### [Report 1968] / Medical Officer of Health, Halifax County Borough.

### **Contributors**

Halifax (England). County Borough Council. nb2008024085

### **Publication/Creation**

1968

### **Persistent URL**

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# COUNTY BOROUGH OF HALIFAX Health Department

# ANNUAL REPORT

on the Health of the Borough for the Year 1968



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

Medical Officer of Health



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Medical Officer of Health

### **Health Committee**

(as at 31st December, 1968)

The Worshipful, The Mayor Alderman ERIC WHITEHEAD, J.P.

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

Alderman D. FAWCETT Councillor S. HIRST Alderman W. HIGGINS Councillor F. HOLDEN Alderman F. SWIRE Councillor S. HOLLAND Councillor G. E. CHADWICK Councillor J. W. KEENAN Councillor Mrs. A. CULPAN Councillor Dr. B. T. MANN, Councillor R. DEADMAN

Councillor Mrs. N. M. PERRY Councillor J. A. DRAKE, C.B.E., J.P.

M.B.E., B.Sc.

### **Sub-Committees**

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

THE CHAIRMAN VICE-CHAIRMAN Aldermen MITCHELL, FAWCETT, HIGGINS and SWIRE; Councillors BLACKBURN, CHADWICK, DRAKE, HIRST and HOLLAND

### Maternal and Child Welfare Sub-Committee:

THE CHAIRMAN VICE-CHAIRMAN Aldermen MITCHELL, FAWCETT and SWIRE; Councillors BLACKBURN HOLLAND, MANN and PERRY Co-opted Members: Mesdames J. GREENWOOD, M.C., L. S. OAKES and TAYLOR

### Mental Health and Care Sub-Committee:

THE CHAIRMAN VICE-CHAIRMAN Aldermen MITCHELL, FAWCETT and SWIRE; Councillors BLACKBURN HOLDEN, HOLLAND, KEENAN, MANN and PERRY

### 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, 1968)

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

Chief Public Health Inspector ARTHUR W. PERRY, M.R.S.H., F.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. 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, C. HARTE

Rodent Control

R. GARFORTH, Senior Operative

Nursing Staff

Superintendent Nursing Officer Deputy Supt. Nursing Officer Assistant Nursing Officer Health Visitors

Miss V. SAVAGE (6. 7. 8. 13) Miss S. L. WALKER (6. 7. 8. 12. 13) Mr. D. S. BEER (6. 13)

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) Mrs. G. DAVIE (W.R.C.C.)

Health Visitor, Part-time (Special

Treatment Cases) Special Duty Nurses

Mrs. C. M. TOPHAM (6. 13) Mrs. B. M. FIELD (6. 7)

Mrs. B. M. FIELD (6. 7)
Mrs. M. DODD (6)
Mrs. N. HEY (6. 13)
Mrs. D. BAGLEY (6. 7. 9)
Mrs. E. M. LOCKWOOD

Part-time Clinic Nurses

Mrs. M. WINSTANLEY Mrs. I. KNIGHT

Day Nursery Staff-

Craigie Lea Day Nursery Ling Bob Day Nursery

Matron: Mrs. J. WIGGINS (14) Matron: Miss M. GOODWIN (6)

Mental Health Staff

Senior Mental Welfare Officer Mental Welfare Officers

Mr. L. HOLDSWORTH P. NICHOLSON (6) E. M. SMITH (6) Mrs. P. C. TANSLEY

### Mental Health Staff-continued

Mrs. C. BERRY

Psychiatric Social Worker Mental Welfare Assistant Mental Welfare Service Trainee Training Centres Supervisor Adult Training Centre

Mr. J. S. WILSON Miss S. HIGGINS Mrs. I. THORPE (2 Asst Supervisors). Mr. C. GREENWOOD, Sen. Instructor

### Part III Services Departmental Officers

Ambulance Officer Home Help Organiser L.H.A. Chiropodists

Mr. W. FITTON Mrs. R. A. McNAMARA. Mr. F. C. LUXTON, M.C.H.S., M.R.S.H.

(2 Asst. Instructors)

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

Senior Administrative Assistant Senior Clerk, Environmental Hygiene Senior Clerk Secretarial and Gen. Office Clerical Assistants:

JOHN M. FLETCHER P. RODNEY HAIGH Mrs. E. A. SUNDERLAND

Ambulance Maternal and Child Welfare S/T Mental Health and After Care Housing Nursing Services Finance Housing and Environmental Hygiene Smoke Control General Office

Mr. D. SPEAK Mrs. B. L. WATSON Miss J. MASON Miss P. JOHNSON Miss G. VALENTINE Miss U. WILLIAMS Miss G. WOOD Mrs. R. WHITLEY Mr. P. G. FILBY Mr. A. KOWALSKI Mr. H. GAUKROGER Miss S. HOLBROOKE Miss W. J. BAKER Mr. R. SCOTT

Ambulance Service (Casual) Home Help Service

Mrs. P. LEGALLEZ Miss K. BOLTON

### Qualifications Denoted:

Public Health Inspector's Certificate Public Health Inspector's Diploma

3. Meat Inspector's. 4. Smoke Inspector's

5. Diploma San Sc. (Building & Public Works)

6. State Registered Nurse State Certified Midwife 8. Health Visitor's Certificate

9. Registered Fever Nurse

Registered Sick Children's Nurse 11. Enrolled Assistant Nurse

Registered Mental Nurse

13. Queen's Nurse Nursery Nurses Diploma

## **Annual Report 1968**

To the Mayor and Members of the Council,

I have pleasure in presenting my eleventh Annual Report on the health of Halifax. Referring to Section 1 which has to do with vital statistics the reader will at once be struck with statistical comparisons and inequalities within local government areas and in regard to the national health position. That this should be so may be a reflection on the quantity and quality of the local health resources. For example, authorities numerically low on Health Visitor establishment can expect a higher childhood mortality.

### Major issues

Health departments have been engaged for more than a hundred years in assessing inequalities, clinical, social and racial, within their boundaries in order to explain the fluctuations in the fortunes of health. The age structure of a population where there is 16% of persons over the age of 65 may be small comfort in explaining why a greater number of persons in Halifax die of heart and vascular disease, viz. 58.16% of all deaths. It may be possible to delude ourselves of the complete truth by accepting basic assumptions, but it is only by meeting our obligations in relation to a watchful public health service that we can make progress.

During the year we noted a high level of lead content in some areas of culinary spring water supply and blood examinations were required to reassure us that the consumers were not being poisoned. There has been some interest aroused in cardio-vascular statistics related to softness of water and a good deal of work will be required to correlate deficiencies of tracer elements with the unsatisfactory mortality position in Halifax.

### TABLE OF TOWNS

Name of To	wn	Total Hardness of Water p.p.m. (estimated mean 1961)		ty from all cular disease
Soft water to	own	Security Control Contr	Ages 45- Males	64, 1958-1964 Females
Bradford				
Halifax			781	366
		34	862	395
Plymouth		20	720	353
Preston		33	784	347
Salford		28	786	376
Swansea	٠.	37	807	332

### Hard water towns

Croydon	 253	543	216
Grimsby	 263	597	260
Hull	 260	597	298
Ipswich	 358	499	244
Norwich	 345	534	236
Reading	 261	560	270

### Social inequality

The social inequalities observed by the Department have reference to those members of the public who are inadequate or meurotic, those with low intelligence or the subnormal and the psycopathic. The inequalities may be cultural, legal, financial, etc., within the spectrum of health normality or near normality and a fair sample of these may be ascertained by gleaning the statistics of the Citizens' Advice Bureau, having a bearing on health and connected with housing, sanitation, illness, etc. Those who are feeble minded may present the greatest public health challenge.

The most serious of all the social inequalities having a bearing on mental health relates to psychopathy.

It will be noted from Table XXV that during the year 42 new cases of psychopathy were brought to the notice of the mental health service in addition to the 228 cases already known; an increase of 18.4%. This is a most disturbing item as psychopathy is a state which presents the utmost difficulty in its management. Many psychopaths have no noted intellectual defect, nor do they necessarily benefit under prison treatment or hospital observation and treatment. They are a rebellious individualistic group who fail to conform to their social milieu and they have a state of psychological imagery which prevents them from adapting to reality and profiting from experience. They lack judgement, foresight and ordinary prudence; they are adept at contriving situations in which it appears that something must be done to help them, but unfortunately the available alternatives are very rarely suitable; they will play upon the sympathies of well-meaning untrained persons who know nothing of their history and background and who are inclined to request help on behalf of the affected individual. In many cases any help will produce no lasting benefit and the requests are merely an elegant form of scrounging or at the very best attentionseeking. Many cases which become known to the staff of mental hospitals have to be excluded from the hospital as no suitable treatment can be given to them and they are simply occupying beds to no purpose. Whereas it may be justifiable for hospital admission to be refused for these people the onus is then placed upon the mental health authority to provide them with assistance. It has to be recognised that any help and assistance could well produce no long lasting effect and very little immediate effect, but under the terms of the Mental Health Act, 1959, this is an obligation which

rests upon a local mental health authority. The most it is possible to do is to make a reasonable social provision for these people and endeavour to prevent them wilfully misusing the services provided. Even this is by no means entirely possible and the problem remains constantly before us.

During the past year the medical staff of the Department have discussed this problem widely with psychiatric consultants, the police authority, other medical officers of health and representatives of the Ministry of Health and Social Security, and it must be recorded that no fully adequate solution is yet forthcoming for these cases. Further reference to psychopathy is made in Section II.

Regarding inequalities in the community, both clinical and social, it has been my experience throughout the year that the individual in need of social help in a great number of cases is inadequately dealt with before and after referal to the Ministry of Social Security, except in the case of the elderly and disabled. This does not mean that the Ministry of Social Security should in any way be criticised but simply that money of itself given out by the State cannot possibly solve the whole problem of the social inequalities which present in persons, and more social case work is required for those in need. The Seebohm Report recognises a more uniform methodology or a more unified body of principle relating to social work, and defines a general social worker status as an essential link in the whole chain of services required to preserve the community health. This would be very valuable and would be a great step in the prevention of inequality but at the same time there are many congenital defects which require special social investigation and we must realise that there are many influences affecting the structure of society, educational, medical and genetic, which require social workers of a calibre higher than the general social worker referred to.

We also experience social inequality in reference to the structure of local government. There is at present a wide disparity in size and wealth between authorities responsible for similar services. Counties, for example, may vary in size between thousands of square miles and a few hundred square miles. Many county boroughs, including Halifax, have a population of less than 100,000. This variation in size means that there is an inevitable variation in the quality of administration. Many small authorities like Halifax can neither afford nor attract the necessary professional staff who are inevitably employed by richer authorities.

In regard to personnel also there is an inequality. This should not dismay us, for it is only the differences in endowment or professional skill which can match up to the inequalities which have been reviewed. In the Church there are bishops, priests and deacons and a whole multitude of different workers, official and voluntary, to keep things going. In medicine there are physicians and surgeons and a host of medical auxiliaries. If health authorities are to fulfil the real function in preserving amenity and health a great variety of different workers will be required. Home helps are required for

the manual duties within the home; budgeting, cleaning, caring, watching, befriending, and health departments, without its proper quota of these, which is over professionalised, without anciliary workers, could be ineffectual as a team. It is with gratitude that I have to report maintenance of a satisfactory standard in this direction and in all branches there is good team work. I have been grateful also for the skills of the voluntary workers at various clinical sessions and in the field of home visitation and in assistance with the running of the daily nursery. Rationalisation is a technique which has been applied to social workers and health visitors, using nurses as social workers and health visitors.

There are also social inequalities related to the degree of participation by the public in health schemes. I think that it was Rousseau who said that "Man is born free but is everywhere in chains". Man can imprison himself within the confines of bad health by resolute resistance to prevention. Independence or non-conformity may in certain pursuits have much to commend it, but to turn a blind eye on simple procedures requested by the Health Department can enslave not only in an individual sense but commit the community to dangers which once endured there can be no point of return. This applies to Mass Radiography, smoking, cancer, health, education, etc.

### Community Disease and Infection

Deaths from cancer of the lung and bronchus in men over the age of 45 are again high. It is distressing to see the incidence of this type of cancer when the greater part of it could be avoided in future years by the giving up of the cigarette smoking habit. The incidence of chronic bronchitis would no doubt also be affected in the future.

Of the other principal causes of death that of heart disease in middle aged men could probably be reduced somewhat if the individual made a definite attempt to lose weight and to take more exercise.

Once again in 1968 there were no deaths from typhoid, small-pox, whooping cough or diphtheria. Only three cases of influenza deaths occurred in the town. This disease must be viewed as one which is now preventable albeit at some cost to the community. However, when the outbreak of influenza which originated in Hong Kong occurred in the early part of the year it appeared that the public were willing to pay for the cost of influenza vaccine. The only difficulty was the shortage of this vaccine. However, future supplies will contain the antigen for that particular strain and one can only hope that when periodic emergencies of a new influenza strain occur the early warning system will prove as adequate as it did in 1968. In the Health Department all the staff in key positions who expressed a desire for vaccination received it.

Twelve deaths occurred due to malignancy of the uterus. It may be that this figure could be reduced if the cervical cytology campaign becomes extended to more women, who are then followed

up at regular intervals. Encouragement to this campaign is being given by the Local Authority to allow female staff time off without loss of pay to attend for examination.

New techniques for screening for breast carcinoma are being discovered and at some stage it may be possible to introduce breast screening at the same time as the cervical cytology.

### **Tuberculosis**

The number of cases of pulmonary tuberculosis decreased by 71 in the year. Of these 9 left the district, 36 recovered, 16 died and 10 were "lost sight of". This category is a most disturbing one as it includes certain very unco-operative persons suffering from tuberculosis who failed to co-operate in any way in their treatment and whose attitude can well be demonstrated by the fact that they move to a new address and make no effort to inform the tuberculosis services of the fact. In some cases the non-co-operation extends to a refusal to attend the clinic or to take adequate therapy.

### Housing

Very little was done in the representation of unfit houses in 1968. The Council asked that representations should not be made for a year pending the redevelopment of some of the open sites which had been produced from formal clearance area action. Meanwhile, work went ahead on the Gladstone Road Improvement Area, its formal declaration and the service of notices on the tenanted properties, and letters to the owner/occupiers. Discussions also took place with owners of other proposed Improvement Areas in the town.

### Smoke

Once more a smoke control order comprising 1,554 houses came into operation during the year and another area was confirmed ready to come into operation in 1969. The steady progress of smoke control was thus continued and the reduction in smoke and sulphur dioxide was maintained. Again there was no opposition to the making of the smoke control order and it was only necessary to resort to prosecution in the case of one industrial premise where there were contraventions of the Clean Air Act.

### Water Supply

There was some concern during the year about the high content of dissolved lead in some of the private spring supplies in rural parts of the local authority. Halifax has a thickly populated central area surrounded by rural parts which are of difficult terrain and which lack water mains. Consequently the occupiers of houses have to rely on spring water from the moors which is plumbosolvent. There are about 350 houses still on spring supply. Sometimes when the springs are some distance away the supply pipe

is of lead and it is these cases which cause most concern. The problem is being dealt with in two ways. The installation of water mains to the affected areas and as an example Jowler can be quoted, and others were Shibden Valley; Green Lane, Northowram; Gibb Lane, Mount Tabor. Other schemes are awaiting a more suitable financial situation or the approval of adjoining authorities to take water from them.

In other areas where water mains are not possible, any application for a standard or improvement grant always calls for an examination of the water supply and its plumbo-solvency and steps are taken then to put right any deficiencies found. This could well call for a survey of the gathering ground for the spring, the improvement of the supply tanks, the renewal or replacement of the supply piping, and the installation of a filter on the tap.

It is unfortunate that in the Halifax area the Calderdale Water Board will not contribute anything towards the installation of these water mains when they are uneconomic and we have to try and persuade the owners to pay a contribution towards the cost. Although the property is enhanced in value by the putting in of water mains, when there are several parties to deal with it is often the case that one or two will not agree and the scheme becomes abortive.

The same water is, of course, collected in the public reservoirs but it is treated at the filter houses with lime or sodium carbonate and artificially hardened.

Only a few complaints were made of the public water supplies and these usually referred to the dirty appearance of the water and in each case this was reported on by the Public Analyst as being due to excessive iron from rusty mains. The flushing of the main was carried out in each case.

Yours faithfully,

JOHN G. CAIRNS,

Medical Officer of Health

### LAURA MITCHELL CLINIC

### Opened 23rd October, 1968



By courtesy of Halifax Courier Ltd.

The Duchess of Kent in the Daily Nursery

### **CONFERENCES ATTENDED 1968**

- Royal Society of Health Annual Congress, 29th April to 3rd May, 1968. Eastbourne Chairman and Medical Officer of Health
- Federation of Associations of Mental Health Workers
  Annual Conference, 19th to 22nd April, 1968. Blackpool.
  Senior Mental Welfare Officer.
- Association of Public Health Inspectors Refresher Course, 5th to 7th April, 1968. Rotherham Chief Public Health Inspector
- Society of Medical Officers of Health Course, 25th to 27th April, 1968. Manchester Deputy Medical Officer of Health
- Central Council for Health Education Seminar, 26th to 28th February, 1968. London Medical Officer of Health
- National Association for Maternal and Child Welfare Annual Conference, 12th to 14th June, 1968. London Chairman and Medical Officer of Health
- National Centre for Commonwealth Immigrants One-Day Conference, 6th March, 1968. Huddersfield Deputy Medical Officer of Health
- National Association for Family Planning One-Day Conference, 5th April, 1968. London Councillor Mrs. Perry
- Association of Public Health Inspectors
  Annual Conference, 16th to 20th September, 1968. Blackpool
  Chairman and Chief Public Health Inspector
- National Council for Home Help Services One-Day Conference, 21st March, 1968. Coventry Home Help Organiser
- Association of Health Administrative Officers
  Summer School, 11th to 14th September, 1968. Oxford.
  Senior Administrative Assistant
- National Association of Ambulance Officers
  Annual Conference, 24th to 26th September, 1968. Blackpool
  Chairman and Ambulance Officer
- National Society for Clean Air Conference, 22nd to 25th October, 1968. Harrogate Chairman and Chief Public Health Inspector
- Society of Home Help Organisers Weekend School, 12th to 14th September, 1968. London Home Help Organiser
- British Epilepsy Association Study Day, 7th November, 1968. Halifax Members and Staff
- Royal Society for Health, Mental Health Group Meeting, 1st November, 1968. Birmingham Medical Officer of Health
- Association of Municipal Authorities Study Conference, 4th and 5th December, 1968. London Chairman and Medical Officer of Health

### SECTION I

### STATISTICS AND POPULATION

Seventy less children were born in Halifax during 1968, 1,615 LIVE BIRTHS (compared with 1,685 in 1967), equivalent to a crude birth rate of 17.1. The rate for 1967 was 17.8. When multiplied by the Area Comparability Factor, the adjusted rate for 1968 is 18.46, which corresponds with the rate for England and Wales of 16.9. Illegitimate live births numbered 208 as compared with 219 in 1967, and equal to 12.87 of the total live births. Notifications of Premature Births during 1968 showed an increase of 4 on the previous year. During 1968 there were 19 Premature Infant Deaths, an increase of 8 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 1967. The rates for the two years were 16.0 and 17.0 respectively, whilst the rate for England and Wales for 1968 was 14.0. DEATHS of infants under one week (19) were 1 less than in the previous year and the total Perinatal deaths numbered 47. The PERINATAL mortality rate being the same for both years: 29.0 (1967), 29.0(1968), the national figure being 25.0.

The total number of children who died under the age of one year was 47 compared with 48 in the previous year, and the infant mortality rates for the two years were 28.48 in 1967 and 29.16 in 1968 per 1,000 live births. The figure for England and Wales for 1968 was 18.0. The figures relating to infant mortality for a ten-year period are shown in Table V. Of the total of 47 infant deaths, 27 took place during the first four weeks of life, giving a neo-natal mortality rate of 11.76 per 1,000 live births, and 20 occurred between the age of four weeks and one year, giving a post neo-natal mortality rate of 16.71.

These vital statistics can only be improved by building up our health resources.

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 1,381 in 1968, of which 656 were males and 725 were females. The crude death rate was 14.64 per thousand compared with 13.9 per thousand for 1967. When the crude death rate is multiplied by the area comparability factor, the adjusted rate is 12.99, which compares with 12.23 in 1967. The rate for England and Wales for 1968 was 11.9. 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.

There were three deaths from influenza, and the total number

of deaths from other respiratory disease (excluding respiratory tuberculosis) increased, 165 being recorded compared with 144 in 1967.

There were 229 deaths due to malignant neoplasms in 1968, a decrease on the previous year's figures. The rate per thousand estimated population was 2.42 as against the rate of 2.59 in 1967. These deaths from malignancy or cancer accounted for 15.85 per cent of the total deaths for the year under review compared with 18.27 in 1967 and 16.51 in 1966. Further comparison on deaths from this disease in recent years are given in Tables XII and XIII. 47 deaths were attributed to cancer of the lung and bronchus, the greatest number occurring in males in the age group 65 to 74.

Deaths from cancer of the stomach numbered 30 compared with 36 in 1967 and 36 in 1966. Table XIII gives an analysis of the deaths from malignant neoplasms showing the parts of the body affected and the age at which death occurred. Deaths from Coronary Disease have increased this year, there being 372 deaths as against 346 in 1967. Seizures due to diseases of the blood vessels in the nervous system have shown a decrease, there being 225 compared with 250 in 1967. The rates for coronary diseases and diseases of circulation of the nervous system per 1,000 of the population are as follows: Coronary Disease 3.94 per thousand compared with 3.65 per thousand in 1967. Seizures 2.38 per thousand compared with 2.53 per thousand in 1967.

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

The prevalence of tuberculosis was reduced from 5.42 per thousand (1967) to 5.1 per thousand (1968) - Table XXIV.

