet the developments which have taken place in recent years. There has been a considerable change in the activities in the Adult Centre which have outgrown the accommodation at Furness Park. This Centre was not planned or equipped to cope with the type of activity now taking place. This calls for purpose planned premises on industrial lines. The difficult task of placing mentally handicapped persons in normal employment strengthens the need for industrial centres and sheltered workshops. This provision also extends to the chronic mentally ill who experience difficulty in maintaining a normal work routine. This may be due to their inability to climb the ladder of rehabilitation beyond the first rung before developing a feeling of incompetence and defeat. The opportunity to prove their desire to work experienced in a sheltered environment could lead them back to a more normal working situation.

Contract work supplied by various firms to the Centre has been carried out successfully throughout the year. Besides being a source of income to offset the incentive payments made to the trainees, it has also provided them with a sense of purpose in that they made a useful contribution to industry. We are grateful to the firms who have entrusted their products to us and appreciate the wonderful co-operation we have had with them. This work is not accepted as a patronising gesture, but rather that the firms recognise the valuable contribution which mentally handicapped persons can make if given the right environment in which to manipulate their skills.

The work in the Junior Centre continued satisfactorily during the year. The attendance was reasonably good taking into account that some of these children are susceptible to various illnesses which are apt to prolong absences. The commencement of attendance at an early age was encouraged. There are decided advantages in bringing these children under the influence of trained and experienced staff as soon as they can be reasonably managed.

Residential care of mentally disordered persons continued to be provided throughout the year at the two Hostels.

Theophilus Cottage catered for mentally ill persons of both sexes who, on leaving hospital, required a 'half way house' before

returning to life in the wider community. Some of the residents were admitted from the community when circumstances arose which could well have led to their admission to hospital. During the year there were 30 admissions representing 16 men and 7 women who spent varying periods in the Hostel. Some were admitted on more than one occasion during the year. It has been a useful practice to allow former residents to maintain contact with the Hostel and to take an occasional meal there. This has provided means to observe their progress and assisting them with problems which they have encountered. Not all were successfully rehabilitated. The difficult cases were those with a basic psychopathic personality, but even with these it is felt that they may have derived some benefit from the influence of a controlled and relatively stable environment.

Furness Gardens Hostel for subnormal persons continued to function very satisfactorily. For most of the time the Hostel was fully occupied. There were 8 admissions – 7 men and 1 woman – during the year of which five are more or less permanently resident there. A very happy, homelike atmosphere prevails at this Hostel. These residents could not possibly maintain themselves in the community and they are not in need of hospital care which would be the only alternative to residence in a Hostel. Three of them were in normal employment and the others attended the Training Centre.

A second hostel on similar lines to Furness Gardens was opened in December at Furness Drive and designated for women, but no residents had been admitted by the end of the year.

The Therapeutic Social Club for former mentally ill patients and the Social Club for the Mentally Subnormal, the latter organised by the Society for Mentally Handicapped Children, continued their activities during the year. The importance of re-socialisation of the mentally disordered cannot be over-stressed and these two clubs each play a very important role.

There was close co-operation and co-ordination of effort by the staff of the Child Guidance Service and the Mental Health staff as they frequently meet social problems involving both parents and children. This tie will be strengthened, as will those with other services concerned with the family, when the new Combined Clinic is opened during 1968. The unification of the Department's Community Care Services already established at North Parade Clinic will be transferred and expanded in the new premises and there will be even closer involvement of staff who are concerned with family care.

Mental Health Week was observed in June, 1967, but the response by the public was disappointing. The Local Association for Mental Health and the Society for Mentally Handicapped Children combined their efforts with those of the Health Department. Visits to various hospitals in the area were arranged, but were not very well supported. Literature was distributed to senior schools in Halifax and an essay competition was organised. One still senses a feeling of apathy on the part of the general public with regard to

mental health matters and yet the preservation of good mental health is so vital to the welfare and happiness of the community.

We have always been fortunate in Halifax in the good relationships which exist between the Mental Health Service and the general practitioners and these were further strengthened by the experiences of 1967. Similarly, the close working relationship between the Service and the Hospitals has given the public a psychiatric service worthy of commendation. All those concerned gave of their best in the face of many difficulties and the people of Halifax have reason to be grateful for their efforts.

We in the official services have reason to be thankful to the many voluntary organisations who have given support to those affected by mental disorder. These organisations were able to assist by means not available to the statutory services and many instances of help given have been recorded. Seldom was a need not met. Apart from the organisations specifically associated with the care and well-being of mentally disordered persons, viz. Halifax and District Association for Mental Health and the Halifax, Brighthouse and District Society for Mentally Handicapped Children; thanks are due to such organisations as the Halifax Council of Social Service, the Women's Royal Voluntary Service, and other welfare organisations. Both material and financial aid was provided on numerous occasions by these organisations. The local Samaritan Service and the White Rose Alcoholic Club both co-operated with the Department during the year.

The Mental Health and Care Sub-Committee which met regularly during the year, was responsible for dealing with matters relating to the Mental Health Service.

Staff as at 31st December, 1967:

Medical Officer of Health

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

Deputy Medical Officer of Health

K. Malcolm Wood, M.B., Ch.B., D.P.H., D.C.H.,
Dip.Obst.R.C.G.

Senior Mental Welfare Officer

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

Mental Welfare Officers

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

E. Michael Smith, S.R.N., R.M.N.

Mrs. Pamela C. Tansley

One post vacant.

Social Worker (Child Guidance)

Mrs. C. Berry

Welfare Assistant

John S. Wilson

Trainee Welfare Assistant

Miss K. Bolton

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

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

Theophilus Cottage Hostel Residents during 1967

1. Mr. T. P. M. Aged 46. Single.
Admitted 4.1.66. Discharged 23.1.67. Schizophrenia.
Re-admitted 7.7.67. Discharged 22.7.67.
Spent an extended period in the Hostel. Worked satisfactorily. Discharged to share the home of a former Hostel resident who lived alone. Returned to Hostel during holiday period.
2. Miss C. V. H. Aged 45. Single.
Admitted 8.7.66. Discharged 10.6.67. Paranoid schizophrenia.
Had been a long stay hospital patient. Worked satisfactorily from the Hostel and finally discharged to her own home.
3. Mrs. A. O. Aged 41. Widowed.
Admitted 19.9.66. Discharged 7.6.67. Schizophrenia.
A former long stay hospital patient. Worked satisfactorily from Hostel in hospital laundry. Obtained a home of her own to where she was discharged.
4. Mrs. E. J. Aged 50. Married apart.
Admitted 13.1.67. Discharged 1.4.67. Schizophrenia.
Was a long stay hospital patient. Began work in local laundry, but had a relapse and was re-admitted to hospital.
5. Mr. E. H. D. Aged 46. Married apart.
Admitted 13.1.67. Discharged 11.2.67. Schizophrenia.
Admitted to Hostel until a home could be provided for him. When this was ready he left the Hostel to begin work.
6. Mr. K. M. Aged 51. Divorced.
Admitted 16.1.67. Discharged 4.3.67. Paranoid schizophrenia.
Had previous periods in Hostel following hospital treatment. Was unco-operative on leaving hospital. Refused to take medication and attend clinic. Returned to live alone on leaving Hostel.
7. Mr. F. M. Aged 62. Single.
Admitted 7.2.67. Discharged 16.2.67. Depression.
Admitted for short period after treatment at General Hospital Psychiatric Unit before returning to his own home where he lived alone.

8. Mr. E. K. Aged 18. Single.
Admitted 13.3.67. Discharged 24.4.67. Psychopath.
Re-admitted 26.4.67. Discharged 28.4.67.
Admitted following hospital treatment when his relatives refused to give him a home. A very difficult case. He took his leave of his own freewill.
9. Mr. E. T. W. Aged 40. Single.
Admitted 18.4.67. Schizophrenia.
A former long stay hospital patient. Relatives refused to have him home. In need of long stay Hostel care. A very bad work record. Was still in residence at the end of the year.
10. Mr. J. T. S. Aged 38. Married apart.
Admitted 24.5.67. Discharged 29.7.67.
Schizophrenia in an inadequate personality.
Had been in residence on two occasions in 1964 and 1965. Lived alone in a flat. Maintained fairly well in the Hostel. Left after he had commenced work.
11. Mr. E. F. C. Aged 58. Married apart.
Admitted 5.6.67. Discharged 16.6.67. Manic depressive.
Re-admitted 18.7.67. Discharged 7.10.67.
After first admission following hospital treatment he was sufficiently recovered to maintain and was re-admitted to hospital. After further treatment he was again admitted to the Hostel and did very well. Began work and left to live in private lodgings.
12. Mr. B. B. Aged 60. Married apart.
Admitted 7.7.67. Discharged 22.7.67. Depression.
Re-admitted 23.12.67.
Had previously been a resident in the Hostel. Returned for holiday period. Second period arranged as he was physically ill which precipitated a return of his depression.
13. Miss E. E. Aged 47. Single.
Admitted 7.7.67. Discharged 8.12.67. Chronic schizophrenia.
Was a long stay hospital patient who had been living in the community since 1957. She became homeless and unable to maintain herself. There was much improvement whilst in the Hostel and she went to live in private accommodation.
14. Miss J. M. L. Aged 20. Single.
Admitted 12.7.67. Discharged 30.11.67. Obsessional neurosis.
Admitted from hospital. Had an obsessional neurosis for hand washing. Could not be managed at home. Improved whilst in Hostel. Began work and returned to her own home.
15. Miss J. A. B. Aged 16. Single.
Admitted 25.7.67. Discharged 26.7.67. Depression.
Trial admission following treatment after a suicidal attempt, but did not settle down and returned to live with grandparents. Home conditions very unstable.

16. Mr. G. B. Aged 21. Single.
Admitted 26.7.67. Discharged 25.8.67. Subnormal.
Admitted whilst parents were on holiday. Accommodation not available at Furness Gardens Hostel.
17. Mr. R. D. Aged 47. Single.
Admitted 12.8.67. Discharged 23.8.67. Depression.
Admitted following hospital treatment, before returning to live alone. Returned to work whilst staying at Hostel.
18. Miss B. B. Aged 47. Single.
Admitted 16.8.67. Schizophrenia.
Admitted following treatment in psychiatric unit. Not a very co-operative resident. In need of long term hostel care. Had begun work at the end of the year, but much pressure had been necessary.
19. Mr. D. S. Aged 35. Single.
Admitted 22.9.67. Discharged 29 9 67 Schizophrenia.
A chronic, long stay hospital patient Given a trial in Hostel, but had to be re-admitted to hospital after one week.
20. Mr. F. B. Aged 51. Single.
Admitted 4.10.67. Discharged 15.11.67. Depression.
Re-admitted 22.12.67. Discharged 31.12.67.
Admitted from his home where he lived alone and hospital re-admission was averted. His second admission was during the Christmas holiday for the sake of company.
21. Mr. J. E. C. Aged 19. Single.
Admitted 27.10.67. Discharged 4.11.67. Schizophrenia.
Re-admitted 22.11.67.
Admitted following hospital treatment Parents' influence adversely affected his recovery. Had to be re-admitted after one week in the Hostel. Returned after further treatment and was working at the end of the year A very difficult person to deal with.
22. Mr. P. H. Aged 38. Single.
Admitted 11.11.67. Discharged 13.11.67. Schizophrenia.
Long stay chronic hospital patient given trial period at Hostel. Not successful, had to be returned to hospital.
23. Mr. F. B. Aged 52. Single.
Admitted 18.12.67. Discharged 29.12.67 Alcoholic
Admitted from home of friends after long period in hospital. Inco-operative and had to be re-admitted to hospital.

Furness Gardens Hostel Residents during 1967

1. Mr. G. B. Aged 21. Single.
Admitted 13.11.67. Discharged 28.1.67.
Attended Training Centre throughout period in Hostel.
Returned to live at his own home and continued at the Centre.

2. Mr. J. D. Aged 36. Single.
Admitted 13.11.67.
Continued to live at Hostel throughout the year and attended the Training Centre. Has no home of his own.
3. Mr. J. C. Aged 47. Single.
Admitted 13.11.65. Chronic schizophrenia.
Continued to live at the Hostel throughout the year. Attended the Training Centre. Has no home of his own.
4. Mr. S. N. Aged 23. Single.
Admitted 20.12.65.
Continued to live at the Hostel throughout the year. Has no home of his own. Works at car wash in Halifax.
5. Miss M. C. Aged 28. Single.
Admitted 2.5.66.
Continued to live at Hostel throughout the year. Waiting opening of hostel for women. Works at Remploy factory.
6. Mr. K. D. Aged 28. Single.
Admitted 10.8.66. Discharged 16.2.67.
Had been transferred from subnormality hospital where he had been a patient for many years. Unfortunately, his behaviour made it necessary to re-admit him to hospital.
7. Mr. G. S. Aged 70. Single.
Admitted 16.2.67.
Admitted to Hostel after almost 40 years in a subnormality hospital. Settled down well and attended the Training Centre.
8. Mr. G. J. Aged 17. Single.
Admitted 25.3.67.
Admitted owing to bad home circumstances. Refusing to go to work and unmanageable at home. Whilst in Hostel maintained regular work and some improvement in his behaviour.

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	232
(b) Relatives	172
(c) Hospitals	540
(d) Psychiatric Clinics	275
(e) Local Education Authority	20
(f) Police	82
(g) Other sources	129
	1,430

2.	Of the patients referred (as para. 1) number:—	
(a)	Admitted to hospital under:—	
(i)	Mental Health Act, 1959, s. 5 (Informal) ..	308
(ii)	Mental Health Act, 1959, s. 25 (Observation) ..	53
(iii)	Mental Health Act, 1959, s. 26 (Treatment) ..	8
(iv)	Mental Health Act, 1959, s. 29 (Emergency) ..	74
		443
(b)	Referred to General Practitioners and Psychiatric Clinics	431
(c)	Referred for After-care (Mental Illness)	383
(d)	Referred for domiciliary visiting (Subnormality) ..	22
(e)	Referred for Guardianship	—
(f)	Referred to other social agencies	56
(g)	Admitted to Training Centres (included in (d) above)	8
(h)	Other means	95
3.	Number of visits:—	
(a)	Mental Illness	4,718
(b)	Subnormality	624
		5,342
4.	Number of sessions attended at Psychiatric Clinics ..	224
5.	Number of patients under care of the Local Health Authority on 31st December, 1967:—	
(a)	Receiving domiciliary visits:—	
(i)	Mentally ill	443
(ii)	Severely subnormal	50
(iii)	Subnormal	142
(iv)	Psychopathic	29
		664
(b)	Receiving training:—	
	Males under 16 years	15
	Females under 16 years	10
	Males 16 years and over	25
	Females 16 years and over	21
		71
(c)	Receiving residential care:—	
(i)	Theophilus Cottage Hostel (Mental Illness) ..	4
(ii)	Furness Gardens Hostel (Subnormality) ..	5
		9

Furness Park Training Centre (Juniors) 1967

Training continued along the lines planned for the previous year. Three groups continued to operate but it was in the Nursery Group that most improvement was noted, several of the little boys

becoming toilet trained, and the same boys have been gradually introduced to books of the "Look and Say" type with a consequent improvement in speech.

During the year we have acquired a valuable little library which is used by both junior and senior trainees, all of whom are learning to enjoy books, although comparatively few can of will read.

We had a successful Harvest Festival on September 20th, 1967. The gifts received were taken after the Service to the homes of elderly folk in the neighbourhood as a lesson of social welfare. The Christmas Pageant (exhibition of novelties made by trainees) on December 15th, was well attended by parents and friends. The Junior Christmas Party on the afternoon of December 19th was enjoyed by all. Sergeant Temple of the Halifax Borough Police acted as Santa Claus. On the same evening the Senior Party was enlivened by a Black and White Minstrel Show given by St. Thomas's Youth Club.

Social Efficiency Training for the senior trainees is carried on on four afternoons per week by a member of the Junior Staff. Special Care facilities for two patients is taken advantage of on two days per week, whilst preparations for further admissions proceed.

Average attendance: 22 out of 27 trainees (junior).

Two children in hospital.

Furness Park Adult Training Centre

Number of trainees on Register at 1st January, 1967: 44

Females: 21 Males: 23

Number of Trainees on Register at 31st December: 43.

Females: 19 Males: 24.

Number of staff—

Female Instructors	..	..	..	..	2
--------------------	----	----	----	----	---

Male Instructors	..	..	..	..	1
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Percentage of Attendance—

For Trainees	..	..	..	..	88%
--------------	----	----	----	----	-----

Females	..	..	..	..	86.5%
---------	----	----	----	----	-------

Males	..	..	..	..	89.5%
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DETAILS OF CONTRACT WORK

	£	s.	d.
A Sykes (Dorlux) Ltd.			
Fixing castors to divan legs	612	0	0
Cutting polythene panels	13	6	8
Harold Fisher (Plastics) Ltd.			
Stripping plastics from moulds	545	0	0
John Mackintosh & Sons Ltd.			
Stripping cartons	75	5	0
Halifax Spastics Society			
Sticking labels to cards	28	16	3
Scipio Brook Ltd.			
Supply of firewood in bags	19	10	0

R. Mallinson Wire Works								
Tin openers	..	..	..	..	..	9	0	0
A. Dixon, Wire Works								
Fixing Clips to brackets	..	..	..	..	..	2	7	6
J. Mac King & Co. Ltd.								
Packing plastic foam	..	..	..	..	..	16	5	6
						£1,321	10	11

Value of Laundry Work:

Furness Park Training Centre	4,417 at 4½d.	..	82	16	4½
	1,908 at 5d.	..	39	15	0
			£122	11	4½
Theophilus Cottage Hostel	1,199 at 4½d.	..	22	9	7½
	760 at 5d.	..	15	16	8
			£38	6	3½
Furness Gardens Hostel	1,280 at 4½d.	..	24	0	0
	654 at 5d.	..	13	12	6
			£37	12	6
Printing 10,600 various card and forms ..					
			£198	10	2

Attendance at Pro-Thrombin Clinic

Patients attending the Pro-Thrombin Clinic during 1967 were as follows:—

		<i>Male</i>	<i>Female</i>
Under 45		26	8
40 to 50		15	6
50 to 65		125	48
Over 65		16	4
		182	66

Multiple Sclerosis Society

There is a close liaison between the Health Department and the Local Branch of the Multiple Sclerosis Society. So that it is possible and desirable that patients benefit from both sources.

The Branch Committee directs its activities into arranging social meetings for patients on a monthly basis, using transport for patients who are unable to get about on their own. The discarded ambulance which the Society acquired has proved a great help in this direction. The committee also tries to arrange a holiday for patients who are in need of this, and sends patients to Southport

and Bridlington. Contact is kept between patients and committee by visits to the patients' homes when possible, and each patient receives a birthday present in the form of money or a gift which is usually delivered by a member of the committee designated for this duty. At Christmas a party is held for the patients, also each patient receives a present of money. Quite a few of our patients are in Homes or in Hospital, but they receive the same treatment where possible.

Miss A. M. is still a patient in St. John's Hospital, and seems to have settled down there.

Mrs. P. H., a patient in Cheshire Home, Sowerby Bridge. She has to wear calipers and gets about in a sheel chair. She seems fairly settled.

Mrs. A. D. Lives alone in a flat, one of the two-storey type. She seems happy with this flat, and is visited regularly by her brother who lives close by. She also has visits from the Home Help and Meals on Wheels Services. Cannot get out without help, but attends socials of the Society and attends the Handicapped Centre of the Local Authority.

Mrs. L. H. Has now been re-housed in one of the top flats at the Haley Hill site and she is very pleased about this. Previously she had been unable to see anything of the outside world at all, but now she is able to see the sky and clouds. To normal people this seems nothing, but to someone who has not seen these sights for something like 15 years it means a great deal. Things are much easier for her husband and daughter too; no steps up which she must be carried. Because she has put on weight through inactivity.

Mrs. H. H. This lady, cared for by her husband, still does not seem to require any outside help – at least it has been declined.

Miss M. F. This lady still lives in a very poor type of house but is not inclined to move far from the town centre. Her health has not been good lately, but she has been on holiday to Southport and this seemed to help quite a bit. The Society did have a rather anxious time about this lady. She was sent on a holiday with a family who had offered to take an M.S. patient for a week but it wasn't successful.