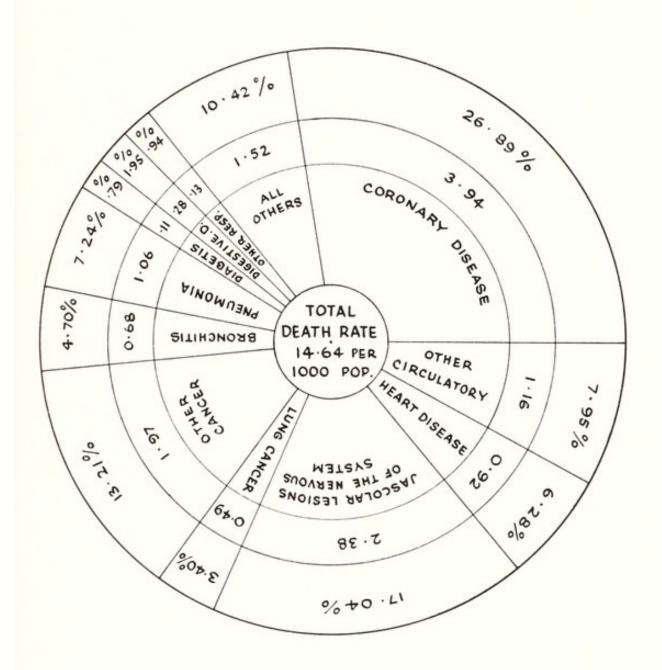
# COMPARATIVE STATEMENT OF VITAL STATISTICS Year 1968

ality Rate Total I Births)	Total Maternal Mortality	200	67.0	080	00.0		0.003	0.003		0.53	0.00			0.017	
rnal Mortali per 1,000 Tc e and Still E	Due to abortion	90.0	0.00											1	
Maternal Mortality Rate per 1,000 Total (Live and Still Births)	Maternal causes excluding	0.18	0.10	0.80		-	0.083	2000		0.53	6			0.017	
	Perins Uortality	25.0	20.00	33.79	28.13	28.6	30.7	29.88	38.02	24 89	30.86	33.9	28.22	29.0	
bns svil 0	Still Birtl (per 1,000 still bir	14.0	17.0	24.14	18.25	17.04	18.2	15.86	21.8	14.83	18.24	17.2	15.08	19.0	
	Infa UnitatioM	18.0	26.0	18.14	17.81	29.16	22.1	26.36	24.86	25.81	24.65	25.7	22.37	0.61	
ate	Death R	11.9	12.0	15.67	13.73	14.6	11.6	12.68	14.92	13.1	13.58	12.8	13.01	13.1	
91	Birth Ra	16.9	17.5	15.78	19.55	17.1	17.2	17.81	17.69	17.95	19.25	0.61	18.1	18.9	
		:	:	:	:	:	:	:	:	:	:	:	:	:	i
		:	:	:		:	:	:	:	:	:	:	:	:	
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		les (pro	:	:	:		:	:	:	:	:	:	:	:	
		England and Wales (provisional)	Directinead	Bury	Holifay	iverpool	Monchester	Oldham	Preston	Rochdala	St Holone	Stocknort	Wiggs		

### STATISTICS AND SOCIAL CONDITIONS OF THE AREA

### SUMMARY

Latitude							53° 44	North
Longitude							1° 5	00° West
Mean Heigh	nt above	sea lev	/el					780 feet
Area (Acres	s)							14,081
Population (Males	(Census 44,600.	1931) Female	es 53,5	15)				98,115
Population		1951)					• •	98,376
Population	(Census	1961)					**	96,873
Population	(Registr	ar Gen	eral's l	Estima	te 1967	)		94,280
Density of	populati	on per	acre					6.69
Number of								28,488
Number of accord	inhabite				Decei	nber,	1967,	34,880
Average nu	mber of	persor	is to ea	ach occ	cupied l	house		2.70
Rateable V								2,827,553
Sum repres								£11,080
	EXTRAC	T FROM	VITAL	STATI	STICS FO	OR THE	YEAR	
					Male	Fer	nale	Total
Live Births	—Legiti	mate			694		713	1,407
Live Division	100	mate			111		97	208
	Total				805		810	1,615
Live Birth	Rate pe	r 1.000	Eestin	nated 1	Residen	t Popi	ulation	
								17.10
	ted							18.46
Illegitimate	Live B	irths pe	er cent.	of tot	al live	births		12.87



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

				r 1	Total
			Male	Female	Total
Stillbirths—Legitimate			12	15	27
Illegitimate	* * *		1		1
Total			13	15	28
Stillbirth Rate per 1,000	Live ar	nd Stillb	oirths		17.04
Total Live and Stillbirth					1,643
Deaths of Infants:			Male		Total
Under 1 year of age—	Legitin	nate	14	22	36
	Illegitin		7	4	11
	Total		21	26	47
Infant Mortality Rates:	_				
Total Infant Deaths pe	r 1,000	total liv	e births		29.16
Legitimate Infant De	eaths p	per 1,00	00 Legi	timate Live	e
Births Illegitimate Infant Do					. 25.58
Births					
Deaths of Infants:—	Logit	imata		Female	Total
Under 4 weeks of age-	—Legit	timate	8	12	20
	megn	umate -			
	Total		15	12	27
Neo-Natal Mortality Ra	te per 1	,000 to	tal live b	oirths	11.76
Deaths of Infants:—			Male	Female	Total
Under the age of 1 we	ek—Le	oitimate			14
onder the age of 1 we		egitimat		_	5
		0		-	
	То	tal	11	8	19
Early Neo-Natal Morta	ality R	ate per	1.000	total live	
births					16.71
Perinatal Mortality Ra					
one week combine	d per	1,000 t	total liv	e and still	-
births)					. 28.60
Maternal Deaths (includ	ing abo	ortion)			. Nil
Maternal Mortality Rate	e per 1,	000 Liv	e Stillbir	rths .	. Nil
			Male	Female	Total
TOTAL DEATHS (all a	iges)		656	725	1,381
Death rate per 1,000 Est					1,001
Crude					. 14.60
Adjusted					
Area Comparability Fac					
	I	Deaths			0.00

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	Borough extended by the addition of Copley Ward.
1900	96,684	Borough extended by the additions of Warley and Northowarm Wards.
1901	104,936	***************************************
1911	101,566	
1921	100,700	
1931	98,115	
1945	89,390	Mid-year density of population per acre 6.3.
1946	93,280	
1947	94,580	
1948	96,420	
1949	97,820	*
1950	98,840	
1951	97,490	Mid-year density of population per acre 6.9.
1952	97,320	ditto.
1953	97,070	ditto.
1954	97,130	6.88
1955	96,870	
1956	96,440	6.85
1957	95,430	
1958	95,250	
1959	94,980	
1960	94,900	
1961	95,980	96,073 (Census 1961).
1962	96,250	,,,,,,
1963	95,850	
1964	95,450	
1965	95,090	
1966	94,950	
1967	94,770	
1968	94,280	

### TABLE II BIRTH RATES, 1959-68

	HALI	FAX	ENGLAND AND WALES
Years	No. of Births	Birth Rate per 1,000 Population	BIRTH RATE
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
1968	1,615	17.10	16.9

# TABLE II(a) PREMATURE LIVE BIRTHS, 1967-68

					YEA	RS
	Premature Live Births Not	ified			1967	1968
(a)	Born in Hospital				124	122
	(i) Died within 24 hours of birth				11	6
	(ii) Survived 28 days				107	103
(b)	Born at home and nursed entirely	at ho	me		_	8
,	(i) Died within 24 hours of birth					
	(ii) Survived 28 days				_	8
(c)	Born at home and transferred to	hos	oital be	efore		
	28th day				4	2
	(i) Died within 24 hours of birth				_	-
	(ii) Survived 28 days		* *		4	2
(d)	Born in Nursing Home and nursed	enti	ely the	ere	_	_
	(i) Died within 24 hours				_	
	(ii) Survived 28 days				_	_

# TABLE II(b) PREMATURE STILLBIRTHS 1967-68

						YEA	RS
	Premature :	Stillbirt	ths No	tified		1967	1968
(a)	Born in Hospital				 	17	19
(b)	Born at Home				 	_	

# TABLE III STILLBIRTHS AND PERINATAL MORTALITY

Year	Total Number of Stillbirths	Deaths in the First Week	Total Perinatal Deaths
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
1968	28	19	47

# TABLE IV STILLBIRTHS AND PERINATAL MORTALITY

		Number of stillbirths amore the number of deaths of cluder the age of one we spear per 1,000 live and Stillbirths regularing the same year during the same year			
Year	Stillbi	rth Rate	Perinatal	Mortality Rate	
	Halifax	England & Wales	Halifax	England & Wales	
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	
1968	17.04	14.0	28.60	25.0	

# TABLE V INFANT MORTALITY RATES: 1959-68

		HALI	ENGLIND	
Year	Births	Deaths of Infants under one year	Infant Mortality Rate per 1,000 live births	ENGLAND AND WALES RATE
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
1968	1,643	47	29.16	18.0

### TABLES VI and VII

# NEO-NATAL AND POST NEO-NATAL MORTALITY 1959-68

			NUMBER O	F DEATHS	AND MOR	FALITY RA	IE
		No	eo-Natal Per	riod	Post	Neo Natal P	eriod
	Total	HALI	FAX	ENGLAND & WALES	HALII	FAX	ENGLAND & WALES
Years	Infant Deaths	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
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	
1968	47	27	16.71	12.3	20	12.38	

### TABLE VIII

### INFANT MORTALITY

Principal Ca	uses		No.	Percent Total D	age of eaths
				1967	1968
Prematurity		 	19	29.17	40,43
Pneumonia		 	18	25.00	38.27
Congenital Malformatic	ns an	 	6	10.41	12.80
Other Conditions		 	4	35.42	8.50

<sup>\*</sup> A number of premature deaths may be recorded elsewhere as pneumonia. A number of premature infant deaths may also be included as "other conditions".

### Analysis of Deaths of Infants aged 1 to 12 months born in Halifax during 1968

TO	TAL I	DEAT	THS -	- 21		ales	7			childre	
					re	male	8 14	W	nite chi	laren	17
Sub-	divisio	ons of	1968								
	Jan	Mai	r.	Apr	il-Jui	ne	Jul	y-Sept		OctD	ec.
		7		•	6			_		8	
Age	of Inf	ants i	n Moi	nths							
1m.					6m.	7m.	8m.	9m.	10m.	11m.	12m.
4	2	5	3	3		1	-	1	1	-	1
Plac	e of D	eath									
		H.6	G.H.	Н	R.I.		Home		Other		
			10		2		8		1		
		(1 D.	O.A.)	(1 D	O.O.A	)		Leed	s Gene	eral	
Cau.	se of 1	Death									
	Bronc	hopn	eumo	nia							17
				panyi liary (				lefect;	1 with	n con-	
	Leuka	aemia									1
	Cereb	ral H	aemo	rrhage	e						1
		yxia ( d, etc		olocke		ways		to reg	urgitat	ion of	1
	Conge			t							1
							bifida	; (c) \		a defec	

TABLE IX

INFANT MORTALITY DURING THE YEAR

CAUSE OF  DEATH  Under 1-2 2-3 3 1 weeks we had a so well as a so we weeks we weeks we weeks we weeks weeks we well as a so we well as a								
DEATH         Under lacks         1-2 2-3 2-3 lacks           Prematurity          5         1         —           Pneumonia, etc.         1         2         1         —           Cong. Malformatn.         3         —         —         —           Cerebral Haem.         —         —         —         —           Enteritis          —         —         —	-	AG	AGE GROUPS	Sd				
Prematurity         5         1           Pneumonia, etc.         1         2           Cong. Malformatn.         3         —           Cerebral Haem.         —         —           Enteritis          —		Total under 4 weeks	1 Month & under 3 months	3–6 months	6–9	9-12 months	Total Deaths under I year	Deaths in Institu- tions
atn. 3 — — — — — — — — — — — — — — — — — —	1	9				1	9	9
atn. 3 — — — — — — — — — — — — — — — — — —	-	4	-	10	-	2	18	12
		3	3		1	1	9	-
:			-		1	1	1	-
	-	2				1	2	2
Other conditions 9 3 —	1	12			2	1	14	12
TOTAL 18 7 2	2	27	S	10	3	2	47	34

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TARIF IXA
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PREMAT

		BORN IN	BORN IN HOSBITAL				BORN AT	BORN AT HOME OR IN NURSING HOME	IN NURSI	NG HOME			PRE-
WEIGHT					nursed	nursed entirely at home or in a nursing home	rely at home or i	na	Transfe	Transferred to hospital on or before 28th day	o hospital on c 28th day	r before	STILL BIRTHS
Віктн			DIED				DIED				DIED		BORN
	Total	within 24 hours	in 1 and under 7 days	in 7 and under 28 days	Total Births	within 24 hours	in 1 and under 7 days	in 7 and under 28 days	Total	within 24 hours	in 1 and under 7 days	in 7 and under 28 davs	in
2 lb. 3 oz. or less	4	6		1	1				1				2
Over 2 lb. 3 oz. up to and incl. 3 lb. 4 oz.	Ξ	2	4	6			1		1				12
Over 3 lb. 4 oz. up to and incl. 4 lb. 6 oz.	14	1	2	2	1		1		-		1	1	-
Over 4 lb. 6 oz. up to and incl. 4 lb. 15 oz.	26				1		1	1		1	1	1	2
Over 4lb. 15 oz. up to and incl. 5 lb. 8 oz.	29		1	-	7		1	1	1	1			2
TOTAL	122	9	7	9	000	1			,				

TABLE X TABLE SHOWING CAUSES OF AND AGES OF DEATH

Enteritis and other Diarrhoeal Diseases  Tuberculosis of Respiratory System Other Tuberculosis, including late effects  Malignant Neoplasm, Stomach Lung and Bronchus Breast Uterus Others Diabetes Mellitus Avitaminoses, etc. Other Endocrine, etc., Diseases Anaemias Meningitis Other Diseases of Nervous System, etc. Chronic Rheumatic Heart Disease Other Porms of Heart Disease Other Forms of Heart Disease Other Diseases of Circulatory System Influenza Pneumonia Bronchitis and Emphysema Asthma				-				AGE	Z	YEARS	10		
Entertits and other Diarrhoeal Diseases         2         2         -	CAUSE OF DEATH	all ages		and umder 1 yr.	4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
ystem  late effects	Enteritis and other Diarrhoeal Diseases	2	2	1	1	1	1	1	1		1	1	1
Other Tuberculosis, including late effects	Tuberculosis of Respiratory System	7	١	1	1	1	1	_	1		_	7	6
Malignant Neoplasm, Stomach         30         —         —         —         1         5         —         10         —	Other Tuberculosis, including late effects	-	1	1	I	1	1	1	1	1	1	1:	- <u>;</u>
Pung and Bronchus	Malignant Neoplasm, Stomach	30	1	1	1	1		-	_	m)	!	9 9	01
Breast         13         —         —         —         4         2         4           Cuterus         Others         127         —         —         —         —         4         2         2           Diabetes Mellius         —         —         —         —         —         —         2         2           Diabetes Mellius         — <t< td=""><td>Lung and Bronchus</td><td>47</td><td>İ</td><td> </td><td>I</td><td>I</td><td>1</td><td>1</td><td>1</td><td>S.</td><td>12</td><td>50</td><td>0</td></t<>	Lung and Bronchus	47	İ		I	I	1	1	1	S.	12	50	0
Leukaemia         Uterus         12         —         —         —         3         8         28         49         3         8         49         3         8         49         3         8         49         3         8         49         3         4         9         1         —	Breast	13	1	Ì	Ì	1	1	1	1	4.	7	4 (	5
Leukaemia         Others         127         1         1         1         2         4	Uterus	12	1	I	I	1	1	1	_	_	3	7	0
Leukaemia       9       1       1       1       2       2         Benign and Unspecified Neoplasms       11       -       -       -       1       1       2       4         Diabetes Mellitus        1       -       -       -       -       1       2       4         Avitaminoses, etc       Diseases        1       - </td <td></td> <td>127</td> <td>!</td> <td>1</td> <td>ĺ</td> <td>-</td> <td>1</td> <td>1</td> <td>m,</td> <td>00</td> <td>28</td> <td>46</td> <td>33</td>		127	!	1	ĺ	-	1	1	m,	00	28	46	33
lasms       5       — <td></td> <td>6</td> <td>١</td> <td>_</td> <td>1</td> <td>-</td> <td>_</td> <td>_</td> <td> </td> <td>1</td> <td>71</td> <td>7</td> <td>_</td>		6	١	_	1	-	_	_		1	71	7	_
se	Benign and Unspecified Neoplasms	2	1	1	1	1	1	1	-	_	7	1	
sem, etc   3	Diabetes Mellitus	=	1	1	1	1		1	1	-	7	4	4
stem, etc		-	١	1	I	I	-	1	1	1	1	1	-
stem, etc	Other Endocrine, etc., Diseases	m	1	1	I	1	1	1	1	Ī	1	<u> </u>	7
stem, etc   1	:	2	1	1	ĺ	_	-		1	1		~	
stem, etc   15     1   2     3   3   2   2   6   5    case   19         3   3   5   5   5      372           1   3   28   70   96   1      225     1       1   3   28   70   96   1    System   110         1   2   5   5      90   4   14   2       1   2   5   13   28      65             1   1		-	I	Ī	1	1		1		1	- (	'	1
case 19	Other Diseases of Nervous System, etc	15	1	1	-	7	1		1	7	7	9	71
System	Chronic Rheumatic Heart Disease	19	ı	1	-		1	1	3	m	9	2	71
System $\frac{372}{68}$ $\frac{-}{-}$ $\frac{-}{1}$ $\frac{-}{-}$ $\frac{-}{-}$ $\frac{-}{-}$ $\frac{-}{-}$ $\frac{-}{1}$ $\frac{3}{3}$ $\frac{28}{7}$ $\frac{70}{96}$ $\frac{96}{11}$ $\frac{11}{2}$ System $\frac{225}{110}$ $\frac{-}{-}$ $\frac{-}{1}$ $\frac{-}{-}$ $\frac{-}{-}$ $\frac{-}{-}$ $\frac{-}{1}$ $\frac{3}{2}$ $\frac{7}{3}$ $\frac{11}{61}$ $\frac{11}{11}$ $\frac{11}{2}$ $\frac{31}{2}$ $\frac{61}{11}$ $\frac{11}{2}$		15	I	1	1	1	1	1		1	~ 1	2	1
System   68	Ischaemic Heart Disease	372		1	1	1	1	-	m	28	0/	96	1/4
System   225     1       1   7   31   61   11   110     3   4   14   2       1   2   5   23   12   12   13   28   13   28   13   28   13   28   13   28   14   2             1   2   13   28   15   15   28   15   28   15   28   15   28   15   28   15   28   15   28   15   28   15   28   15   28   15   28   15   28   15   28   15   28   15   28   28   28   28   28   28   28   2	Other Forms of Heart Disease	89	I	1	1	1	1	1	1	m	7	12	46
System   110           1   2   5   23   13   28   13   28   14   2         1   2   5   13   28   13   28   13   28   14   2           5   13   28   15   15   15   15   15   15   15   1	Cerebrovascular Disease	225	I	_	1	1	1	1	_	7	31	19	124
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Other Diseases of Circulatory System	110	1	I	1	1	1	1	-	7	0	23	79
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Influenza	3	1	1	_	1	1	1	1	1	1	1	7
$ \vdots    \vdots                              $	:	6	4	14	7	1	1	1	-	7	0	20	37
	Bronchitis and Emphysema	65	1	1	1	-		1	1	S	13	28	61
	Asthma	1	1	1	1	1	1	1	1	l	_	_	1

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Other Disease of Respiratory System Peptic Ulcer Intestinal Obstruction and Hernia Cirrhosis of Liver Other Diseases of Digestive System Nephritis and Nephrosis Hyperplasia of Prostrate Other Diseases, Genito-Urinary System Diseases of Musculo-Skeletal System Congenital Anomolies Birth Injury, Difficult Labour, etc Other Causes of Perinatal Mortality Symptoms and ill-defined conditions Motor Vehicle Accidents All other Accidents Suicide and Self-inflicted Injuries All other External Causes	TOTAL ALL CAUSES

### TABLE XI DEATH RATES, 1959-68

	HA	LIFAX	ENGLAND
Year	Number of Deaths	Death Rate per 1,000 Population	and WALES
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
1968	1,381	14.64	11.9

TABLE XII CANCER DEATHS, 1959-68

Years	Number of Cancer Deaths	Males	Females	Death Rate Per 1,000 Population	Deaths from all Causes	Per- centage of total Deaths
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
1968	229	127	102	2,42	1,381	15.85

# TABLE XIII CANCER DEATHS—PARTS OF BODY AFFECTED

		Age	Unde	er 25	25-	44	45-	-64	65-	-74	7.5 Ov		Tot	als	Tot	tals
Parts		Sex	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	19	67	19	68
Affect	ca	Sex	WI.	r.	IVI.	Γ.	NI.	1.	IVI.	F.	NI.	Γ.	M.	F.	M.	F.
Stomach		-	-	-	-	1	2	1	9	7	4	6	19	17	15	15
Lung and Bronchus		_	_	_	_	_	17	_	19	1	8	2	55	10	44	3
Breast		-	_	-	_	-	-	6	-	4	_	3	_	20	_	13
Uterus		-	-	_	_	-1	-	4	-	2	-	5	-	15	_	12
Other		-	1	_	3	1	16	23	18	31	18	16	55	50	56	71
TOTALS		_	1	_	3	3	35	34	46	45	30	32	129	112	115	114

### 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
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
1968	372	202	170	3.94	1,381	26.23

### TABLE XV—OTHER HEART DISEASES

Years	Number of Deaths	М.	F.	Death Rate per 1,000 Population	Deaths from All Causes	Percentage of Total Deaths
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	
1963	136	67	102	1.42	1,587	11·88 8·57
1964	128	38	98	1.34	1,379	
1965	114	42	86	1.19	1,421	10.79
1966	151	37	77	1.60		8.02
1967	75	31	44	0.79	1,475	10.23
1968	68	26	42	0.72	1,319 1,381	5·68 4.92

### 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
1959	207	91	116	2.18	1,400	14.70
1960	218	84	134	2.30	1,371	14.78
1961	231	90	141	2.41	1,534	15.90
1962	211	76	135	2.19	1,422	15.06
1963	241	80	161	2.51	1,587	14.87
1964	201	67	134	2.15	1,379	15.18
1965	250	97	153	2.62		14.50
1966	259	110	149	2.72	1,421	17.50
1967	250	104	146	2.53	1,475	17.56
1968	225	72	153	2.38	1,319	18·95 17.07

# TABLE XVII DEATHS FROM PRINCIPAL CAUSES IN AGE GROUPS

CAUSE	Age		der 5	25-	-44	45-	-64	65	-74		and		otals 967		otals 968
	Sex	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F	M.	F.
Coronary	 -	_	_	4	_	79	19	56	40	63	111	179	167	202	170
Other Heart Diseases	 _	_	_	_	_	7	3	8	4	11	35	31	44	26	42
Cerebral Haemorrhage	 -	_	1	_	1	26	12	22	39	23	101	104	146	72	153
Cancer	 _	1	_	2	3	33	33	46	45	30	31	129	112	112	112
TOTALS	-	1	1	6	4	145	67	132	128	127	278	443	469	412	477

# TABLE XVIII

				Ann	ıual Deat	h Rate p	er 1,000	Annual Death Rate per 1,000 Population	uoi	Kate per 1,000 Births	r 1,000 hs
		Year	Birth Rate per 1,000 Total Popula- tion	ALL CAUSES	Typhoid and biodqyT-srsq	xoq-llsm2	gniqoodW AguoD	Diphtheria	Influenza	Diarrhoea and Enteritis (under 2 years)	Death: Under I year
England and Wales	:	1968	6.91	11.9	*	*	*	*	*	*	18.0
HALIFAX		1958	16.00	14.93	0.00	00.00	0.00	0.00	0.02	0.0	27.5
		1959	15.92	14.74	00-0	00.0	00.0	0.00	0.25	0.0	23.1
		1960	16.99	14.45	0.00	00.0	0.00	0.00	0.01	1.2	32.3
		1961	16.35	15.98	0.00	0.00	0.00	0.00	0.22	1.3	32.5
		1962	17.13	14.77	00.0	0.00	0.00	0.00	0.01	9.0	20.0
		1963	17.51	16.55	00.0	0.00	0.00	0.00	90.0	9.0	29.2
		1964	18.35	14.40	00.0	0.00	0.00	0.00	0.00	Ξ	33.1
		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	00.0	0.0	24.1
		1967	17.80	13.91	0.00	0.00	0.00	0.00	0.00	0.0	28.4
		1968	17.10	13.58	0.00	0.00	0.00	0.00	0.03	1.2	29.1

VITAL AND MORTALITY STATISTICS FOR HALIFAX DURING THE LAST 21 YEARS TABLE XIX

		Infant	Mater-	Tuberculosis	ulosis			3	rlot	Tunhoi	Page	C			
Year	Death Rate	Mort- ality	nal Mort-	(all f	(all forms)	Dipht	Diphtheria	Fe	Fever	Para-typhoid	phoid	Spinal Fever	erebro al Fever	Poliomyelitis	yelitis
		Rate	ality Rate	New	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths
848	13.8	29	0.58	19	32	0	-	191		*					
949	15.4	33	0.50	77	32	000	ī	222	===	- iu	- liu	7-	Ē-	-1	
951	15.2	286	57.7	2021	29		ii.	293	liu	3	ī	nii	liu	m	- liu
952	14.1	27	69-0	107	19	i i	<u> </u>	123	l i	5.	<u> </u>	in:	liu	10	nil
1953	15.2	30.23	0.00	122	22	ī i	ī	88	i i	1 m	==	= -	<u> </u>	71 "	n i
955	15.7	21.69	0.70	105	61	<u> </u>		96	ī :	liu.	in:	liu	liu	10	ī
956	15.5	23.98	0.63	82	13	ī	1	150	2.5	- (		i i	ia:	4 (	nii
12/	15:5	18.65	0.65	82	14	nil	ī	32	ī	14			E i	n (	= =
950	14.7	23.15	0.00	26	17	in :	liu	52	liu	liu	liu	liu	ī	33.6	
090	14.4	32.26	0.61	5.84	0 2	= = =	II.	123	liu:	lin.	lil	nil	liu	liu	ı ii
19	16.0	32.50	0.00	8	1	110	= =	70	= :		ī.	nil	nil	liu	nii
62	14.8	20.01	0.00	80	×	1		0 1		- :	Ξ:	III	liu	3	n:
63	9.91	29.20	0.00	63	9	,		- 21	= 7	= :	=	III	lin.	liu	nii
64	14.4	33.10	0.00	59	000	ı.i.	1	2.5	E :	= 7	Ξ:	ii :	ī ī	ī	nil
69	14.9	24.60	0.00	89	=	-		75		= :	n i	liu	liu	n.	nii
99	15.5	24.42	00.00	51	×	-	1 1	33	E :	Ξ΄	Ξ:	li i	li l	li l	nii
1967	13.9	28.42	0.00	48	12	liu	liu	36		٠ <del>:</del>	<u> </u>	<u> </u>	<u></u>	liu.	liu
99	4.6	20.16	0.00	30				27	IIII			-		-	-

\*Transferred

TABLE XIX
VITAL AND MORTALITY STATISTICS FOR HALIFAX DURING THE LAST 21 YEARS (continued)

Deaths 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	New Cases 295 92 374 145 153 153 154 72	39 71 43 49 30 65 46 56 67
		292 374 145 153 154 172 172 173 170 170
		374 145 154 154 111 172 172 173
-222222		374 145 153 154 152 172 173 170
77777		153 154 172 172 173 170
77777		153 154 151 152 153
7777		154 72 111 152 70 37
2322		72 1111 152 70 37
333		111 152 70 37
13 13	_	152 70 37
liu		37
1111	-	37
liu	_	
liu	_	47
liu	_	43
liu	_	30
liu		9
liu	-	00
liu	_	-
liu	_	9
lic	_	42
170	_	18
liu	_	10
	==========	

TABLE XX TABLE SHOWING COMPARATIVE YEARLY VITAL AND MORTALITY STATISTICS FROM 1958 TO 1968 INCLUSIVE

Year	Birth-	Death-	Infant	Maternal	Pulmonary	ulmonary Tuberculosis	Venerea	Venereal Diseases	Pneumonia	onia
	Rate	rate	Rate	Rate	New Cases	Death-rate	Syphilis	Gonorrhoea	New Cases	Deaths
1958	16.00	14.9	27.56	0.65	53	c1.	2	5		
656	15.92	14.7	23.15	0.00	30	71.	7.5	01	36	19
096	16.99	14.4	32.26	19:0	27	90.	25	2.2	23	80
196	16.35	16.0	32.50	00.0	14	2:	2:	77	∞ :	73
962	17.13	14.8	20.01	0.00	202	71.	- 0	39	2	83
963	17.51	9.91	29.20	00.0	000	90	00	30	13	87
964	18.35	14.4	33.10	0.00	20	90.	75	09	=	129
965	17.57	14.94	24.6	00.0	66	9	71	76:	9	68
996	17.68	15.53	24.42	0.00	27	00	20	104	7	39
196	17.80	13.90	28.42	00:0	7.	90.	λ,	77	15	87
896	17.10	14.64	20.16	000	7 %	I.	9	86	7	75

Year	Deaths from Heart Disease	Deaths from Cancer	Deaths from Gerebral	Deaths from Disbetes	Diph	Diphtheria	Scarlet Fever	Fever
			Haemorrhage		New Cases	Deaths	New Cases	Deaths
1959 1960 1961 1962 1963	534 512 516 520 526 522	236 234 252 252 217	238 207 231 241 201	9222ErE		77777	25.2 8.2 7.2 7.2 7.2 7.2	25555
1965 1966 1967 1968	515 535 425 440	247 242 241 229	250 259 225	10 12	====	2223	63 26 56 56	====

### HOME SAFETY

In February, 1968, responsibility for Home Safety was assumed by the local authority on the winding up of the former voluntary Home Safety Committee. Since then the authority has been represented at the quarterly meetings of the Northern Region Committee of the Royal Society for the Prevention of Accidents, and Home Safety education has been pursued by members of the departmental staff in conjunction with the specific campaigns which the R.S.P.A. has organised, such as campaigns on home accidents, burning and scalds and water safety.

In addition a booklet, the Halifax Guide to Safe Living, has been produced and distributed free of charge. All home accidents are followed up by the Health Visitors, who advise upon preventable factors which can be dealt with and which can contribute towards an accident.

Publicity materials, posters, pamphlets, etc., have been distributed in clinics. There have been no highly unusual accidents during 1968, and it would seem that once more the "at risk group" are children of 0 to 5 years. This is easily understandable, as each generation of growing children is freshly experienced to all the hazards of the world about them, and it is inevitable that some of them experiment with dangerous situations and dangerous results ensue.

The taking of poisonous substances has accounted once more for 61 cases, 55 of them in children under 5. It cannot be too strongly stressed that parents should lock up medicine boxes and cupboards containing domestic cleaners and the like. Burns and scalds account for 66 cases under the age of 5 years. The use of fire guards and pan guards on ovens would truly reduce this number.

The Annual Safety Meeting was organised in October, at which the main speaker was Mr. Gerald Goodman, former Chief Constable of Halifax.

# TABLE XXI

# HOME ACCIDENTS

1968			Age	Group—	Years		
Month	0-5	6–15	16–25	26–50	51-60	61 & Over	Total
January	2.7	5	4	6	4	6	52
February	12	4	5	7	1	4	33
March	15	4	3	4	2	3	31
April	15	7	3	11	4	9	49
May	20	5	6	5	2	6	44
June	13	6	2	2	2	1	- 26
July	12	4	6	4	2	4	32
August	18	_	3	10	2	2	35
September	24	3	1	7	_	5	40
October	15	3	2	4	4	4	32
November	17	8	1	5	2	5	38
December	18	2	2	4	6	2	34
Totals	206	51	38	69	31	51	446

Injuries			Ag	e Groups	—Years		
- Injuries	0-5	6–15	16–25	26-50	51-60	61 & Over	Total
Head	24	6	2	3	4	12	51
Upper Limb	16	11	10	25	6	10	78
Lower Linb	11	4	5	16	8	15	59
Cuts	15	6	4	11	4	3	43
Swallowed	55	6		_			61
Burns	30	8	3	4	2	1	48
Scalds	36	7	7	_	3	2	55
Back	-	1	3	4	1	2	11
Miscellan.	19	2	4	6	3	6	40
	206	51	38	69	31	51	446

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 1,479, 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:—

			TA	BLE :	XXII						
Police Report	1959 9	1960 10		1962 12		1964 18	1965 11	1966 24	1967 12	1968 12	
R.G.'s Report (after transfer adjustments)	9	15	21	11	15	23	17	13	22	10	

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	EX	XIII 19	067/68			
		1968	1967			1968	1967		1968	1967
Jan.	4	517	440	May	7	431	474	Sept. 5	398	419
Juli	11	890	620	•	14	398	419	12	446	350
	18	887	614		21	424	425	19	395	467
	23	790	563		28	467	312	26	372	516
	30	798	504	June	4	314	430	Oct. 3	458	500
Feb		633	469		11	388	399	10	557	537
100	13	710	538		18	426	374	17	493	461
	20	585	534		25	371	407	24	591	492
	27	629	480	July	2	405	345	31	566	460
Mai	-	660	535		9	360	335	Nov. 7	585	436
14160	12	681	444		16	343	253	14	575	481
	19	595	419		23	267	299	21	525	455
	26	543	304		30	286	354	28	560	463
April	2	473	396	Aug.	200	387	371	Dec. 5	506	514
April	9	452	426		15	379	335	12	539	440
	16	266	440		22	377	382	20	460	412
	23	489	476		29	390	396	24	467	516
	30	485	447					31	466	510

### TABLE XXIV

# ASSESSMENT OF PREVALENCE (TUBERCULOSIS)

	PULM	ONARY	Non-Pu	LMONARY	
	Male	Female	Male	Female	Тота
No. of cases on Register of Notification at 1st January 1968	333	185	26	15	559
No. of cases notified for the first time during the year	21	11	5	1	38
No. of cases transferred from other districts	7	3	1	_	11
Totals	361	199	32	16	608
No. of cases removed from the Register during the year on account of having:  (a) Recovered	17	19	1	2	39
(b) Removed from the district	7	2	9		18
(c) Deceased (d) Lost sight of	10 7	2 6 3	4	=	16 14
Totals	41	30	14	2	87
No. of cases remaining on the at 1st December 1968	320	169	18	14	521

Total Respiratory Cases of 489 on Register at 31st December, 1968, represents a prevalence rate of 5.1 per thousand of the population, as compared with 5.42 at the end of 1967.

Based on 94,770 population.

TABLE XXV

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

<u>}</u>			ž	F	368	42	67	27	504	828
NO			Tota	N	187	53	86	28	354	1
MM			Саго	ш	368	42	19	27	504	858
UNDER COMMUNITY CARE AT END OF PERIOD			Under Commu	Σ	187	53	98	28	354	00
ARE		bus	soH mcrì	H	1	1	1		1	
50		οΛ	On Lea	Σ	1	1	1	1	1	Ι'
d	ıusu	rdia	Gua	Œ.	1	1	1	1	1	1
		pun		N	1	1	1		1	Ī
			tal	Œ	726	611	17	6	871	486
			Total	Σ	438	151	20	9	615	-
			Action	ш	64	28	S	1	6	06
	7		Other	Σ	55	31	7		93	
	WITHOUT COMPULSION	ÁŊ	Communi	ш	210	26	00	2	246	410
	OMP		Placed	Σ	= 4	38	10	2	164	4
	2 150	111	Out-Patie Clinic	Œ.	230	27	7	-	260	0
EN	УПТН	01	Referred	Σ	137	30	2	-	170	430
ACTION TAKEN	-	611	PHILIOHH	IT.	154	22	2	9	184	307
NO N	l l l		Informal	Σ	87	32	-		123	-6
ACI			IL	7	1	1	1	7		
	ΙĽ	Hospital Tr'atm		Σ	2	I	1	1	7	6
	JLSOR		or Ob- rvation S.25	ш	29	S	1	1	34	
	COMPULSORILY	Admitted to	For Ob- servation S.25	Σ	17	7	1	1	24	2 58
		Adm	Ob- trion rgen S.29	ı	32	=	1	1	43	
			For Ob- servation Emergen cy S.29	M	26	13	1	1	39	82
	d	iųsu	Guardia	Œ.	1	1	1	1	1	
		01 p	Admitte	N	1	1	1	1	1	
0			Total	Н	726	119	17	6	871	1,486
RREI 968			, T	N	438	151	20	9	615	4,1
EFE IG 1			ew	Œ	215	4	=	- 1	240	54
NSES REFERRI DURING 1968	New		N	144	28	10	7	184	424	
CASES REFERRED DURING 1968			PIO	T	511	105	9	6	631	1062
				M	294	123	10	4	431	10
	CATFGORY OF DISORDER			Sex	Mental Illness	Psychopathy	Subnormality	Severe Subnormality		TCTALS

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

		lormal oyment		ending ng Centre		Not cupied	Total
	No.	%age	No.	%age	No.	%age	
Males	 59	62.8	22	23.4	13	13.8	94
Females	 43	55.1	19	24.4	16	20.5	78
TOTALS	102	59.3	41	23.9	29	16.8	172

TABLE XXVII

The following Table shows in ages and sexes the cases of MENTAL ILLNESS referred during 1968 with comparative figures for the years 1956, 1959 and 1966, 1967

# AGE GROUPS

		Un	Under 21	2	21-30		31-40		41-50		51-60		02-19		Over 70	Total
		No.	%age	No.	%age	No.	%age	No.	%age	No.	%age	No.	%age	No.	%age	No.
1956 Males Females	: :	1 4	1.91	14 23	11.47	36	29.50	25 24	20.49	16	13.03	20	16.49	11 23	9.02	122
1959 Males Females	::	59	3.23	26	16.77	38	24.52	28	18.06	18	11.61	25	16.13	15	9.68	155 259
Males Females	::	61	11.43	127	23.57	104	19.28	112	20.71	73	13.57	31	5.72	31	5.72	539
Males Females	::	61	10.25 9.93	145	24.46	128	21.58	113	19.06	88 120	14.75	41 69	6.83	24 84	3.07	594
1968 Males Females	::	41	6.96	127	21.56	132	22.41	140	23.77	87 145	14.77	48	8.15	28 17	3.32	589 843

### 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 1968 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 1967-68

				M	ental Disc	order
	Aged Persons	50	Diabetes	Mental Illness	Subnor- mality	Child Guidance
1st Visit 1968 1967	369 305	50 66	346 217	918 355	20 12	146 132
Follow-up Visits 1968	6,778	1,495	8,665	2,525	636	952
1967	3,858	1,482	6,840	2,699	882	991

### COMMUNITY CARE

The problem of the increasing number of old folk in the town is already causing disquiet to all the social agencies concerned with helping them. It is unlikely that the medical care that all have enjoyed for the past 20 years has reduced the morbidity of the elderly to any great extent, but it has increased the number at risk. Many problems are present, and the solutions are difficult and costly.

Many old people have no surviving families or their families no longer live near, and often the rehousing which is taking place in new areas means that social support is being disrupted. It seems that people about to be moved have not realised the extent of their mutual inter-dependence with their neighbours. Ways to deal with this problem are difficult and time-consuming; rehousing of social units rather than individual persons has been tried ineffectively.

The support of the elderly sick when confined to bed sometimes approaches the impossible. On five days of the week there is support from the Home Helps but District Nurses only have to bear the load at the weekend; the time may be upon us when extensions of these services to cover Saturdays and Sundays and during the night may have to be considered.

There is, in addition, the intention of the Regional Hospital Board to provide convalescence and/or long-term care on a daily basis. This will be instituted more extensively when the new unit is opened at Northowram Hospital. It is a comparatively simple exercise for a local authority to provide the transport for these cases from Monday to Friday. What is not as simple is to provide for their continuing care through the night and at weekends. Some of these patients may be totally unsupported and in the case of those with relatives I wonder if it is fair and reasonable to expect a relative to work normally in industry and then spend their free time caring for sick and aged relatives, who it will be impossible to leave in some cases, and who moreover may demand some type of attention during the night. The number of beds available will be reduced when the change from St. John's Hospital to Northowram Hospital is brought about.

I feel that a very careful selection of cases for this scheme will have to be made to avoid undue hardship to the families of these cases, where families can indeed assist in this manner.

It would seem that the services of Home Helps, night-sitters and District Nurses may have to be provided on an increased scale to care for day cases at the weekends. The Meals on Wheels Service is already giving a magnificent service, but this too may have to be extended if many more cases who cannot care for themselves arise in the community, particularly in the case of old persons living alone, or with relatives who are enfeebled themselves.

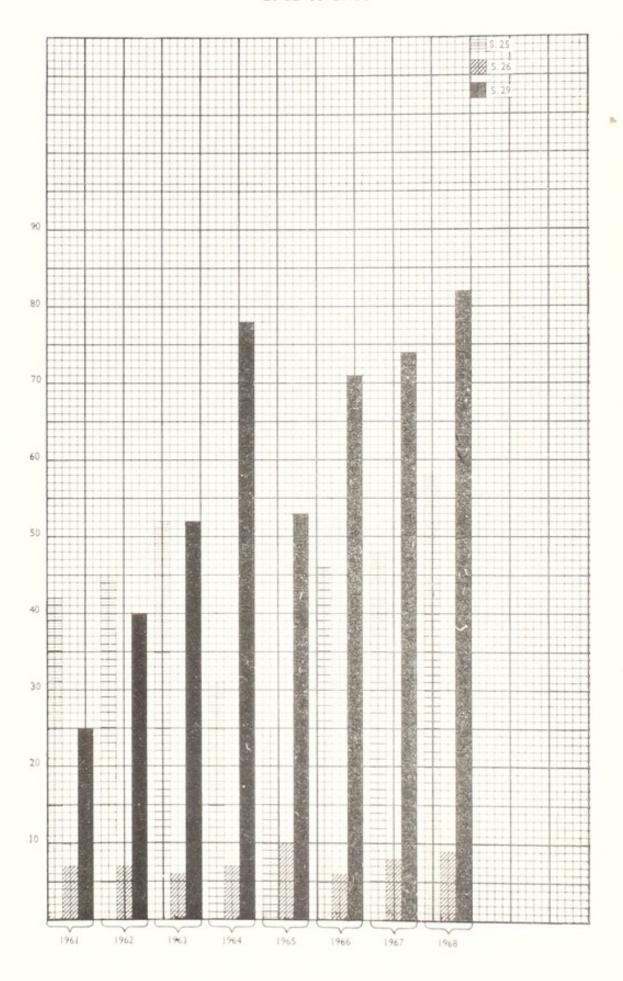
Warden schemes and important groups of old persons' dwellings may assist, and there may be scope for greater voluntary effort where the numbers of old people together can utilise schemes of aid.

No experiments have really been considered, though communal canteen-type feeding which is another consideration, may assist the aged.

The scheme for Heaf Testing and B.C.G. vaccine for Tuberculosis contacts who are heaf negative continues. In addition all susceptible immigrant children are offered B.C.G. as it has been thought that there has been an increased incidence of tuberculosis amongst immigrant children.

Of the total immigrants arriving in the town (136), only 44 were X-rayed, either on arrival in Britain or in town. This is only some 30.9%. In addition 32 out of 136 or some 23.5% were not traced, due in some cases to the addresses being non-existent owing to clearance programmes. When it is considered that 4 of the arrivals subsequently were found to be positive cases of tuberculosis, it is apparent that our efforts cannot be relaxed at all when dealing with particular "at risk" groups. That the immigrants remain a source of high risk of tuberculosis is shown from Tables 10 and 11, where the number of new cases of tuberculosis in 1968 was 38.

# Compulsory Admissions under Mental Health Act 1959 1961 to 1968



# TABLE II MENTAL HEALTH ACT, 1959

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

	SECTI	ON 25	SECTI	on 26	SECTI	on 29	T
	Number	Per- centage	Number	Per- centage	Number	Per- centage	Тотаі
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
1968	 58	39.5	9	6.2	82	55.0	49

### INFECTION

1968 was satisfactory in relation to the low incidence of Infectious Disease.

# TABLE III

			ITTOL		
	Dise	ease		Num	ber
				Notified	Confirmed
Anthrax				 _	_
Smallpox				 _	
Dysentery				 2	1
Food Poisoning				 18	4
Typhoid Fever an	d Ent	eric Fe	ver	 	
Para-Typhoid				 	
Scarlet Fever				 15	15
Malaria				1	1
D' 1 .1 .				 1	1
Puerperal Pyrexia					
Erysipelas				 1	
Ophthalmia Neon	atoru	122		 1	1
Acute Encephaliti	e			 	_
Acute Poliomyelit	ic			 -	
Cerebro-spinal Fe				 1	1
1 1				 240	
				 348	348
Whooping Cough				 11	10
Pneumonia—Prim				 	
Meningococcal In Fuberculosis—	fectio	n		 _	
Respiratory			2.7	 30	30
Other Forms				 8	8
Infective Jaundice				 17	17

There were 18 cases of food poisoning coming to the notice of the department during the year. Fourteen of these notifications were not confirmed.

The causative organism in the three confirmed cases was Salmonella Typhimurium and a further case notified as Gastro Enteritis was found to be due to Salmonella Typhimurium.

These cases involved 22 contacts of which 3 were found to be infected and a total of 68 specimens were obtained.

There were 26 cases of Gastro Enteritis notified. All 26 cases were treated in hospital. 78 contacts were traced and 203 specimens were taken. Two of these contacts were found to be affected by Sh. Flexner.

One case dysentery was notified involving 7 contacts and 14 specimens.

A total of 17 cases of Infective Hepatitis were notified to the department during the year.

One case of Poliomyelitis occurred in a 5½ year old boy.

### 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							 14
,,	,,	,, atten	dances	after v	isit			 12
,,	,,			efaulte	rs			 2
,,	,,	" ineffe	ectual v	visits				 15
Total	number	of conta	octe					1.2
Total								 13
**	,,	,, revisi						 7
,,	,,	", ineffe						 10
,,	,,	,, atten	dances	at clin	ic			 13
Total	number	of Clinic	atten	dances	for yea	ar 1968		 206
Total	number	of visits	for all	purpos	ses for	year 1	968	 479
	ve Wasse				_ 			 4
Attend	ded							4

This section of the report is based upon information provided by the social worker at the Harrison Clinic.

There were during the year 96 cases of gonorrhoea and 4 cases of late syphilis seen at the clinic in 1968. Of the cases of syphilis, 2 are British, 1 Pakistan and 1 Hungarian. 21 cases of gonorrhoea occurred in Pakistanis, 5 in West Indians, 4 in Cypriots, 1 Dutch and 2 Irishmen. The rest in British persons (63).

In 1967 there were reported 75 cases of gonorrhoea. The increase is probably a reflection of national trends and the national morals.

During 1968 the National Health Service Statutory Instruments (Venereal Act Regulations, 1968), amending slightly the position regarding patients treated at Venereal Disease Clinics, came into force. This concerns information about persons under treatment and the tracing of contacts.

# **TUBERCULOSIS**

The downward trend in the rate of new cases notified suffering from T.B. continues, there being fewer cases in 1968 as compared with the previous year, and for the first time none in the younger age groups from 0–19 years.

The Heaf Tests and B.C.G. vaccinations of 13 year old children has now been in operation for 10 years, and one would expect a decline in the age groups 20–29 years. This is seen if we compare the number of new cases according to age groups for the years

1964-68 (5 year period); the year 1964 was the first time a detailed analysis of cases was included in the report.

	age group	age group	age group
	15-19	20-24	25-29
Cases in 1964	6	7	8
Cases in 1968	_	3	1

Ten years ago the hope was expressed that "if the rapid decline of all forms of tuberculosis, as in the last decade, continues, by 1970 there will be no longer a need to use the vaccine". Unfortunately other factors have arisen, which still make it very necessary to continue the service.

The immigrant population now account for one-fifth of the total number of cases on our books, but because of their nomadic ways of moving to different parts of the country it is very difficult to keep in touch with them.

### **Immigrants**

The intake of immigrants in Halifax during 1968 was nearly doubled compared with 1967. There were 76 immigrants in 1967 and 136 in 1968. Two of these new arrivals had to be admitted to sanatoria straight away as a result of X-rays at the port of entry, and a further two as a result of M.M.R.

The follow-up work in connection with immigrants has consequently increased. Of the 136 immigrants we were informed of only 32 were not traced. The follow-up work involved with immigrants requires a considerable amount of time, the address given is often wrong and non-existent, and a condition which is aggravated by the demolition programme.

Although all immigrants are given X-ray appointments, in fact only 30 attended – M.M.R. i.e. 22% – 122 immigrants were heaf tested and 64 of these were positive.

### Free Milk

11 patients were supplied with one pint of free milk daily from the Health Office.

# TABLE VIII

# **Immigrants 1968**

COMMONWEALT	н со	UNTRIES	S		No.	Contacted
India				 	10	7
Pakistan				 	105	77
Africa				 	7	7
Caribbean				 	5	5
Australia				 	1	
Trinidad				 	-	_
Hongkong				 	2	2
Barbados				 		_
Singapore				 		_
Cyprus				 	2	2
NON-COMMONWI	EALT	H COUN	TRIES			
Spain				 	2	2
Italy				 	- 2	2
	Tot	als		 	136	104

# TABLE IX

# INCIDENCE

R: Respiratory. NR: Non-Respiratory

Age	R NRA		RA		PAKISTAN R   NR				ALL CASES R   NRA			PER	1968 PERSONS R   NR  To-			1967 PERSONS R   NR   To-		
Group	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			tal		1	tal
0-4	-	_	_	_	-	_	_	_	_	_	-	_	_	_	_	3	_	3
5-9	-	-	-	-	_	_	_	_	-	_	_	-	_	_	_	1	_	1
10-14	-	_	_	-	-	_	_	_	_	_	_	_	_	_	_	1	_	1
15-19	-	-	_	-	3	_	1	_	3	_	1	_	3	1	4	6	_	6
20-24	2	1	-	-	1	1	1	1	3	2	1	1	5	2	7	3	_	6
25-29	1	_	_	_	_	1	1	_	1	1	1	_	2	1	3	6	_	6
30-34	1	2	_	_	1	1	_	_	2	3	_	_	5	_	5	7	_	7
35-39	-	1	_	_	-	_	_	_	_	1	_	_	1	_	1	4	_	4
40-44	1	1	_	_	2	_	1	_	3	1	1	_	4	1	5	1	_	1
45-49	1	1	1	_	_	-	_	_	1	1	1	_	2	1	3	1	_	1
50-54	1	-	_	_	1	-	_	_	2	_	_	_	2	_	2	1	_	1
55-59	2	_	_	_	_	-	_	_	2	_	_	_	2	_	2	2	_	2
60-64	2	-	-	-	_	-	_	_	2	_	_	_	2		2	4		4
65+	2	2	-	_	-	_	_	_	2	2	_	_	4		4	3	_	3
TOTAL	13	8	1	_	8	3	4	1	21	11	5	1	32	6	38	43		43

# TABLE X

### Summary 1968

	Sun	nmary 19	68				
New cases non-Pa	akistani	Male	Respin	atory			13
New cases non-Pa	ıkistani	Female	Respin				8
New cases Pakista	ani	Male	Respin				8
New cases Pakista	nni	Female	Respin	atory			3
	Total R	Respirator	У				32
	Total N	New Cases	S				32
Transfers in 1968	1	1.				-	
Details of Tuberculosis	cases re	emoved fr	om Rec	rister a	ccordi	ng to	the
		g circumst		sister a	ccorun	ig to	the
Recovered							39
Deceased							16
Transferred out							16
Left Country							2
F.T.A.							14
	Total R	temoved					87
	Sun	mary 196					
	Sun	illiary 190	90				
Tuberculosis cases	brough	t forward	1968				559
New Cases							38
Transferred in		• •					11
2007	020						608
Taken off Register	r as abo	ve .					87
Cases carried forw							521

# 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
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
1968	16	5	4	21	106

# TABLE XII

# Heaf Tests 1968

Domiciliary Con	ntacts an	d Imm	nigrants	-		
Negative						131
Positive						131
Others—	Total					262
Negative						58
Positive						64
	Total					122
Totals—	Total	• •	• •	• •	• •	122
Negative						189
Positive						195
	Total					384
	Do	sitive	Canan			
1 deg. and 2			Cases			
3 deg	z deg.					55 38
4 deg						30
V 100 - 100						_
					12	23
	77.4	DIE				_
Non-Respiratory—	TA	BLE	XIII			
Non-Pakistani	Male	1.1	Epididy	mitis		
Pakistani	Male		Cervica		itis.	
Pakistani	Female		Cervica			
	ТΔ	BLE 2	VIIIa			
This gives detail				Chast	CI:-:	
This gives detail to testing and protec	ting infa	nts.	at the	Chest	Clinic	in relation
B.C.G. including Heaf Tests			nts			106 142
B.C.G. is a vacci men who first prepare	ne (Bacil	)				ne French-
mo mot prepare	od It.					
		BLE				
This table indicate culosis positive sputur	m results.					to tuber-
New Cases						6
Old Cases						15
						21
						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 Cor	ntacts			 	280
F.T.A.				 	30 = 10.4%
Total nun	ber of	Contac	ts	 	310

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 North				 	46
Discharges from N Normal Disch			-	 	37
Discharge aga	inst N	1edical			8
Deaths				 	6
Total Discharges				 	51

Average length of stay - 10 weeks.