Mrs. E. S. This patient is in St. John's Hospital and seems to be more settled now. The Society has lost touch with the husband and her family, but they visit her in hospital.

Mr. J. W. Gets about quite a lot in his motorised invalid chair, but he has had quite a few anxious moments. He has been in St. James's Hospital, Leeds, for an operation on his urinary system. He seems to have recovered well. Attends socials and the Occupational Therapy Department at the hospital.

Mr. R. G. This man is just as stubborn as he always has been. He refuses to go on holiday, will not attend socials, in fact will not put his nose out of the door.

Mr. J. H. Only gets out when taken: he attends socials. Comfortably housed in a modern bungalow. His wife is hard-worked looking after him but never seems to complain. She is hoping to get away for a holiday this year when her husband will be accommodated in a nursing home.

Mrs. J. E. F. This lady was attending the General Hospital as a day case but she never seems fully co-operative and does not now attend. She has no contact with the M.S. Society.

Mrs. T. This lady is completely immobile. She does attend the socials arranged by the M.S. Society, often being brought by her husband.

Mrs. E. M. Not very well – her eyesight seems to get worse – and she seems to worry about her present accommodation. She is hoping she may be considered for admission to a welfare home. She seems to have plenty of visitors and has neighbours quite close.

Mr. F. H. This man seems to have withdrawn himself from all contact with the M.S. Society. No reason has been given.

Mrs. E. W. Still gets about quite well, assisted by her husband. Appears cheerful.

We have two members of the Society, both patients who are quite seriously affected by the complaint: they are mother and daughter. Although they will not attend any socials they are interested in the work of the Society insofar as research is concerned. That applies to almost every other patient: hoping for a cure, not for themselves but for patients in the future.

Home Helps

The measures taken in 1966 to promote greater efficiency within the Service have become evident in the statistics for 1967. Having worked 5,181 hours less over the year, the Home Helps have served in 139 more homes than in the previous year.

The tables indicate that the bulk of the work has been with the Chronic Sick over 65 and there is a marked decrease in the number of maternity cases. This has been the trend over the past few years. The family care category has increased considerably and many families have been kept together as a unit rather than the children being taken into care.

A new venture has been the work done with the problem families. Four families have been helped during the year and there has been some success to note. Educating the mother in domestic management is a slow process but, if the family benefits ultimately, the work done will be worthwhile. It is regrettable to report that in one case where the progress was quite considerable, the help was finally rejected by the householder.

There has been good liaison between the various agencies requiring service from this Section and help has been supplied, in

most cases, at very short notice.

Table I shows how the requests for help have increased in the geriatric field.

Table II illustrates that the volume of work carried forward each year is increasing.

Table III. The number of hours worked this year has decreased due to the measures taken in the previous year.

Table IV. The travelling time has increased because this includes the time the Home Helps have spent at lectures. It is regrettable to note the extent to which the sick rate has increased amongst the Helps.

Table V. The initial visit and supervisory field work is a most important aspect of this Service and all possible effort has gone into this.

Table VI shows that the Night-Sitters have worked 5,253½ hours in 41 homes during the year. This service has been very much appreciated by the users and their relatives.

A training programme for the Home Helps commenced in the latter half of the year and they have attended lectures covering such subjects as: The place of the Home Helps in the National Health Service, Home Management and Budgeting, Hygiene, Prevention of Accidents in the Home, Mental Health and Problem Families. These lectures have been very helpful and enlightening.

Thanks are due to the Home Helps who have kept this essential Social Service going, sometimes in the face of great difficulty. Also for the many 'extras' that they have done, especially in their own time without any thought of reward.

There is no question of the value to the community of the Home Help Service and that it has a vital part to play in the field of social medicine.

Number of Home Helps at end of year 1967:

Whole-time	..	..	..	..	..	..	6
Part-time	..	..	..	..	..	..	95

Number of Night-Sitters at end of year 1967:

Whole-time	..	..	..	..	..	..	2
Part-time	..	..	..	..	..	..	1

		<i>No. of cases where domestic help was pro- vided during the year 1967</i>	<i>No. of hours worked</i>	<i>Cases Completed</i>
Maternity/ante-natal	..	25	717	20
Chronic sick—				
Under 65	..	68	7,475½	27
*65 and over	..	749	88,353½	270
Tuberculosis	..	6	620½	2

Housewife ill—					
Under 65	..	..	37	2,328 $\frac{1}{2}$	28
65 and over	..	..	23	2,458 $\frac{1}{2}$	12
Husband ill—					
Under 65	..	..	7	169	7
65 and over	..	..	—	—	—
Mental Health	..	..	7	395 $\frac{3}{4}$	6
Blind	..	..	13	2,418 $\frac{3}{4}$	4
Family Care	..	..	6	861 $\frac{3}{4}$	4
Problem Families	..	..	4	724 $\frac{3}{4}$	2
Total			945	107,434	382

*Night-sitting cases and hours included.

No. of applications for help received: 637 (including 169 abortive).

TABLE I
Comparison Table of New Cases

	1966	1967
Chronic sick	261	387
Tuberculosis	3	1
Mental Health	2	6
Maternity and Ante-natal ..	29	25
Housewife ill	45	40
Husband ill	6	5
Problem families	—	4
	346	468

TABLE II
Comparison Table of Case Loads

	1965	1966	1967
Cases brought forward	433	459	537
New cases	326	355	468
Cases for year ..	759	814	1,005
		(inc. 60 cases in hospital as at 31.12.1967)	
Cases finished ..	300	277	392
Cases carried forward	459	537	623

TABLE III
Comparison Table of Hours Worked

	1966	1967
Chronic Sick	101,358 $\frac{1}{4}$	98,248
Tuberculosis	1,175 $\frac{1}{2}$	620 $\frac{3}{4}$

Mental Health	425 $\frac{1}{2}$	396 $\frac{1}{4}$
Maternity and Ante-natal ..	1,066	716 $\frac{1}{2}$
Housewife ill	8,003	6,558 $\frac{3}{4}$
Husband ill	587	169
Problem Families	—	724 $\frac{3}{4}$
Total	112,615$\frac{1}{4}$	107,434

TABLE IV
Analysis of Hours Paid

	1966	1967
Hours worked	112,615 $\frac{1}{4}$	107,434
Added time	—	70 $\frac{3}{4}$
Travelling time	1,451 $\frac{1}{2}$	2,156 $\frac{1}{4}$
Sickness	4,811 $\frac{1}{4}$	6,364 $\frac{3}{4}$
Leave	8,215 $\frac{1}{4}$	7,987 $\frac{3}{4}$
Total Hours Paid	127,093$\frac{1}{4}$	124,013$\frac{1}{2}$
Wastage, i.e. hours paid not worked	14,478	16,573 $\frac{1}{2}$

TABLE V
Domiciliary Visits

1965	1966	1967
1,462	1,658	1,532

TABLE VI
Night-Sitter Service

	No. of cases	1966 Hours worked	Nights Attended	No. of cases	1967 Hours worked	Nights Attended
Male ..	6	311	31	9	701 $\frac{1}{4}$	62
Female ..	26	4,306 $\frac{1}{4}$	432	32	4,552	473
	32	4,617 $\frac{1}{4}$	463	41	5,253 $\frac{1}{4}$	535
Cases finished ..	28	—	—	35	—	—
Cases cd. fwd.	4	—	—	6	—	—

SECTION III

NATIONAL HEALTH SERVICE ACT, 1946

HEALTH CENTRES

CARE OF MOTHERS AND YOUNG CHILDREN

DOMICILIARY MIDWIFERY

MIDWIFERY

DAY NURSERIES

HEALTH VISITING

HOME NURSING

VACCINATION AND IMMUNISATION

HEALTH CENTRES

The definition of a Health Centre is premises built by a local authority where general practitioner and health staffs work together. It is hoped that these arrangements will lead to closer co-operation and co-ordination in the Health Services. The concept has not been developed to any extent in Halifax. Groups of doctors do work in partnership and some employ ancillary staffs on their own account, but to date no schemes have been successful whereby Local Authority staff work in General Practitioner premises and in co-operation with the practitioners. Pre-requisites of this scheme would be adequate working space for the Local Authority staff, sufficient doctors and an adequate work load. These conditions may have arisen but local authority schemes have never worked in Halifax largely on account of scattered population.

It would seem now to be a matter of urgency for health centre schemes to go ahead in Halifax.

There are several reasons for this: firstly adjacent local authorities are pressing ahead with schemes and the population served by them are appreciative of the standard of accommodation provided, the doctors using the centre are collaborating with health departments and epidemiology and statistical studies are greatly encouraged to the advantage of all. The profession is being attracted to this type of medical practice and it would seem inevitable that when it fails, recruitment of general practitioners will suffer. The general practitioner population of Halifax, as in every town, includes some who are approaching retirement age, and their replacement in the future could lead to difficulties and shortage. The idea of health centres is not a new one although the implementation of policy is recent. The delay in implementing something which really originated in the '20s of this century may be due to the differing methods of the curative and preventive traditions.

Opportunity has been taken during the last ten years of reporting progress in community care to members of the Local Medical Committee responsible for the professional conduct of general practice. The members of this Committee have been patient, courteous, interested and at times generous in their attitude. A minority response to the Health Centre idea, however, has been uncertain. In 1960 I raised the question of collaboration between the two branches of the service and made suggestions concerning ways and means of working together. At that time there were difficulties in relating their work to the community except in the case of infectious disease. The members knew little of the work of health visitors and in response to my approach the Committee re-emphasised a solidly negative attitude on the subject of N.H.S. Section 21 administration.

In 1962 with the prospect of a Combined Health Clinic becoming a reality and again in 1964 when I was able to show sketch plans, the possibility of including general practice accommodation

was firmly but politely rejected. In 1966 I raised the question of planning health services in association with slum clearance, rehousing and the shift of population. I postulated objectively and diagrammatically the range of services which a changing town the size of Halifax could carry in the future which included three health centres.

It is worthy of note that at this meeting I made special reference to two points (October, 1966), (i) that there was still time for the plans of the Combined Clinic to be altered to construct the premises as a Health Centre – this, it was pointed out, would be the logical first step in health centre development; (ii) that it was necessary to sound the opinion of all practitioners in the town.

During the first half of 1967 there was a sectional demand that premises and ancillary staff should be provided in Ovenden by the Local Health Authority without co-ordinated participation of the Health Department. In January, 1967, following a visit to the Ministry of Health by arrangement of the Health Committee Ministry staff medical officers visited Halifax. Disappointment was expressed by the Ministry officials that the Health Department was not represented in joint discussions with the Chairman and representatives of the Executive Council and Chairman and representatives of the Local Medical Committee. Later in January the position of nursing staff was discussed with Miss Heaney, Principal Nursing Officer to the Ministry of Health, and no decision was reached in regard to local authority participation. On Saturday, 4th February, the Medical Officer of Health had discussions with a group of doctors practising in the Ovenden-illingworth area, and following this it was felt that further re-appraisal of community requirements was desirable and that no existing premises could be used for doctors' surgeries. About March, 1967, one doctor had a belated interest in practising from the Combined Clinic but by that time (a) the Local Medical Committee had some months previously rejected a further proposal for converting garages planned for the Combined Clinic (cost £7,000) for general practitioner accommodation; (b) the building had progressed beyond the point where single surgery accommodation could be included in the Clinic. In August, 1967, a report was submitted to the Health Committee by the Planning Officer confirming that the town could be served in the future by three main health centres, one at Great Albion Street, one in the Ovenden district and one at King Cross. Later in 1967 schedules were drawn up concerning the planning of health centres and also the description of the roles of the local health service in relation with general practitioners. In April, 1967, Circular 6.67 on Health Centres was published and from this it was confirmed that integration of the preventive and curative services must be an essential part of Health Centre administration. At this time one group of doctors would have been willing to practice in a converted house in Mixenden but the accommodation according to the design was too limited.

Following a statement by the Health Committee Chairman in Council in October on Health Centres, a letter of enquiry was sent to the Executive Council with the request that it be circulated to general practitioners, and it was hoped that the information would indicate the intentions of general practitioners regarding their attitude to the use of health centres in the future. On the 31st October the Local Medical Committee agreed that a full survey of all general practitioners should be made. In November, 1967, the Medical Officer of Health made suggestions that a Study Group on Health Centres should be organised. This proposal was subsequently rejected at a meeting of the Local Medical Committee on the 27th November at which it was also decided that a site at Myrtle Avenue of more than 3,000 sq. yds. was unsuitable for a health centre and that a further survey of general practitioner opinion should be obtained. The results of this survey were eventually to hand on the 26th January, 1968. Although the impression of heightened interest and an alteration of attitude had been anticipated compared to the survey conducted in November, 1966, it was revealed that 7% were interested, 17% were doubtful, 34% made no comment, 3% were not interested, and 28% were firmly against.

Consideration is now being given to the possible development of the first health centre in Halifax and although numbers are indefinite changes in the pattern of practice will be anticipated. The doctors will be working alongside many other local authority staff—Health Visitors, District Nurses, District Midwives, Mental Welfare Officers, Educational Welfare Officers, Child Psychiatrists, Psychiatric Social Worker, Children's Officers and General Social Workers, all of whom, being independent experts in their own fields, will perform their skills as members of a team in which the medical practitioner will take his place. Social problems, not directly medical, may present themselves and the general practitioner may have to re-define his role, his method of communication and his new relationships. Co-ordination of general practitioners with Health Department staff will lead to streamlining and time-saving administration. Immunisation may be performed by one service or the other and not by both. Our ante-natal sessions, for example, may be conducted by either or both with the assistance of the District Midwife. Conditions requiring daily treatment may be discussed and case conferences arranged where problems arise. In many ways the Health Department will relieve the work load of the general practitioner.

Care of Mothers and Young Children

The M. and C.H. 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.

The aims of the services are:

1. To provide adequate and suitable advice on the health of infants and children.
2. To reassure and aid parents, particularly the mothers, in the raising of their children and to assist in the promotion of positive health and not simply curing the ills of childhood. The range of health (that is the care of children where neither physical nor mental illness or handicap are present) is very wide and includes attention to actions and reactions within the family and uses the techniques of sociology applied to the individual, his family and the community.
3. The detection at the earliest possible stage of any deviation from normal healthy development, both physically and mentally, of children, so that correct remedial measures may be taken. At the Child Health Clinics the children may be reviewed at intervals but more important where any deviation from normal progress is detected or a diagnosis queried they are referred to the Consultant Paediatrician and placed on the "At Risk" or Handicap Register.

In addition any child who is reported to have any abnormality is placed on such a register and in this way a regular review of home and other circumstances and deployment of appropriate services is achieved. These reports are often by way of consultants' letters to general practitioners, copies of which the Health Department receive routinely. In future special assessment centres will be organised by District General or Teaching Hospitals, that is at local and regional levels, with local health authority support. These will constitute special screening clinics, but in Halifax the work of Child Health Centres does not include special, but only routine, assessment. There are at present three registers:

1. All children showing some condition at birth or shortly after up to the age of two years. This is an "At Risk" register so that the Health Visitor may visit more frequently or more regularly or see at clinics for the same reasons.

2. Those with definite disease, handicap or congenital defect which is likely to be present at the age of two. This is a pending register. The children on this register are reviewed at the age of two years.

3. If there is a persisting defect at the age of two their names are entered on a permanent register for handicapped children. These children have greater attention devoted to them by the several services and a copy of details in the register is transcribed on to another form and transferred to the Education Department at an early stage so that educational welfare services are prepared in advance.

The statistical tables show each year increased attendances at the clinics and a better follow-up in the homes.

CHILD WELFARE ATTENDANCE 1967

No. of Sessions	Attendances				Medical Officers' Consultations	
	0-1 year		1-5 years		Under 1 year	1-5 years
	1st	Sub.	1st	Sub.		
484	1,336	11,309	99	3,802	1,674	4,611

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

Year	1962	1963	1964	1965	1966	1967
No. of sessions . .	480	475	476	483	483	484
Total attendances	16,022	14,919	17,481	17,875	17,232	16,246
Average attendances	33	31	36	37	35	34

AUDIOLOGY—Hearing Tests

Attendances at Screening Clinic 120. No cases referred to Audiology Clinic during 1967.

ISSUE OF WELFARE FOODS

National Dried Milk	3,130 tins
Ostermilk	16,523 tins
Trufood	6,420 tins
Cow & Gate . . .	4,350 tins
SMA	1,204 tins
Orange Juice . .	19,992 bottles
Cod Liver Oil . .	1,766 bottles
Vitamin A & D . .	964 packets

PHENYLKETONURIA TESTS

Health Visitors	Midwives	Positive
1,366	645	Nil

ANTE-NATAL CLINIC ATTENDANCES

Year	Number of Sessions per Month	New Cases	Total Attendances
1967	16	633	2,256
1966	16	704	3,918

Midwifery

Miss Fleming retired in October after twenty years as a valuable member of staff. The occasion was marked by a delightful ceremony performed at Kirby Leas by the Mayoress, Mrs. Greenwood, due to the indisposition of the Mayor, when a record player was presented to Miss Fleming on behalf of the staff.

Miss Hodgson completed her health visitor training in September and was successful in the examination.

Mrs. Glasby applied and obtained a vacancy at Sheffield University to take her Midwifery Teacher's Diploma on a day release basis, and has continued this practice throughout the winter.

After months of negotiations the co-operative training for Part II Midwifery was commenced in September with the Halifax General Hospital. This is working quite satisfactorily in all of its facets.

During the period March to September there were no pupils resident in Kirby Leas and during this period the Ambulance Station took night calls, a service for which we were very grateful.

Entenox apparatus was purchased in August and although expensive is very much appreciated by the mothers.

Miss Savage, Miss Walker and Miss Leyden attended Refresher Courses, according to the C.M.B. regulations, during April.

Maternity Figures

Year			<i>Domiciliary Deliveries</i>	<i>Hospital Early Discharges</i>
1960	..	..	660	146
1961	..	..	571	65
1962	..	..	608	130
1963	..	..	598	174
1964	..	..	491	213
1965	..	..	505	287
1966	..	..	459	209
1967	..	..	430	234

Each year shows a decline in domiciliary deliveries, an increase in births in hospitals and discharges therefrom before the completion of the puerperium. At first restraint in Halifax was imposed on 48-hour discharge but shortage of hospital beds causes this not wholly satisfactory practice to be in the ascendency. Legislation is before Parliament which will in addition to training noted above

bring about a pooling of the work potential of domiciliary and hospital midwives at present separate.

CONFINEMENT AT HOME AND IN HOSPITAL

	1962	1963	1964	1965	1966	1967
No. of Domiciliary Confinements ..	608	598	491	505	459	430
Percentage of Total Confinements ..	30%	28%	21%	30%	24%	23%

MIDWIFERY STATISTICS

	Number of Midwives practising in the area of the Authority at 31st December, 1967		
	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.	—	28 (9 Part-time)	28 (9 Part-time)
Midwives in Private Practice	1	—	—
TOTAL	9	28 (9 Part-time)	36 (9 Part-time)

MIDWIVES DELIVERIES AT HOME AND HOSPITAL

	Number of Deliveries in the Area of the Local Supervising Authority attended by Midwives during 1967		
	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	430	—	430
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
Midwives employed by Hospital Management Committees, etc.	—	2404	0404
Midwives in Private Practice	—	—	—
TOTAL	430	2404	2834

SUMMARY OF WORK OF DOMICILIARY MIDWIVES DURING 1967

<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	35	13	48
Pethidine and Trilene	127	29	156
Trilene only	133	41	174
General analgesia . . .	51	1	52
Total number of deliveries attended	346	84	430

NOTIFICATIONS RECEIVED FROM MIDWIVES DURING 1967

	Domi- ciliary Midwives	Maternity Hospital and Extension	Inde- pendent Practice	Total
(a) Intention to practice . .	8	28	1	37
(b) Intention to cease practice	—	—	—	—
(c) Change of address . .	—	—	—	—
(d) Change of name	—	—	—	—
(e) Sending for medical help	265	—	—	265
(f) Stillbirths occurring in practice	2	48	—	50
(g) Deaths occurring in practice: (i) Mothers . .	—	—	—	—
(ii) Infants . .	—	—	—	—
(h) Laying out the dead . .	1	—	—	1
(i) Liability to be a source of infection	3	—	—	3

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	265
(ii) Others	Nil

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 1966/67:

	1966	1967
Number of blood samples taken for the first time during the pregnancy	689	546
Total number of blood samples taken	803	850
Number of blood samples taken where rhesus anti-bodies detected	2	3
Number of rhesus positive cases	650	666
Number of rhesus negative cases	79	146
Medical Aid Forms received during the year on behalf of child		73
Of these—Oedema		2
Foetal Distress		12
Discharging eye(s)		18
Asphyxia		6
Colds		4
Septic Spots		1
Meningocele		1
Abnormalities		2
Thrush		9
Prematurity		2
Respiratory trouble		4
Others		12
Notifications received in accordance with Central Midwives' Board Rules:		
Notification of Stillbirth		2
Notification of having laid out a dead body		1
Liable to be a source of infection		3

Day Nurseries

CRAIGIE LEA

The Nursery has had a disturbing first half-year, when we had several break-ins, all done by school children from round about. This caused a great deal of inconvenience and mess.