### TABLE XVI

# Miniature Radiography in Halifax

<ol> <li>Examinations carried out—         <ul> <li>(a) Miniature X-rays taken</li> <li>(b) Number recalled for large film</li> </ul> </li> </ol>			Total 2,688 22
<ul> <li>2. Analysis of Provisional Findings— <ul> <li>(a) Cases of active tuberculosis</li> <li>(b) Cases of inactive tuberculosis</li> <li>(c) Other abnormalities (see below)</li> <li>(d) Failed to re-attend for large film</li> </ul> </li> </ul>	1 2 8	<u>1</u> <u>3</u>	2 2 11
3. Analysis of Abnormalities other than Tuberculosis (2(c) above)—  Disease			
1. Bacterial or virus pulmonary infactions	_	1	1
2. Bronchiectasis	1		1
3. Emphysema	1		1
4. Pulmonary fibrosis: non-tuberculous	3		3
5. Sarcoidosis	-	1	1
6. Pleural thickening		2	2
7. Hilar-Bronchial Adenitis	1	_	1
8. Primary Malignant Neoplasms	1	_	1

### **Diabetes Mellitus**

In addition to the 346 first visits and 8,665 follow-up visits included in Table I, it should be put on record in the 1968 report that 51 attendances were made to the Out-Patient Department at The Royal Halifax Infirmary, where 384 patients were seen and had instruction of a diabetic diet.

Routine screening of patients in 'at risk' groups has been continued.

### Geriatrics

During 1968 there were 360 new Geriatric Cases, and the increased cooperation of the Hospital Social Services in referring cases to us on discharge home has been much appreciated, these as can be seen from Table XI amounted to 120, combined total from the hospitals, and an increase compared to the 77 referred in the previous year. The total number of new cases referred each year from all sources appears to be static at approximately 315–334 since 1965, whilst the take-off rate is increasing, running at 50 below the new case intake. The question arises, have we now arrived at a point where we must look further afield than the present known reference agencies.

It has been forecast that there will be in Halifax by 1970 approximately 14,000 people over the age of 65, and at the present time there are known to the department just over 1,000. Allowing an increase on our books of 100 each year, by 1970 we may have at a conservative estimate 1,200 cases, or 8.5% of the available pool of elderly persons over 65. According to one estimate 22.2% of people aged 65 and over live alone, the equivalent for Halifax in 1970 of 3,108 persons (one of course needs to take into account the number of persons in welfare accommodation). There are known to us 476 persons living alone, and it can be seen from the above that there must be many more elderly persons who would appreciate the visits of the Special Nurses.

Cases are still referred to us who are in desperate need of medical and social services, also still referred are cases who are grossly neglected and dirty, and in this enlightened age should never have been allowed to sink so low.

In Table III, 80 persons on our books have now accepted Warden type accommodation supervised by the Welfare Department, as compared to 20 in the previous year. This is encouraging as this type of accommodation does offer close supervision and immdeiate help when necessary.

There are still cases on the books who, since the last report, are still waiting to be re-housed and are still living in unsatisfactory

conditions. Whilst on the subject of re-housing one wonders whether the inclusion of bathroom suites for the elderly is advisable or practical. From our own observation it has been found that more often than not these are unused, as very few elderly people, certainly those living alone or crippled with arthritis, will attempt to get into the bath alone. The District Nursing Service is only available for bed-baths and consequently the baths are never used. Would it be feasible of economic to replace the baths in future old persons' dwellings with a hot and cold shower, a foot bath to accommodate a wooden stool, which would enable the elderly person to retain their independence a little longer?

At the end of the year 46 cases were in hospital, leaving a total of 998 who were being visited. Table IV refers. 476 of these were living alone and being maintained at home by various agencies such as Home Help, Welfare, Meals-on-Wheels, and also supported by relatives. The numbers living alone have increased from 372 cases in the previous year, and because of the acute shortage of welfare and hospital accommodation, aggravated to some extent by the decrease in geriatric beds available in the planned Geriatric Hospital at Northowram, is likely to continue to rise. This in turn will throw increased demands on the District Nursing Service – Home Help and Night Sitting Services – referring to the same table, the at-risk per cent rate for women living alone also increased.

The ratio table is self-explanatory and does not reveal much change in the ratio between men and women, but does show a general increase in the number of persons in the 70–80 age groups – 57 persons under 60 is also slightly up on last year.

The help, as in the past, given by the Home Helps, Public Health Inspectors and Welfare Departments has been much appreciated.

The Special Nurses have worked conscientiously and sympathetically towards their patients, and have contributed in no small manner to the smooth running of their section.

A Domiciliary Therapist would go a long way to alleviate suffering in the home. The therapist would also be a boon to patients recovering from "strokes" who have some resultant 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 disinfestation 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					17
Home Helps					22
Medical Social Workers, H					34
Medical Social Workers, R					55
Medical Social Workers, St					30
Medical Social Workers, Pi					1
Chiropody					73
Walfana Caminas					19
Council of Social Services				• •	10
	• •				
					32
Mental Health					_
Health Visitors					6
Others					57
General Practitioners					4
Total New Cases					360
TA	BLE II				
Services and Other Agenc	ies: Nu	mber o	f patie	nts ser	ved
Home Help visit					311
M 1 1 11/1 1			• •		51
Visited by Welfare Departn				• •	206
W.R.V.S. Clothing					62
TAI	BLE II	I			
Could benefit by Part II Ac			1		54
Refused Part III Accommod		datioi			14
Require rehousing due to a		disabil			62
Applied for rehousing.					47
Warden-type flats and alms	houses				80
Table III shows that there				iber o	f patients
whose needs in the community	remain	unsa	tished.		
TAF	BLE IV				
				1060	
Distribution of Cases a					
Numbers in Hospital					16
Acute Hospital Cases					46
Number receiving visits					998
Patients living alone: Men					95
Wom	en				372
27 . 11: :					
Total living alone					476
Of those living alone:—					
Men at risk					25
Women at risk					71
Requiring close supervision					29

TABLE V
Ratio Males to Females

Age Group	Male	Female	Ratio Male to Female	Percentage
60 to 64	 24	54	1 to 2.2	7.9%
65 to 69	 32	88	1 to 2.7	12.3 %
70 to 74	 44	163	1 to 3.7	20.6%
75 to 79	 53	173	1 to 3.2	22.6%
80 to 84	 38	186	1 to 4.9	22.4%
85 to 89	 14	93	1 to 6.6	10.9%
90 to 94	 2	20	1 to 10.0	2.2%
95 plus	 1	_	1 to 1.0	0.1%
	208	777	3 to 4.0	
T-4-1		0.5		

Total over 60 .. 985.

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

### TABLE VI

### Case Register

# Total Cases remaining on Register at 31st December, 1968

Total of Register, 1	967	 	 	970
New Cases 1968		 	 	360
Less Take-offs		 	 	1,330 286
Total, December, 1	968	 	 	1,044

# 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, 1963-1968

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
1968	 	 	1,044 cases on books

### MENTAL HEALTH

The year 1968 was a very active one in the Mental Health Section of the Department and trends of previous years, indicating persistent increases in the number of referals, continued. During 1968, 1,486 referals were recorded as against 1,430 the previous year. Of these, however, only 424 (28.5%) were initial referals, whilst the remaining 1,062 (71.5%) were already known to the Service. There was a slight increase over the previous year in the number of admissions to hospitals dealt with by the Mental Welfare Officers - 456 (443 in 1967), and, similarly, the number of compulsory admissions increased to 149 (135 in 1967). In spite of time taken up in dealing with admissions the Mental Welfare Officers' domiciliary visits to cases of mental illness increased to 4,635 as against 2,699 in 1967. The Mental Welfare Officer staff had been denuded by one officer during 1967 in order to maintain the Home Help Service and it was not until May, 1968, that the full establishment of Mental Welfare Officers was restored.

The greater proportion of referals came from general practitioners, hospitals and out-patient clinics. There has been a steady rise in latter years of the number of patients seen in their own homes by psychiatrists. Although this makes heavy demands on both psychiatrists and Mental Welfare Officers certain advantages evolve. The patient is seen much sooner than would be the case if an outpatient clinic appointment was awaited and in many instances a mental illness in an acute phase can be diagnosed and treated more effectively by this method. Furthermore, the psychiatrist is able to devote more time to the examination of the patient than could be spared in a clinic and the environment in which the patient is living is observed at first hand which could influence the decision on the best way of management. The Mental Welfare Officer played an important social worker role in this setting by visiting the home in advance of the psychiatrist to obtain information of the environmental circumstances, then accompanied the psychiatrist and, after examination, the treatment programme decided with supportive measures to be taken by the Medical Welfare Officer on behalf of the patient and the family. In other words, the Mental Welfare Officer was involved from the time of referal by the general practitioner until the patient and the family were sufficiently stable to be self-supporting.

The close liaison between the psychiatrists and the Mental Welfare Officers was further maintained at the out-patient clinics. Case histories were prepared by the Mental Welfare Officers prior to clinic consultations and guidance given by the psychiatrists on the social requirements of patients from time to time. There was close co-operation with the medical and social worker staff at the hospitals relating to patients undergoing in-patient treatment in readiness for their discharge and after-care in the community.

The hospital treatment of mentally ill patients was confined to Storthes Hall and St. Luke's Hospitals in the Huddersfield area.

The distances involved detracted from a more desirable service being afforded by the Local Authority staff. Nevertheless, every opportunity was taken by the Mental Welfare Officers to maintain

contact with patients whenever they visited the hospitals.

In May, 1968, after negotiations between the local Hospital Authority, the psychiatrists and the Health Department, arrangements were made for the Royal Halifax Infirmary where the Accident Department is sited, to be designated for the purposes of detaining certain patients in their care under the Mental Health Act. The type of patients involved were those who had been admitted suffering from overdoses of drugs and self-inflicted injuries and who refused to accept emergency treatment and observation on the Wards pending a decision by the psychiatrist as to their management. In such cases where an emergency order was applied, the patients not only had their immediate medical needs attended to, but their admission to a psychiatric hospital was sometimes averted.

There was a marked increase in the number of persons coming to notice who fell within the classification of "psychopathy" and a special report on this subject was given to the Health Committee during the year. This group of persons cannot be effectively dealt with either in the ordinary psychiatric hospital or in any local authority establishment catering for mentally ill or subnormal patients. They come into conflict with society, but many of them manage to keep within the law. They are irresponsible, unstable and unpredictable in their behaviour and are a disturbing influence when associating with other types of mentally disordered persons. It has been our unfortunate experience in endeavours to assist in some measure with the rehabilitation of some of these persons by admitting them to our Hostels. Without exception there has been trouble and it has been made abundantly clear that they cannot be managed in such an environment. Owing to there being no institutional accommodation available in this area to meet the needs of psychopaths, the community services, and in particular the Mental Health Service, are faced with an unenviable problem. The amount of care and supervision which can be given is infinitesimal and even that has no lasting effect. As this is a qualified disorder under the terms of the Mental Health Act, the Local Health Authority cannot evade its responsibilities and valuable time had to be spent, frequently to no avail, which could be put to a much more rewarding and beneficial effect on those persons who really need and respond to the services available. Some serious thought needs to be given to this problem, particularly in this part of the country, if society is to be protected from the malady of psychopathy.

At the end of the year there were 650 mentally ill and psychopathic patients who, in varying degrees, were in need of home visiting. This number, together with 208 subnormal and severely subnormal persons constituted a formidable case load of over 200 patients for each Mental Welfare Officer. It is impossible to afford the after-care needed and effective steps cannot be taken to prevent relapses and subsequent return to hospital.

Most of the visiting of the mentally subnormal persons living in the community was undertaken by one of the Special Nurses on a part-time basis. Whilst this relieved the Mental Welfare Officers to some extent, although it should be part of their duties to do this work, this special kind of social work could not be as effective as one would wish. Many problems associated with this type of handicap do not surface until the advent of crises and regular contact with the home could often prevent crises arising. It is gratifying to note that of the 172 known subnormal persons of working age in the community only 29 (16.8%) were not occupied, and that 102 (59.3%) were in normal employment, and 41 (23.9%) were attending the Adult Training Centre. This reasonably sound situation could deteriorate in future years as the present Adult Training Centre has exceeded its capacity and it is in hopeful anticipation that 1969 will see the long-awaited new 60 place Adult Training Centre becoming a reality. It would be tragic to have to deny the benefits of a Centre to this group of persons. It is imperative that such facilities should be readily available otherwise there could be adverse criticisms of the Authority's services in this field as well as exposing these unoccupied persons to risk.

We were grateful for the co-operation during the year of the hospitals for the mentally subnormal where it was possible to admit in times of need for diagnostic and treatment purposes. The assistance which was given in providing short term care to give some respite to the parents and, in some instances to make it possible for them to have a holiday, was valuable and much appreciated. We, in this area, were fortunate in this respect in comparison with other parts of the country and I feel that this is due in some measure to the good working relationship which exists between the hospitals and the Department. The counselling of parents and relatives of the mentally handicapped and the special efforts of the voluntary society have done much to create a better understanding of the problems involved.

The work undertaken in the Junior and Adult Training Centres at Furness Park continued most satisfactorily and a fuller report on their activities is included later in this Report. At this juncture it is sufficient to say that the efforts of the staff and all those who show interest in the work they are doing, is appreciated. Special mention is made of the support given by various industries which have provided work for the Adult Centre, for without their patronage the modern concept of occupation for mentally handicapped adults would have been impossible.

The residential care of mentally disordered persons was provided during the year in three Hostels. Theophilus Cottage played its part in the rehabilitation of a number of former mentally ill persons. A summary of the persons in residence during the year is included in this Report. The untiring efforts of the Matron to bring about successful resocialisation were much appreciated. This is a task with special responsibilities and not easy to fulfil.

The Hostel for mentally subnormal men at Furness Gardens met most demands and served a very useful purpose throughout the year. It was, for the most part, fully occupied during the whole of the year. The happy, homely atmosphere which prevailed at this Hostel was due in no small measure to the admirable work done by the Houseparents who were regarded by the residents as their own parents.

Furness Drive Hostel for mentally subnormal women came into use early in 1968. Unfortunately, there was not a heavy demand for places in this Hostel and all needs could be met. This Hostel is maintained on the same lines as Furness Gardens and in the passage of time one is confident that it will be more fully used.

Club activities for both former mentally ill persons and the mentally handicapped continued to function during the year. The Therapeutic Social Club was transferred to the new Clinic premises towards the end of the year and the appointment of a member of the staff as Club Organiser ensured continuity of activities. This Club has been in existence since 1961, and has met in premises owned by the Welfare Services Department and appreciation is recorded of the facilities made available during the past eight years.

The Club for mentally handicapped persons was organised by the local branch of the Society for Mentally Handicapped Children and for this work and other splendid efforts they made on behalf of the mentally handicapped are to be commended. The Society sustained a sad loss in March by the death of their Secretary, Mr. Jack Ramsden, whose unselfish and untiring efforts left an indelible mark on the memory of those who had the privilege of knowing and working with him.

Since the opening of the Laura Mitchell Clinic in August, 1968, it was possible for the personnel in the services concerned with family care to work in closer contact with each other and this was particularly so in the case of mental health. The School Health, Child Guidance, Home Help and Health Visitors were more accessible to the staff in the Mental Health Section and the co-ordination of effort became much easier. The new premises made working conditions much more pleasant and the introduction of new systems was conducive to increased efficiency.

Mental Health Week was observed in Halifax from 9th to 15th June. The two voluntary organisations associated with mental health and the Health Department staff combined their efforts in organising a week of activity. A Church Service at St. Andrew's Methodist Church opened the Week on the Sunday evening. A joint meeting of the W.R.V.S., Day Nursery staffs and Mother and Baby Club personnel was held in the Town Hall on the Monday afternoon. Open Days were arranged at Westwood, Stansfield View and Fielden Hospitals for subnormal patients on Tuesday, Wednesday and Thursday. On the Wednesday evening a Sypmosium was held in the new Clinic at which about 150 people were present. Although the building was not completed the meeting was made possible

through the good offices of the Architect and the workmen, and it was a tremendous success. Under the Chairmanship of Alderman Mrs. L. A. Mitchell, four papers were given by the Medical Officer of Health, Dr. A. J. Dalzell Ward, Central Council for Health Education, Dr. G. F. J. Goddard, Psychiatrist, Child Guidance Service, and Dr. D. A. Spencer, Medical Director, Westwood Hospital, Bradford. The Week culminated in the voluntary organisations participating with great success in the local Charity Gala on the Saturday. A considerable amount of work was done by many people to make the Mental Health Week in Halifax worth remembering.

The good relationships which are well established in Halifax between general practitioners, hospital staffs and the Mental Health Service were again evident during 1968. Although working under great difficulties and extreme pressure, the members of the public had no reason to suspect that such circumstances existed, but should be grateful that the services operated so well when the need arose.

Halifax is blessed by a multitude of voluntary workers in all kinds of fields and Mental Health is one that engages the interest of a number of them either directly or in an indirect way. The statutory services have need of the help so willingly given in the interests of mentally disordered persons. The wonderful work done by the Local Association for Mental Health gathered momentun during 1968, and those professionally engaged in the work, and more so the public of Halifax, have good reason to be thankful that such stalwart workers are at hand. We must not overlook other organisations who came forward in the hour of need, such and the Women's Royal Voluntary Service, the Council of Social Service, the Samaritan Service and the White Rose Alcoholic Club. We have reason to be grateful to them all.

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, 1968:

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.O.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. Thomas J. D. Smith, S.R.N., R.M.N. Mrs. Pamela C. Tansley.

Social Worker (Child Guidance): Mrs. C. Berry, M.S.M.W.O. Welfare Assistant:

Mr. John S. Wilson.

Trainee Welfare Assistant: Miss Karen 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.

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

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.

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

# Theophilus Cottage Hostel Residents during 1968

1. Man, aged 41. Single. Schizophrenia.

Admitted 18.4.67. Discharged 2.1.68.

Re-admitted 24.2.68. Discharged 27.4.68.

A former long-stay hospital patient whose relatives would not have him home owing to a bad work record. Found work and went into lodgings, but was re-admitted to Hostel. He later moved to lodgings again, but was ultimately re-admitted to hospital.

2. Woman, aged 48. Single. Schizophrenia.

Admitted 16.8.67. Discharged 12.2.68.

Re-admitted 16.9.68. Discharged 31.12.68.

Admitted from psychiatric unit on first occasion. Difficulty in maintaining a job. Eventually left the Hostel and went into private lodgings, but had to be re-admitted to hospital. During second period in hostel she again showed little inclination towards work, but finally obtained a residential post which proved satisfactory.

3. Man, aged 19. Single. Schizophrenia.

Admitted 22.11.67. Discharged 25.2.68.

Was in Hostel previously in 1967. Re-admitted after further hospital treatment. Difficulty in holding a job and finally left the Hostel to live with parents.

4. Man, aged 61. Married but separated. Depression.

Admitted 23.12.67. Discharged 27.1.68.

Admitted on a number of occasions in past as he lived alone. On this occasion admitted in first place over Christmas period, but remained in Hostel until well enough to return home.

 Woman, aged 55. Married. Depression. Admitted 4.1.68. Discharged 8.1.68.

Admitted for a few days following hospital treatment as her husband was unable to cope as he too had been ill.

 Man, aged 21. Single. Subnormal. Admitted 17.1.68. Discharged 20.1.68.

Admitted as there was no place at Furness Gardens Hostel and his mother was to be away from home.

 Man, aged 22. Single. Psychopathy. Admitted 22.1.68. Discharged 7.6.68. Re-admitted 8.7.68. Discharged 16.7.68. Re-admitted 20.12.68.

Admitted on discharge from hospital where he had been treated for depression. Efforts at rehabilitation were not successful. He returned home, but was re-admitted to Hostel. He again returned to hospital and re-admitted to Hostel and was in residence at end of the year.

 Man, aged 31. Single. Schizophrenia. Admitted 1.2.68. Discharged 30.3.68.

Admitted on discharge from hospital. Found work and eventually left to go into lodgings.

 Woman, aged 33. Single. Schizophrenia. Admitted 1.2.68. Discharged 20.6.68.

Admitted on discharge from hospital. Had difficulty in maintaining a job, but eventually able to support herself and went into private accommodation.

 Woman, aged 37. Single. Depression. Admitted 1.2.68. Discharged 3.5.68.

Admitted on discharge from hospital. Found work which she maintained satisfactorily and eventually left to go into private lodgings.

 Woman, aged 22. Single. Psychopathy. Admitted 26.1.68. Discharged 15.2.68. Re-admitted 1.3.68. Discharged 16.4.68. Re-admitted 19.4.68. Discharged 26.4.68. Re-admitted 2.9.68. Discharged 6.9.68.

During the many periods in the Hostel no measure of success with rehabilitation. Eventually left to go into private accommodation.

 Man, aged 18. Single. Psychopathy. Admitted 3.4.68. Discharged 26.8.68.

Admitted from home where difficulties had arisen. Little success in the Hostel and he left of his own accord without declaring his intention.

 Man, aged 40. Married. Schizophrenia. Admitted 12.4.68. Discharged 16.4.68. Re-admitted 3.5.68. Discharged 6.5.68. Re-admitted 10.5.68. Discharged 13.5.68.

Owing to family difficulties was admitted for three weekend leave periods from hospital during 1968. Finally discharged from hospital to lodgings.

 Woman, aged 68. Widowed. Depression. Admitted 26.4.68. Discharged 29.4.68.

Admitted for weekend leave period from hospital. Lived alone and unwise for her to spend leave at home. Finally discharged from hospital to her home.

 Woman, aged 59. Widowed. Depression and alcoholism. Admitted 29.4.68. Discharged 24.5.68.

Re-admitted 5.7.68. Discharged 2.11.68.

Admitted from hospital. No home of her own. Had to be re-admitted to hospital. Was tried again in Hostel, but again again relapsed and re-admitted to hospital.

 Woman, aged 42. Single. Schizophrenia. Admitted 30.4.68.

Had previously been rehabilitated from the Hostel in a residential job. She had been a long-stay hospital patient. She relapsed and to avoid re-admission to hospital was taken into Hostel. Another job was found for her and at the end of the year was about to leave to move into a Corporation flat.

 Woman, aged 28. Single. Depression. Admitted 6.5.68. Discharged 11.7.68.

Admitted from home where difficulties arose in her management. She settled down reasonably well and was working at the time she decided to leave.

Man, aged 52. Single. Depression.
 Admitted 13.5.68. Discharged 11.7.68.
 Re-admitted 16.7.68. Discharged 19.7.68.
 Re-admitted 26.7.68. Discharged 5.9.68.

Admitted from hospital, but had to be re-admitted owing to a relapse. Tried in Hostel on two weekend leaves and finally re-admitted to Hostel where he remained until he returned to his home where he lived alone. He was working when he left.

 Man, aged 32. Single. Psychopathy. Admitted 28.5.68. Discharged 1.6.68.

Admitted as he showed evidence of mental disorder and had been found homeless. Whilst in the Hostel he became unmanageable and was admitted to hospital.

 Woman, aged 32. Single. Schizophrenia. Admitted 23.7.68. Discharged 30.7.68.

Admitted from hospital owing to difficult home circumstances, but did not settle down in the Hostel and returned home.

21. Man, aged 17. Single. Personality disorder.

Admitted 29.7.68. Discharged 1.11.68.

Admitted from hospital in order to prove himself capable of maintaining a job which he had not done whilst at home. He made a successful effort and was working satisfactorily on discharge.

 Man, aged 52. Single. Depression. Admitted 2.8.68.

> Admitted from hospital. Had formerly lived alone. By the end of the year he had found work which he was following regularly.

 Woman, aged 20. Single. Psychopathy. Admitted 9.9.68. Discharged 1.10.68.

Re-admitted 12.10.68. Discharged 31.10.68.

Admitted from home owing to behaviour difficulties, but had to be admitted to hospital. A further trial was given in the Hostel, but again this failed and she was re-admitted to hospital.

 Woman, aged 41. Married. Inadequate personality. Admitted 5.11.68. Discharged 8.11.68.

Admitted from home owing to husband's admission to hospital and her inability to manage alone. Returned home on husband's discharge from hospital.

 Woman, aged 47. Divorced. Chronic schizophrenia. Admitted 23.12.68.

A long-stay hospital patient. Had no home to which she could return. She had not begun work by the end of the year.

 Man, aged 16. Single. Schizophrenia. Admitted 20,12.68.

Admitted from hospital owing to difficult home circumstances. Efforts being made at the end of the year to find him employment. He had never been employed before.

# Furness Gardens Hostel Residents during 1968

 Man, aged 48. Single. Schizophrenia. Admitted 13.11.65. Discharged 18.6.68.

Had lived at the Hostel since it opened having been transferred from Theophilus Cottage Hostel. He had no home and attended the Training Centre. His psychotic state deteriorated and he was admitted to hospital where he subsequently died.

2. Man, aged 24. Single.

Admitted 20.12.65.

Maintained himself in a job since his admission. Has no relatives able to offer him a home.

3. Man, aged 38. Single.

Admitted 7.1.66.

Unable to follow normal employment and attends the Training Centre. Has no home or relatives able to care for him.

4. Man, aged 71. Single.

Admitted 16.2.67.

Admitted to Hostel after almost 40 years in a subnormality hospital. Has settled down well and attends the Training Centre.

5. Man, aged 18. Single.

Admitted 25.3.67. Discharged 13.4.68.

Admitted owing to poor home circumstances and refusal to work. During his stay he maintained a job, but eventually expressed desire to leave and returned home.

6. Man, aged 22. Single.

Admitted 28.2.68. Discharged 4.3.68.

Re-admitted 10.5.68. Discharged 25.5.68.

Re-admitted 31.5.68. Discharged 17.6.68.

Re-admitted 19.7.68. Discharged 26.7.68.

Re-admitted 8.11.68.

Admitted from home at request of mother who felt she could not manage him. He gave no trouble in the Hostel. Attended the Training Centre regularly. Eventually, he expressed a desire to go into Hostel for an indefinite period and was in residence at the end of the year.

7. Man, aged 22. Single.

Admitted 24.7.68. Discharged 22.8.68.

Admitted during parents' holiday period. Attends the Training Centre.

8. Man, aged 31. Single.

Admitted 10.9.68. Discharged 20.9.68.

Admitted from hospital as he had no home to which he could return. Not a successful resident. Had a psychopathic personality. Took his own discharge and left the district.

9. Man, aged 23. Single.

Admitted 11.10.68. Discharged 24.10.68.

Admitted whilst mother with whom he lives alone was in hospital. Attends the Training Centre.

# Furness Drive Hostel Residents during 1968

1. Woman, aged 29. Single.

Admitted 11.2.68. Discharged 9.11.68.

Had previously been in residence at Furness Gardens Hostel, but transferred when Furness Drive Hostel opened. Apart from a brief return to hospital in September, she had maintained very well and had worked well at Remploy Factory. She left the Hostel to live with relatives out of the district.

2. Woman, aged 20. Single.

Admitted 29.2.68. Discharged 4.3.68.

Admitted owing to poor home circumstances. Suffered from epilepsy. Could not be managed in Hostel and was admitted to hospital.

3. Woman, aged 18. Single.

Admitted 18.5.68.

Had been in care of Children's Home. Has no home to which she could return. Has maintained herself very well in the Hostel and worked regularly.

4. Woman, aged 23. Married, apart.

Admitted 5.9.68. Discharged 21.9.68.

Was found living in bad home circumstances. Of subnormal intelligence. Taken into Hostel on being turned out of her lodgings. Not a successful Hostel case. Terminated her stay by leaving the district.

5. Woman, aged 26. Single.

Admitted 2.10.68.

Admitted from hospital where she had been a patient for many years. Found work and settled down reasonably well. Has no home or relatives able to look after her.

# Suicide, 1968

Date	Sex	Age	Employ- ment	Cause of Death
8.3.68	Male	52	Engineer	Carbon Monoxide (Coal gas) poisoning self-administered while the balance of his mind was disturbed.
3.5.68	Female	56	House- wife	Barbiturate (carbrital) poisoning self-administered while the balance of her mind was temporarily disturbed.
19.7.68	Female		wife	Nitrazepan (Mogadon) poisoning self-administered while the balance of her mind was temporarily disturbed.

19.7.68	Female	Female 61		Phenobarbitone (Carbrital) poison- ing self-administered while the balance of her mind was tempor- arily disturbed.			
16.8.68	Male	46	Tool	Cyanide poisoning self-adminis- tered while the balance of his mind was temporarily disturbed.			
Sep. 68	Female	62	Spinster	Inward transfer.			

Sep. 68 Female 62 Spinster Inward transfer.

Killed herself by swallowing Harpic whilst the balance of her mind was disturbed.

Nov. 68 Female 75 Widow Coal gas poisoning self-administered while the balance of her mind was temporarily disturbed.

The number of suicides during 1968 was seven. During 1967 the total was 16.

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

TABLE XXII SUICIDES, 1959-69

	15-24	25-44	45-64	65–74	75 and Over	Total	Males	Female:
1959	3	5	8	3	1	20	9	11
1960	1	6	12	2	_	21	11	10
1961		3		4 3	2	12	4	8
1962		-	3 5 5	3		8	5	3
1962		_	5	3		8	5	3
1963	3	5	8	3	2	21	13	8
1964	_	3	4	1	2 2	10	7	3
1965	1	4	4	2	1	12	8	4
1966	1	2	5	1	2	11	10	1
1967	2	4	7	1	2 2	16	8	7
1968	_	_	6	-	1	7	2	5
Total over 0 years	11	32	62	20	13	138	78	60

### TABLE XXIII

# Distribution of Suicides - Seasonal

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sept. Oct. Nov. Dec.

# **Furness Park Training Centre**

The most encouraging aspect of the Centre work in 1968 was the intake to the Nursery Class of several "under fives". These children together with a few five year olds form a most compatible group with whom we hope to achieve satisfactory work.

The Junior Class was increased by two (children promoted from the Nursery) and work along the usual lines was undertaken by Miss Ball. The Intermediate Group also continued to work in a satisfactory way. Two trainees from this group went into the Adult Centre during the year.

Contract work in the Adult Centre reached a high peak – Dorlux and Fisher (Plastics) being the firms for which the bulk of the work was done. Social efficiency and recreational classes continued under the guidance of Mrs. J. Greenwood. In connection with these classes a visit to Mackintosh's Ltd. was arranged for the Senior Girls. It was enjoyed by all especially as tea was provided and generous "samples" given to everyone. The boys had a film afternoon in the Centre provided by the Army Information Unit.

The usual social events took place on the following dates:-

23rd March Round Table Spring Party (adults only).

1st October Harvest Festival. Gifts were distributed by trainees

to senior citizens.

12th December Christmas entertainment. The Ladies' Section of

the National Farmers' Union, Halifax, presented us with a slide projector, screen and camera. Trainees entertained parents and friends to tea and

a concert.

18th December Adult Trainees' Party. Suitable entertainment was

given by Bradshaw Church Young Wives Group.

19th December Junior Trainees' Party. The highlight of this event

was the visit of Santa. This year the part was

played by Mr. Moore.

Both Parties were very happy occasions.

The Ranger Company continued to flourish and to provide interesting activities for some of the Senior Girls.

# Official visits during the year

18th June Mr. Schiphorst, Ministry of Health.

2nd Dec. Health Committee visit.

# Addition to staff

1st. Sept. Mr. Moore, Workshop Instructor, Senior Centre.

# Special Care Unit

This unit was nearing completion at the end of the year and should be ready for use early in 1969.

c.			
31	a	HSI	tics

Junior Centre	Males	Females	Total
No. on register 1st January, 1968	16	11	27
No. on register 31st Dec., 1968	16	12	28
1 boy transferred to Adult Centre			
I boy transferred to E.S.N. School			
1 girl in hospital			
3 (2 male and 1 female) attending of	on a part-	time basis.	
No. of staff: Supervisor and three			
11-1-6			

Adult Centre	Male	Female	Total
No. on register 1st January, 1968	24	19	43
No. on register 31st Dec., 1968	22	19	41
Percentage attendance	92.5	88.9	90.7
No. of staff: Male Instructors 2; F	emale Ins	tructors 2.	

## DETAILS OF CONTRACT WORK

Messrs. A. Sykes (Dorlux) Ltd.		£	S.	d.
Fixing castors to divan beds	 	666		0
Cutting polythene panels	 	168	11	11
Scipio Brook Ltd.				
Supplying firewood in bags	 	16	15	0
J. Mac King & Co. Ltd.				
Packing plastic foam	 	19	12	8
Harold Fisher (Plastics) Ltd.				
Stripping plastic parts from moulds	 	378	3	1
Yorkshire Moulds Ltd.				
Trimming flash from plastic syphons	 	41	16	6
John Mackintosh & Sons Ltd.				
Stripping cartons	 	7	15	0
	£	1.298	14	2
	1	1,290	14	4

# Value of Laundry Work:

Furness Park Training Centre	4,832 items at 5d.	100	0	0
Furness Gardens Hostel	2,092 items at 5d.	43	0	0
Also printing various cards and for	ms.	1526		

# Attendance at Pro-Thrombin Clinic, 1967-68

Patients attending the Pro-Thrombin Clinic during 1968 were as follows:—

	Λ	Male		male	
	1967	1968	1967	1968	
Under 45	 26	29	8	6	
45 to 50	 15	19	6	4	
51 to 65	 125	140	48	45	
Over 65	 16	21	4	6	
	182	209	66	61	

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

1.	Nur	mber of patients re	ferred	to the	Mental	Healt	h Serv	ice by:
	(a)	General Practition	iers					301
	(b)	Relatives						163
	(c)	Hospitals						533
	(d)	Psychiatric Clinics						294
	(e)	Local Education A		ity				14
	(f)	Police						53
	(g)	Other sources						128
								1,486
2.		he patients referred			numbei	·:		
	(a)	Admitted to hospi			5 (Y )	2 1		207
		(i) Mental Healt						307
		(ii) Mental Healt						- 58
		(iii) Mental Health						9
		(iv) Mental Healt	n Act,	1959,	s. 29 (1	merge	ency)	82
								150
	(b)	Referred to Gener	al Pra	ctitione	ers and	Psychi	atric	456
		CII						430
	(c)	Referred for Afte	r-care	(Menta	al Illnes	s)		392
	(d)	Referred for domi					ity)	18
	(e)	Referred for Guar	diansh	ip				_
	(f)	Referred to other						84
	(g)	Admitted to Train				ded in		
		above)					(-)	6
	(h)	Other means						106
3.	Nun	nber of visits:—						
		Mental Illness						4,635
	(b)	Subnormality						348
		,						
								4,983
4.	Nun	nber of sessions atte	ended a	at Psyc	hiatric	Clinics		238
5.	Nun	nber of patients unchority on 31st Dece	ler car mber,	e of the	e Local	Healtl	h	
		Receiving domicili						
	(-)	(i) Mentally ill			20000			555
		(ii) Severely subne	ormal					55
		(iii) Subnormal						153
		(iv) Psychopathic		0.5	10.50			95
		, , , s, s, opatine	0.07					
								858

(b)	Receiving training:-					
	Males under 16 years					16
	Females under 16 years					12
	Males 16 years and over					22
	Females 16 years and ove	r				19
						69
(c)	Receiving residential care	_				
2000	(i) Theophilus Cottage I	<b>Hostel</b>	(Ment	al Illne	ss)	5
	(ii) Furness Gardens Hos				mal-	
	ity					5
	(iii) Furness Drive Hostel				mal-	
	ity					2
						12
						12

## Physical Handicaps

More work has been done by the department during 1968 in relation to physical disability. The department is responsible for maintaining a Handicapped Persons Register. This is operative for the handicapped persons' welfare between the ages of 2 and 21. Thanks to the Poliomyelitis vaccination programme there are practically no new additions to physical disability from this cause although, in 1968, one child was added to the register. The Medical Officer of Health is President of the Poliomyelitis Fellowship and this gives him an opportunity of bringing to the Fellowship any services which are required from the Health Department. This had mainly to do with the prevention of polio in relations and to ensure that full co-ordination is made with the work of the Welfare Services Department.

The work of the Polio Fellowship is concerned mainly with social functions, outings and swimming galas. During the year the National Swimming Contests were held at the Halifax Baths and in the matter of assessing the diving and swimming the Medical Officer had the services of Mr. Gill, Orthopaedic Surgeon. A great number of spastics are dealt with by the Medical Officer of Health as Principal Medical Officer but apart from the registration of contacts, the department is not closely associated with the Spastics Society.

# **Epilepsy**

During the year a survey of all epileptic cases was made by the Medical Officer in relation to possible brain damage associated with fits. A report was made to the Disablement Advisory Committee.

## Furness Park Training Centre

A new unit was inaugurated for physical and mental handicaps at the Furness Park Training Centre. The unit takes eight disabled children on a sessional basis. The unit has been very effective in relieving the home of many pressures and anxieties.

# Multiple Sclerosis Society

There has been little change in the patient situation this year as compared with 1967. The local Branch of the Society is thriving and there is now a separate branch looking after patients in the Calder Valley area which lies outside the boundary of the Borough of Halifax.

The Branch have this year purchased a new Bedford Dormobile type of vehicle fitted to carry sitting patients and also able to cope with a patient in a wheel chair. This vehicle has done good work taking patients to the seaside for holidays and also collecting patients for the monthly socials which are held regularly. This ensures that most patients are taken out of their home environment for a short time at least. At the socials patients are able to compare notes; they have a supper and a concert and usually a raffle, the proceeds of which go to funds and help pay for incidental expenses incurred in running the social.

There have been several Bring and Buy Sales, Jumble Sales, and participation in a Charity Gala. The proceeds of these events are donated to local Branch funds to pay for patients going on holiday to different resorts. There is also a fund which is supported by local donations for furthering research into the cause and cure of Multiple Sclerosis.

Each patient receives at Christmas a present and also a present on their birthdays. There is held annually a Christmas party and also an outing in the summer to some popular place which is not too far away.

The recent research at Leeds University, which includes highly technical equipment, continues, and those concerned are confident that the disease is due to anti-allergy. This may be one step to the complicated understanding which will allow specific treatment or prevention to be brought into use. There must be no undue optimism but progress is being made.

# Multiple Sclerosis Patients

There are several patients who are in-patients at St. John's Hospital. All the ladies were on the same ward, but most of these have now been moved to Northowram Hall Hospital. Contact with them is not quite so easy now, due mainly to the distance of the hospital from the town centre. None of them are very happy there; they described the move as having to leave their homes and go to another one.

The Society endeavours to get patients away on holidays, mainly to Southport. The Health Department assists the University of Leeds in research projects, and with the Society is responsible for founding. There are good relationships.

- Miss A. M. used to live at Newstead and was moved to St. John's. Is now at Northowram, at the moment seriously ill.
- Mrs. A. D. of Boothtown still lives in a small flat suitable to her needs. Is seriously deteriorating but still in good spirit.
- Mrs. P. H. is in White Windows, Sowerby Bridge. She is confined to her wheel chair, but seems in good heart. Patients there are well looked after.
- Mrs. L. H. is living on the top floor of one of the high flats in Haley Court and liking there very much. She is completely immobile but enjoys what small pleasures she has. She is well looked after by her husband and daughter who are devoted to her. She is also visited by the District Nurses and a lady from the Local Authority who bathes her. All these amenities she values and appreciates.
- Mrs. H., of Illingworth, does not attend any socials or meetings. She is well looked after by her husband and gives the impression she does not require outside help.
- Miss M. F., Clay Street. This lady is deteriorating and her housing condition leaves much to be desired. The house she lives in is very dilapidated. Some attempt was made to rehouse her but at the time she was reluctant to leave her home.
- Mrs. S. is still in St. John's Hospital along with Mrs. B. Both suffer from M.S. Neither can walk but they seem to be fairly content.
- Mr. W., Ovenden, died during the year. He seemed to develop a good deal of renal trouble and was in and out of hospital frequently.
- Mr. R. G. will not leave his home. It seems impossible to help him. Even his own family can not persuade him to visit them.
- Mr. J. H. There is a slow deterioration but his home conditions are good: his wife devotes her time to him, there are visits from the nurses and he has had two holidays, one at Blackpool and one at Southport. But he prefers home.
- Mrs. E. M. lives alone but has close neighbours who pop in to see her. She seems to keep going pretty well. She did have a depressing time for a period but has got over this. Her worry is that she is not able to see very well. She has been on holiday with the Society for the Blind and Partially Sighted.
- Mrs. E. W., Pye Nest, lives with her husband and small daughter, aged eleven. Her husband is unable to work because of a skin condition and has been off work for about twelve months. They do a great deal of work for the M.S. Society in the way of making things for sales and bazaars.

The local branch of the Society work hard to provide funds for holidays and local entertainment for its members. The funds are raised through Bring and Buy Sales, Charity Gala stalls and the sale of Christmas Cards. Each patient member receives a birthday card on their birthday and also a gift. They also receive at the Christmas party a Christmas gift, usually a sum of money, which they all appreciate.

Devoted service has been given to the Multiple Sclerosis Society by Mr. William Fitton, our ambulance officer, who in addition to administering the complicated arrangements for transport is, along with his wife Mary, also very much involved in general welfare. The patients do appreciate very much his work and we in the department are much indebted to him for his voluntary services to the Health Department in this humanitarian service.

## Home Helps

The Home Helps have worked 116,501 hours in 1,012 homes during 1968. This has been a very satisfactory year and help has been provided for all cases in need within a short time of referal to the Department.

The work of the Home Helps has been streamlined in that they have only undertaken the tasks which the householder has been unable to do. This has resulted in a financial saving in that more cases have been handled with the resources remaining constant and, at the same time, it proving good therapy to keep aged persons as active as possible by their doing the lighter jobs themselves. Priority has been given to people unable to shop for and prepare food and/or light their own fires.

As with the current national trend, the bulk of the work has been mainly in the geriatric field and a further decrease in the number of maternity cases is recorded. It is noted that the majority of the cases served are on a long-term basis and this accounts for the case load carried forward to the following year being heavier.

The high rate of sickness amongst the Home Helps has caused concern and during January and December respectively 946 and 980 paid working hours were lost.

The Night-Sitter Service has worked well and help has been given to 41 cases during the year.

The majority of the users of both the Home Help and Night-Sitter Services have been genuinely grateful for the work that has been done and the letters of appreciation and verbal thanks received in the office have encouraged all concerned to carry on with greater effort, knowing how very worthwhile this work is.

There is little doubt that the domiciliary services in Halifax are working together very closely and there has been good liaison between the Welfare Services Department and the General Practitioners and this Section. The Medical Social Workers at the local hospitals have also been most helpful.

Appreciation is expressed to all those who have contributed to the work of the Home Help and Night-Sitter Services especially to the Home Helps themselves. They have faced very difficult and trying circumstances from time to time with their customary cheerfulness and this augurs well for their dedication to this work.

Number of Home H	elps	at end of year	1968	:	
VVI. 1 . 4'					 12
D					 77
No. of Night-Sitters		end of year 196	Q ·		
11/1 1 1		and of year 190	0.		2
D +					
rart-time .			• •	• •	
		No. of cases where domestic	2		
		help was pro- vided during the year 1968		o. of how worked	Cases Completed
Maternity/ante-natal		27		579	17
Chronic sick		894	10	3890	235
Tuberculosis		7		722	5
Housewife ill		51		1,554	23
Husband ill		7		756	
Mental Health		4		127	3
Blind		1.3		2,336	8
Family Care		5		2,407	4
Problem Families		4		1,128	_
		1,012	110	6,499	298
			-		

No. of applications for help received: 532 (including 148 abortive).

		TABL	ΕI		
Com	pariso	n Table	e of Ne	w Cases	
				1967	1968
Chronic sick (inclu	uding	blind)		387	321
Tuberculosis .				1	5
Mental Health				6	1
Maternity and An	te-nat	tal		25	23
Housewife ill				40	29
Husband ill				5	6
Problem families/I	Famil	y care		4	4
				468	389
		TABL	E II		
Comp	pariso	n Table	of Cas	se Loads	
		196	6	1967	1968
Cases brought for	ward	459	9	537	613
New Cases		35.	5	468	389
Cases for year		814	4	1,005	1,002
Cases finished		27	7	392	298
Cases carried forw	ard	53	7	613	704
			_		

# TABLE III

# Comparison Table of Hours Worked

	1967	1968
Chronic sick (inc. Blind)	 98,248	106,226
Tuberculosis	 620	722
Mental Health	 396	127
Maternity and ante-natal	 716	579
Housewife ill	 6,558	4,554
Husband ill	 169	756
Problem families/Family Care	 724	3,535
	107,431	116,499

# TABLE IV

# Analysis of Hours Paid

					1967	1968
Hours wo					107,434	119,754
Added tin					70	70
Travelling	time				2,156	2,754
Sickness					6,364	6,641
Leave			٠.		7,987	6,984
Total	Hours	Paid			124,011	136,203
Wastage,	i.e. hou	rs paid	not	worked	16,573	16,450

# TABLE V

# **Domiciliary Visits**

1966	1967	1968
1,658	1,532	1,289

# TABLE VI

# Night-Sitter Service

		No. of cases		Nights Attended	No. of cases	1968 Hours worked	Nights Attended
Male Female		9 32	701 4,552	62 473	14 27	697	60
	-	41				2,555	251
Cases		_	5,253	535	41	3,252	311
finished	-	35		_	37		
Cases cd.	fwd.	6			4		

#### SECTION III

## NATIONAL HEALTH SERVICE ACT, 1946

HEALTH CENTRES

CARE OF MOTHERS AND YOUNG CHILDREN
CHILD HEALTH CLINICS
ANTE-NATAL CLINICS
PLAY GROUPS: MOTHER AND BABY CLUBS
DAILY NURSERY AND NURSERY SCHOOLS
DAY NURSERIES AND CHILDMINDING
MORAL WELFARE
MIDWIFERY
HEALTH VISITING
HOME NURSING
VACCINATION AND IMMUNISATION

## HEALTH CENTRES

In the Annual Report 1967 (pages 68, 69) a very full account of the attempts to interest general practitioners in Health Centres was reviewed. The need was explained and in particular the importance of integrating the work of all branches of the N.H.S.

On the 21st March, 1968, the Health Committee met representatives of the Health Executive Council and various sites were discussed. Myrtle Avenue site, which is in the ownership of the Corporation, was considered unsuitable in regard to accessability and the Executive Council stated that at most it could only accommodate six doctors, whereas space for 12 doctors should be available. As an alternative, Ovenden Cross, for which compulsory purchase would be required, was decided upon. The question of sub-centres in Mixenden and Illingworth was not considered further since the Health Centre must be "seen as such" and the retention of "small practices" in the area would be disastrous. No provision by the Executive Council was requested for dentists, chemists and opticians.

Following this meeting, the Medical Officer of Health received enquiries from chemists in the area but despite changes in regulations which allowed the retention of private status, the difficulties of accommodating the non-dispensing aspects of pharmacies made projects of this type unweildy. Suggestions for the inclusion of dispensing alone within the Health Centre were considered inadequate. A special working party appointed in June, 1968, following official discussions, met weekly in the Health Department. Plans were prepared by the architect, which after consideration by the Ministry of Health and modified in relation to treatment facilities, Health Education and Chiropody, the local Health Authority were promised loan sanction in the year of scheme submission.

The final plan was for a seven-doctor practice centre; the majority of the doctors would operate an appointment system. Thus far the arrangements were harmonious and offered some prospect of attracting younger practitioners to the town, of which the Committee had received the sombre warning, that the "designated" status could be disastrous for the town if allowed to continue. In the meantime, in spite of a much greater proportionate shortage of doctors, health visitors and social workers, that section of the proposed centre quota, Health Visitors, Midwives and Nurses carried out their duties effectively in ad hoc accommodation in church halls, etc.

# Care of Mothers and Young Children

Each year the Health Department becomes aware of greater effort required in the care of mothers and young children. The reasons are social and clinical. More mothers go out to work to eke out difficult economic need, there are more unwanted pregnan-

cies in spite of better instruction on contraception and, on the clinical side, there is better general survival and in addition an increasing range of defects.

Some progress has been made in the preventive services to safeguard the health of children and now we refer to "health" clinics and family "health" in relation to the routine medical examinations, the advice given on infant nutrition and hygiene and in the tests, special and routine, to uncover defects, all of which are carried out at the Laura Mitchell Clinic. Previously the adjective "welfare" was used but the techniques in assessment and prevention together with health education demand a range of effort more comprehensive than can be included under "welfare" alone.

For convenience the work is divided according to several categories having regard to (1) normal social and health development; (2) where special social supervision (not excluding higher income groups) is required; and (3) where a handicap, physical or mental, is present. Central to all is the Health Clinic, and through the Health Visitor the interest of the Department in normal development is maintained by contact with play groups, the daily nursery, mother and baby clubs, and nursery schools.

Under normal development effort is either child or mother centred, and mother and baby clubs may cater specially for the mother or child.

During the year the Health Department secured membership of the P.P.A. and under the guidance of Miss E. Holdsworth, the Daily Nursery at the Laura Mitchell Clinic caters for infants of mothers and staff who may be attending the clinic.