During the summer, things quietened down, and we had a very successful year of growing our own produce in the garden.

Our waiting list is just as long as ever, especially the 3–5 years age group.

There have been no accidents – only minor cuts and abrasions – during the year.

We seem to be working in closer conjunction with both the health visitors and the mental health staff.

Two of our girls left us to become students at Percival Whitley College of Education to become nursery nurses, and we now have three students from the Course for two and a half days each week for practical training.

(a) Illness of parents	12
(b) Unmarried mothers	37
(c) Widowed parent	8
(d) Parent whose earning capacity is limited due to recognised physical handicaps (disabled)	1
(e) Mother undergoing an operation or confinement	3
(f) Mother who is financially embarrassed or separated	43
(g) Mother who is working in industry, teaching or nursing	21
(h) Father in Forces	6
(i) Adverse housing conditions	1
(j) Transfers from Ling Bod Day Nursery – debilitated children	5

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 who completed were:

Triple	19
Poliomyelitis	17
Diphtheria and Tetanus	1

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.

LING BOB DAY NURSERY

The average daily attendance of children has been 35.2%, a slight increase from the previous year. The number on the register has averaged 50 places throughout the year.

We have had less cases of infectious diseases:—

German Measles	9	} Excluded
Measles	8	
Mumps	3	
Influenza	10	

Injections completed in the Nursery were: Triple 6, Polio 6, Vaccination 1.

We find the majority of children commencing at the Nursery after 18 months of age have already had their injections.

A doctor attends the Nursery at frequent intervals to carry out medical inspections and any injections required.

There has been no accidents other than minor ones which were attended to at the Nursery.

All the staff have attended mass radiography during the year, at St. John's Hospital or St. Luke's, Bradford.

After six months without a Nursery Nurse, we were fortunate to get Miss Riorden who had just completed her training and has brought fresh ideas into the Nursery. We have had the gift of a large sprung rocking horse which is a big attraction and greatly used.

DAY NURSERY ATTENDANCES 1967

Attendances		Craigie	Ling Bob
No. of children on register 1/1/67		76	45
No. added to register		79	64
No. removed from register		83	61
No. remaining on register 31/12/67		72	48

REASONS FOR ADMISSION TO NURSERIES DURING 1967

Categories	No. on register 1/1/67	No. admitted during 1967	No. on register 31/12/67
Illness of Parents	10	15	2
Debilitated Children	3	5	8
Confinement	—	1	—
Illegitimacy	34	24	28
Children of Widows/Widowers	6	7	11
Parents separated	25	27	26
Father in H.M. Forces	1	5	4
Adverse housing conditions ..	3	3	4
Poor financial circumstances	21	38	14
Others, Teachers and Businesses	38	18	23

AVERAGE No. OF CHILDREN ATTENDING

1967	Quarterly	Weekly	Daily
January — March	2,894	228	45
April — June	2,870	232	48
July — September	2,553	206	41
October — December	2,605	205	40

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

The numbers at 31st December, 1967 were as follows:

Church and W.R.V.S.	7
Independent Groups	2

It has not been necessary to register any voluntary groups, but each group has been visited by health visitors and the Medical Officer of Health.

DENTAL TREATMENT

	No. exam- ined	Treat- ment com- enced	Treat- ment com- pleted	Treatment Provided					
				Scaling	Fillings	Extrac- tions	Genl. Anaes.	Den- tures	Radio- graphy
Expectant and nursing mothers	4	4	1	1	4	2	2	2	1
Children under five	140	115	113	14	34	172	106	Nil	Nil

THE UNMARRIED MOTHER—ST. MARGARET'S HOUSE

The Halifax Moral Welfare Council now has separate offices at 11 Ward's End (tel. Halifax 52109) for the Social Worker. Previously an office in St. Margaret's House had been used but because of the number of people calling this was proving difficult for them and inconvenient for the Matron and the residents. The new offices are in the centre of the town and are very accessible to those people who wish to call for advice or help.

During the year 122 people were referred to us of whom 91 were single girls and 26 married women expecting or having had illegitimate babies, and 5 were family difficulties.

Of the 117 illegitimate pregnancies 67 were resident in the County Borough of Halifax and 50 in the West Riding area of the Deanery. 23 were admitted to Mother and Baby Homes, of whom 17 went to St. Margaret's.

On the 31st December, 1967:—

43 babies were with their mothers in the parental home, with relatives or friends, or the mothers having their own accommodation.

27 babies were placed with adopters.

27 babies not yet born.

1 baby died.

1 baby in the care of the Church of England Children's Society.

3 mothers had miscarriages.

5 decisions not yet made.

9 mothers left the area.

(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 44 girls admitted in 1967, 15 were thirteen to seventeen years old, 25 were eighteen to twenty-one years old, and 6 were twenty-one to twenty-five years old.

Out of the 43 babies, 22 were placed for adoption. Twenty-two 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	T.B.	Other Cases
1967	6	—	372	473	1387	3440	6233	50	2246

This has been an important year, the Health Visitors performing their duties with quiet efficiency.

There have been few staff changes. Mrs. Todd resumed full time work on the 1st January. Miss Webster left us for South Africa in October. Mrs. Buswell joined our staff in October in a part-time capacity.

The Health Visitors were prepared to join in the scheme for attachment to doctors, but as the scheme suggested by the S.N.O., Miss Savage, was not acceptable, nothing further has progressed.

The Maternity and Child Welfare Clinics continue with the same programme and are very adequately attended, as can be seen from the statistical tables. One feature of the Wednesday morning clinic has been the increasing proportion of immigrant attendances. They are made very welcome and as much as possible the mothers take their place as ordinary members of the community. The real work of the Health Visitor, however, is in the home, and if anything untoward is noted in the development of the child or infant, at the medical examination, the home environment and any difficulties with parents are carefully investigated. During the year new case cards were introduced which facilitates the assessment of the infants and children having regard to developmental paediatrics. This also helps in the supervision of the health of the whole family which must have reference to the management within the home. It frequently happens that the adjustment of parental or family difficulties coincides with the healthy growth and the resumption of normal physical and mental growth.

HOME NURSING

The year began in January with not a very happy start. We had a bad patch of sickness, none of a particularly serious form.

Through the year there were numerous staff changes on the general side, and this presented great difficulties. These were coped with in a variety of ways. In September, after numerous discussions

and staff meetings, the nurses prepared and presented a new off duty rota, which was agreed to and up to the present time is proceeding satisfactorily.

The headaches of attachment of staff to general practitioners have not been solved. A scheme was submitted in September and was not accepted by the doctors, and to date this condition is still unchanged.

In an attempt to help the staffing position, we appealed for part-time workers in September, but were not successful, no one was willing to do weekend work. It would seem that a fortune awaits a person who could invent sickness which occurs Monday Morning and can be cured by Friday night, for until this phenomena occurs, the conditions of District Nursing Services will remain difficult to administer.

A check on car mileage used by all staff was done from May to June at the request of the Borough Treasurer.

Two Queen's Nurses completed training in April and both were successful, and in addition a re-sit was also successful.

Bath attendants were interviewed and appointed in March and commenced duties in April. These untrained women have proved a sterling support to the rest of the staff and are very much appreciated.

In May, Miss Savage and Miss Walker attended a Study Day and Conference for Superintendents in Edinburgh.

At the beginning of the year, official discharge forms were delivered to the hospitals and have proved their worth since the beginning of this practice.

New vans were provided in April in place of the old ones.

In October we were approached by the Queen's Institute of District Nursing to give In-Service Training for S.E.N.s again, and due to our precarious staffing position it was decided once again to do this training.

There were slightly fewer cases treated by the District Nurses during 1967, 2,155 cases as compared with 2,392 in 1966. This was fortunate for during the latter end of 1967 the staffing situation was somewhat serious. At the same time it can be seen that at the end of December, 1966, there were 481 cases carried into 1967. At the end of 1967 there were 516 cases carried into 1968, an increase of 31 cases with a corresponding increase in visits.

There has been an increase of surgical cases in all age groups, which perhaps in turn reflects the quicker turnover of hospital discharges. A large proportion of the under-five surgical cases are circumcisions and affect the immigrant population. Visits to surgical cases show an increase of 11.2%. There was also a slight increase in the number of T.B. cases nursed at home. 59% of all medical new cases were 65 and over.

NUMBER OF CASES AND VISITS

<i>Type of Case</i>	<i>Number of Cases</i>	<i>Number of Visits</i>
Acute Medical	1,420	38,136
Chronic Medical	—	—
Surgical	641	11,871
Tuberculosis	13	401
Abortion	—	—
Other	81	1,872
Total	2,155	51,280

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 1966 ..	—	—	—	—
Nursing Homes on the register at the end of 1967	2	—	27	27

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 triple antigen is now in common use and given at four weekly intervals. Children who have completed a primary course of triple vaccine are offered a booster dose at 5 years.

The volume of protection offered is very inadequate and a change in the giving of antigens, viz. at 6 months, 8 months and 12 months, will be started in 1968, and oral polio vaccine will be given at the same time, with boosting doses at age 5.

The Halifax public have a responsibility of ensuring that the level of infant vaccination should be at the very minimum 60 per cent of the total infant population. Otherwise there is the danger of a carrier rate increasing and cases occurring in those who are unprotected. The aim should be one hundred per cent in infants, with an understanding that immunity against diphtheria and tetanus is reinforced at the age of 5 years.

DIPHTHERIA

No. of Children who completed a full course of Primary Immunisation in the period ending 31st December, 1967			Total No. of Children who were given a secondary or Reinforcing Injection
Age at date of Final Injection		Total	
Under 5	5-15		
990	129	1119	804

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

POLIOMYELITIS VACCINATION (see table on p. 84).

The total number who have been vaccinated against poliomyelitis is disappointing, particularly as the figures are appreciably lower than in previous years. The trend is surprising as poliomyelitis vaccination is such a simple procedure, being given by mouth. Women who are pregnant are also entitled to this particular measure of protection and there is neither discomfort nor any risk of reaction.

Special evening clinics are held on the first Thursday of each month and the response is so low that an alternative time will be instituted in 1968.

At the end of the year the following people had received at least two doses:—

By Local Authority Doctors	..	..	..	21,814
By General Practitioners	..	..	..	14,227
Third injection	..	..	..	35,717
Fourth injections	..	..	..	16,045

These figures are quite valueless and the object which must be satisfied is the 100 per cent protection of infants before the age of one year.

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. 1967	Under 1	1-4	5-15	16 or over	Total 1967	Gross Total
No. Vaccinated	25	276	89	99	789	17,301
No. Re-vaccinated	—	34	48	52	134	12,168

B.C.G. VACCINATION

The result of the B.C.G. Vaccination of school children of the 13 years age group during September-October 1967 was:

Number of children in age group..	..	..	1,500
Number of acceptances for B.C.G.	..	..	1,269
Percentage of age group accepting	..	..	84.6
Number skin tested	..	..	1,145
Percentage of acceptances tested	..	..	90.2
Attendances for inspection..	..	..	1,093
Of these—Positive	..	..	139
Negative	..	..	954
Of those inspected—Vaccinated	..	..	902
Referred X-ray	..	..	215
Attended X-ray	..	..	117
Result of X-ray—			
No radiographic evidence of disease	..	..	117

VACCINATION AND IMMUNISATION OF CHILDREN

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

	<i>Children born in 1967</i>			Smallpox (Children under 2) (4)
	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	
England and Wales	72	73	68	38
Local Authority	58	59	18	28

The figures in columns (1)–(3) are calculated to show the percentage of children born in 1967 who have been vaccinated at any time.

Column (4) includes only children who were vaccinated during 1967 and were under 2 years old at the time, and is calculated as a percentage of children born during 1967. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

PERSONS IMMUNISED AGAINST DIPHTHERIA WHOOPING COUGH AND TETANUS 1967
(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	5	1285	—	12	—	—	1297	1285	1297
Schools & School Clinic	—	3	—	156	—	—	159	159	159
General Practitioners	5	183	—	34	—	199	421	183	416
Total	1	1471	—	302	—	199	2006	1774	1892

(a) REINFORCING COURSE

Child Welfare Centres	—	15	—	36	—	—	51	51	51
Schools & School Clinic	—	—	—	661	—	2	663	—	663
General Practitioners	28	56	—	16	—	15	115	56	87
Total	28	71	—	713	—	17	829	71	801

COMBINED PRIMARY/REINFORCING COURSE

Child Welfare Centres	—	1300	—	48	—	—	1348	1300	1348
Schools & School Clinic	—	3	—	817	—	2	822	3	822
Total	—	1303	—	365	—	2	2160	1303	2170

(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)
1967	2	471	—	20	—	3	493	471	494
1966	1	455	—	8	—	2	464	455	465
1965	1	15	—	2	—	2	18	15	19
1964	—	12	—	3	—	2	15	12	17
1963	1	7	—	14	—	—	22	7	21
Totals 1963-67	22	960	—	47	—	9	1,012	960	1,016
1953-62	4	16	—	205	—	50	225	16	271
Totals 1953-67	5	976	—	252	—	59	1,237	976	2,303

REINFORCING COURSE

1967	—	—	—	1	—	—	1	—	1
1966	—	7	—	1	—	—	8	7	8
1965	—	16	—	1	—	—	17	16	17
1964	—	2	—	4	—	—	6	2	2
1963	—	4	—	4	—	—	8	4	4
Totals 1962-67	—	29	—	11	—	—	40	29	40
1953-62	47	46	—	527	—	7	620	46	580
Totals 1953-67	47	75	—	538	—	7	524	75	620

COMBINED PRIMARY /REINFORCING COURSE

Totals 1953-67	52	1,051	—	790	—	66	1,761	1,051	2,923
(a) Reinforcing course					(b) Complete primary course				

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

Year of Birth	YEAR OF IMMUNIZATION															Total	Total in Age Groups
	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967		
1953	584	210	29	28	25	17	4	6	22	8	4	21	8	—	1	967	Total 5 - 15 years at end of 1967 11,169
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	2	894	
1957	—	—	—	—	600	186	34	50	53	15	30	18	6	3	2	997	
1958	—	—	—	—	—	424	179	75	58	18	23	57	47	9	3	883	Total under Five years at end of 1966 3,683
1959	—	—	—	—	—	—	704	141	102	13	18	29	75	37	5	1124	
1960	—	—	—	—	—	—	—	856	577	107	17	17	20	152	17	1663	
1961	—	—	—	—	—	—	—	—	437	347	45	30	14	41	58	972	
1962	—	—	—	—	—	—	—	—	—	348	470	62	25	27	39	971	
1963	—	—	—	—	—	—	—	—	—	—	415	485	50	24	7	981	
1964	—	—	—	—	—	—	—	—	—	—	—	552	607	57	12	1228	
1965	—	—	—	—	—	—	—	—	—	—	—	—	445	558	15	1018	
1966	—	—	—	—	—	—	—	—	—	—	—	—	—	480	464	944	
1967	—	—	—	—	—	—	—	—	—	—	—	—	—	—	493	493	

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

CALDERDALE WATER BOARD

SEWERAGE

REFUSE COLLECTION AND DISPOSAL

WATER POLLUTION CONTROL

AMBULANCE SERVICE

The fleet comprises of 1 Austin Gypsy ambulance and 10 L.D. type ambulances.

The latest vehicle to be added to the fleet is fitted with two American style trolleys. The advantage of this type of equipment is obvious when handling seriously ill people or very heavy patients. The trolley can be wheeled right up to the house and at the hospital right up to the bedside without having to disturb the patient.

The fleet is serviced and maintained by the Transport and Cleansing Department and I would like to thank the manager for his help and co-operation in the running of the service.

There has been an all-round increase in the work done as the statistics show. A feature which is outstanding from a service point of view is the number of patients discharged from hospital and sent home by ambulance. This means that they are being discharged to be nursed at home, which means that beds are being utilised to the full by using the ambulance service. Another aspect of this situation is the number of patients transferred from one hospital to another. Some patients complete a circle, being transferred from St. John's to the R.H.I. or the General Hospital, then being transferred to Northowram Hall and finally being transferred from Northowram to St. John's. All this is done to ease the bed situation which at most times is very acute.

Out of town appointments are more prevalent, and the co-ordination of journeys is extremely difficult. The main centres are Leeds, Bradford and Wakefield, but we do travel to other centres frequently, Sheffield particularly, by car. All members of the driving staff are fully qualified first aiders, and attend annual revision at the Ambulance Station.

Our permanent staff is augmented slightly by the use of the hospital car pool and the Corporation car pool. These two sources are used mainly for long distance and mental health traffic.

Every effort is made to get out patients to their appointments as near the time as is possible, but the difficulties are manifold from patients not being ready when called for or not having appointments or being unaware of their appointments, wrong addresses given by the hospitals; all these tend to slow down the service. But these are difficulties which we endeavour to overcome without bothering the hospitals.

I fear there is a concept among G.P.s and Hospital staff which one would only associate with the general public, and it is that ambulances are on stand-by awaiting calls. This is of course a complete fallacy: if this was the case we should need many more ambulances. Each ambulance is used to the full, and if one is required urgently, it can be diverted by a radio call to where it is required, sometimes to the detriment of the out-patient service.

In closing I would take this opportunity of recording my appreciation of the support given to me by the Health Committee, by the Medical Officer of Health and his staff, in the running of this service.

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
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	
1967	Ambulances	11	13,195	40,413	3,349	175,491	175,491
	(Dual Purpose)						

WEST RIDING COUNTY COUNCIL MILEAGE

				Ambulances (Dual Purpose)	
1967	..	..	..	40,931	
				Ambulances	Car/Ambulances
1966	..	..	..	39,077	1,708

TRANSPORTED BY RAIL

No. of Patients 55

Estimated Mileage 3,403

CATEGORIES

1967	Street Accidents	Street Illnesses	Works Illnesses	Works Accidents	Home Accidents	Maternity	Obstetrical	Mental	House Transfers	Hospital Transfers	Out Patients	Admissions	Discharges	Totals
January ..	66	25	6	2	61	68	14	7	10	73	2,581	354	148	3,415
February ..	54	27	9	6	59	52	10	4	10	100	2,362	321	125	3,139
March ..	81	30	5	9	53	68	17	9	4	90	2,429	325	157	3,277
April ..	68	24	12	5	68	67	24	2	11	101	2,410	310	150	3,252
May ..	70	17	6	5	70	53	18	8	11	100	2,633	338	143	3,472
June ..	97	25	9	7	57	49	18	8	13	101	2,757	349	142	3,632
July ..	84	23	7	3	80	56	21	11	14	78	2,240	280	132	3,029
August ..	85	23	8	2	91	61	14	6	42	108	2,534	312	144	3,430
September ..	68	27	10	4	67	74	12	9	21	74	2,498	299	152	3,315
October ..	65	24	13	6	61	63	18	9	11	74	2,702	339	152	3,537
November ..	48	25	10	4	63	62	22	7	13	80	2,665	306	136	3,441
December ..	65	23	13	3	59	90	20	10	5	96	2,583	338	169	3,474
Totals ..	851	293	108	56	789	763	208	90	165	1,075	30,394	3,871	1,750	40,413

The establishment at the end of the year was:—

Ambulance Officer.
4 Shift Leaders.
2 Telephonists.
21 Driver-Attendants.

Vehicles in service, 31st December, 1967:—

8 Austin Dual-Purpose Ambulances.
1 Austin Gypsy
2 Morris Dual-Purpose Ambulances.

1967	<i>Journeys</i>	<i>Recumbent</i>	<i>Sitting</i>	<i>Patients Carried</i>	<i>Total Mileage</i>
January ..	1,079	614	2,801	3,415	14,757
February ..	1,001	606	2,533	3,139	12,878
March ..	1,082	638	2,639	3,277	14,323
April ..	1,073	662	2,590	3,252	14,657
May ..	1,152	665	2,807	3,472	14,844
June ..	1,156	676	2,956	3,632	16,043
July ..	1,052	568	2,461	3,029	14,446
August ..	1,188	585	2,845	3,430	15,536
September ..	1,042	548	2,767	3,315	14,208
October ..	1,150	616	2,921	3,537	14,852
November ..	1,046	595	2,846	3,441	14,617
December ..	1,074	529	2,945	3,474	14,330
	<u>13,095</u>	<u>7,302</u>	<u>33,111</u>	<u>40,413</u>	<u>175,491</u>

The above totals include West Riding patients and mileage.

SOCIAL WELFARE

I am indebted to Mr. F. W. Busfield, F.Inst.Soc.Wel., Chief Welfare Officer, for the following details concerning Social Welfare.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

Number of Cases registered of which Section F of B.D.8 recommends	Causes of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
A. No Treatment	2	—	—	6
B. Treatment (Medical Surgical or Optical)	9	—	—	7
C. Ophthalmic Medical Supervision	11	10	—	13
Number of Cases at (b) above, which on follow-up action have received treatment.	9	—	—	6
Ophthalmic Medical Supervision cases which have received treatment.	9	8	—	10

CERVICAL CYTOLOGY

During the first complete year for Cervical Cytology a total of 39 Clinics was held, and 719 women (756 in 1966) were examined. Towards the end of the year the number of applicants decreased, but by advertising in the local press in December the numbers began to increase.

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

Attendances	Single	Widowed or divorced	Husband Retired	Social Class Classification										Total
				1		2		3		4		5		
				Ist	Rep.	Ist	Rep.	Ist	Rep.	Ist	Rep.	Ist	Rep.	
Ages														
Under 35 years ..	9 *			4	57	1	143 **	1	68 *	8 *	289			
% of age group ..	3.1%			1.4%	19.7%		49.5%		23.5%	2.8%	100%			
35 years and over	17			16	100 **	2	177 ****	3	75 *	14	430			9
% of age group ..	4.0%	29 *	0.5%	3.7%	23.3%		41.2%		17.4%	3.2%	100%			
All ages ..	26	29	2	20	157	3	320	4	143	22	719			11
% of total	3.6%	4.0%	0.3%	2.8%	21.8%		44.5%		19.9%	3.1%	100%			

* Denotes 1 Positive case. (Total of 15 Positive cases in the 719 women examined).

EPILEPSY

At the 31st December, 1967, 27 persons suffering from epilepsy were known to the Welfare Services Department. Two of these were also registered as blind persons and two as partially-sighted; four persons had the dual handicap of suffering from cerebral palsy. There were 4 persons under the care of the local authority in residential accommodation provided under Part III of the National Assistance Act, 1948.

CEREBRAL PALSY

Thirty-nine persons with cerebral palsy were registered as handicapped persons on the 31st December, 1967. 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 centre 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.

During the year the national Spastics Society opened a hostel for the younger adult spastic in Linden Road, Halifax, and these young persons also attend the local society's work centre. This home is registered for 15 handicapped persons and they come from all parts of the North of England. Local contacts for social activities have been established and the home is functioning very satisfactorily.

HEALTH EDUCATION

Some 51 lectures were given to various organisations in the town by the First School Medical Officer and the following members of the Health Department staff:—

Chief Public Health Inspector.
Senior Nursing Officer.
Senior Housing Inspector.
Ambulance Officer.
Home Help Organiser.
Medical Officer of Health

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, assisted by Mr. D. Beer.

INCONTINENT PAD SERVICE

There has been a considerable increase in this service, and during 1967 52 patients were issued with various types of incontinent pads from North Parade Clinic. The following table shows their distribution compared to previous years.

	1963 Oct.-Dec.	1964	1965	1966	1967
Bed Pads	84	357	231	252	3,806
Personal pilch pads ..	—	—	3,200	8,900	15,800
Personal garments ..	—	—	12	17	42

CHIROPODY

During 1967 the Chiropodists completed 966 sessions, compared with 957 in 1966. One of the Chiropodists was sick for a number of weeks, but it was possible to make up the sessions lost by engaging a part-time Chiropodist in the latter part of the year, consequently the frequency of treatments was reasonably maintained. There were 380 new cases referred during 1967, compared with 354 in 1966, and this added substantially to an already heavy case load. The number of treatments given increased to 5,861 against 5,312 during 1966. In addition, Mr. Luxton held two clinics at North Parade each week and carried out 1,136 treatments there. The total number of visits to homes made by the Chiropodists was 5,092.

The following table, showing comparative figures for 1966 in parentheses, indicates the amount of work done:

Total number of sessions	966	(957)
New cases referred:		
Aged	339	(335)
Handicapped	41	(19)
Ante-Natal	—	(—)
Total	380	(354)
Total number of treatments	5,861	(5,312)
Total number of visits	5,092	(4,729)
Total number of treatments given at Clinics ..	1,136	(1,050)

MEDICAL EXAMINATIONS

The undermentioned medical examinations were carried out during the year by the Medical Staff of the Local Authority:

Examinations for employment and superannuation ..	407
Ministry of Education examinations:	
Form 28 R.Q.	73
Form 4 R.T.C.	140
Examinations on behalf of other local authorities ..	10
Medical examinations of employees following prolonged absence due to sickness ..	13
	643

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	4	57
Congenital Deformities	3	26
Hernia	—	—
Intoing	4	34
Knock Knees	18	269
Metatarsus Varus	—	—
Over Riding Toe	10	108
Other	13	203
	52	697

DISPOSAL

No. of cases referred for X-ray examination ..	—
No. of cases referred for admission to hospital ..	—
No. of cases discharged	36

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

Diagnostic Group	Sub-Group	Malformation	Cases
0	.0	<i>Central Nervous System</i>	
	.4	Anencephalus	3
	.5	Hydrocephalus	2
	.6	Microcephalus	1
	.7	Other defects of Groin	1
	.8	Other defects of Spinal Cord	1
		Spina bifida	7
1	.3	<i>Eye, Ear</i>	
	.9	Cataract	1
		Other defects of ear	1
2	.1	<i>Alimentary System</i>	
	.2	Cleft lip	1
		Cleft palate	1
3	.0	<i>Heart and Great Vessels</i>	
	.5	Congenital Heart Disease N.O.S. ..	2
		Interatrial septal defect persistent foramen ovale	1
4	.1	<i>Respiratory System</i>	
		Defects of nose	
5	.0	<i>Uro-genital system</i>	
	.6	Defects of uro-genital system N.O.S. ..	1
		Hypospadias epispadias	2
6	.1	<i>Limbs</i>	
	.6	Defects of lower limbs	3
	.8	Talipes	13
		Other defects of hand	1
9	.1	<i>Other malformations</i>	
	.4	Multiple malformation N.O.S. ..	1
	.6	Conjoined twins	1
		Mongolism	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 an elderly eccentric alien woman aged 88. She was a recluse who had become neglected. Newspapers, over a period of 40 years were stacked into all available space. She lived without any adequate heating and room and body temperature were well below normal. She was malnourished and the conditions were unsatisfactory.

The second was an elderly widow aged 86, who had gone blind and deaf. She refused all help in the home and she developed oedema. She refused all suggestions of leaving home in spite of the pleading of a devoted son who would have made arrangements privately.

The third was a widow aged 76, who on account of failing health arising as a result of untreated pernicious anaemia, had allowed herself to become neglected. She was incontinent. The conditions were unsanitary.

The fourth was a widower over eighty who had been living alone and who had become extremely verminous.

The fifth was a neglected spinster who had become very frail and infirm on account of lack of nutrition. She had rejected all offers of help and both she and her cottage had become insanitary.

CREMATIONS

I am indebted to Mr. T. C. Lazenby, F.R.H.S., L.I.P.A., for the following report:

Total number of cremations since the opening of the crematorium to 31st December, 1967		18,088
Total number of cremations 1967:		
Halifax area	809	
Others	786	
	—	1,595
Disposal of remains during 1967:		
Scattered or buried in the grounds	1,429	
Placed or to be placed in Niches (no niches)	—	
Placed or to be placed in graves (no graves)	—	
Taken away by representatives	154	
Awaiting instructions for disposal	12	

PUBLIC MORTUARY

There were 148 post-mortems performed during 1967.

It is anticipated that the present premises will be vacated next year to make way for development.

CALDERDALE WATER BOARD

I am indebted to Mr. Arnold L. Gray, B.Sc., A.M.I.C.E., M.I.W.E., Engineer, for the following report:

The quantity of water supplied by the Board was adequate for all consumers, both domestic and industrial. 701 bacteriological analyses were carried out on filtered and treated waters at Thrum Hall and Ogden Filter Houses and at various points throughout the distribution system, in 98.7% of cases these were highly satisfactory bacteriologically.

Of the nine samples giving positive results in the Presumptive Coliform Test, six were taken directly after filtration at Ogden and three directly after filtration at Thrum Hall. Of the six Ogden samples, one was non-faecal, the remaining five containing B.Coli. I (E. Coli). Of the three Thrum Hall samples, two were non-faecal in character and only one obtained B.Coli. I. All the water filtered at Ogden passes through Ogden Brookfoot Service Reservoir before going out into supply. 28 samples were taken from this reservoir during 1967 and all were free from Coliform organisms. The chlorine added to the water after filtration and the contact time available in the Service Reservoir being responsible for the improved bacteriological quality, compared with those samples taken immediately after filtration.

All samples taken from the distribution system throughout the Borough were highly satisfactory bacteriologically.

CHEMICAL ANALYSES

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

Total solids dried at 180°C	..	..	..	82
Chlorine (chlorides)	..	..	..	14.4
Free Ammonia (N)	..	..	..	0.02
Albuminoid Ammonia (N)	..	..	..	0.01
Oxygen absorbed from Permanganate in 4 hours at 80°F	..	..	..	0.38
Temporary Hardness (as Ca CO ₃)	..	..	..	5
Permanent Hardness (as Ca CO ₃)	..	..	..	25
Nitrous Nitrogen..	..	..	..	Nil
Nitric Nitrogen	..	..	..	0.28
Lead in solution	..	..	..	Nil
Lead absorbed in 24 hours	..	..	..	Nil
Manganese (Mn)	..	..	..	0.09
Iron (Fe)	..	..	..	0.10
pH value	..	..	..	8.5
Colour in °Hazen	..	..	..	Less than 5
Turbidity—silica scale	..	..	..	0.9
Total residual chlorine	..	..	..	0.25
Free carbon dioxide	..	..	..	Nil
Calcium hardness (as Ca CO ₃)	..	..	..	19

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	..	..	..	76
Chlorine (as chlorides)	..	..	..	13.7
Free Ammonia (as N)	..	..	..	0.03
Albuminoid Ammonia (as N)	..	..	..	0.03
Oxygen absorbed from Permanganate in 4 hours at 80°F	..	..	..	1.53
Temporary hardness (as (Ca CO ₃))	..	..	..	0.5
Permanent hardness as (Ca CO ₃)	..	..	..	26.2
Nitrous Nitrogen..	..	..	..	Nil
Nitric Nitrogen	..	..	..	0.26
Lead in solution	..	..	..	Nil
Lead absorbed in 24 hours	..	..	..	2.2
Manganese (Mn)	..	..	..	0.14
Iron (Fe)	..	..	..	0.45
pH value	..	..	..	5.2
Colour (°Hazen)	..	..	..	35°
Turbidity—Silica Scale	..	..	..	6.7
Total residual chlorine	..	..	..	—
Free carbon dioxide	..	..	..	4.6
Calcium hardness (as Ca CO ₃)	..	..	..	14.0

The treatment at Thrum Hall Filter House includes the addition of lime and sodium aluminate before filtration and lime and chlorine after filtration.

During 1967 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.

9.7 million gallons of water are treated each day and the addition of chemicals is checked and adjusted daily.

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

During the year, six samples of water which had stood overnight in lead pipes in houses throughout Halifax were taken and tested for lead. Four samples contained no detectable amount of lead, one contained 0.04 p.p.m. and one 0.02 p.p.m. These figures are all below the level regarded as acceptable by the World Health Organisation.

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.

The naturally occurring fluoride content of the treated water at Thrum Hall Filter House is 0.15 p.p.m. as F. This is an average figure of some eighteen results varying from 0.08 to 0.18 p.p.m. The average fluoride content for Ogden water is 0.11 p.p.m. as F.

NUMBER OF DWELLING HOUSES AND POPULATION SUPPLIED

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

SEWERAGE

I am indebted to Mr. Geoffrey Holden, A.M.Inst.C.E., A.R.I.C.S., M.I.Mun.E., Borough Engineer, for the following report:

In general it may be said that the Borough is reasonably adequately sewered, except of course for some of the more rural parts where no sewers exist.

Regarding existing sewers, the situation needs to be reviewed as development takes place. Large-scale post-war development has taken place in the Ovenden and Illingworth areas and has increased considerably the discharge to the Ovenden Brook main sewer and further investigations are due to be carried out into the capacities of this main interceptor. It may well be that the additional flow from the proposed development at Keighley Road West will hasten the need to replace this sewer with larger sizes of pipe.

As to areas which are not sewered, the question of providing sewerage systems to outlying areas has been under discussion for some time. Tub closets still in existence, are in the region of 650. In addition to these, quite a large number of properties have septic tanks, and a very rough estimate given recently of the total number of premises not connected to a sewerage system is 1,060.

The Highways Committee on 12th April, 1967, decided that it was not then possible to give details of the areas which in the next ten years were likely to be served by sewers laid as extensions to existing systems or forming part of independent sewerage schemes.

A scheme to provide a sewerage system in the Wainstalls area was prepared and later approved by the Committee for inclusion in the draft Capital Estimates for 1969/70. This will serve the Wainstalls village and Jowler areas, and a total of 96 properties will be connected.

REFUSE COLLECTION AND DISPOSAL

I am indebted to Mr. J. Churm, M.I.T.A., Cleansing and Transport Manager, for the following report:

Recent years have seen local authorities subjected to financial restrictions and, in turn, the various departmental services have suffered. Whilst some improvements can be made by reorganisation, there can be no major improvements unless the money is made available for the schemes to be carried out, for cleansing is a service that is for ever growing, and there are no 'ifs or buts' as to whether refuse should be collected or streets swept. The work just has to be done.

1967 has once again proved a happy one as far as relationships within the Department are concerned, and here again credit must go to the Joint Consultative Committee for the way in which it has carried out its responsibilities. There is always one aim in view, and that is to progress in every way possible.

REFUSE COLLECTION

The speed of demolition and rebuilding is reflected in the amount of reorganisation of the refuse collection rounds that has to be carried out in a twelve months, and I must state that during 1967 a large amount of reorganisation was completed.

There is a saying that 'problems are made to be overcome' and I can say that a large number of problems have been overcome in maintaining the weekly collection cycle. A further step forward has been taken in giving the public a regular twelve month service; there has been a great improvement this year due to the staggering of holidays, thus allowing refuse collection to be carried out during the Wakes fortnight and September break.

Plans have been made to implement the Civic Amenities Act which comes into force on the 18th January, 1968. Due to the foresight of the Cleansing Committee a large portion of the Act has already been covered for the past three years by the introduction of a free collection of domestic articles, and the tips being made available for people to deposit surplus refuse.

In spite of this service, there is a section of the public who persist in dumping all manner of refuse around the towns and countryside. This situation is not eased in any way owing to the majority of the population tolerating the anti-social acts of this minority. The time is rapidly approaching when the law will have to deal drastically with these people. The litter problem also calls for more drastic action.

Good co-operation has been achieved with the architects in the siting and type of refuse storage containers, for new and old properties. There have been occasions in the past when very little thought, if any, has been given to the refuse storage and collection service in the design of buildings. With this increased co-operation, savings have accrued both for the builder and the Cleansing Department by virtue of the right type of receptacle being used, and it being placed in a very accessible position.

REFUSE DISPOSAL

Culverting of the Hebble Brook was completed during the year and the tipping of a consolidation layer over the culvert was commenced in June. A considerable amount of preliminary work was done before this tipping commenced; the roadway down into the base of the valley was increased in width by 35 feet and some of the valley walls were stabilised. This was carried out with controlled tipping.

A number of trees were also felled in the bottom of the valley, and it is the intention of the Department to leave trees standing until the tipping level is reached, before cutting them down. To offset this loss, trees are being planted on all areas where tipping has finished, and in one instance an experiment has been carried out by shrubs being planted at the entrance to Royston's tip. This should make the area more pleasing to the eye as well as creating an effective screen.

The standard of tipping has been maintained and as before weed-killing is continuously in operation during the right season for this type of work.

A larger capacity paper baling machine was installed in the new building at the Roystons Depot during the year, and immediately its presence has been felt in that it has made the work easier for the men and production has started to rise.

In spite of the difficult period which the waste paper market has been experiencing, the Department has succeeded in disposing of all its production, and it is hoped that in the near future activities will commence for the salvage production to be increased considerably.

WATER POLLUTION CONTROL

I am indebted to Mr. H. Ives, A.M.I.Mech.E., M.I.P.H.E., M.Inst.S.P., Manager, for the following report:

The efficient purification of domestic and industrial liquid 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 Water Pollution Control 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 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 90 discharges of industrial wastes from 69 different premises in the Borough, in addition to the normal domestic waste, the Works have to be about twice the size that would otherwise be required.

The solid residues extracted during purification are mechanically de-watered 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 1967, a total volume of 2,631,726,000 gallons of domestic and industrial wastes were given full treatment, an average of 7,210,208 gallons for each day of the year, from which 34,660 tons of wet solids were extracted yielding after processing 2,284 tons of organic fertilisers and 313 tons of grease.

The parts of the Borough which are in different catchment areas and therefore do not drain to the Halifax Water Pollution

Control 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, so as to be able to deal satisfactorily with a daily dry weather flow of $7\frac{1}{2}$ million gallons, has been approved by the Minister of Housing and Local Government. This involves the estimated expenditure of £2½ million over the next few years, 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.

Actual construction work commenced on the 1st February, 1967, with the start of the first contract for the civil engineering part of a 40-cone "Simplex" Activated Sludge Unit, with associated pump house, roads and pipeworks, at the Copley Works.

By the end of the year substantial progress had been made and deliveries had commenced of the mechanical equipment for the unit, which comprised the second contract.

December 1st, 1967, saw the formal start of the third contract for the construction of an Offices/Laboratory Building and a Workshops/Workmen's Accommodation Building at the North Dean Works.

SECTION V

HOUSING AND ENVIRONMENTAL CIRCUMSTANCES

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

The rate of clearance of unfit houses has now reached its maximum with a total of 716 being represented. The type of house dealt with is the smaller back-to-back with the one living room, and served by a toilet in a block, usually some distance away along a public street. This rate of clearance is necessary to deal with the high proportion of unfit houses there are within the Borough. The Dennington Report, "Our Older Homes", listed Halifax as 16th of the Local Authorities returning the largest number of unfit houses.

Parallel with this clearance action is the effort to improve the larger type houses. Following the completion of the Copley scheme of voluntary improvement by the owners of back-to-back houses converting them into through houses, the Council made the Gladstone Road Improvement Area of 237 houses. These are through houses with pedestrian access to the front and roadway access to the rear each with its small yard. They already contain a living room and kitchen and two or more bedrooms and are of a structural condition such that improvement of the houses with bathrooms will prolong their life for many years.