Day nurseries at Craigie Lea and Ling Bob cater almost exclusively for babies and toddlers living under difficult social circumstances and there is good liaison between them and Miss Weston, the Moral Welfare Social Worker.

A register is kept of all children being visited by the Health Visitor (and each infant has a special card on which birth and health details and family background are recorded).

In full use also during 1968 a system of registration has been maintained. Of children at risk, children with congenital malformations observable at birth, and children with handicapped conditions. A satisfactory relationship exists with the hospitals and general practitioners, between whom there is a free passage of information. Dr. Ruane, the first school medical officer, maintains a link between the Hospital Paediatric Departments and with the Education and Health Departments. Children who are maladjusted are seen by the Child Psychiatrist, a portion of whose salary is paid for by the Local Health Authority. The Standing Medical Advisory Committee on Child Health Centres laid emphasis on family health, including child health, being a primary preventive function of the general

practitioner working within a health centre. So far neither the health centre nor the family doctor practising developmental paediatrics has materialised. During the year preparation has proceeded for the implementation in 1969 of Part IV, Section 60, of the Health Services and Public Health Act, 1968, which was received in August, 1968. This amends the Nurseries and Child Minders Act, 1948, in order to remove various deficiencies which have been evident in its operation. Some of these are connected with the control of unofficial child minding which unfortunately is allowed to operate at present through loopholes in the law.

Number of infants on "At Risk" Register	156
Number of children on "Handicapped" Register	37
	2,500
No. of domiciliary visits paid by M.O.H. and medical	
staff	100
No. of children waiting for day nurseries at end of 1968	52
No. of child minders, 31.12.68	
No. of children being minded as at 31.12.68	

#### Child Health Clinics

During the year the work of the Maternal and Child Health Clinics has been maintained. That the reader may glean some idea of the work of Developmentary Paediatrics a table of development is included on page 85. These "milestones" are noted by the Health Visitor and Child Health Doctor and where they indicate low development treatment as necessary is arranged and, at the same time, the name and other particulars are placed in the appropriate register.

# CHILD HEALTH CLINICS 1968

No.		Attend	lances			
of Sessions	0-1	year	1-5	years	Medical Consult	Officers ations
503310113	1st	Sub.	1st	Sub.	Under 1 year	1-5 years
484	1,213	10,142	144	3,482	1,215	4,611

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

Year	1963	1964	1965	1966	1967	1968
No. of sessions	475	476	483	483	484	484
Total attendances	14,919	17,481	17,875	17,232	16,246	14,981
Average attendances	31	36	37	35	34	30

# VOLUNTARY CHILD MINDING

Name and Address of Applicant  Name and Address of Applicant  Name and Address of Applicant  Number  N							
Mrs. Coehran and Mrs. Jackson,  Mrs. Coehran and Mrs. Jackson,  Mrs. Wadsworth, 25 Willowfield  Mrs. French and Mrs. Mallinder,  Mrs. Holmfield  Mrs. Steadman,  Mrs. Steadman,  Mrs. Steadman,  Mrs. Steadman,  Mrs. Steadman,  Mrs. Steadman,  Mrs. Stands,  Forest Cottage Community  Forest Cottage Community  Mrs. Moran,  Mrs. Moran,  Mrs. Moran,  Mrs. Moran,  Mrs. Sands,  Forest Cottage Community  Forest Cottage Community  Tuel Mrs. Moran,  Mrs. Mall View, Holmfield.  Mrs. Moran,  Mrs. Moran,  Mrs. Mall View, Holmfield.  Mrs. Moran,  Mrs. Mrs. Moran,  Mrs. Mrs. Moran,  Mrs. Mrs. Moran,  Mrs. Mrs. Moran,  Mrs. Mrs. Moran,  Mrs. Mrs. Moran,  Mrs. Mrs. Moran,  Mrs. Mrs. Mrs. Mrs. Mrs.  Mrs. Mrs. Moran,  Mrs. Mrs. Mrs. Mrs.  Mrs. Mrs. Mrs.  Mrs. Mrs. Mrs.  Mrs. Mrs. Mrs.  Mrs. Mrs. Mrs.  Mrs. Mrs.  Mrs. Mrs.  Mrs. Mrs.  Mrs. Mrs.  Mrs. Mrs.  Mrs. Mrs.  Mrs.  Mrs. Mrs.  Mr	Name and Address of	Applicant	Play Group Premises	Designation	Permitted Number	Days in Attendance	Times in Attendance
Mrs. Wadsworth, 25 Willowfield The Stables, Savile Road. Trinity Play Group.  Road, Halifax.  Mrs. French and Mrs. Mallinder, St. John's Church, Warley.  Mrs. French and Mrs. Moran.  Mrs. French and Mrs. Walley Group.  St. Jude's Church Hall.  St. Jude's Pre-School Play  Group.  St. Jude's Pre-School Play  Group.  St. Jude's Church Hall.  St. Jude's Pre-School Play  Group.  Monther and Baby Club.  Not fixed Thurs.  Mrs. Staedman,  Mrs. Sands,  Mrs. Sands,  Mrs. Sands,  Mrs. Moran.  Mrs. Holmfield.  Mon. Tue.	Mrs. Cochran and Mrs. 19 Pye Nest Road, Hali	Jackson, fax.	St. Paul's Church, King Cross.	St. Paul's Play Group.	20	Mon., Wed. Fri.	9.30 a.m. to 12 noon
Mrs. French and Mrs. Mallinder, St. John's Church, Warley.  Mrs. Hornocks-Taylor, Mrs. Holmfield.  Mrs. Hornocks-Taylor, John's Church Hall.  Mrs. Hornocks-Taylor, John's Church Hall.  Mrs. Hornocks-Taylor, John's Church Hall.  Mrs. Holmfield.  St. Jude's Pre-School Play Group.  St. Jude's Church Hall.  St. Jude's Pre-School Play Group.  Group.  Group.  Group.  Mother and Baby Club.  Mother and Baby Club.  Mother and Baby Club.  Not fixed Thurs.  School, The Green, Northow-  Tram.  Mrs. Staadman,  I Windmill Drive, Halifax  Mrs. Sands,  Forest Cottage Community  Tourch Play Group.  Forest Cottage Community  Tourch Play Group.  Forest Cottage Community  Tourch Play Group.  Holmfield Play Group.  6 Mon. Tue.  Wed. in  Summer.  Tue. Thu.  Winder.  Wed. in  Summer.  Wed. in  Summer.  Tue. Thu.  Winder.  Wed. in  Summer.  Wed. in  Summer.  Tue. Thu.  Winder.  Wed. in  Summer.  Winder.  Wed. in  Summer.  Winder.  Wed. in  Summer.  Wed. in  Wed. in  Summer.  Winder.  Wed. in  Winder.  Wed. in  Wed	Mrs. Wadsworth, 25 W. Road, Halifax.	illowfield	The Stables, Savile Road.	Trinity Play Group.	20	Mon. Tue. Thu. Fri.	9 a.m. to 12 noon
Mrs. Horrocks-Taylor, 107 Savile Park Road, Halifax.  Mrs. Thompson, 19 Baxter Lane, School, The Green, Northow-Mrs. Varney, 19 Mrs. Steadman, 19 Windmill Drive, Halifax.  Mrs. Sands, Holmfield.  Mrs. Sands, Holmfield.  Mrs. Moran, Mrs. Morthow Road, Halifax.  Mrs. Sands, Fri. Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green, Northow Road School, The Green Road Road Road Road Road Road Road Road	Mrs. French and Mrs. I 16 Kelvin Avenue, Trin Halifax.	Mallinder, ımingham,	St. John's Church, Warley.	Warley St. John Play Group.	25	Mon. Wed. Fri.	9.30 a.m. to 11.45 a.m.
Mrs. Steadman, I St. Matthew's Church, I Windmill Drive, Halifax  Mrs. Sands, Ars. Moran, Mrs. Moran, Mrs. Moran, Mrs. Moran, Mrs. Moran, Mrs. Moran, Mrs. Halifax, and Ars. Varney, School, The Green, Northow- Northowram, Halifax Northowram, Halifax Northowram, Halifax Northowram Church, Hali.  Forest Cottage Community Centre Play Group.  Mother and Baby Club. Not fixed Thurs.  Mrs. Moran, Mother and Baby Club. Not fixed Thurs.  Northowram Under-Fives.  Northowram Church, Hali.  Forest Cottage Community Centre Play Group.  Holmfield Play Group.  Mon. Tue. Wed. in Summer.  Tue. Thurs.  Tue. Thurs.  Ars. Moran, Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.		Halifax.	St. Jude's Church Hall.	St. Jude's Pre-School Play Group.	30	Mon. Wed. Fri.	9.15 a.m. to 11.45
St. Matthew's Church, Northowram Church Hall.  Forest Cottage Community Centre.  St. Matthew's Church, Northowram Under-Fives.  Tue. Thu.  winter.  Centre Play Group.  Holmfield Play Group.  Holmfield Play Group.  Med. in  Summer.  Tue. Thu.  winter.  Wed. in  Summer.  Tue. Thu.  Wed. in  Summer.  Wed. in  Summer.  Tue. Wed. in  Summer.  Wed. in		xter Lane, and alifax.	Ebenezer Methodist Sunday School, The Green, Northow- ram.	Mother and Baby Club.	Not fixed	Thurs.	2 to 4 p.m.
Forest Cottage Community Centre Play Group.  3 Hill View, Holmfield.  Holmfield Play Group.  6 Mon. Tue. Wed.	Mrs. Steadman, I Windmill Drive, Halif	ax	St. Matthew's Church, Northowram Church Hall.	Northowram Under-Fives.	30	Wed. in summer. Tue. Thu. winter.	2 to 4
3 Hill View, Holmfield. 6 Mon. Tue. Wed.	Mrs. Sands, 7 Valley Grove, Holmfie	eld.	Forest Cottage Community Centre.	Forest Cottage Community Centre Play Group.	16	Thurs.	9.30 a.m. to 11.30 a.m.
	Mrs. Moran, 3 Hill View, Holmfield.		3 Hill View, Holmfield.	Holmfield Play Group.	9	Mon. Tue. Wed.	1.30 p.m. to 3.30 p.m.

Mrs. Denise Fawcett and Mrs. King, 17 Sefton Terrace, Halifax.	St. Augustine's Vicarage, Hanson Lane.	St. Augustine's Play Group.	17	Tues. and Thurs.	9.15 a.m. to 11.30 a.m.
Mrs. S. M. Hussey, 21 Pye Nest Road, Halifax.	St. James' Mission, Pye Nest. (Edwards Road).	Pye Nest Play Group.	25	Mon. Tue. Thur. & Fri.	9.15 a.m. to 11.45 a.m.
Mrs. P. Williams, 93 Hunter Hill Road, Mixenden.	Mixenden Community Centre.	Mixenden Play Group.	30	Mon., Wed. & Fri.	9 a.m. to 12 noon
Mrs. D. J. Eastwood, 13 Riverwood Drive, Copley, Halifax.	Copley Community Centre.	Copley Play School.	18	Mon. & Fri.	a.m.
Mrs. Beddoe, 7 Hyde Park Gardens, Halifax.	Holy Nativity Church, Sunnybank Road, Mixenden.	Mother and Baby Club.		Wed.	2 to 3.30 p.m.
Mrs. Kershaw, 6 Whinneyfield, Huddersfield Road, Halifax.	St. Andrew's Methodist Church, Huddersfield Road.	St. Andrew's Play Group.	24	Wed. & Thurs.	9.15 a.m. to 11.55 a.m.
Mrs. Tucker, 1 Sandown Road, Cousin Lane, Halifax.	Illingworth Moor Methodist Church, Keighley Road.	Illingworth Moor Methodist Church Play Group.	12	Mon. & Thurs.	9.30 a.m. to 11.30 a.m.
Mrs. Walton, 119 Beechwood Road, Halifax.	St. Andrew's Church Hall, Holmfield.				
Mrs. Mary Loney, c/o Halifax & District Community Relations Council, 5a Gill's Court, Waterhouse Street, Halifax.	St. Mary's Youth Centre, Clarence Street, Halifax.	Clarence Street Play Group.		Tues. & Thurs.	9.30 a.m. to 12 noon

## AUDIOLOGY—Hearing Tests

Attendances at Screening Clinic . No cases referred to Audiology Clinic during 1968.

#### ISSUE OF WELFARE FOODS

National Dried	Milk	4,883 tins
Ostermilk		16,343 tins
Trufood		5,494 tins
Cow & Gate		3,987 tins
SMA		967 tins
Orange Juice		19,680 bottles
Cod Liver Oil		1,870 bottles
Vitamin A & D		956 packets

#### PHENYLKETONURIA TESTS

Health Visitors	Midwives	Positive
1,381	505	Nil

Frequency of attendance varies in different centres. They should be often enough for the Health Visitor to form a relationship with mother and baby and to allow for observations in development. No action related to development can be taken by the Health Visitor on her own account, except to report to the Clinic doctor who, after careful physical examination, will take appropriate steps in notifying the general practitioner and arranging special examinations. Basic data obtained on the individual infant and child development are physical, psychological, muscular and reflex co-ordination, special sensory change and social progress. The Sheldon Committee clinic structure is adhered to and no medicaments are prescribed; more and more the psychological aspects of child care, together with family health and welfare, are assessed, but it is only in special cases of need that reference is made to the Child Psychiatrist.

These observations are used to assess the infants' "milestones" of development at various stages:—

(W=Weight in lbs.; H=Height; C=Cranial circumference in inches to nearest digit.)

Development	W	H	C
Age 7 days			
Sucks vigorously. Distinguishes between bitter and sweet substances placed on the tongue. Eyes often follow a light	7	20	13
Age 1 month			
Notices if food and bath are too hot or too cold. Eyes rest momentarily on light or bright object. Is quietened by voice.	8	_	14
Age 2 months			
Recognizes and smiles at mother. Lifts head when prone. Interested in ticking of watch held to ear.	10	_	15
Age 3 to 4 months			
Eyes follow a moving object. Turns head in direction of sounds. Moves hands towards an object held in front of it. Hands predominantly open. Cry varies with hunger, anger, fear and pain. Smacks lips at sight of breast or bottle in mother's hands. Laughs aloud.	13		16
Age 5 months			
Turns head to person talking or singing. Deliberately seizes and carries object to mouth. Partial opposition of thumb. Rustles paper. Begins to lift head and shoulders. Makes cooing and babbling sounds	14	_	16
Age 6 months			
Notices and recognizes a number of common objects. Sits up with slight support. Anticipatory movements when about to be lifted. Holds a spoon. Takes toy from table. Cuts two lower central teeth	15	25	16
Age 9 months			
Sits erect in chair. If placed on floor makes attempts to crawl. Helps to hold cup for drinking. Hand movements very active. Definite signs of curiosity, interest and attention. Knows names of a number of common objects and of some of his relations	17		
and of some of his relations	17	-	17

Age 12 months			
Stands alone. Can walk when led. Says three words clearly. Plays "Pat-a-cake". Feeds from spoon. Drinks out of cup. Unwraps sweet from paper. Obeys many simple requests. Cooperates in being dressed. Six teeth present.	20	23	17
Age 18 months			
Walks and runs freely. Tries to climb into chair. Tries to put on shoes. Uses a spoon. Has control over bowels. Twelve teeth present.	22	29	18
Age 2 years			
Helps actively to dress or undress. Says sentences of two or three words. Matches primary colours. Likes to build bricks. Points out objects in pictures. Has control over bladder. Sixteen to twenty teeth present	25	32	18
Age 3 years			
Copies building with bricks. Draws a circle. Knows names and uses of many common objects. Puts on shoes. Threads beads. Fetches and carries to command. Knows own sex. Knows name and surname. Begins to ask questions as to "why" and "what for"	30	35	19
Age 4 years			
Matches simple shapes. Identifies objects by use. Tells the longer of two lines. Buttons and unbuttons. Dresses and undresses with slight assistance. Goes to lavatory alone	34	38	19
Age 5 years			
Makes little drawings. Defines words in terms of use. Describes actions in pictures. Shows considerable determination and will. Gives sensible answers to simple questions	40	41	20
		-	

#### Ante-natal Clinic

The work of ante-natal care may be, of all clinical procedures, the most important in regard to the care of women. It includes health education, physical conditioning for pregnancy and the detection of abnormalities which, if recognised at one of the routine scheduled sessions, can result in safe pregnancy and delivery without fear. Rh. negative women can now be immunised with anti-D serum against the damaging effect of antibodies on the foetus.

## ANTENATAL CLINICS

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 1967-68:

	1967	1968
Number of blood samples taken for the first time		
during the pregnancy	546	416
Total number of blood samples taken	850	744
Number of blood samples taken where rhesus anti-		
bodies detected	3	3
Number of rhesus positive cases	666	721
Number of rhesus negative cases	146	59

#### ANTE-NATAL CLINIC ATTENDANCES

Year	Number of Sessions per Month	New Cases	Total Attendances
1967	16	633	2,256
1968	16	593	1,857

#### DENTAL TREATMENT

		Treat-	Treat-		Tre	eatment	Provid	led	
Expectant	No. exam- ined	ment com- enced	ment com- pleted	Scaling	Fillings	Extrac- tions	Genl. Anaes.	Den- tures	Radio
and nursing mothers	14	3	9	4	21	22	1	4	2
Children under five	161	142	153	37	37	242	126	3	Nil

# Play Groups and Mother and Baby Club

Sixteen voluntary groups attached mainly to churches were in existence during the year. Fifteen of these are Play Groups meeting two to three times per week and one is a Mother and Baby Club.

These groups promote socialisation and are in the main child centred, but in the Mother and Baby Club the mother receives

special consideration. Young women with their first child may have little idea as to how to instigate and participate in play, and consequently feel inadequate, lack confidence and with the resulting tension the relationship between mother and child deteriorates and soon the whole family may be affected. For women such as this the Mother and Baby Club is ideal.

# Daily Nursery and Nursery Schools

The Daily Nursery and Nursery School, like the P.G. and M. and B.C., are for normal children and assist the child to recognise shapes, colours and sounds, and in general prepare him for day school. The Nursery School is, of course, educationally controlled and the Daily Nursery is a successful new feature, introduced in August, 1968, with the opening of the Laura Mitchell Clinic. Details are as follows:—

October 14th, 1968 to December 31st 1968.

150 children registered. 137 attended before Dec. 31st.

11 never turned up

2 turned up in January

150

19 left before 31st December (Children didn't settle or didn't attend regularly.

During October 537 attendances from 128 children.

During November 699 attendances from 122 children.

During December 683 attendances from 137 children.

Total attendances 1,919 from 137 children.

Average weekly attendance: 160.

Possible weekly attendance: 240.

Play equipment used: water play, sand, paints, crayons, chalks, clay, scissors, sticking, bricks.

Outdoor equipment if fine: swings, slide, rocking boat, roundabout, see-saw.

Educationsl toys: jigsaw; things for matching and fitting.

# Day Nurseries

Regarding the groups described above no meals are served. In Day Nurseries the children arrive early in the morning and may receive three meals per day. Day Nurseries fulfil a special role for the simple reason that no other person is available to care for the

child if the mother is ill or at work. Physically (and sometimes mentally) handicapped children can be helped by normal play associations, but neither the voluntary nor official groups should have more than one handicapped child at a session. Mentally handicapped children below the age of 5 can, before ascertainment, be admitted informally to the Furness Park Junior Training Centre. In 1969 a new special care unit will be opened and may admit children with a double handicap.

## Craigie Lea

Last year we had quite a few new members of staff including a new nursery nurse. Two girls went to do training at College and four girls left to have their own babies. Mr. Mountain had a good year in the garden. We had a great deal of both vegetables and fruit. There were only two break-ins but we had a lot of mess to clean up and toys were broken. We had no serious accidents only minor abrasions.

## Attendances at Craigie Lea

No of Children on Register, 1.1.68	 	 	76
No. added to Register	 	 	96
No. removed from Register	 	 	91
No. remaining on Register, 31.12.68	 	 	81

# Reasons for Admission to Nursery during 1968

Categories		No. on Register 1/1/68	No. Admitted during 1968	No. on Register 31/12/68
Illness of Parents		5	7	4
Debilitated Children		1	2	
Confinement		_	2	_
Illegitimacy		20	24	19
Children of Widowers/Widows	·	7	2	4
Parents Separated		22	22	13
Father in H.M. Forces		1	2	1
Adverse Housing Conditions			4	2
Poor Financial Circumstances		16	27	28
Others, Teachers and Business		4	4	10

# Average Number of Children Attending

	Quarterly	Weekly	Daily
January to March	 3,505	270	54
April to June	 3,563	274	55
July to September	 2,913	265	53
October to December	 3,678	283	57

# Infections Diseases - Completed Injections

Chickenpox		 	4	Triple	Polio
Measles		 	6	9	6
German Measle	es	 	1		
Whooping Cou	gh	 	2		
Scarlet Fever		 	1		
Jaundice		 	2		

# Attendances at Ling Bob

No. of Children on Register, 1.1.68	 	* *	40.00	48
No added to Register	 			75
No. removed from Register	 			65
No. remaining on Register, 31.12.68	 			49

(Plus 5 part-time)

# Reasons for Admission to Nursery during 1968

Categories		No. on Register 1/1/68	No. Admitted during 1968	
Illness of Parents		-	4	1
Debilitated Children		_		_
Confinement		_	5	_
Illegitimacy		14	14	9
Children of Widowers/Widow	VS	2	3	1
Parents Separated		6	11	4
Father in H.M. Forces		1	1	1
Adverse Housing Conditions		1	1	1
Poor Financial Circumstances	S	5	10	13
Others, Teachers and Busines	S	20	26	24

## Infectious Diseases

Chicken Pox		-			1	
Magalas					6	
Mumps					2	
Maningitia					1	
German Measles		12			2	
Whooping Cough	1		,		1	

# Injections Given and Completed

1 vaccination for Small Pox.14 Poliomyelitis.7 Triple.

Ten staff attended the Laura Mitchell Clinic for Chest X-ray: all were satisfactory.

A doctor now attends at the Nursery the first Monday each month for medical inspections and injections.

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

The average attendance has been 34%, a slight decrease on 1967.

## DAY NURSERY ATTENDANCES 1968

Attendances		Craigie Lea	Ling Bob
No. of children on register 1/1/68	 	76	48
No. added to register	 	96	75
No. removed from register	 	91	65
No. remaining on register 31/12/68	 	81	49

# REASONS FOR ADMISSION TO NURSERIES DURING 1968

Categories	No. on register 1/1/68	No. admitted during 1968	No. on register 31/12/68
Illness of Parents	5	11	5
Debilitated Children	1	2	
Confinement	_	7	
Illegitimacy	34	38	28
Children of Widows/Widowers	9	5	5
Parents separated	28	33	17
Father in H.M. Forces	2	3	2
Adverse housing conditions	1	5	3
Poor financial circumstances	21	37	41
Others, Teachers and Businesses	24	30	34

# AVERAGE No. OF CHILDREN ATTENDING

1968	Quarterly	Weekly	Daily
January — March	2,669	202	40
April — June	2,687	206	41
July — September	2,440	184	36
October — December	3,032	233	46

## Child Minders

Women who undertake to care for children in their own homes for reward are known as Child Minders. This method can be highly satisfactory. Both the premises and the persons in the premises have to satisfy certain standards laid down. The method has had limited use only in Halifax, but during the last quarter of 1968 considerable publicity was given to the new regulations and a special report will be made in the 1969 Report.

As from 1st February, 1969, it will be an offence for an unregistered person for reward in her home to look after one or more children to whom she is not related, for two hours in the aggregate in any day or for any longer period not exceeding six days.

The Local Health Authority may:-

(a) approve registration;

 (b) lay down certain requirements in relation to safety precautions and other matters before registering premises or persons;

(c) refuse to register premises because of their condition, situation, construction or size or because of the condition of

the equipment in her premises.

Penalties for failure to register and breach of requirements of the local health authority are:—

(a) First offence – a fine not exceeding £50;

(b) Subsequent offence – a term of imprisonment of up to 3 months or a fine of not exceeding £100, or both.

#### MORAL WELFARE

THE UNMARRIED MOTHER—St. MARGARET'S HOUSE

During 1968 there were 34 admissions and 31 discharges. Three girls discharged themselves. Of the 34 girls admitted, 9 were 13 to 17 years old; 20 were 18 to 21 years old; and 5 were 21 to 25 years old.

Out of a total of 31 babies, 14 were placed for adoption, 14 went home with their mothers, 2 to foster parents and 1 died.

Total beds: 12. Labour beds: 0. Cots: 6.

## Social Work

During the year 115 people were referred to the Halifax Moral Welfare offices at 11 Ward's End, Halifax, of whom 92 were single girls, 18 were married women, and 5 were referred because of family difficulties. Of these 72 were from Halifax County Borough and 43 from the West Riding part of the Deanery. 12 mothers were admitted to St. Margaret's House, Halifax, and 1 to the Roman Catholic Home in Leeds.