Much time is being spent on the sampling of milk for brucellosis, an organism responsible for undulant fever in man. Not all the milk sold in Halifax is pasteurised and consequently a check has to be made of the milk from producer-retailers to ascertain whether it is infected. This year 46 visits to farms were made and 200 samples were taken.

The number of unsatisfactory foods reported remains at a high level, i.e. 77 or 37.2 per cent of all samples submitted. On investigation, some complaints showed serious negligence on the part of the manufacturers, others, mainly mouldy foods, were due to the inexperience or lack of thought of the shopkeepers.

The revised system of poultry inspection commenced at the beginning of the year and proceeded satisfactorily. The three packing factories are visited regularly and a total of 1,968,740 birds were processed of which 15,710 (weighing 47,244 lbs.) were condemned.

Smoke pollution continues to decline. There has now been a reduction of 73 per cent in smoke and 50 per cent in sulphur dioxide since smoke control commenced in 1959. 44 per cent of the houses in Halifax are now in Smoke Control Areas. Again there were no objections to the making of the orders, it being generally accepted that "Clean Air" is a "must" and even though it means the loss of the coal fire the public have learned that modern fuels, solid or piped, give just as much pleasure and comfort with infinitely less smoke.

Housing

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

BOOTH TOWN COMPULSORY PURCHASE ORDER

The rehousing of all families was completed by the end of the year.

BROAD TREE COMPULSORY PURCHASE ORDER

This was represented on the 15th June, 1967.

CHATHAM STREET COMPULSORY PURCHASE ORDER

By the end of the year 318 properties had been demolished, leaving 11 vacant houses still standing.

COMMERCIAL ROAD (NORTH NO. 2) COMPULSORY PURCHASE ORDER

The rehousing of all families was completed during the year, and by the end of the year 111 houses had been demolished.

COMMERCIAL ROAD (SOUTH) COMPULSORY PURCHASE ORDER

The rehousing of all families was completed during the year, and by the end of the year 135 houses had been demolished.

CORPORATION STREET COMPULSORY PURCHASE ORDER

Eight properties were demolished during the year and there were only 12 vacant houses standing at the end of the year.

CROSSLEY TERRACE COMPULSORY PURCHASE ORDER

This was represented on the 16th March, 1967.

EXLEY BANK COMPULSORY PURCHASE ORDER

This was represented on the 14th September, 1967.

HAVELOCK STREET COMPULSORY PURCHASE ORDER

This was represented on the 14th September, 1967.

HORLEY GREEN AND GODLEY ROAD COMPULSORY PURCHASE ORDER

This was confirmed on the 6th December, 1967.

MUSGRAVE STREET COMPULSORY PURCHASE ORDER

Rehousing was completed and all 10 houses had been demolished by the end of the year.

PAGE HILL COMPULSORY PURCHASE ORDER

This was represented on the 15th June, 1967 and was confirmed on the 28th September, 1967.

RAMSDEN STREET COMPULSORY PURCHASE ORDER

This was represented on the 14th September, 1967.

RANGE LANE COMPULSORY PURCHASE ORDER

This was confirmed on the 28th February, 1967. By September 1967 all eight properties had been demolished.

SILVER STREET NORTH COMPULSORY PURCHASE ORDER

The rehousing of all families was completed during the year, and by the end of the year all 13 houses had been demolished.

STANNARY STREET COMPULSORY PURCHASE ORDER

The rehousing of all families was completed and by the end of the year 16 houses had been demolished.

THOMAS STREET EAST COMPULSORY PURCHASE ORDER

This was represented on the 15th June, 19567.

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

The following 14 houses had closing orders placed upon them under the provisions of the above Act during the year:

13 Swaines Terrace	6 Sunny Bank, Wheatley
42 Nichol Street	4 Chaffer's Court
2 Exley Bank	4 Mill Lane
62 St. Peter's Street	4 Peel House Gate
14 St. Mark's Street	17 Swaines Terrace
10 Swaines Terrace	29 Ramsden Street
60 Boothtown Road	47 Crossley Hill

No properties were subject to demolition orders during the year.

Improvements and Standard Grants

Although the number of applications for grants dropped from 361 in 1966 to 337 in 1967 and the number of grants approved also dropped from 359 in 1966 to 279 in 1967, more grants were completed (263 in 1966—356 in 1967).

Improvements to houses in Copley Village are nearing completion, sixty final payments having been made. Bathrooms have now been installed in all except two of the remaining houses and only minor items of work require to be done at others before final payments are made. The improvements are much appreciated by the tenants and there is no difficulty in letting the houses at the increased rents. The Department has had discussions with the Landlords' and the Tenants' Association to overcome difficulties which in a scheme of this nature were bound to occur. Other amenity improvements are looked forward to as labour and money become available. A serious setback occurred towards the end of the year when the village was flooded. Apart from damage done to carpets, furniture and decorations the resulting dampness in the fabric of the buildings will need quite some time to dry out.

The percentage of requests for grants for tenanted houses rose from 10.7 per cent (1966) to 11.9 per cent in 1967.

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	267	226	23	261	£30,705 7 8	26
Improvement	70	53	2	95	£24,303 9 5	15
Total	337	279	25	356	£55,008 17 1	41

An analysis of the 261 completed Standard Grants shows that the amenities provided are as shown below:

Owner-Occupied Houses						
<i>Total Grants</i>	<i>Baths</i>	<i>Wash Basins</i>	<i>Hot Water</i>	<i>Water Closets</i>	<i>Food Stores</i>	<i>Septic Tanks</i>
236	199	179	206	217	228	10

Tenanted Houses						
<i>Total Grants</i>	<i>Baths</i>	<i>Wash Basins</i>	<i>Hot Water</i>	<i>Water Closets</i>	<i>Food Stores</i>	<i>Septic Tanks</i>
25	23	23	25	21	24	—

An analysis of the 95 completed Improvement Grants shows that the amenities provided are as shown below:

Owner-Occupied Houses								
<i>Total Grants</i>	<i>Baths</i>	<i>Wash Basins</i>	<i>Hot Water</i>	<i>Water Closets</i>	<i>Food Stores</i>	<i>Septic Tanks</i>	<i>Kitchens</i>	<i>Conversions</i>
44	36	34	36	36	35	8	12	3

Tenanted Houses								
<i>Total Grants</i>	<i>Baths</i>	<i>Wash Basins</i>	<i>Hot Water</i>	<i>Water Closets</i>	<i>Food Stores</i>	<i>Septic Tanks</i>	<i>Kitchens</i>	<i>Conversions</i>
51	51	51	51	51	51	—	37	26

The Housing Act of 1964, gave powers to local authorities to provide for the compulsory improvement of tenanted houses by the declaration of Improvement areas and also at the request of the tenant.

A survey of an area adjoining Gladstone Road was made during the year and found to comprise 237 houses in Gibbet Street, Grosvenor Terrace, Cavendish Terrace, Gladstone Road, Cromwell Terrace and Hanson Lane. These are through terrace houses which apart from minor defects are all capable of being made fit for human habitation at reasonable expense.

Nineteen of the houses are tenanted and 218 are owner/occupied. Eighteen of the tenanted houses and 156 of the owner/occupied houses are lacking in one or more of the standard amenities. The area was designated an Improvement Area at the end of the year and steps are now being taken to obtain details of all ownerships.

During 1967 there was only one application from a tenant for compulsory improvement. In this particular case the owner stated that no funds were available for carrying out the necessary works but authority was given to serve a Preliminary Improvement Notice requiring the provision of the five standard amenities.

Two tenants' applications in 1966 were made the subject of Preliminary Notices and after giving the owner a hearing, Immediate Improvement Notices were served requiring the standard amenities to be provided within twelve months.

Houses in Multiple Occupation

During the year inspections were made as complaints arose. All matters were dealt with informally and it was not found necessary to take any formal action.

Housing Statistics

UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

After informal action by local authority;		
By owner	438	
After formal notice under Public Health Acts:		
By owner	81	
By Local Authority	47	
After formal notice under S.9 and 16 Housing Act, 1957:		
By owner	—	
By Local Authority	—	
Under Section 24, Housing Act, 1957:		
By owner	—	

PURCHASE OF HOUSES BY AGREEMENT

Houses in clearance areas other than those included in confirmed orders or compulsory purchase orders.	No. of houses .. No. of occupants	4 —
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UNFIT HOUSES CLOSED

No. of Houses	Under S.16 (4), 17 (1) and 35 (1) Housing Act, 1957 and S.26 Housing Act, 1961 Under S.17 (3) and 26 Housing Act, 1957	14 —
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 Under S.17 (3) and 26 Housing Act, 1957	11 —
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 Under S.17 (3) and 26 Housing Act, 1957	9 —
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	496
		Included by reason of bad arrangement ..	18
		On land acquired under S.43 (2) Housing Act, 1957	12
	Persons Displaced	From houses unfit for human habitation ..	644
		From houses included by reason of bad arrangement	54
		From houses on land acquired under S.43 (2) Housing Act, 1957	14
	Families Displaced	From houses unfit for human habitation ..	212
		From houses included by reason of bad arrangement	20
		From houses on land acquired under S.43 (2) Housing Act, 1957	5
NOT IN CLEARANCE AREAS	Houses Demolished	As a result of formal or informal procedure under Sections 16 or 17 (1) Housing Act, 1957	34
		Local Authority owned houses certified unfit by Medical Officer of Health	—
		Houses unfit for human habitation where action has been taken under local Acts	—
		Houses included in unfitness orders made under para 2 of the Second Schedule to the Town and Country Planning Act, 1959	—
	Persons Displaced	From houses to be demolished as a result of formal or informal procedure under Secs. 16 or 17 (1) Housing Act, 1957	17
		From local authority owned houses certified unfit by Medical Officer of Health	—
		From houses unfit for human habitation where action has been taken under local Acts	—
		From houses included in unfitness orders	—
	Families Displaced	From houses to be demolished as a result of formal or informal procedure under Secs. 16 or 17 (1) Housing Act, 1957	7
		From local authority owned houses certified unfit by Medical Officer of Health	—
		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			6

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	1,159
Subsequent Inspections under the Housing Acts	304
Work in progress under the Housing Acts	—
“Well-maintained” payments	49
Official Count	697
Standard and Improvement Grants	1,674
Certificates of Disrepair	—
Removals and Disinfestation	—
Inspection on behalf of Housing Manager	1
Sanitary defects	1,503
Notifiable diseases	78
Food Poisoning	35
Pathological Specimens	82
Dirty and/or verminous conditions	110
Overcrowding	55
Moveable Dwellings	3
Common Lodging Houses	4
Visits to lettings—Houses in Multiple Occupation	9
Sale of Property to Council	196
Public Enquiry	270
Survey Re-Improvement Areas	3,032

DRAINAGE:—

Public sewers inspected	159
Public sewers tested	75
Drains inspected, special inspections only	95
Drains tested	192
Ditches and Watercourses	6

FACTORIES:—

Factories (with power)	62
Factories (without power)	11
Outworkers' premises	11
Workplaces (General)	5
Workplaces (Offices)	3

SHOPS:—

Shops Act, 1950, section 38	118
Other visits	325
Mobile Shops	78

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963:—

Offices	22
Retail Shops	74
Wholesale shops and Warehouses	3
Catering establishments and canteens	13
Accidents	19

FOOD PREMISES:—

Milk Distributors	70
Dairies	13
Milkshops	13
Fried Fish Shops	28
Bakehouses	36
Butchers' Shops	68
Ice Cream premises	55
Restaurants, Cafes, etc.	108
School Canteens	5
Licensed Premises	15
Other food premises	133

SMOKE CONTROL:—

Smoke Observations	634
Works, etc., re smoke emission	92
Works, etc., re Prior Approval	3
Works, etc. re Chimney Heights	22
Smoke Control Areas	705
Atmospheric Pollution Gauges	1,484

SAMPLING:—

Foods and Drugs Act, 1955	61
Bacteriological samples—Milk	52
Bacteriological samples—Ice Cream	55
Biological examination—Milk	—
Brucellosis—Milk	46
Water	35
Swimming Baths Water	82
Fabrics (Misdescription) Act—Flameproof Materials	—

GENERAL:—

Premises re Rag Flock Acts	2
Premises re Fertilisers and Feeding Stuffs Act	7
Premises re Pharmacy and Poisons Act	32
Premises re Merchandise Marks Act	47
Stables re nuisances	—
Fowls, Swine and other animals	45
Schools	1
Places of Public Entertainment	10
Public Sanitary Conveniences	402
Abattoir	113
Noise Nuisances	42
Pet Shops	13
Offensive Trades	2

Childrens Nightdress Regs.	..	..	..	..	12
Knackers' Yards ..	..	..	..	..	3
Rodent Control ..	..	..	..	..	54
Accumulations of Refuse	..	..	..	..	199
Interviews ..	..	..	..	..	609
Animal Boarding Est. Act	..	..	..	..	15
Hairdressers re bye laws	..	..	..	..	2
Riding Establishment Act	..	..	..	..	4
Miscellaneous visits ..	..	..	..	..	3,654

Total number of inspections and visits	..	19,615
Total number of re inspections ..	..	7,813

Total number of inspections of all types	..	27,428
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Particulars of work done, nuisances abated or improvements effected

DWELLINGHOUSES;—

General repairs ..	..	..	..	..	536
Dirty houses cleansed ..	..	..	..	..	33
Overcrowding abated ..	..	..	..	..	—
Council houses found bug-infested and disinfested ..	..	..	..	..	7
Other houses found bug-infested and disinfested ..	..	..	..	..	3
Houses cleared of other vermin ..	..	..	..	..	70
Common lodging houses ..	..	..	..	..	3
Houses-let-in-Lodgings ..	..	..	..	..	5
Movable dwellings ..	..	..	..	..	2

DRAINAGE;—

Sewers cleansed ..	..	..	..	..	162
Drains cleansed and/or repaired ..	..	..	..	..	137
Public sewers repaired and/or reconstructed ..	..	..	..	..	29
Drains reconstructed or new drains provided ..	..	..	..	..	52

FACTORIES;—

(Nuisances abated or improvements effected)

Factories (with power) ..	..	..	..	..	23
Factories (without power) ..	..	..	..	..	—
Workplaces (General) ..	..	..	..	..	—
Workplaces (Offices) ..	..	..	..	..	2

SHOPS;—

(Nuisances abated or improvements effected)

Shops Act, 1950, section 38 ..	..	..	..	..	12
General ..	..	..	..	..	42
Mobile Shops ..	..	..	..	..	2

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963;—

(Nuisances abated or improvements effected)

Shops ..	..	..	..	..	121
Accidents ..	..	..	..	..	—
Offices ..	..	..	..	..	25

FOOD PREMISES:—

(Nuisances abated or improvements effected)

Milk Shops	3
Dairies	1
Fried Fish Shops	21
Bakehouses	12
Butchers	32
Ice Cream Premises	5
Restaurants, Cafes, etc.	39
School Canteens	1
Licensed Premises	3
Other food premises	61

SMOKE CONTROL:—

(Improvements effected)

Boiler plants re emission of smoke	4
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GENERAL:—

(Nuisances abated or improvements effected)

Fowls, Swine and other animals	5
Stables	—
Schools	1
Places of Public Entertainment	3
Public Sanitary Conveniences	141
Noise	14
Pet Shops	3
Accumulations of Refuse	80
Merchandise Marks Act (Contraventions remedied)	11
Miscellaneous sanitary improvements	114
Total	1,820

SAMPLES OBTAINED:—

	Formal	Informal
Food and Drugs Act, 1955	61	212
Milk—Bacteriological	—	53
Milk—Biological	—	—
Milk—Brucellosis	—	200
Ice Cream—Bacteriological	—	48
Water	—	85
Swimming Baths Water	—	58
Fertilisers and Feeding Stuffs	7	4
Fabrics (Misdescription) Act — Flame proof materials	—	—
Pathological Specimens	—	557
Rag Flock	2	—
Total	70	1,217

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 the year was 1,195 compared with 1,117 the previous year. The number of newly registered premises during the year was 78, a slight increase on the previous year.

Routine inspections proceeded smoothly until the end of August when a shortage of staff interrupted the flow of work.

There were 19 accidents reported during the year, none of them very severe and the majority of them caused by falls of person. Advice was given in some of the cases.

87 notices were served regarding 274 contraventions.

There was a successful prosecution during the year against a shop in which there were contraventions against the heating requirements of the Act and the Information for Employees Regulations.

TABLE A
REGISTRATIONS AND GENERAL INSPECTIONS 1967

Class of premises	1 No. of premises newly registered during year	2 Total No. of registered premises at end of year	3 No. of registered premises receiving one or more general inspections during the year
Offices	16	300	22
Retail shops	51	665	74
Wholesale shops and warehouses	4	71	3
Catering establishments open to the public, canteens	7	156	13
Fuel storage depots ..	0	3	0
Totals	78	1,195	112

TABLE B
Total No. of visits of all kinds by inspectors to registered premises 670

TABLE C
ANALYSIS OF PERSONS EMPLOYED BY WORKPLACE

Class of workplace	No. of persons employed		
	Male	Female	Total
Offices	1,387	1,701	3,088
Shops	1,059	2,019	3,078
Wholesale departments, warehouses	510	62	572
Catering establishments open to public ..	258	453	711
Canteens	2	37	39
Fuel storage depots ..	35	1	36
Totals	3,251	4,273	7,524

Common Lodging Houses

The Salvation Army closed their Common Lodging House at Bramwell House, Carlton Place in April due to difficulties in staffing. The matter was considered by Council and arrangements were made for the Chief Welfare Officer to carry on its use for a temporary period. Later in the year it was decided that Bramwell House should be kept in use under the auspices of the Welfare Committee. Following that decision decorations have been carried out and alterations made to the stores, kitchen and basement wash house. There is accommodation for 120 male lodgers but usually no more than 36 beds are in use.

Animal Boarding Establishments Act, 1963

There were six applications for renewal of licences and one new application received during the year. All the premises were inspected and licences granted in each case.

Fertilisers and Feeding Stuffs Act, 1926

Fertilisers and Feeding Stuffs Regulations, 1960

Of the 11 samples obtained during the year 7 were of fertilisers and 4 were of feeding stuffs. Two separate samples produced by one manufacturer were found to be unsatisfactory. The attention of the manufacturer was drawn to this contravention and the matter was reported to the Ministry of Agriculture, Fisheries and Food. The Chief Public Health Inspector drew the attention of the Local Authority where this fertiliser was produced to the matter.

Pharmacy and Medicines Act, 1941

At the end of the year there were 102 registered sellers of Part II Poisons, occupying 142 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.

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

Places of Public Entertainment

During the year 16 inspections were made of theatres, cinemas and other premises for which theatre licences are necessary, and conditions generally were found to be satisfactory.

Riding Establishments Act, 1964

There were three applications for renewal of licences and one new application received during the year. Before licences were granted an inspection was made of all the premises concerned by Public Health Inspectors, Veterinary Inspectors and the Fire Brigade. These proved satisfactory and licences were granted in each case.

Swimming Baths

There are two public swimming baths in the Borough. The "Halifax 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 the use of the toilets. Wash hand basins have now been installed at all the conveniences where it is possible to do so easily. The Stump Cross convenience was enlarged to make use of a disused bus shelter. Additional urinal accommodation was provided and wash hand basins fixed in both the ladies' and men's conveniences. Tenders have been accepted for the Mixenden convenience but no work had commenced by the year end. A new convenience has been planned for the Keighley Road West development.

Damage still occurs at all the conveniences, automatic locks and the fittings being in constant need of repair and replacement. Major works of repair were carried out at the George Square conveniences due to a fall of the ceiling and at Bull Green where the access staircase was renewed.

INSPECTION OF WATER

Domestic Supplies

Various domestic supplies were sampled during the year by Public Health Inspectors.

There were 49 samples taken, either from the mains or from spring supplies in outlying districts. In four of the cases the samples were taken in connection with Standard or Improvement Grants.

Twenty-one of the samples were satisfactory, nine not wholly satisfactory and nineteen were not safe for human consumption. The majority of these unsafe supplies were from outlying areas where it is proposed to extend water mains. In connection with these schemes a further thirty-six samples were obtained to determine the degree of plumbosolvency in the waters. It was found that although the water may be potable at the source it was adversely affected by being in contact with lead service pipes.