On the 31st December, 1968, the position was as follows:— SINGLE GIRLS (92)

22 were expectant mothers.

2 had miscarriages.

1 referred to another area.

- 52 babies were with their mothers in the parental home, with relatives or friends, or the mothers having their own accommodation.
- 13 babies placed with adopters.

1 baby taken by relatives.

1 baby - decision not yet made.

## MARRIED WOMEN (18)

- 3 expectant mothers.
- 2 left the area.
- 5 babies placed with adopters.
- 8 babies with their mothers.

We are very grateful for the help of the two Day Nurseries which make it possible for some of the mothers to go out to work, and to know that their child is receiving proper care and attention.

# Midwifery

The volume of work in this section shows a decrease; likewise staffing has considerably reduced, which does not lighten the physical strain on the remaining midwives. The falling birth rate appears to be the obvious result of the success of family planning. The success of family planning may be also gauged by their constant demand for expansion within our accommodation. In the near future, napkin tests for Phenylketonuria is to be discontinued and the more accurate test by "Guthrie" method substituted. Midwives are to be trained in this method which requires a heel prick to obtain the blood specimen.

Combined training with the Halifax General Hospital has proved successful and 18 pupils have obtained their Part II Certificate.

## **Maternity Figures**

Year		Domiciliary Deliveries	Hospital Early Discharges
1960	 	660	146
1961	 	571	65
1962	 	608	130
1963	 	598	174
1964	 	491	213
1965	 	505	287
1966	 	459	209
1967	 	430	234
1968	 	351	217

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. Legiasltion is before Parliament which will in addition to training noted above will allow authorities to combine hospital and domiciliary services.

# CONFINEMENT AT HOME AND IN HOSPITAL

	1963	1964	1965	1966	1967	1968
No. of Domiciliary Confinements	598	491	505	459	430	351
Percentage of Total Confinements	28%	21%	30%	24%	23%	21%

# MIDWIFERY STATISTICS

	Number of Midwives practising in the area of the Authority at 31st December, 1968				
	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	7		7		
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	_	_	_		
Midwives employed Hospital Management Committee, etc.	_	31 (9 Part-time)	31 (9 Part-time)		
Midwives in Private Practice	_	_	_		
TOTAL	7	31 (9 Part-time)	38 (9 Part-time)		

# MIDWIVES DELIVERIES AT HOME AND HOSPITAL

	Number of Deliveries in the Area of the Local Supervising Authority attended by Midwives during 1968				
	Domiciliary Cases	Cases in Institutions	Total		
	As Midwives	As Midwives	As Midwives		
Midwives employed by the Authority	-	_	_		
Midwives employed by Voluntary Organisations (a) Under arrangements with the Local Health Authority in pur- suance of Section 23 of Nat- ional Health Service Act (b) Otherwise (including Hospi- tals not transferred to the Minister under the National Health Service Act)	351		351		
Midwives employed by Hospital Management Committees, etc. Midwives in Private Practice	=	1245	1245		
TOTAL	351	1245	1596		

# SUMMARY OF WORK OF DOMICILIARY MIDWIVES DURING 1968

Administration of Analgesia	Midwife only present at time of delivery of child	Doctor and Midwife present at time of delivery of child	All
Pethidine only	25 163	7 22	32
Trilene only	78	33	196 92
General analgesia	4	27	31
Total number of deliveries attended	270	81	351

# NOTIFICATIONS RECEIVED FROM MIDWIVES DURING 1968

		Domi- ciliary Midwives	Maternity Hospital and Extension	Inde- pendent Practice	Total
(a)	Intention to practice	7	31		38
(b)	Intention to cease practice	_	_		_
(c)	Change of address	_	_	_	
(d)	Change of name	_	_		_
(e)	Sending for medical help	225	_		225
(f)	Stillbirths occurring in practice	_	27	-	27
(g)	Deaths occurring in practice: (i) Mothers (ii) Infants	_	1	_	1
(h)	Laying out the dead	_		-	_
(i)	Liability to be a source of		_	-	_
	infection	_	_		

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:

# For Domiciliary Cases—

- (i) Where the medical practitioner has arranged to provide the patient with maternity medical services under the National Health Service
- (ii) Others ... .. ... ...

# C.M.B. Rules Notifications

Notifications received in accordance with Central Midwives' Board Rules:

Notification of Stillbirth	 0
Notification of having laid out a dead body	 0
Liable to be a source of infection	 6

225

Of these—Oedema	 	 	
Foetal Distress	 	 	
Discharging eye(s)	 	 	
Asphyxia	 	 	
Pyrexia	 	 	
Gastro Enteritis	 	 	
Abnormalities	 	 	
Thrush	 	 	
Prematurity	 	 	
Others	 	 	

#### HEALTH VISITING

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

		Health	1	No. of Vis	its paid by	y Health	Visitors during	the year		
	empl at en	Visitors employed at end of year  Expectant Mothers under I yea of age		Mothers under I year be				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	
1968	6	-	375	438	1444	3490	5777	46	2100	

The highlight of the year was the opening in October of the Laura Mitchell Clinic by H.R.H. The Duchess of Kent. The building is well used and the Health Visitors are comfortably housed therein. It gives an opportunity of meeting other Home Visitors and Social Workers. It would appear that the opening coincided with the Health Committee's decision to designate all clinics as "Health" Clinics, but evidently this was decided at the beginning of the year.

The Health Visitor is a highly trained individual; in fact her qualifications before she starts training are so high that we cannot secure them in embryo. The Health Visitors cope with their job in spite of depleted numbers. Their visiting in the homes is maintuined as much as possible, and this is of primary importance. It is of a specialised nature, and its value lies more in regard to the "At Risk Register" up to the age of two years, and the follow-up and transference to the Handicapped Register which is also used by our colleagues in the School Health Service.

Numerous play groups have been formed and are filling a much needed want. All are visited by the Health Visitor of the District. The Health Visitor ensures that the premises maintain the required standard, but more important she receives information about the development or disturbances of any children within the group.

Child minding is an additional means of assisting the care of pre-school children. New legislation may increase this service, for it is mainly carried on within the province of the unofficial minding service, and it is not before time that this is controlled.

## Home Nursing

This has been a year of many changes which will produce events the trend of which will be more clearly seen in the coming years. The official work is governed by a Joint Committee of Associates and Council.

In June, the Queen's Institute of District Nursing ceased as the central body for District Nursing, and we were 'adopted' by the Ministry of Health. The qualifying examination is now for the National District Nurses' Certificate, and we have successfully trained three students for this. The change-over has been imperceptible and without pain, and in due course will be followed by complete integration into the Health Department.

This year has been relatively free of special conferences, although there have been meetings in London to consider more effective representation on the Whitley Council for District Nurses. Miss Savage attended these as one of the Northern representatives.

Staff changes have been numerous, due to emigration, transfers to Nursing Services of the Forces, and marriage. The sickness rate amongst staff has been fairly high, but everyone is now happily recovered.

On October the 24th, the Diabetic Nurse, Mrs. Scott, retired; the occasion was marked by a pleasant coffee evening at her esidence, where on behalf of her colleagues she was presented with a fountain pen.

Miss Brooksbank commenced duty as the Diabetic Nurse on the 29th of December; during this period diabetics were visited by District Nurses as necessary. This explains the absence of the Diabetic Report.

In August our colleagues, the Health Visitors, left Kirby Leas for their new abode, the Laura Mitchell Clinic.

Mrs. Glasby successfully passed her Teacher Diploma examination in February, but has since left our service for duty in Huddersfield as a tutor.

Miss Hodgson attended a refresher course in April, 1968.

The combined training of pupils for the Part II examination with the Halifax General Hospital has proved successful, and 18 obtained the Certificate.

We were visited by the Health Committee on their 'View Day', the 2nd of December, 1968.

All were saddened by the news of Miss Margaret Angus's death in December. Miss Angus retired from our service in October, 1966, after 17 years as a midwife.

I would like to express my appreciation of the help and guidance given to us by the Committee, and a genuine "thank you" for a year of work well done to all members of staff.

Regarding our professional work, this has been a relatively quiet year of steady work and progress. Geriatric work accounts for 10 per cent increase in visiting, made necessary by the long term services needed by these patients. To help relieve the situation an extension of the Home Help Service would help greatly, e.g. in preparing fires, cooking scratch meals, etc. These are not part of a district nurse's duties, but have been done to a greater or lesser degree by nurses as and when necessary, more particularly perhaps in cases where the Home Help attends for perhaps one or two hours per week, a period which may be of no use to anyone who really needs help. The difficulties of the aged are with us and are increasing daily. The problems would seem insoluble by their own complexities, but the secret is the inability or non-existent desire of families to shoulder any responsibility for their aged relatives.

#### NUMBER OF CASES AND VISITS

	Type	of Cas	se		Number of Cases	Number of Visits
Acute Med	ical				1,510	40,381
Chronic M	edical				_	_
Surgical					644	11,391
Tuberculos	is				11	681
Abortion					_	
Other					68	1,141
			7	Γotal	2,233	53,594

#### 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 reg- istered during 1967 Nursing Homes on the	_	_	_	_	
register at the end of 1968	2	_	32	32	

## VACCINATION AND IMMUNISATION

The diseases against which persons can now easily and commonly receive immunisation are diphtheria, tetanus, whooping cough, poliomyelitis, smallpox, measles and tuberculosis. With the exception of measles the incidence of these conditions in the community is now very low indeed. It can only be regretted that measles immunisations have not yet been adopted sufficiently widely enough to virtually abolish this disease also.

To maintain this disease-free state the community must undertake the obligations of maintaining a high degree of immunity in the town by ensuring that all susceptible persons receive the necessary vaccinations.

Epidemological studies suggest that it is unlikely for an epidemic to occur if immunisation rate in any community is around 90%, As will be seen the figures for Halifax are far below this and to some extent Halifax is being protected by the fact that epidemics are not arising in the country due to higher levels of immunisation elsewhere.

It must be said for the Halifax figures that these apply to children under five, and they will be improved somewhat by the further vaccination of children in their first year at school.

One case of poliomyelitis in 1968 is a warning that the possibility of infection is ever with us, and indeed immunisation at times may be rapidly required when outbreaks occur in foreign holiday resorts.

It is difficult to conceive the reasons for people to ignore smallpox vaccination when there is now such a considerable instance of travelling between Britain and endemic centres of smallpox in eastern countries, although the number of cases of smallpox remains low in Britain.

B.C.G. vaccination continues to be given to school children who have no immunity to tuberculosis, and is unduly contributive to the low levels of tuberculosis infection experienced at the present.

For the future it is likely that measles can be virtually eliminated from the community to be followed along by German measles and mumps. It may be that the first steps are now being taken also to develop vaccinations against hepatitis. Effective vaccinations against many symptoms of influenza are now available. The well-known property of the influenza virus to produce new types taken seem to indicate that the constant monitoring of influenza epidemics, and attempts to produce new vaccines will continue until effective anti-viral drugs are developed.

#### DIPHTHERIA

No. of Children who completed a full course of Primary Immunisation in the period ending 31st December, 1968			Total No. of Children who were given a secondary or Reinforcing Injection	
Age at date of Final Injection		Total	During 12 months endir	
Under 5	5-15	Total	31st December, 1968	
476	318	794	1023	

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. 100).

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 Authori	ty Doc	tors	 	 22,940
By General Practi	itioners		 	 14,242
Third injection			 	 36,928
Fourth injections			 	 17,297

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. 1968	Under 1	1-4	5–15	16 or over	Total 1967	Gross Total
No. Vaccinated	20	569	59	68	716	18,019
No. Re-vaccinated		20	39	213	272	12,440

#### B.C.G. VACCINATION

The result of the B.C.G. Vaccination of school children of the 13 years age group during September October 1968 was:

Number of children in a	ge grou	ıp		 1,195
Number of acceptances				 1,006
Percentage of age group				 84.0
Number skin tested				 988
Percentage of acceptance	es testec	i		 98.21
Attendances for inspection				 943
				 45
				 136
Negative				 807
Of those inspected-Vac		 787		
Ref	erred X	-ray		 136
Nui	nber ab	sent		 20
Atte	ended X	K-ray		 105
Nur	nber ab	sent		 31
Result of X-ray—				
No radiographic evi	dence o	of disea	ase	 105

#### VACCINATION AND IMMUNISATION OF CHILDREN

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

	Chi	ldren born in 1	968	Caralla an
	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	Smallpox (Children under 2) (4)
England and Wales Local Authority	76 48	78 49	74 52	38 19

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 1968 and were under 2 years old at the time, and is calculated as a percentage of children born during 1968. 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 1968 (b) COMPLETE PRIMARY COURSE

			AN	ANTIGEN USED	SED					Number Immunized	zed
	Vaccination	Diph- theria	Diphtheri Whooping Diphtheri Cough and &Whoopin Tetanus Cough Combined Combined	C 00	Diptheria and Tetanus Com- bined	Whoop ing Cough	Tet- anus	Number of Persons	Diphtheria Singly or in Combination	Whooping Cough singlyor inCombination	Tetanus singly or in Combination
	Child Welfare Centres		380		7	1	=	398	387	380	398
	Schools & School Clinic	-	3		177	1	1	181	181	3	180
	General Practitioners	35	213		63	1	330	641	311	213	595
102	Total	36	969		247	1	341	1,220	879	596	1.173
				(a) RE	(a) REINFORCING COURSE	CING	COL	RSE			
	Child Welfare Centres	=	33	1	44	1	6	97	901	33	149
	Schools & School Clinic	34			778	1		812	812		778
	General Practitioners	∞	92	1	53		16	234	137	92	226
	Total	53	109		875	1	901	1,143	1,055	109	1.153
			CO	COMBINED	PRIMA	RY/RI	EINF	DRCING	PRIMARY/REINFORCING COURSE		
	Child Welfare Centres	11	413	1	51	1	20	495	493	413	547
	Schools & School Clinic	35	3		955		1	993	993	3	958
	Total	46	416	1	1,006	1	20	1,488	1,486	416	1.505
	(a) Reinforcing course.	ing cours	se.		(p) (	Complete	e prima	(b) Complete primary course			

YEAR OF BIRTH Di			ANTIGEN	I USED			NON	NUMBERS IMMUNISED	NISED
	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)
8961	-	58		3		3	62	58	64
1961		423		8	1	-	426	423	427
9961	1	44	1	6		3	47	44	90
5961		23		-		4	24	23	28
1964	1	17		9	1	5	24	17	28
Totals 1964-68 1954-63	30	30	11	16 223	11	16 62	583 283	565 30	597 315
Totals 1954-68	32	595	ı	239	1	78	998	595	912
1968	-	1		2	1	-	2	1	3
1961	1	18	1	1	1	1	19	18	18
9961	1	9	1	ı	1	_	9	9	7
1965	1	6	1	4		4	13	6	17
1964	4	13	1	=	1	2	28	13	26
Totals 1962-67	21	98	1	373		12	480	98	471
1954-63	26	15	1	497	1	19	538	15	531
Totals 1954-68	47	101	ı	870		31	1,018	101	1,002
			COMBINED PRIMA	MARY/REINFO	RY/REINFORCING COURSE	SE			
Totals 1954-68	79	969	1	1,109	1	109	1,884	969	1,914
		(a) Reinfor	(a) Reinforcing course	(b) Com	(b) Complete primary course	ırse			

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

	Total in Age Groups		Total 5 - 15	years at end of 1968	11,752							Total under	Five years at end of	1968		
	Total	903	832	906	1007	968	1132	1678	1005	175	1051	1252	1042	166	616	62
	1968	6	6	12	10	13	∞	15	33	104	70	24	24	47	426	62
	1961	1	1	2	2	3	5	17	58	39	7	12	15	464	493	1
	1965 1966	3	9	2	3	6	37	152	4	27	24	57	558	480	1	1
		S	3	4	9	47	75	20	14	25	50	209	445	1	1	1
	1964	3	7	7	18	57	29	17	30	62	485	552	1	1	1	1
N O	1963	5	6	=	30	23	18	17	45	470	415	1		1	1	1
TONIZATION	1962	7	21	30	15	8	13	107	347	348	1	1	1	1	1	1
MON	1961	33	51	73	53	58	102	577	437	1		1	1	1	1	1
YEAR OF IMN	1960	15	20	39	50	75	141	856	1	1	1	1	1	1	1	1
AKO	1959	∞	13	25	34	179	704	!	1	1	1	1	1	1	1	1
7	1958	13	33	25	186	424	1	-	1	1	1	1	1	1	1	1
	1957	20	38	197	009			1	1	1	1	1	-	1	1	1
	1956	51	224	479	1		1	1	1	1	-	1	1	1	1	1
	1955	236	398	1	1	1	1	1	1	1	1	1	1	1	1	1
	1954	495	1	1		1	1	1	1	1	1	1	1	1	1	I
Vear	of Birth	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	9961	1961	8961

## SECTION IV

MISCELLANEOUS INFORMATION

AMBULANCE SERVICE

SOCIAL WELFARE

CERVICAL CYTOLOGY

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LOAN EQUIPMENT

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INCONTINENCE PADS

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CHIROPODY

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CREMATIONS

PUBLIC MORTUARY

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SEWERAGE

REFUSE COLLECTION AND DISPOSAL

WATER POLLUTION CONTROL

#### MISCELLANEOUS INFORMATION

On the 22nd August, 1968, the department received Circular 31/68 which outlined the provisions of the Health Service and Public Health Act, 1968, which would come into operation on the 9th September, 1968. These included the arrangements which the local health authority would make for specialised services at clinics. The Act also replaces and modifies the duties placed on local health authorities in regard to lying in period and allows Health Visitors or Home Nurses to visit women during this time in place of midwives. The act is a liberalising one and allows domiciliary midwives to practise in hospitals. Local health authorities, under Section 11, can provide Health Visitors and Nurses in a similar way to a midwifery service. Local authorities are given power beyond dount to provide residential accommodation for mental health purposes and those who are handicapped by injury or congenital deformity qualify for assistance by the Home Help Service. Local health authorities may recover charges from persons whose children have been placed with child minders; ophthalmic practitioners, opticians, dentists and pharmacists can practise at a health centre and persons who have been displaced from their homes by developmental schemes for hospitals can be rehoused under arrangements with the Minister of Health by the local authority.

In Part 4, provision is made for the training in hospitals of local authority midwives wishing to take the Midwives' Teaching

Diploma.

A number of miscellaneous provisions which are non-medical in their application are also included in the Act.

#### AMBULANCE SERVICE

The fleet comprises of one Austin Gypsy and ten L.D. type dual-purpose ambulances.

Two of these vehicles are fitted with an American style trolley, which facilitates the movement of a patient between bed and trolley

both at home and at the hospital.

At the present time six of the ambulances are fitted with poles and canvas which is another method of transferring a patient from the ambulance stretcher onto a trolley at the hospital or into bed. It means that instead of lifting the stretcher from the ambulance, the crew simply lift the patient who is on the stretcher sheet with the poles threaded through sleeves at the side and lift the patient on to another trolley, slide out the poles, fit another carrying sheet on to their stretcher, and that completes the operation. This is a very much easier method than the previous one of lifting the patient in the blanket, and more comfortable for the patient. But, as with all things newly introduced, the men take some time before they are fully convinced this is the best method.

Once again the statistics show a trend upwards, and again this can in the main be attributable to the acute bed situation prevaling in the hearital against

in the hospital service.

Journeys to other towns – Leeds, Bradford, Wakefield and Sheffield – seem to be on the increase. In the last few months we have had to travel to Leeds at least three times per day twice a week because we have a patient who must be in the Leeds Infirmary before 9 a.m. for treatment in the kidney unit, and she stays there until 6.30 p.m. so the times do not fit in with any other patient going that day and usually there are several. Result is having to make two return journeys three times a week for just the one patient but, if this service was not available, this patient would be in very serious trouble.

We have during the year taken steps to bring our equipment into line with the recommendations of the Working Party on Ambulance Training and Equipment. Each ambulance has a sterile maternity pack, this is for the use of a doctor or midwives and not the ambulance crew, in case of a child being born before arrival of the vehicle at hospital. Up to now we have never had cause to use this type of equipment; we have always sent a midwife to the case on receiving a call from the ambulance driver for assistance, and coming from the hospital she has with her the equipment she will require.

Although each ambulance carries a first-aid box, we are going to give each member of the crew a satchel containing a further supply of first-aid material. This is so that they can carry it with them to the scene of the accident, also each ambulance is equipped with a Brook airway. This is an instrument which enables the ambulance driver to give mouth to mouth resuscitation to a patient without physical contact.

Still keeping in line with the recommendation one member of our driving staff has attended the Training School situated in the West Riding County Council, and he obtained a very good report. We are hoping for another vacancy next year.

The ambulance staff have all attended a twelve-hour revision course on First Aid spread over a six-week period.

The fleet has been maintained by the Transport Department of the Corporation, and I would like to thank the Manager and his staff for the ready assistance which has been afforded to us when required.

The hospital car pool service has also assisted with cases, mainly to convalescent homes and children to Sheffield Children's hospital. Patients travelling by rail will in the future diminish in numbers, because before very long it will be virtually impossible to put a stretcher case on a train because of changes in policy of British Rail. Most of the rolling stock will be of the saloon type coach with a centre gangway. In this vehicle there is no privacy for a patient and the gangway would be blocked if a stretcher was placed across it. Even short trips are affected, i.e. our patients going to the convalescent home in Harrogate. At one time it was a through journey by train and ambulance; now there is a change at Leeds, which

means that an escort should be provided if the patients have luggage or are elderly.

We have been rather unfortunate this year insofar as we have had two members of the driving staff off duty through illness since November 1968 and neither has worked since, having undergone serious operations. We have had to call on other members of the staff to cover the time lost by sickness in order to maintain the efficiency of the service.

The Joint Consultative Committee meets at the ambulance station every six weeks and discussion takes place on various items affecting the service.

I would at this point take the opportunity of expressing my thanks to the Health Committee, the Medical Officer of Health and members of his staff for the help and support afforded me in the running of the ambulance 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 Enter- gency Journeys inc. in Col. 3	Mileage during the year	Total Mileage for the year
1959	Ambulances Car Amb.	5	5,741 5,088	15,789 12,931	2,066 1,675	60,904 62,456	123,360
1960	Ambulances Car Amb.	5 4	6,104 5,066	16,761 13,099	2,156 1,760	65,771 62,883	128,654
1961	Ambulances Car Amb.	7	9,398 2,430	25,108 6,921	2,907 275	105,309 30,130	135,439
1962	Ambulances Car Amb.	8 2	9,435 2,450	26,447 8,045	3,103 110	113,504 31,879	145,383
1963	Ambulances Car Amb.	8 2	10,670 1,896	31,039 7,434	2,982 42	130,365 25,871	156,236
1964	Ambulances Car Amb.	9	11,443 1,697	33,864 7,162	2,999 36	137,427 23,825	161,252
1965	Ambulances Car Amb.	9	11,910 971	36,914 4,245	2,959	149,516 16,964	166,480
1966	Ambulances Car Amb.	11	12,123 388	38,061 1,723	2,964	163,912 6,893	170,805
1967	Ambulances (Dual Purpe	11 ose)	13,195	40,413	3,349	175,491	175,491
1968	Ambulances (Dual Purpe	11 ose)	13,326	42,097	2,849	180,068	180,068

# CATEGORIES

ry	sə	S												
: : :	Discharge	noissimbA	Out Patients	Hospital Transfers	House	Mental	Obstetrical	Maternity	Home Accidents	Works	Works Accidents	Street	Street Accidents	slatoT
ary	133	391	3,069	92	3	5	13	09	43	9	15	31	72	3,917
:	131	298	2,726	109	5	22	81	89	38	7	13	23	53	3,511
	137	291	2,732	75	∞	19	17	75	19	-	=	23	72	3,522
:	991	308	2,697	66	7	27	10	63	52	2	∞	91	79	3,534
May	143	316	3,171	64	-	14	15	55	19	2	10	20	75	3,947
June	130	270	2,772	78	8	30	22	55	89	3	3	46	85	3,565
July	133	300	2,641	62	6	14	19	64	58	3	∞	34	82	3,427
August	104	273	2,764	85	5	5	13	63	87	7	=	26	75	3,518
September	125	300	2,550	77	4	∞	91	62	63	4	6	15	09	3,293
October	127	303	2,648	65	13	6	20	74	63	4	18	28	73	3,439
November 1	153	324	2,507	70	10	6	27	73	09	5	14	91	63	3,331
December 1	126	384	2,217	81	12	3	12	75	99	9	S	32	74	3,093
Totals 1,6	1,608	3,758	32,494	935	80	165	202	787	720	50	125	310	863	42,097

#### WEST RIDING COUNTY COUNCIL MILEAGE

Ambulances (Dual Purpose) ... ... 40,931

Ambulances 46,435

#### TRANSPORTED BY RAIL

No. of Patients 29

Estimated Mileage 1,950

The establishment at the end of the year was:-

Ambulance Officer.