The Water Board dealt with complaints referred to them and caused rusty and corroded water mains to be flushed out.

Rural Water Supplies and Sewerage Acts

A scheme for the extension of the Calderdale Water Board's mains to Jowler and Booth Bank was approved and is to be submitted to the Ministry. Another scheme for the extension of the mains to Grindlestone Bank received only a little support from the occupiers. The extension of the water mains to Bradshaw (Perseverance Terrace) now seems more likely in the near future following representations by the Calderdale Water Board to the Bradford authorities who will be extending their mains in this area and building a Booster Station about 1970. Surveys have commenced at Barm's Hill and Bowlshaw, Northowram, with a view to ascertaining the feasibility of extending the water mains to houses and farms in this area. The Green Lane, Shibden, extension is now completed.

RODENT CONTROL

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

During the year 344 complaints of rats and 786 of mice were received and treatments were carried out as shown below:

	Rats	Mice	Total
Local Authority Premises ..	41	278	319
Corporation Houses ..	34	494	528
Private Business Premises ..	181	588	769
Private Dwelling Houses ..	432	955	1,389
TOTAL	688	2,315	3,003

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".

1,679 manholes were treated by contract with "1081" during February 1967. Of these 164 were re-inspected and complete takes were found in 26 cases—16 percent; part takes in 29 cases—18 per cent; and no takes in 109 cases—66 per cent.

Two meetings of the newly constituted West Riding Pests Control Committee were held at the Ministry of Agriculture, Fisheries and Food, Leeds. This is a liaison committee between the Ministry and Local Authorities and about seventy Local Authorities were represented at each meeting. The Ministry's experiences in the destruction of Feral Pigeons were discussed at one meeting and a paper was given by a Principal Scientific Officer of the Pest Infestation Laboratory on "Fly Pest and its Control" at the other meeting. I was re-elected Chairman of the Committee for the year.

FACTORIES

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

H.M. Inspector of Factories sent 11 notices (comprising 16 items) under Section 9 of the Factories Act, 1961. In addition there was a complaint (1 item) brought forward from 1966.

All these 12 complaints (17 items) were remedied during the year and there were no outstanding complaints from H.M. Inspector of Factories at the end of the year.

The Public Health Inspectors found and remedied 6 other defects.

There were 17 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.	17	—	—	—	—	—
	—	—	—	—	—	—
Total	17	—	—	—	—	—

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	11	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authorities	648	62	6	—
3. Other premises in which Section 7 is enforced by the Local Authority* (excluding outworkers premises) ..	—	—	—	—
Total	664	73	6	—

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

TABLE XXVIII
Cases in which defects were found

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1) ..	—	6	—	6	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3).. ..	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective draining of floors (S.6).. ..	—	1	—	1	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	3	—	3	—
(b) Unsuitable or defective	6	12	—	5	—
(c) Not separate for sexes	—	1	—	1	—
Other offences against the Act (not including offences relating to outwork) ..	—	—	—	—	—
Total	6	23	—	16	—

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 285 samples of food and drugs were obtained during the year and submitted to the Public Analyst for chemical examination.

These included 61 samples of milk, 17 samples of ice-cream, and 207 samples of food and drugs.

Samples of milk "not genuine" according to the Sale of Milk Regulations numbered 1, giving a percentage of 1.6.

All the 17 samples of ice cream were reported as satisfactory.

Of the 207 samples of other food and drugs, 77 (or 37.2 per cent) 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 I

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>
Almonds—Ground	—	2	2	—	—	—
Bacon	—	1	1	—	1	1
Baked Beans	—	1	1	—	—	—
Barley Kernels	—	2	2	—	2	2
Beer—						
Best	2	—	2	—	—	—
Bitter	1	—	1	—	—	—
Mild	1	—	1	—	—	—
Bread—Various	—	15	15	—	14	14
Butter	—	9	9	—	—	—
Cheese	—	7	7	—	1	1
Cheese Wafers	—	1	1	—	—	—
Chicken in Jelly	—	1	1	—	—	—
Chocolate, Milk	—	1	1	—	1	1
Chow Mein	—	1	1	—	—	—
Christmas Pudding	—	1	1	—	—	—
Confectionery—						
Angel Cake	—	1	1	—	1	1
Battenburg	—	1	1	—	1	1
Bilberry and Imitation						
Cream Tart	—	1	1	—	1	1
Chocolate Eclairs	—	2	2	—	2	2
Chocolate Mini Roll	—	1	1	—	1	1
Cream Cake	—	1	1	—	1	1
Date and Walnut Cake	—	1	1	—	1	1
Galatopourekko	—	1	1	—	1	1
Sponge Cake	—	1	1	—	1	1
Vanilla Slice	—	1	1	—	1	1
Cream	—	7	7	—	—	—
Crystallised Fruit—						
Cut Mixed Peel	—	1	1	—	—	—
Glace Cherries	—	2	2	—	—	—
Dairy Topping	—	1	1	—	—	—
Dried Fruit—						
Apple Flakes	—	1	1	—	—	—
Dates	—	2	2	—	—	—
Figs	—	1	1	—	—	—
Fruit Salad	—	1	1	—	—	—
Mixed Fruit and Cut						
Mixed Peel	—	1	1	—	—	—
Fish Cakes	—	2	2	—	2	2
Fish Products—						
Cockles	—	1	1	—	—	—
Crab, Dressed, with Butter						
Prawns	—	1	1	—	—	—
Shrimps	—	1	1	—	—	—
Flour—						
Plain	—	3	3	—	—	—
Self Raising	—	2	2	—	—	—
Fruit, Tinned	—	2	2	—	1	1
Ham Teacake	—	1	1	—	1	1
Horseradish Cream	—	1	1	—	—	—
Ice Cream	—	17	17	—	—	—
Lard	—	1	1	—	—	—
Lemon Juice	—	1	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>
Lobster, Tinned	—	1	1	—	—	—
Margarine	—	7	7	—	—	—
Marzipan	—	1	1	—	—	—
Meat Products—						
Chicken	—	2	2	—	—	—
Chicken Curry	—	1	1	—	—	—
Chicken Fillets	—	1	1	—	—	—
Chicken Paste	—	1	1	—	—	—
Chopped Ham and Pork ..	—	2	2	—	1	1
Corned Beef	—	10	10	—	5	5
Cornish Pasty	—	1	1	—	1	1
Hot Dog and Hamburger ..	—	1	1	—	—	—
Meat and Potato Pie	—	1	1	—	1	1
Pork and Goose Liver Pate ..	—	1	1	—	1	1
Pork Luncheon Meat	—	4	4	—	4	4
Pork Shoulder	—	1	1	—	1	1
Steak and Kidney Pie	—	2	2	—	2	2
Steak and Vegetables	—	1	1	—	—	—
Steak and Vegetable Pasties ..	—	1	1	—	—	—
Turkey Spread	—	1	1	—	—	—
Milk	60	1	61	1	—	1
Channel Islands	2	—	2	—	—	—
Bottle of	—	1	1	—	1	1
Bottles	—	7	7	—	7	7
Condensed	—	1	1	—	—	—
Evaporated	—	4	4	—	—	—
with Foreign Body	—	1	1	—	1	1
Mint Sauce	—	1	1	—	—	—
Non-Fat Milk (Instant)	—	1	1	—	—	—
Onion Sauce Mix	—	1	1	—	—	—
Peanut Butter	—	1	1	—	—	—
Peas	—	3	3	—	3	3
Pickled Onions	—	1	1	—	1	1
Pickles, Mixed	—	1	1	—	—	—
Pie Filling	—	2	2	—	—	—
Preserves—Jam	—	7	7	—	3	3
Lemon Curd	—	3	3	—	—	—
Marmalade	—	4	4	—	2	2
Mincemeat	—	3	3	—	—	—
Pudding—Date Sponge	—	1	1	—	—	—
Milk, Rice	—	1	1	—	—	—
Steak and Kidney	—	1	1	—	1	1
Salad, Spanish	—	1	1	—	—	—
Sausage—Beef	—	1	1	—	—	—
Pork	—	1	1	—	1	1
Tomato	—	1	1	—	—	—
Sausage Roll	—	1	1	—	1	1
Shrewsbury Biscuit	—	1	1	—	—	—
Shrimps	—	1	1	—	—	—
Soft Drinks—						
Blackcurrant Health Drink ..	—	1	1	—	—	—
Ginger Cordial	—	1	1	—	—	—
Lime Juice Cordial	—	1	1	—	—	—
Orange Squash	—	2	2	—	—	—
Spirits—Brandy	1	—	1	—	—	—
Gin	1	—	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>
	Rum	..	..	1	—	1	—	—	—
	Whisky	..	..	1	—	1	—	—	—
Spread	Cheese and Crab	..	..	—	1	1	—	—	—
	Cheese and Tomato	..	..	—	1	1	—	—	—
	Sandwich	..	..	—	1	1	—	—	—
	Spam	..	..	—	1	1	—	—	—
Sugar	..	..	..	—	1	1	—	1	1
Tea	..	..	..	—	1	1	—	—	—
Trifle	..	..	..	—	1	1	—	1	1
Tuna	..	..	..	—	1	1	—	1	1
Yoghurt	Natural	..	..	—	3	3	—	1	1
	Real Fruit	..	..	—	2	2	—	1	1
Total				70	215	285	1	77	78

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	Pork Luncheon Meat—tainted.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample, although sterile, was tainted. This matter was reported to the Health Committee on the 7th March, 1967, when the Town Clerk was instructed to send a letter of warning to the manufacturers.
2	Fish Cake—containing small fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a fly, and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter.
3	Bottle of Milk—with incorrect label	Following a complaint that a distributor was selling milk which was not designated in accordance with the Milk Regulations, a sample was purchased and submitted to the Public Analyst who reported that the sample was of pasteurised milk and was not designated as such. This matter was reported to the Health Committee on the 31st January, 1967, when the Town Clerk was instructed to send a letter of warning to the distributor.
6	Raspberry Yoghurt—with irregular label.	A routine informal sample was purchased and submitted for analysis. The Public Analyst reported that the sample was satisfactory regarding composition but that the presence of added colouring matter was not disclosed and the label contravened the Labelling of Food Order, 1953. The Chief Public Health Inspector drew the attention of the retailer to the matter.
11	Pork Sausage—deficient in meat.	An informal sample of Pork Sausage was purchased and submitted to the Public Analyst who reported that the sample contained only 63% of meat instead of the presumptive standard of 65%. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
13	Double Gloucester Cheese—mouldy.	A routine informal sample was purchased and submitted for analysis. The Public Analyst reported that the sample was affected by mould and in his opinion was unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter.

TABLE 2—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
14	Milk Bottle—containing piece of paper.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a piece of paper. This matter was reported to the Health Committee on the 7th March, 1967, when the Town Clerk was instructed to send a letter of warning to the producer.
15	Fruit and Malt 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. This matter was reported to the Health Committee on the 7th March, 1967, when the Town Clerk was instructed to send a letter of warning to the retailer.
16	Pork Luncheon Meat—tin rusted.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the tin was rusty and corroded and that the meat was unfit for human consumption. The Chief Public Health Inspector drew the attention of the retailer to the matter.
17	Chocolate Eclair—containing hair.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a hair, and he considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 7th March, 1967, when the Town Clerk was instructed to send a letter of warning to the baker.
18	Corned Beef—corroded tin.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the meat was affected by stains from the corrosion of the tin and in his opinion was unsatisfactory. The Chief Public Health Inspector drew the attention of the importers to the matter.
19	Galatopourek—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy. This matter was reported to the Health Committee on the 7th March, 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
20	Garden Peas—containing quantity of grease.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the tin of peas contained a quantity of grease and he considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 7th March, 1967, when the Town Clerk was instructed to send a letter of warning to the packer.
21	Large Sliced Loaf—containing pellets of hardened dough.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the loaf contained several pellets of hardened dough. The Chief Public Health Inspector drew the attention of the baker to the matter.
22	Milk Block—containing maggot.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had been damaged by a maggot and contained a living maggot. He considered the sample was unfit for human consumption. This matter was reported to the Health Committee on the 4th April, 1967, when the Town Clerk was instructed to send a letter of warning to the manufacturers.
23	Shrewsbury Biscuit—containing bristle.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a bristle from a brush. In his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
24	Sponge Cake—stale.	Informal sample submitted for analysis following complaint. The Public Analyst reported that although the sample was wholesome, it had been stored too long or there was a fault in the texture of the cake. He therefore classified the sample as irregular. The Chief Public Health Inspector drew the attention of the baker to the matter.
41	Pork Luncheon Meat—tin perforated.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the meat was affected by stains from the corrosion of the tin and in his opinion the sample was unfit for human consumption. The Chief Public Health Inspector drew the attention of the importers to the matter.

TABLE 2—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
42	Steak and Kidney Pie—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and in his opinion was unfit for human consumption. This matter was reported to the Health Committee on the 8th May, 1967, when the Town Clerk was instructed to institute legal proceedings. The case was heard on the 2nd August, 1967, when the Magistrates imposed a fine of £10 with £6 16s. 3d. costs.
55	Bread (Brown 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. This matter was reported to the Health Committee on the 8th May, 1967, when the Town Clerk was instructed to send a letter of caution to the baker.
63	Meat and Potato Pie—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 retailer to the matter.
64	Vanilla Slice—contains discolouration.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was discoloured with oven grime. He considered the sample to be irregular. The Chief Public Health Inspector drew the attention of the baker to the matter.
66	Milk Bottle—containing powdered tea.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the milk bottle contained powdered tea leaf. It was not possible to prove where the tea had gained access to the bottle and no further action was taken.
67	High Protein Bread—discoloured with particles of bran.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a harmless brown discolouration which was due to bran, and he classified the sample as irregular. The Chief Public Health Inspector drew the attention of the baker to the matter.
76	Tuna—contains a fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a fly, and he considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 8th August, 1967, when the Town Clerk was instructed to send a letter of caution to the importer.

TABLE 2—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
80	Cream Cake—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and in his opinion was unfit for human consumption. This matter was reported to the Health Committee on the 5th July, 1967, when the Town Clerk was instructed to institute legal proceedings. The case was heard on the 9th August, 1967, when the Magistrates imposed a fine of £25 with costs of £3 18s. 0d.
81	Chocolate Eclair—contains splinters of wood.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign matter, namely two splinters of wood. This matter was reported to the Health Committee on the 8th August, 1967, when the Town Clerk was instructed to institute legal proceedings. The case was heard on the 3rd November, 1967, when a plea of "guilty" was made and the magistrates imposed a fine of £15 0s. 0d. with costs of £3 18s. 0d.
82	Milk Bottle—contains cement.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the bottom of the bottle contained a ring of concrete. In his opinion the bottle was not in a state of thorough cleanliness. This matter was reported to the Health Committee on the 5th July, 1967, when the Town Clerk was instructed to institute legal proceedings. The case was heard on the 20th September, 1967, when a plea of "guilty" was made. The Magistrates imposed a fine of £35 with costs of £3 18s. 0d.
86	Real Fruit Raspberry Yoghurt—irregular label.	A routine informal sample was purchased and submitted for analysis. The Public Analyst reported that the sample was satisfactory regarding composition but that the presence of added colouring matter was not disclosed and the label contravened the Labelling of Food Order, 1953. This matter was reported to the Health Committee on the 7th November, 1967, when legal proceedings were authorised. The case was heard on the 3rd January, 1968 when a plea of "not guilty" was made. The Magistrates dismissed the case.

TABLE 2—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
95	Milk Bottle—contains grit and coal dust.	Informal sample submitted following complaint. The Public Analyst reported that the bottle contained deposits of grit and coal dust interlaced with mould filaments and was not in a state of thorough cleanliness. This matter was reported to the Health Committee on the 5th July, 1967, when the Town Clerk was instructed to institute legal proceedings. The case was heard on the 20th September, 1967, when a plea of "guilty" was made. The Magistrates imposed a fine of £35 0s. 0d. with costs of £3 18s. 0d.
97	Milk Bottle—containing foil of paper.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was unsatisfactory in that it contained a foreign body, namely a ball of crumpled aluminium and paper. This matter was reported to the Health Committee on the 5th July, 1967, when the Town Clerk was instructed to send a letter of warning to the producers.
98	Sliced 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 producer and retailer to the matter.
99	Strawberry Jam—mould on jam cover.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the paper covering the jam was mouldy and small areas of mould had penetrated to the jam. In his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
100	Pickled Onions—yellow discolouration.	Informal sample submitted for analysis following complaint. The Public Analyst reported that although the discolouration was due to natural deposits he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
101	Champion Battenburg—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and unfit for human consumption. This matter was reported to the Health Committee on the 8th August, 1967, when the Town Clerk was authorised 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
102	Corned Beef—tin perforated.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the tin had been perforated and that the meat was unfit for human consumption. This matter was reported to the Health Committee on the 8th August, 1967, when the Town Clerk was instructed to send a letter of warning to the wholesaler.
103	Brown Sliced Loaf—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and unfit for human consumption. The Chief Public Health Inspector drew the attention of the baker to the matter.
104	Pork Shoulder—tin corroded.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the meat was affected by stains from the corrosion of the tin. The Chief Public Health Inspector drew the attention of the packers to the matter.
113	Farmhouse Sliced Loaf—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy. This matter was reported to the Health Committee on the 3rd October, 1967, when the Town Clerk was instructed to send a letter of warning to the baker.
115	Angel Orange Cake—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy. The Chief Public Health Inspector drew the attention of the baker to the matter.
127 and 167	Corned Beef—tins corroded.	Informal samples submitted for analysis following complaint. The Public Analyst reported that the meat was affected by stains from the tins and further that sample No. 167 had a 'tinny' odour. In his opinion both samples were unsatisfactory. These complaints were reported to the Health Committee on the 7th November, 1967, when legal proceedings were authorised.
128	Sausage Rolls—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy. The Chief Public Health Inspector drew the attention of the retailer and the manufacturer to the matter.

TABLE 2—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
129	Corned Beef—tin punctured.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the tin was punctured and the meat badly out of condition. The Chief Public Health Inspector drew the attention of the retailer to the matter.
130	White Loaf—contains a fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a winged insect. In his opinion the sample was unsatisfactory. This matter was reported to the Health Committee on the 3rd October, 1967, when legal proceedings were authorised. The case was heard on the 13th December, 1967, when a plea of "guilty" was made and the Magistrates imposed a fine of £20 with costs of £5 18s. 0d.
131	Large White Sliced Loaf—contains a 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 the 3rd October, 1967, when the Town Clerk was instructed to send a letter of warning to the baker.
135	Pork and Goose Liver Pate—tin corroded.	A routine informal sample was purchased and submitted for analysis. The Public Analyst reported that the tin was corroded and that the contents contained excessive tin. In the absence of a legal standard the Food Standards Committee recommend that tin should not exceed 250 parts per million and he had found the sample to contain 400 parts per million. The Chief Public Health Inspector drew the attention of the importers to the matter.
141	Spam—tin corroded.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the meat was affected by stains from the corrosion of the tin. The amount of iron was small but he classified the sample as irregular. The Chief Public Health Inspector drew the attention of the packers to the matter.
142	Ham Teacake—contains spent match.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a spent match and he was of the opinion that this foreign object had been baked in the cake. This matter was reported to the Health Committee on the 7th November, 1967, when the Town Clerk was instructed to send a letter of warning to the baker.

TABLE 2—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
143	Milk (Dirty Bottle)—contains cement and sand.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a deposit of cement and sand. In his opinion the bottle was not in a state of thorough cleanliness. This matter was reported to the Health Committee on the 3rd October, 1967, when the Town Clerk was instructed to send a letter of warning to the producer.
144	Dirty Milk Bottle—contains mouldy residue.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a patch of dried milk solids and mould filaments and in his opinion was not in a state of thorough cleanliness. The Chief Public Health Inspector drew the attention of the producer to the matter.
145	Tinned Peas—complete absence of peas.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained liquid only and having regard to the complete absence of peas he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the canners to the matter.
146	Tinned Peas—peculiar odour.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had a peculiar odour but he was unable to find any extraneous or harmful ingredients. Because the sample had caused dissatisfaction he considered the sample to be irregular. No further action was taken.
147	Bacon—infested by maggots.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was partially infested by maggots. An inspection of the retailer's premises failed to reveal any further infestation. The Chief Public Health Inspector drew the attention of the retailer to the matter.
150	Blackcurrant Jam—contains a snail.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a snail. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
151	Milk—deficient in fat.	A formal sample of milk was obtained from a producer on final delivery in the street. The Public Analyst reported that the sample was 9% deficient in fat. The Chief Public Health Inspector drew the attention of the producer to the matter and a sample obtained at a later date proved satisfactory.

TABLE 2—continued

165	Vit-Be Brown Loaf—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy. The Chief Public Health Inspector drew the attention of the retailer and the baker to the matter.
164	White Sliced Loaf—contains fly and lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign matter, namely stained lubricant and a small fly. This matter was reported to the Health Committee on the 7th November, 1967, when the Town Clerk was instructed to send a letter of warning to the baker.
166	Barrabrith Loaf—contains drawing pin.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a drawing pin but it was not possible to prove whether or not the pin had been baked in the loaf. No further action was taken.
168	Steak and Kidney Pudding—contains a sixpence.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a sixpence. This matter was reported to the Health Committee on the 7th November, 1967, when the Town Clerk was instructed to send a letter of warning to the producer.
180	Milk Bottle—contains pupae of insects.	A complaint was made to the Department by a neighbouring Authority regarding the condition of a milk bottle. The Public Analyst reported that the milk bottle contained pupae of the fruit fly. This matter was reported to the Health Committee on the 7th November, 1967, when the Town Clerk was instructed to send a letter of warning to the producer.
181	Fish Cake—contains discoloured potato.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained black and grey objects which were pieces of potato skin. He classified the sample as irregular. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
182	Trifle—contains button and thread.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a button and thread. The Chief Public Health Inspector drew the attention of the producer to the matter.
183	Bridge Roll—contains charred flakes of dough.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained flakes of charred starch and fat and he classified the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.

TABLE 2—continued

186	Orange Marmalade—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sealing lid was perforated and the marmalade was mouldy. The Chief Public Health Inspector drew the attention of the retailer to the matter.
199	Steak and Kidney Pie—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the pie was mouldy and in his opinion unsatisfactory. The Chief Public Health Inspector drew the attention of both the producer and retailer to the matter.
200 and 221	Barley Kernels—infested with webbing and moths.	Two informal samples submitted for analysis following complaints. The Public Analyst reported that one of the samples was affected by 'webbing' of a moth and the other sample contained 'webbing', a dead moth and a live one. In his opinion the samples were unsatisfactory. This matter was reported to the Health Committee on the 6th February, 1968, when the Town Clerk was instructed to send a letter of warning to the manufacturers.
201	Grapefruit Sections—contains small fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a small fly, and he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the importers to the matter.
202	Sugar—with peculiar taste.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had a peculiar taste and was found to contain seven per cent of salt. He considered the sample to be unsatisfactory. After making further investigations at the home of the complainant no further action was taken.
203	Date and Walnut Cake—containing a nail.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a nail. In his opinion this sample was unsatisfactory. This matter was reported to the Health Committee on the 9th January, 1968, when the Town Clerk was instructed to institute legal proceedings. This case was heard on the 1st May, 1968, when a plea of "guilty" was made and the Magistrates imposed a fine of £20 with costs of £3 18s. 0d.
214	Cornish Pasty—containing part of insect.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely part of an insect, and he considered the sample to be 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
215	Marmalade—containing a bee.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a bee, which had entered the marmalade after cooking. In his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturers to the matter.
216	Ham and Pork—tin corroded, sample stained.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the jelly around the meat had been stained by corrosion of the tin. The content of iron involved would not adversely affect the sample but he classified the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the importers to the matter.
218	Strawberry Jam—containing a wasp.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a wasp, and in his opinion was unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
274	Chocolate Mini Roll—containing a hair.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a hair. In his opinion the sample was unsatisfactory. This matter was reported to the Health Committee on the 6th February, 1968, when the Town Clerk was instructed to send a letter of warning to the bakers.
283	Bilberry and Imitation Cream Tart—containing a fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a fly. He considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 6th February, 1968, when legal proceedings were authorised. The case was heard on the 1st May, 1968, when a plea of "guilty" was made and the Magistrates imposed a fine of £25 with costs of £3 18s. 0d.
284	Fruit Cake—sample under-cooked.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the middle part of the loaf was soggy, doughy and under-cooked. There was also a streak of red in the soft core. In his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the baker 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	3.60	8.52	—	—	—
March ..	2	4.42	8.66	—	—	—
April ..	—	—	—	—	—	—
May ..	16	3.83	8.82	—	—	—
June ..	—	—	—	—	—	—
July ..	10	3.82	8.92	—	—	—
August ..	12	3.54	8.95	—	—	—
September ..	1	3.75	8.88	—	—	—
October ..	—	—	—	—	—	—
November ..	—	—	—	—	—	—
December	8	3.92	8.68	2	4.35	9.10
Total ..	61			2		
Average for year 1967		3.69	8.65		4.35	9.10
" " " 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

The figures given in the third and fourth columns of the above table represent the average milk fat and non-fatty solids in the 61 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 2 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 292 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 53 samples of milk—as shown below—were submitted to bacteriological examination.

Designation	Samples taken	Satisfactory	Unsatisfactory
Pasteurised	53	53	—
Sterilised	—	—	—
Untreated	—	—	—
TOTAL	53	53	—

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 200 samples submitted to the Public Health Laboratory Service for examination for *Brucella abortus*:

Produced	No. of samples	Satisfactory	Positive on culture
In Borough	190	184	6
Outside of Borough	10	8	2
TOTAL	200	192	8

There has again been an increase in the number of samples obtained during the year due to the number of individual cow samples obtained when six cows in four herds produced positive Brucellosis samples.

The milk from the infected cows was isolated and five cows have been slaughtered, the sixth was accidentally electrocuted.

The two positive samples 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 55 inspections were made of 359 registered premises (all retailers).

A total of 48 samples was submitted to bacteriological examination by the Methylene blue reduction test, particulars of which are given in the following Table:—

Produced	No. of Samples	Grade 1 Highly Satisfactory	Grade 2 Satisfactory	Grade 3 Unsat'factory	Grade 4 Very Unsatisfactory
In Borough	—	—	—	—	—
Outside of Borough	48	33(68.75%)	12(25.00%)	3 (6.25%)	—
TOTAL	48	33(68.75%)	12(25.00%)	3 (6.25%)	—

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 please to be able to report that all mobile vans selling ice cream in this Borough are so constructed as to comply with The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, 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 36 premises registered for the preparation or manufacture of sausages, potted, pressed, pickled or preserved foods.

FRIED FISH SHOPS

During the year 60 inspections were made of 51 premises. Improvements were effected in 21 cases.

BAKEHOUSES

The number of bakehouses on the register at the end of the year was 29.

There were 51 inspections made, and improvements were effected in 12 cases.

FOOD HYGIENE

During the year 62 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. From the 1st January, 1967, new Regulations were introduced to improve the standard of constructional requirements, washing facilities, first aid requirements and food handling, etc., and I am pleased to report that the owners of these mobile shops have co-operated in attaining the new standards.

There are 985 food premises in the Borough divided into the following categories. Information about their compliance with regulations 16 and 19 is also appended.

Visits to food premises, including any necessary re-visits numbered 795.

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

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	29	29	29	29
Butchers	106	86	106	105
Fish and Chips	51	40	51	51
Restaurants	51	49	51	51
News, Sweets, Tobacco	115	95	102	102
Licensed Premises	155	152	155	155
Grocers and Confectioners	340	240	340	315
Canteens	3	3	3	3
Fish and Fruit	37	37	37	37
Food Manufacturers	96	57	96	95
Food Warehouses	2	2	2	2
TOTAL	985	790	972	945

Meat and Food Inspections

The incidence of liver fluke was again high, nearly twice as many sheep being affected as last year. No tuberculosis was found. In pigs suppurating wounds, particularly in the region of the tail, were common, probably due to infection after tail biting. This may be caused by the method of intensive feeding known as "steaming up" where tail biting is more prevalent and chance of infection greater.

Over four tons of Jersey potatoes were condemned because of rot. The flooding in Copley Village caused damage to foodstuffs and a quantity of flour, sugar, fat, etc., was condemned.

Three poultry processing plants were supervised during the whole of the year. One plant processes 9-10 week old chickens and deals with nearly two million annually. The second plant deals with about 30,000 annually. The third processing establishment dealing with about 20,800 annually, eviscerates "rough plucked" birds for the retail trade. The retail poultry trade prefers in the main to market hens and chickens in the "rough plucked" state rather than "oven

ready", although there is probably a yearly increase in the number of oven ready frozen birds sold. The law, as yet, does not require all birds to be eviscerated at the point of slaughter as it does in the U.S.A., therefore unless disease is suspected the inspector cannot demand to see any bird eviscerated. Nevertheless, in practice a request to see a bird eviscerated is always complied with. On several occasions when disease has been suspected several hundred birds from particular consignments have been inspected in detail but apart from these suspected birds a proportion of every consignment is eviscerated. These birds comprise those which have been injured and which are to be cut up for joints and others which are being prepared for the oven ready trade. In this way it is possible to get critical assessment of the consignments as a whole.

In chickens chronic pulmonary disease has accounted for almost all condemnations and appears to be responsible generally for unthriftiness in these birds. A high proportion of all small chickens were found to be affected with this disease.

In hens no tuberculosis was found and it is probably fair to say that although intensive rearing of poultry may have brought new diseases it has not led to an increase in tuberculosis, in fact rather the reverse.

Apart from condemnations for chronic respiratory disease already mentioned, other condemnations were for moribund birds, birds insufficiently bled and injured birds which could not be used for jointing purposes. In hens condemnations were for Leucosis, tumours, oedema and egg yolk retention.

A very satisfactory working relationship has been achieved with the poultry packers without whose co-operation and goodwill it would be impossible to operate the present inspection system. They believe it is to their advantage that the general public should have complete confidence in their product.

POULTRY INSPECTION

There are three poultry processing premises within the district. The number of visits to these premises during 1967 numbered 416 and the total number of birds processed during the year was 1,968,740, of which 15,710 were condemned (or 47,244 lbs.). The percentage of birds rejected as unfit for human consumption was 0.79. The types of birds processed were broilers and hens.

CARCASES 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	8,721	2,161	606	38,997	9,778	—
Number inspected	8,721	2,161	606	38,997	9,778	—
ALL DISEASES EXCEPT T.B. AND CYSTICERCI						
Whole carcasses Condemned ..	5	8	7	59	21	—
Carcasses of which some part or organ was condemned	991	869	—	3,394	400	—
Percentage of the No. inspected with disease other than T.B. and Cysticerci	11.4	40.3	1.0	8.7	4.4	—
TUBERCULOSIS ONLY						
Whole carcasses condemned ..	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	—	—
Percentage of the No. inspected affected with Tuberculosis ..	—	—	—	—	—	—
CYSTICERCOSIS						
Carcasses of which some part or organ was condemned	—	—	—	—	—	—
Carcasses submitted to treated by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

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

					lbs.
Total amount of Meat destroyed	..	..	..	..	10,526
Total amount of Offals destroyed	..	..	..	..	38,187
Total amount of Meat destroyed on account of Tuberculosis					—
Total amount of Offals destroyed on account of Tuberculosis					—
Total amount of Meat destroyed from other causes	..		..	..	10,526
Total amount of Offals destroyed from other causes	..		..	..	38,187
Total Meat and Offals destroyed	..	..	..	..	48,713

FOOD INSPECTION

The following Table shows the amount of foods condemned:—

Food Condemned						Quantity in lbs.
13 Carcases of Beef	..	..	..	..	..	5,200
Beef not in Carcase	..	..	..	..	..	1,341
7 Carcases of Veal	..	..	..	..	..	180
59 Carcases of Mutton	..	..	..	..	..	1,176
21 Carcases of Pork	..	..	..	..	..	2,220
Pork not in Carcase	..	..	..	..	..	409
Offals	..	..	..	..	..	38,187
Poultry	..	..	..	..	..	47,244
Canned Foods	..	..	..	..	..	3,915
Frozen Foods	..	..	..	..	..	640
Fish	..	..	..	..	..	142
Fruit	..	..	..	..	..	975
Imported Meat and Offals	..	..	..	..	..	563
Vegetables..	..	..	..	..	..	10,371
Other Foods	..	..	..	..	..	1,132
Fire-damaged Food	..	..	..	..	..	3,000
Flood-damaged Food	..	..	..	..	..	960
Total Weight..						117,655

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.

Condemned poultry is, after staining, disposed of for mink feeding.

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

PROSECUTIONS DURING 1967

<i>Date of Hearing</i>	<i>Act</i>	<i>Offence</i>	<i>Penalty</i>
1.3.67	Food and Drugs Act, 1955, Section 2.	Formal samples of spirits obtained and found to be watered (two offences).	Defendant fined £25 with £3 18s. 0d. costs in each case.
28.6.67	Clean Air Act, 1956, Section 1(1) Dark Smoke (Permitted Periods) Regulations, 1958.	Emitting dark smoke from a chimney contrary to the Act (two offences).	Defendants fined £15 in each case.
3.8.67	Food and Drugs Act, 1955, Section 8.	Selling a Steak and Kidney Pie unfit for human consumption.	Defendant fined £10 with £6 16s. 2d. costs.
9.8.67	Food and Drugs Act, 1955, Section 8(i).	Selling a Chocolate Cream Cake unfit for human consumption.	Defendants fined £25 with £3 18s. 0d. costs.
20.9.67	Milk and Dairies (General) Regulations, 1959, Section 27(1).	Failing to ensure a milk bottle immediately before use was in a state of thorough cleanliness.	Defendants fined £35 with £3 18s. 0d. costs.
20.9.67	Milk and Dairies (General) Regulations, 1959, Section 27(1).	Failing to ensure a milk bottle immediately before use was in a state of thorough cleanliness.	Defendants fined £35 with £3 18s. 0d. costs.
3.11.67	Food and Drugs Act, 1955, Section 2.	Selling a Chocolate Eclair which was not of the substance demanded.	Defendants fined £15 with £3 18s. 0d. costs.
13.12.67	Food and Drugs Act, 1955, Section 2.	Selling a White Loaf which was not of the substance demanded.	Defendants fined £20 with £5 18s. 0d. costs.
22.3.67	Offices, Shops and Railway Premises Act, 1963, Section 6 and Section 50.	(1) Failing to provide reasonable temperature in the show-rooms (2 offences). (2) Failing to display any abstract of the Act.	(1) Defendants fined £10 on each of two cases. (2) Defendants fined £5.0s. 0d.

SECTION VII

CLEAN AIR AND CLIMATE

Smoke Control Areas

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

The atmospheric pollution gauge in Powell Street shows that during the winter months of October, 1966, to March, 1967, there was a reduction of 73% in smoke and 50% in the amount of sulphur in the atmosphere as compared with 1959 prior to smoke control. It has been said in some quarters that pollution by sulphur dioxide would be unaffected by the introduction of smoke control and might, in fact, be increased. It is gratifying to note, therefore, that in Halifax, this statement has proved to be incorrect. The decrease in pollution from this source is accentuated by the increasing proportion of householders who are changing from solid fuel to gas fires.

The Halifax No. 12 (Copley) Smoke Control Order became operative on the 1st day of October, 1967.

The Halifax No. 13 (Waltroyd and Ovenden Way) Smoke Control Order became operative on the 1st day of June, 1967.

The Halifax No. 14 (King Cross and West End) Smoke Control Order was confirmed, with slight modification, by the Minister of Housing and Local Government on the 20th April, 1967. This Order will come into operation on the 1st day of June, 1968.

The survey of the No. 15 (Haugh Shaw Road and Arden Road) Smoke Control Order was carried out and at the end of the year the making of the Order was before the Council. The area is bounded by King Cross Street, Parkinson Lane, Queen's Road, King Cross Road, Rochdale Road, footpath between 11 and 13 Rochdale Road, Skircoat Moor Road, Free School Lane, Spring Edge, footpath on the west of Crossley and Porter School Lodge, Free School Lane, Savile Park Road, Bull Close Lane and Bull Green.

During the year 64 dwellinghouses have been visited and the occupants cautioned regarding the emission of smoke in a Smoke Control Area.

Grants paid in respect of adaptations in dwellinghouses amounted to £20,114 12s. 11d. allocated as under:—

	£	s.	d.
No. 4 (Savile Park) Smoke Control Area	102	15	9
No. 6 (Salterhebble and Scar Bottom) Smoke Control Area	403	3	2
No. 7 (Illingworth and Cousin Lane West) Smoke Control Area	47	7	5
No. 8 (Cousin Lane East) Smoke Control Area	57	7	9
No. 9 (Pye Nest and Rochdale Road) Smoke Control Area	482	17	0

No. 11 (Highroad Well) Smoke Control Area	..	349	14	8
No. 12 (Copley) Smoke Control Area	..	1,109	10	10
No. 13 (Waltroyd and Ovenden Way) Smoke Control Area	..	8,358	3	8
No. 14 (King Cross and West End) Smoke Control Area		9,203	12	8

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

INDUSTRIAL SMOKE

The number of smoke observations made during the year was 634.

There were 35 visits to works in connection with smoke emissions and industrial boiler plants were improved to reduce smoke emissions in four cases.

One application was received requesting prior approval of a new boiler plant and approval was granted.

Fifty-five deposited plans were examined, eleven of which showed the construction of a new chimney. In each case the height of chimney shown was considered to be satisfactory.

Proceedings were instituted against the occupier of a works for emitting dark smoke from the boiler chimney contrary to Section 1(1) of the Clean Air Act, 1956. There were two summonses issued and, after hearing the facts, the Magistrates imposed a fine of £15 in each case.

THE INVESTIGATION OF ATMOSPHERIC POLLUTION

1,484 visits have been made by members of the Health Department staff to the atmospheric pollution gauges in the Borough.

Thanks are again extended to the masters and pupils of Heath Grammar School who continue to assist the Department by taking daily readings at the school.

PUBLICITY

During the year the Solid Smokeless Fuels Federation's mobile exhibition unit made two visits to the Borough, each of one week's duration.

The tenancy of a vacant house within the Halifax No. 14 Smoke Control Area was taken over by the Coal Utilisation Council. Solid smokeless fuel burning appliances were installed in each of the two living rooms and remained on view to the general public for a fortnight.

The organisers of these projects reported that a great deal of interest was shown by the residents and many were glad of the opportunity to obtain advice and information regarding their domestic heating problems.

The visits were considered to have been well worthwhile.

TABLE I
DEPOSITED ATMOSPHERIC POLLUTION, 1967
(Tons per square mile)

	AKROYD PARK ($\frac{1}{4}$ mile North)				BELLE VUE PARK ($\frac{1}{4}$ mile West)				INFIRMARY ($\frac{1}{4}$ 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	1.93	4.44	4.82	9.26	1.85	4.19	3.81	8.00	1.62	4.40	3.50	7.90	1.97	3.03	4.40	7.43
February	3.74	5.51	6.53	12.04	4.18	5.07	10.83	15.90	3.94	3.60	6.27	9.87	3.82	3.34	7.75	11.09
March	1.89	6.87	7.75	14.62	1.93	5.29	8.57	13.86	1.62	3.94	6.19	10.13	1.81	3.19	6.10	9.29
April	1.73	4.35	4.83	9.18	1.77	4.77	6.22	10.99	1.26	3.61	4.69	8.30	*	*	*	*
May..	*	*	*	*	4.77	4.50	9.40	13.90	*	*	*	*	*	*	*	*
June..	*	*	*	*	3.07	5.07	6.29	11.36	2.52	5.53	5.26	10.79	*	*	*	*
July	*	*	*	*	1.97	4.21	4.22	8.43	1.85	4.90	3.16	8.06	*	*	*	*
August	—	—	—	—	4.93	5.04	9.16	14.20	4.81	4.34	6.89	11.23	*	*	*	*
September	—	—	—	—	3.94	9.26	6.49	15.75	4.14	4.33	9.46	13.79	*	*	*	*
October	—	—	—	—	6.93	4.36	7.77	12.13	6.93	4.80	6.66	11.46	*	*	*	*
November	—	—	—	—	3.82	4.68	9.14	13.82	3.51	3.82	5.07	8.89	2.76	3.81	5.15	8.96
December	—	—	—	—	2.29	3.80	4.02	7.82	2.25	2.31	2.39	4.70	*	*	*	*
Aggregate	9.29	21.17	23.93	45.10	41.45	60.24	85.92	146.16	34.45	45.58	59.54	105.12	10.36	13.37	23.40	36.77
Averages	2.32	5.29	5.98	11.27	3.45	5.02	7.16	12.18	3.13	4.15	5.41	9.55	2.59	3.34	5.85	9.19

* Records spoiled by unlawful interference with gauge

Monthly Average for Borough:—
 Insoluble Solids 4.58 tons per square mile
 Soluble Solids 6.28 " " "
 Total Solids 10.86 " " "
 Rainfall in inches 3.29

Total Annual Deposit for Whole Borough: 130.41 tons per square mile.

Note: 1. The gauge at Akroyd Park was discontinued from August.

2. The above figures are calculated on information obtained from Belle Vue Park and The Infirmary gauges only.

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

						Tons per sq. mile	Inches of Rainfall
1967	..	..	..	..	..	130.41	3.29
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
(1947	..	..	..	..	..	241.91	2.67)

Note: The 1967 figure is based on information obtained from the gauges at Belle Vue Park and the Infirmary only.

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

						Milligrams of SO ³ per 100 square centimetres
1967	..	..	..	..	..	2.05
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
(1947	..	..	..	..	..	2.75)

TABLE 2
SULPHUR POLLUTION—LEAD PEROXIDE METHOD, 1967

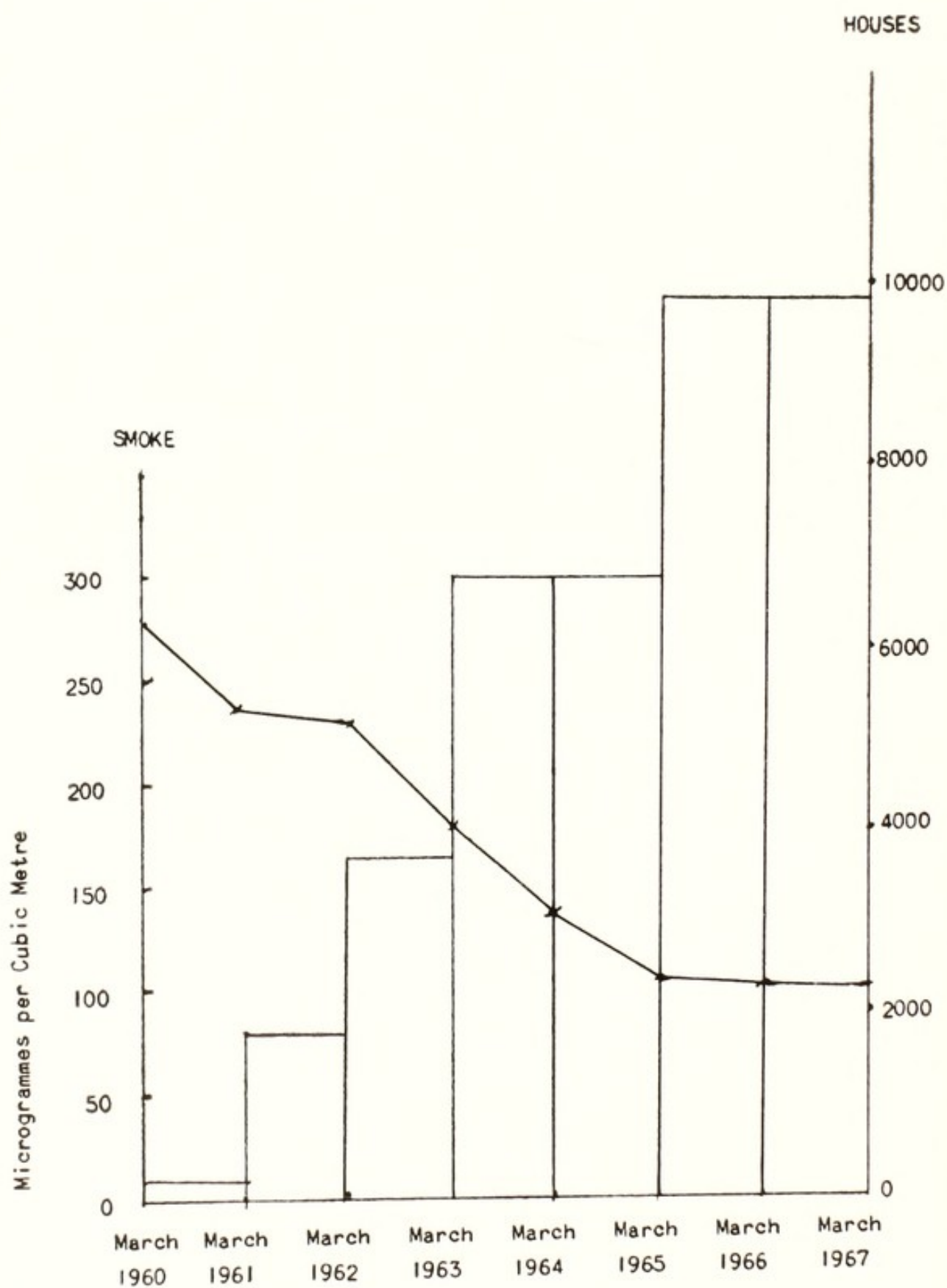
STATION	MILLIGRAMS OF SO ₃ PER 100 SQUARE CENTIMETRES—DAILY AVERAGES											
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
WEST VIEW PARK ..	2.29	2.15	1.24	1.48	1.27	0.94	0.70	1.02	1.04	1.12	2.94	1.44
BEACON HILL ..	3.64	2.95	3.52	2.27	1.80	1.62	*	*	1.62	2.36	3.90	2.67
TOTAL DAILY AVERAGES	2.96	2.55	2.38	1.38	1.53	1.28	0.70	1.02	1.33	1.74	3.42	2.05

*Records spoilt by unlawful interference.

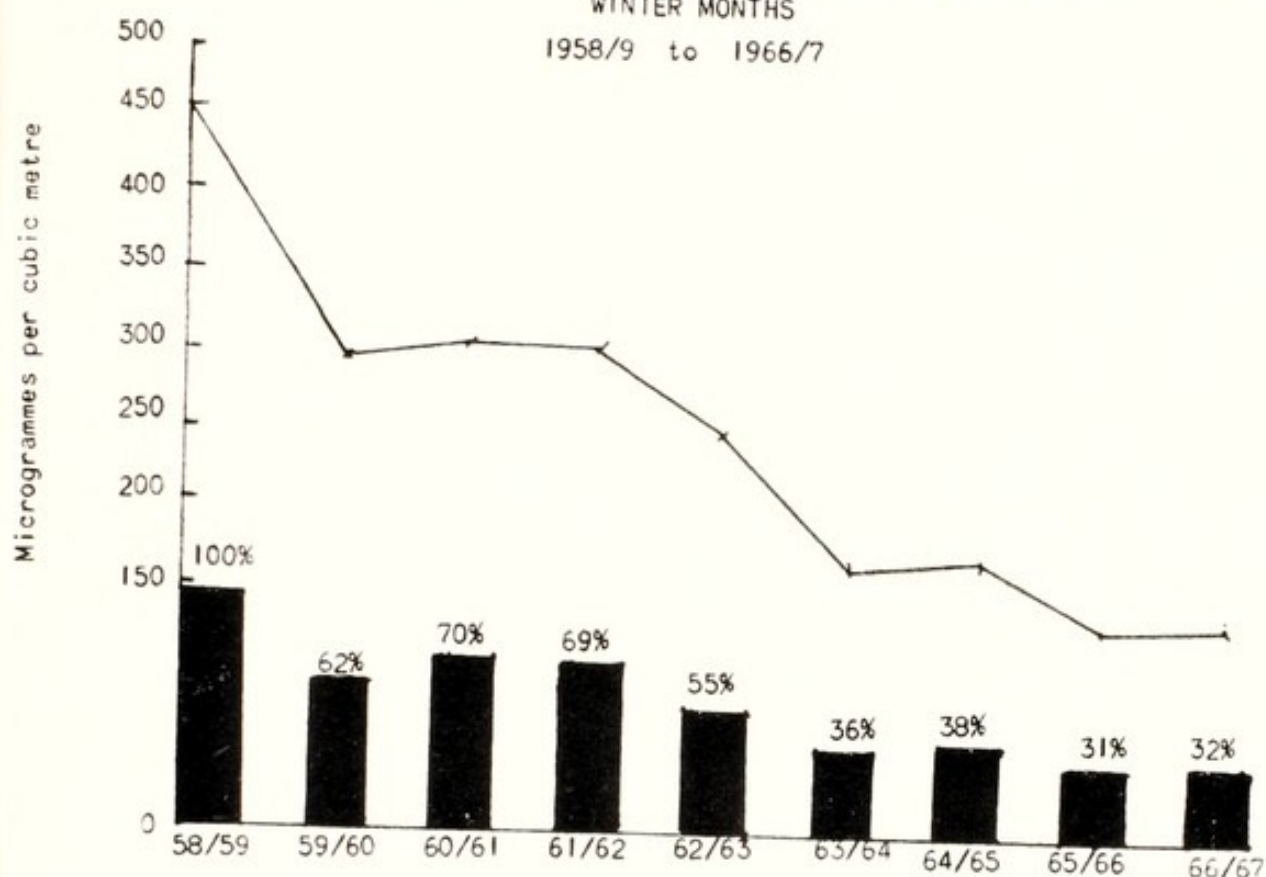
HOUSES UNDER SMOKE CONTROL

AND

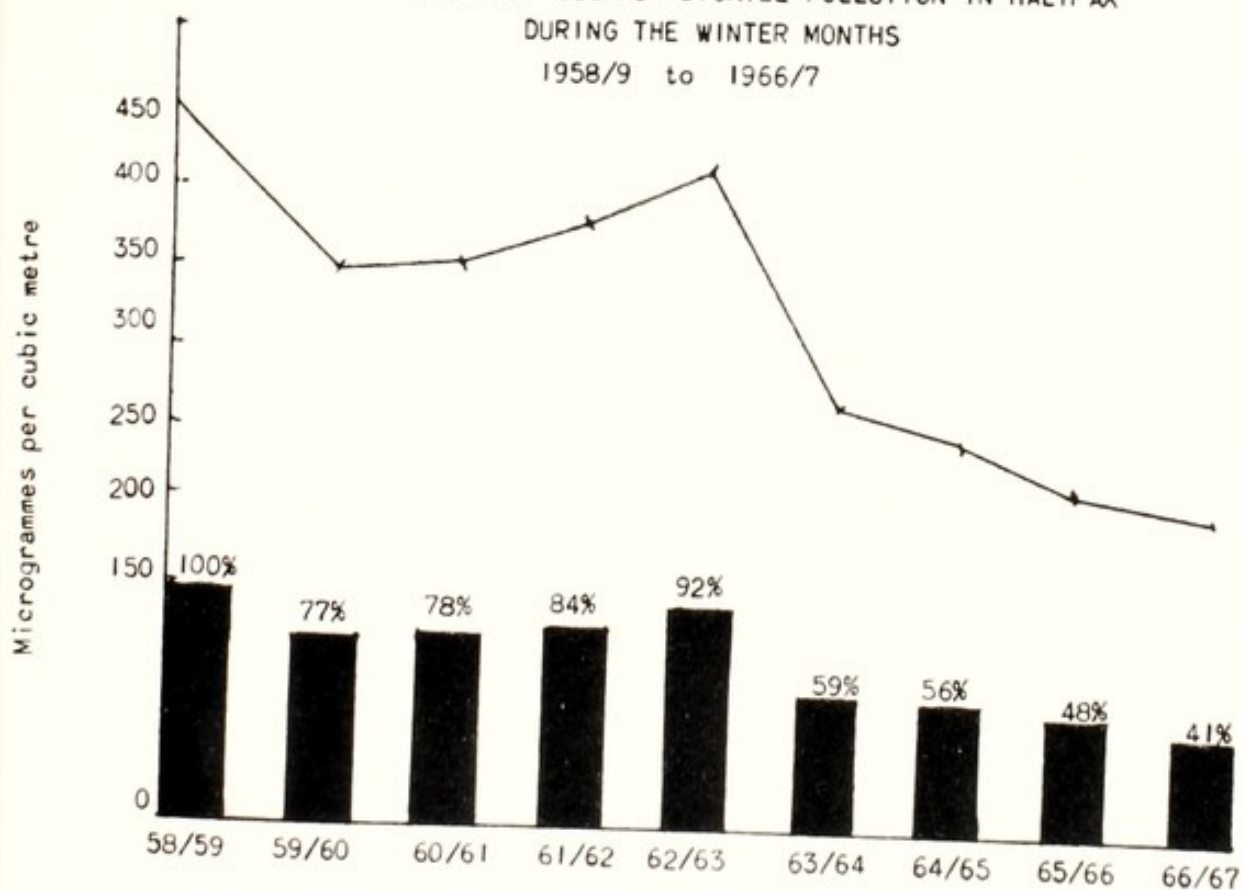
CONSEQUENT REDUCTION IN ATMOSPHERIC POLLUTION



TREND OF SMOKE POLLUTION IN HALIFAX DURING THE
WINTER MONTHS
1958/9 to 1966/7



TREND OF SULPHUR DIOXIDE POLLUTION IN HALIFAX
DURING THE WINTER MONTHS
1958/9 to 1966/7



General Summary of Meteorological Observations taken at the Central Public Library, Belle Vue, Halifax, from January 1st to December 31st, 1967

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

Latitude of Station: 53° 43' N.

Longitude of Station: 1° 52' W.

Altitude 625 feet (Barometer 632 feet)

1967 MONTH	Barometer		Air Temperature										Mean Temperature				Relative Humidity		Mean reading of Thermometers						Wind				Rainfall	
	Mean at 32° F. and sea level	Range	Maximum	Minimum	Range	Mean						Air	Dew Point	Relative Humidity	Vapour Pressure	Maximum in sun's rays	Minimum on grass	Earth 4 feet down	Est. Strength	Relative Proportion								Mean Amount of Cloud	No. of Raindays	Amount Collected
						Maxima	Minima	Range	North	North East	East									South East	South	South West	West	North West	Calms					
January	ins. 30.009	ins. 1.521	53.0 11.7	22.4 -5.3	30.6 17.0	42.9 6.1	35.3 1.8	7.6 4.3	39.1 3.9	36 2.2	86 7.3	61.6 16.4	31.6 -0.2	41 5.0	2 0	6 5	0 3	6 0	4 2	10 3	20 3	3 5	Okta 5	ins. 1.88						
February	29.869	1.378	53.7 12.1	29.1 -1.6	24.6 13.7	44.9 7.2	36.7 2.6	8.2 4.6	40.8 4.9	36 2.2	83 7.2	72.9 22.7	33.7 0.9	42 5.6	4 0	5 3	6 1	12 4	11 1	1 5	18 3	15 3	3.98							
March	29.972	1.348	57.7 14.3	30.9 -0.6	26.8 14.9	47.9 8.8	39.1 3.9	8.8 4.9	43.5 6.4	35 1.7	70 6.8	89.3 31.8	35.8 2.1	43 6.1	5 1	1 0	0 0	10 10	10 21	0 6	19 1.80									
April	30.104	1.075	65.7 18.7	25.2 -3.8	40.5 22.5	50.3 10.2	39.1 3.9	11.2 6.3	44.7 7.1	36 2.2	70 7.5	89.4 31.9	35.4 1.9	44 6.7	3 16	0 1	0 5	1 0	5 19	0 0	6 15	1.66								
May	29.723	0.997	65.7 18.7	32.6 0.3	33.1 18.4	53.9 12.2	42.2 5.7	11.7 6.5	48.1 8.9	41 5.0	74 8.8	99.3 37.4	39.5 4.2	47 8.3	3 1	9 0	10 2	12 3	5 5	1 6	24 4.73									
June	30.147	0.677	74.9 23.8	43.1 6.2	31.8 17.6	64.6 18.1	48.9 9.4	15.7 8.7	56.7 13.7	47 8.3	63 11.2	115.9 46.6	45.9 7.7	52 11.1	3 1	9 1	10 0	14 5	8 0	5 1	19 6	15 2.96								
July	29.982	0.398	77.8 25.4	47.0 8.3	30.8 17.1	66.7 19.3	53.1 11.7	13.6 7.6	59.9 15.5	51 10.6	69 12.4	115.3 46.3	49.5 9.7	56 13.3	3 0	1 0	7 0	19 2	14 1	6 14	2.03									
August	29.923	0.957	74.7 23.7	46.4 8.0	28.3 15.7	63.9 17.7	52.7 11.5	11.2 6.2	58.3 14.6	52 11.1	79 13.5	106.4 41.3	49.5 9.7	57 13.9	3 0	2 4	9 0	10 7	11 4	6 18	4.86									
September	29.846	1.416	68.8 20.4	40.4 4.7	28.4 15.7	60.1 15.6	48.6 9.2	11.5 6.4	54.3 12.4	49 9.4	77 11.8	102.0 38.9	45.1 7.3	55 12.8	3 0	8 3	2 1	12 2	13 1	6 19	3.90									
October	29.621	1.168	61.2 16.2	35.6 2.0	25.6 14.2	54.2 12.3	45.1 7.3	9.1 5.0	49.7 9.8	43 6.1	79 9.7	90.2 32.3	41.8 5.4	53 11.7	4 1	2 0	2 0	23 12	8 0	6 28	6.87									
November	29.927	1.874	54.5 12.5	28.3 -2.1	26.2 14.6	45.6 7.6	36.1 2.3	9.5 5.3	40.9 4.9	38 3.3	87 7.9	— 32.8	0.4 47	8.3 2	2 0	4 1	2 1	12 2	17 8	6 22	3.75									
December	30.067	1.356	53.0 11.7	23.0 -5.0	30.0 16.7	43.2 6.2	34.9 1.6	8.3 4.6	39.1 3.9	36 2.2	89 7.2	59.9 15.3	31.6 -0.2	43 6.1	3 4	2 1	0 0	9 6	18 4	5 18	2.31									
Annual Means	29.933	1.180	63.4 17.4	33.7 0.9	29.7 16.5	53.2 11.8	42.7 5.9	10.5 5.9	47.9 8.8	42 5.6	77 9.3	91.1 32.8	39.3 4.1	48 8.9	3 1	5 1	4 1	12 5	14 2	6 21	Total 40.73									

INDEX

	<i>Page</i>		<i>Page</i>
Ambulance Facilities	89	Housing	106
Atmospheric Pollution	149	Incontinent Service	95
Birthrate	16	Infant Mortality	19
Blind Persons	92	Introduction	5
Care of Mothers and Young Children	70	Mass Radiography	45
Cerebral Palsy	94	Mental Health .. 32-37, 50-61	
Cervical Cytology	93	Meteorological Observations ..	156
Chiropody	95	Milk Samples	140
Clean Air	149	Mortuary	99
Closing and Demolition Orders	107	Multiple Sclerosis	61
Community Care	35	N.A. Act (1947) Sect. 47 ..	98
Conferences	8	Offices, Shops and Railway Premises	118
Congenital Malformations ..	97	Orthopaedics	96
Coronary Thrombosis	61	Population	5, 9, 15
Cremation	99	Pro-Thrombin	61
Day Nurseries	76	Public Cleansing	118
Deaths	14 and 20	Road Accidents	29
Diabetes	41	Rodent Control	121
Epilepsy	94	Sanitary Circumstances ..	113
Factories	122	Sewage	101
Food Inspection .. 114 and 124		Sickness Figures	29
Health Committee	2	Staffs	3
Health Centres	68	Statistics and Population .. 9-13	
Health Education	94	Tuberculosis	30 and 40
Health Visiting	80	Vaccination and Immunisation	82
Heart Diseases	23	Venereal Disease	38
Home Accidents	28	Vital Statistics	11
Home Helps	63	Water Supply	104
Home Nursing	80		

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