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

Vehicles in service, 31st December, 1968:-

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

1968 Date		Journeys	Recumbent	Sitting	Patients Carried	Total Miles
January		12,38	647	3,270	3,917	16,112
February		1,004	555	2.956	3,511	14,582
March		1,077	568	2.954	3,522	14,364
April		1,136	528	3,006	3,534	15,131
May		1,181	554	3,393	3,947	16,619
June		1,125	519	3,046	3,565	14,633
July		1,123	584	2,843	3,427	15,637
August		1,136	587	2.931	3,518	15,426
September	r	1,046	553	2,740	3,293	14,483
October		1,139	642	2,797	3,439	14,581
November	r	1,075	668	2,663	3,331	14,678
December		1,046	649	2,444	3,093	13,822
Tota	als	13,326	7,054	350,043	42,097	180,068
					-	

The above totals include non-Borough 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 regis-		Causes of D	isability	
tered of which Section F of B.D.8 recommends	Cataract	Glaucoma	Retrolental Fibroplasia	Others
A. No Treatment B. Treatment (Medical	2	1	_	7
Surgical or Optical) C. Ophthalmic Medical	5	2	_	8
Supervision	4	8	_	15
Number of Cases at (b) above, which on follow-up action have received				
treatment. Ophthalmic Medical	4	2	-	8
Supervision cases which have received treatment.	3	8		13

#### **Epilepsy**

At the 31st December, 1968, 28 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 six 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, 1968. Of these three were in residential accommodation at White Windows Cheshire Homes, Sowerby Bridge, and four children were attending special schools. Seventeen 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.

The Spastics Society Hostel at Linden Road is registered for 15 handicapped persons of the younger adult age group and these also attend the local society's work centre. They come from all parts of the North of England. Local contacts for social activities are well established and the home is functioning satisfactorily.

# CERVICAL CYTOLOGY

During the second complete year for Cervical Cytology a total of 44 Clinics was held, and 769 women examined. During the year the number of applicants fluctuated, but began to increase towards the end of the year.

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

	S	Cinalo	Wild	Widowad	LI	Paros			S	ocial C	Social Class Classification	assifica	ation				1	
Attendances	IIC	<u> </u>	or div	or divorced	Ret	Retired			2	61			4			5	T	Total
	1st	1st Rep.		1st Rep.	1st	1st Rep.	1st	1st Rep.	1st	1st Rep.	1	1st Rep.		lst Rep.	Ist	Ist Rep.	1st	Rep.
Ages Under 35 years	3.2%		5.8				2.1%		102 ** 36.0%	-	101 ***** 35.7%	12	50	7	10		283	15
35 years and over	12		33		13	-	4	_	155	9	156	~	16	7	12		486	13
% of age group	2.4%		%8.9		2.7%		2.9%		32.0%		32.1%		18.7%		2.4%		100%	
All ages	21		38		13	-	20	-	257	7	257	15	141	4	22		692	28
% of total	2.7%		4.9%		1.7%		2.6%		33.4%		33.4%		18.4%		2.9%		100%	

\* Denotes 1 Positive case. (Total of 9 Positive cases found in the 769 women examined; an average of 1 per 100).

#### HEALTH EDUCATION

Some 60 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 Inspec	ctor			5
Senior Nursing Officer and	d Hea	alth \	isitors	10
Senior Housing Inspector				2
Ambulance Officer.				6
Home Help Organiser				4
Medical Officer of Health				15
Deputy Medical Officer of	Hea	lth		15
First School Medical Offic				3

#### LOAN EQUIPMENT

Under Section 28 of the National Health Service various items of equipment were issued to 268 patients during 1968, as compared with 357 patients in 1967. These items included rubber sheets, bed pans, bed rests, commodes, air rings, wheelchairs, enuresis alarms, special equipment for paraplegics, nursing aids and other medical aids for disabled and handicapped persons.

#### CHIROPODY

During 1968 the Chiropodists completed 1,146 sessions, compared with 966 in 1967. This was due to having the services of a third part-time Chiropodist working two extra sessions per week. There were 394 new cases referred for treatment during the year compared with 380 the previous year. The number of treatment given consequently increased to 6,431 against 5,861 in 1967. There were 1,258 treatments given in the Clinics and towards the end of the year when the new premises opened it was possible to increase the clinic sessions to three per week in order to deal with an ever-increasing case load. The total number of domicilairy visits made by the Chiropodists was 5,665, compared with 5,092 in 1967.

The following table, showing comparative figures for 1967 in parentheses, indicates the amount of work done:

Total number of session New cases referred:	ons			 	1,146	(966)
Aged				 	378	(339)
Handicapped				 	16	(41)
Ante-Natal				 	_	(-)
Т	otal			 	394	380)
Total number of treat				 6,431	(	5,861)
Total number of visits				 5,665		5,092)
Total number of treats	ments	given at	Clinics	 1,258		1,136)

Mr. Luxton, the Senior Chiropodist, who is due to retire in June 1969, supplies the following information. I take this opportunity of thanking him for his enthusiastic assistance to the Health Department—not only as Chiropodist—but for his voluntary work

in relation to the handicapped.:

"I cannot give you details of the other Chiropodist as I never see them. A report is sent to the Medical Officer by each Chiropodist every month. The pressure on the individual Chiropodist is relentless and the system of payment by sessional arrangement is certainly economic from the L.H.A. point of view. I am still maintaining a good service. During the last year I have personally attended to 205 new cases, visited 2,019 cases, attended 1,358 cases at the Clinic; making 3,377 treatments over the year. I am doubtful if the younger newly qualified men and women will accept any other system except for individual payment and when I retire the Health Committee will require to review the system of remuneration. The service is not a cheap one.

The new Clinic is working very well, but people are waiting two months for appointments, I am in favour of monthly treatments and would suggest that more Clinics are held if possible to reduce the waiting period. The results of treatment are gratifying—to see the lame walking and those confined with bad feet able to enjoy the pleasures of life by getting out

and about. This to me has been my greatest reward".

The best wishes of each member of the staff are extended to Mr. Luxton for a very happy retirement and to his wife who has associations with the Health Services extending over many years.

#### **FIREGUARDS**

During 1968, 18 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. Reduction of fireguards is explained by the implementation of the Clean Air Act and the use of gas and electric fires.

#### INCONTINENT PAD SERVICE

There has been a decrease in this service, and during 1968 39 patients were issued with various types of incontinent pads from North Parade Clinic. The following table shows their distribution compared to previous years.

	1964	1965	1966	1967	1968
Bed Pads	357	231	252	3,806	5,542
Personal pilch pads		3,200	8,900	15,800	7,300
Personal garments		12	17	42	19
Linings				_	5

#### MEDICAL EXAMINATIONS

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

Examinations for employ	yment	and su	perann	uation		394
Ministry of Education e	xamina	tions:				
Form 28 R.Q						62
Form 4 R.T.C						136
Examinations on behalf	of othe	er local	autho	rities		5
Medical examinations of	emplo	yees fo	llowing	g proloi	nged	
absence due to sicknes	SS					23

620

# ORTHOPAEDICS

Orthopaedic Clinic	Under 1 year	1-5 years	Total
No. of new cases	6 6 22	57 57 574	63 63 596
Total attendances	28	631	659

CLASSIFICATION			No. of Cases	Attendances
Bow Legs		 	 5	50
Congenital Def	formities	 	 2	42
Hernia		 	 	
Intoing		 	 12	117
Knock Knees		 	 18	201
Metatarsus Vai	rus	 	 _	_
Overlapping To	oes	 	 8	56
Others		 	 18	193
			63	659

#### DISPOSAL

No. of cases referred for X-ray examination	 	3
No. of cases referred for admission to hospital	 	1
No. of cases discharged	 	62

# 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 1968 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 appar	ent at	birth	46
Number of children with multiple abnormalities			5

#### ANALYSIS OF MALFORMATION NOTIFIED

Diagnostic Group	Sub- Group	Malformation		Cases
0	.0 .4 .5 .6 .7	Central Nervous System Anencephalus	::	4 1 0 1 0 2
1	.3	Eye, Ear Cataract		0
2	.1 .2	Alimentary System Cleft lip		4 2
3	.0 .5	Heart and Great Vessels Congenital Heart Disease N.O.S. Interatrial septal defect persistent foramen ovale		1
4	.1	Respiratory System Defects of Diaphragm		1
5	.1 .2 .6	Urogenital System Renal Agenesis	::	2 1 1
6	.1 .6 .8	Limbs Reduction Deformity Talipes	::	1 7 0
9	.1 .4 .6	Other malformations Multiple malformation N.O.S. Others		0 1 1

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

SECT'ON 47

Removal to suitable premises of persons in need of care and attention

It was necessary on three occasions during the year to operate the National A sistance 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 uitable ptemises 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 teferring the case to our Nutsing Officer, it was possible in all but five cases to alleviate or remedy the circumstances and so enable the person to temain at home.

#### Case I - Admitted 9/11/68

The first case gave a history of heart disease of some years' duration and he was over the age of 70. He was recently praalysed down one side and not only was he confused but he was incontinent of faeces and urine. The house was not dirty but his wife was unable to attend to the sanitary difficulties arising.

#### Case II - Admitted

This lady some weeks' previously had a severe burning accident on back, shoulders and chest. She lived entirely on her own and was discovered by neighbours who contacted the Community Care Section of the Department. She was well over the age of 80. In spite of the severe shock associated with her burns or the neglect to which she was exposed, she is doing very well in hospital and will soon be ready for discharge.

#### CASE III - ADMITTED 19/12/1969

This woman had been completely cut off from all social contact when we discovered her living entirely on her own. She was very dirty, had multitudes of lice both on body and head, and there was also infestation of fleas jumping all around and scarcely visible on the blackened bed clothes. She was extremely ill and appeared to have a severe secondary anaemia.

Mr. Beer, the Assistant Nursing Officer gives geriatric care work a great deal of attention. If members of the public discover an old person in any kind of distress, Mr. Beer will be available to give direct help in emergency or in association with the family doctor.

#### CREMATIONS

I am indebted to Mr. T. C. the following report:	Lazen	by, F.	R.H.S.,	L.I.P	A., for
Total number of cremations since	openi	ng to 3	1st De	cem-	
ber 1968					19,881
(a) Halifax residents (b) others  regre					
Total number of cremations durin	g 1968				1,793
(a) Halifax area (b) others } regre	t not k	nown			
Disposal of remains during 1968					
(a) Scattered at Park Wood					1,588
(b) Placed in niches					none
(c) Placed in graves		12112			None
(d) Taken away by representa	atives				197
(e) Awaiting instructions					8

#### PUBLIC MORTUARY

The Hall Street Mortuary ceased to function prior to demolition in July 1968. Since then post mortems have been performed at the Halifax Royal Infirmary (County Borough cases) and at the General Hospital for cases outside the Borough.

150 post mortems have been performed during the year either in the mortuary at Hall Street or at the new facilities at the Royal

Halifax Infirmary.

#### 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 domestic and industrial consumers. 702 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, 98.9% of these samples were found to be highly satisfactory, bacteriologically.

All the 287 samples taken at Thrum Hall gave negative results in the Presumptive Coliform Test, five samples giving positive results were taken directly after filtration at Ogden, all of these samples contained B.Coli I (E. Coli). Of 27 samples taken from Ogden Brookfoot Reservoir, two samples contained B.Coli I and of the 27 samples from Ogden Kirk Reservoir the one positive was non-faecal in character, the rest were found to be free from coliform organisms.

The contamination in Ogden Kirk Reservoir occurred in January and was limited to one sample in 27. The number of organisms

being only 2 per 100 mls. and being identified as B.Coli II, an organism not considered as being specifically faecal in origin.

The two contaminated samples occurring in Ogden Brookfoot treated water reservoir were B.Coli I (E.Coli) each containing again 2 organisms per 100 mls.

Both these incidents occurred after heavy rainfall and when the water was heavily coloured and turbid.

After each of the incidents the reservoirs were dosed with sodium hypochlorite solution and samples taken immediately after this chlorination were found to be free from coliform bacteria.

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 18	80°F				71.2
Chlorine (chlorides)					13.1
Free Ammonia (N)					0.03
Albuminoid Ammonia	(N)				0.08
Oxygen absorbed from	Perma	inganat	e in 41	nours	
at 80°F					0.45
Temporary Hardness (	as Ca	$CO_3$			4.0
Permanent Hardness (a	as Ca	$CO_3)$			28.4
Nitrous Nitrogen					Nil
Nitric Nitrogen					0.34
Lead in solution					Nil
Lead absorbed in 24 he	ours				Nil
Manganese (Mn)					0.11
Iron (Fe)					0.08
pH value					8.7
Colour in °Hazen					6°
Turbidity—silica scale					1.3
Total residual chlorine					0.26
Free carbon dioxide					Nil
Calcium hardness (as C	Ca CO				18.2

All results expressed in parts per million.

Five 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 difed at 160 I	
Chlorine (as chlorides)	81 13·1
Free Ammonia (as N)	0.04
Albuminoid Ammonia (as N)	0.12
Oxygen absorbed from Permanganate in 4 hours	0.12
at 80°F	2.12
	2.12
Temporary hardness (as (Ca CO <sub>3</sub> )	Nil
Permanent hardness as (Ca CO <sub>3</sub> )	23.8
Nitrous Nitrogen	Nil
Nitric Nitrogen	0.23
Lead in solution	Nil
Lead absorbed in 24 hours	2.4
Manganese (Mn)	0.17
Iron (Fe)	0.52
nH value	4.78
Colour ("Hazan)	
T. Lilli Gilli a	45°
Turbidity—Silica Scale	8.4
Total residual chlorine	_
Free carbon dioxide	6.4
Calcium hardness (as Ca CO <sub>3</sub> )	11.2

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

During 1968, pre-chlorination was carried out in which a small dose (approximately 0.2 p.p.m.) of chlorine was added to the water before filtration as an additional safeguard.

From the Chemical Analyses it can be seen that the treatment effectively controls any tendency to plumbo-solvency present in the untreated raw water.

10.4 million gallons of water were treated each day and the addition of chemicals was checked and adjusted daily.

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 water leaving 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.m.p. The average fluoride content for Ogden water is 0.11 p.p.m. as F.

# NUMBER OF DWELLINGHOUSES AND POPULATION SUPPLIED

- (a) Direct to the house .. 35,915\* 94,280
- (b) By means of stand pipe Nil \*Figure includes 670 combined shops/dwellings

#### 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:

I fear that the position in regard to the town's sewerage system remains much as it was in 1967.

The development of the Keighley Road West area by the Housing Committee has necessitated the duplication of the main sewer from Shay Lane northwards along Keighley Road to the new estate. As part of the scheme a new surface water overflow has been constructed at Shay Lane, these works which will cost some £80,000 are nearly completed.

There have been anumber of private building sites developed during the year and all these have been adequately served with public sewers.

Unfortunately, little progress has been made to solve the problem of providing sewerage systems to outlying areas of the town. I dealt with this aspect of the matter in some detail in 1967. The Highways Committee have decided that the first area to be tackled should be at Wainstalls where you have had adverse reports on the local private water supplies. Unfortunately, the cost of the project proved too big for the Highways Committee to face in the present financial climate and the job has been left out of the current year's programme. We can but hope that this vital work will proceed as soon as money becomes available.

#### CLEANSING

I am indebted to Mr. Churm, M.I.T.A., Cleansing and Transport Manager, for details supplied regarding Public Cleansing.

#### PUBLIC CLEANSING SERVICES

A slight improvement in the labour situation is shown in 1968, there being a 125% turnover as against 137% turnover in 1967.

#### REFUSE DISPOSAL

Controlled tipping has been carried out both at Birks Hall and in Roystons valley. Whilst a consolidation layer has been tipped in the valley, the main tipping has been carried out at Birks Hall, where the final stages have been reached in the completion of this area. Over the past five years, the area that will be available for playing fields, etc, has been almost trebled.

Our standard of tipping has been maintained and serious experiments carried out with weed-killing. The co-operation of several manufacturers of weed-killing materials has been obtained in an effort to combat what is becoming a very serious problem.

#### STREET CLEANSING AND GULLY EMPTYING

Improvements have been brought about mainly by the working of night staff, and as I see the situation as it is at present, the future trends are that more night working will have to be carried out if Street Cleansing sections are to work efficiently and without hindrance from the increasing volume of traffic now taking to the roads.

The use of neat salt in the snow has proved beneficial in that the work is done more efficiently and there is no grit left on the roaes to be picked up by the Street Cleansing service.

#### REFUSE COLLECTION

In spite of all the difficulties of obtaining labour, the incidence of sickness, etc., a weekly collection cycle has been maintained throughout the year, with the exception of Easter, Whitsuntide and Christmas, and in the case of these three periods, within ten days after the holiday, the town is again on a weekly collection service.

#### WATER POLLUTION CONTROL

I am incebted to Mr. H. Ives, A.M.I.Mech.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 pumped up to the Wakefield Road sewer, 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 93 discharges of industrial wastes from 73 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 dewatered and processed to yield by-products in the form of sterile, pulverised, organic fertilisers and industrial grease. These are subsequently sold, thereby achieving in a hygienic manner complete and positive disposal of these otherwise objectionable

residues, and at the same time producing an income which makes a useful contribution to the overall cost of operating the Works.

During 1968, a total volume of 2,600,380,000 gallons of domestic and industrial wastes were given full treatment, an average of 7,104,863 gallons for each day of the year, from which 34,249 tons of wet solids were extracted yielding after processing 2,308 tons of organic fertilisers and 243 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 satisfzctorily with a daily dry weather flow of  $7\frac{1}{2}$  million gallons, has been approved by the Council and the Minister of Housing and Local Government. This involves the estimated expenditure of £2 $\frac{1}{2}$  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 this was almost complete, and the installation of the mechanical and electrical equipment, which comprised the second contract, was in progress.

December 1st, 1967, saw the start of a third contract, for the construction of an Offices-Laboratory Building and a Workshops-Workmen's Accommodation Building at the North Dean Works, on which substantial progress had been made by the end of the year.

#### SECTION V

#### HOUSING AND ENVIRONMENTAL CIRCUMSTANCES

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

Because of a desire to fill up some of the open spaces in Halifax caused by previous Compulsory Purchase Orders, further representation of Clearance Areas was deferred during the year at the request of the Council. Only 21 houses were dealt with, mainly houses with tub closets. Although the representation of unfit houses was held up many discussions took place during the year with representatives of the owners on the proposal to designate Environmental Improvement Areas at Lee Mount and Lytham Street. The Gladstone Road Improvement Area was declared, the Preliminary and Intermediate Improvement Notices served on the tenanted houses and letters were addressed to owner/occupiers asking for their co-operation in improving their properties. There were only 19 tenanted houses out of a total of 237 but this is a situation which is common in Halifax where most of the smaller property is owner/occupied. The response to the letters was not particularly encouraging and further letters have since been addressed to the owners in the hope that they will improve their houses rather than have Compulsory Purchase procedures commenced.

Applications for Standard and Improvement Grants increased from 337 to 442 and there was also a welcome increase in applications from tenanted houses to 21% (11.9% in 1967)

The sampling of raw milk for Brucellosis still takes up time, although only one sample proved positive. In an area including a dairy with a pasteurising plant it is surprising how much milk is still sold in its raw state and how little the public know the risks they are taking.

Our poultry inspection system is working satisfactorily bearing in mind the staff available. Over 2 million birds were dealt with in the year and this industry has reached such proportions that more poultry meat by weight is produced in the town than meat is produced at the public abattoir. The need for inspection is seen when the total condemnations of poultry meat exceeds in weight all the other condennations of unfit food.

The amount of smoke pollution in the town has remained comparatively steady. Compared with national figures we are still on the high side both with sulphur dioxide pollution and smoke pollution even though there has been a welcome decrease since 1958. Smoke control has now reached the stage when 50 per cent of the houses are the subject of smoke control orders but the results show there is still a need to continue the programme of conversions with all speed.

It may be a sign of the times but complaints about noise nuisances increased from 42 in 1967 to 59 in 1968. Twenty-five of the complaints were not justified. Of the remainder six were domestic complaints about dogs barking, loud radios, neighbours banging, etc., where a word with the owner was sufficient. The twenty-eight industrial complaints referred to noisy fans, noisy machinery, ice cream chimes, noisy works radio, and hammering of packing cases for export.

The number of unsatisfactory foods still continues at a high level and the extraneous matter found in the food is still as surprising as ever it was.

#### Housing

BLACKPOOL STREET COMPULSORY PURCHASE ORDER

This was represented on the 12th September, 1968. It comprised 10 houses.

BOOTHTOWN COMPULSORY PURCHASE ORDER

By the end of the year all 110 properties had been demolished.

BROAD TREE COMPULSORY PURCHASE ORDER

This was confirmed on the 10th May, 1968. By the end of the year 80% of families had been rehoused. The Order comprises 41 houses.

CHATHAM STREET COMPULSORY PURCHASE ORDER

By the end of the year all 385 houses in this Order had been demolished.

COLLIER TOPPIN COMPULSORY PURCHASE ORDER

This was represented on the 18th July, 1968 and confirmed on the 3rd December, 1968. It comprises 4 houses.

Commercial Road (North No. 2) Compulsory Purchase Order By the end of the year all 182 houses had been demolished.

Commercial Road (South) Compulsory Purchase Order

By the end of the year all 191 properties had been demolished.

CORPORATION STREET COMPULSORY PURCHASE ORDER

By the end of the year only four vacant houses were standing. This Order contained 234 houses.

CROSSLEY TERRACE COMPULSORY PURCHASE ORDER

This was confirmed on February 28th, 1968. By the end of the year 50% of families had been rehoused. The Order comprised 417 houses.

#### EXLEY BANK COMPULSORY PURCHASE ORDER

This was confirmed on the 23rd May, 1968. At the end of the year two out of four houses in the Order were vacant.

#### HAVELOCK STREET COMPULSORY PURCHASE ORDER

This was confirmed on the 23rd May, 1968. By the end of the year all except seven families had been rehoused. The Order comprised 49 houses.

#### HORLEY GREEN AND GODLEY ROAD COMPULSORY PURCHASE ORDER

By the end of the year 95 of the 402 houses in the Order had been demolished and of the houses still standing in the Order 90% were vacant.

#### PAGE HILL COMPULSORY PURCHASE ORDER

By the end of the year all families had been rehoused and all twelve houses had been demolished.

#### PULE HILL CLEARANCE AREA

This was represented on the 18th July, 1968 It comprises 7 houses.

#### RAMSDEN STREET COMPULSORY PURCHASE ORDER

This was confirmed on the 30th January, 1968. By the end of the year 90% of families had been rehoused. The Order comprised 56 houses.

#### STANNARY STREET COMPULSORY PURCHASE ORDER

By the end of the year 161 properties had been demolished, leaving only 9 properties still standing.

#### THOMAS STREET EAST COMPULSORY PURCHASE ORDER

This was confirmed on the 30th April, 1968. By the end of the year 50% of families had been rehoused. The Order comprised 118 houses.

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

The following 10 houses had closing orders placed upon them under the provisions of the above Act during the year:

8/9 Blaithroyd Terrace 9 Ramsden Street
12 Broad Tree Terrace 1 Sunny Bank, Wheatley
2 Eddlestone Buildings 16 Walker Street
3/4 Eddlestone Buildings 7 Waterhouse Terrace

310 Ovenden Road 120 Wheatley Road

The following 8 houses had demolition orders placed upon them during the year:

28 Page Hill
6a Bradshaw Lane
7 Bradshaw Lane
1 Birdholme, Northowram
11 Brick Row, Siddal
12 Brick Row, Siddal

#### Closing Orders, Substitution of Demolition Order, Housing Act, 1957 Section 28

A Closing Order on No. 30 Lower Skircoat Green was revoked and a demolition order substituted therefor.

# Improvements and Standard Grants

The number of applications for grants increased from 337 in 1967 to 442 in 1968 and the number of grants approved increased from 279 in 1967 to 397 in 1968. The number of grants completed decreased by 11 (356 in 1967 — 345 in 1968).

Improvements to the houses in Copley Village are now all completed and it is hoped that some improvement in the roads and gardens and external paintwork will soon be started.

All work is now completed on the Mackintosh Memorial Homes, where 8 dwellinghouses have been improved.

Improvement work is going ahead in the Churn Milk Lane and Westward Ho, and Providence Row Improvement schemes.

The percentage of requests for grants for tenanted houses has increased from 11.9% in 1967 to 21.04% in 1968.

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

Type of Grant	No. of applica- tions submitted	Granted	Rejected	Completed	Amount paid in respect of work in previous column	Withdrawn after being approved
Standard	339	303	17	247	£30,575 2 11	10
Improvement	103	94	4	98	£22,969 8 0	10
Total	442	397	21	345	£53,544 10 11	20

An analysis of the 247 completed Standard Grants shows that the amenities provided are as shown below:

		Ow	ner-Occup	ied Houses	S		
Total Grants 217	Baths 180	Wash Basins 177	Hot Water 189	Water Closets 193	Food Stores 205	Septic Tanks 5	Mains Water 2
			Tenanted	Houses			
Total Grants 30	Baths 26	Wash Basins 25	Hot Water 27	Water Closets 26	Food Stores 26	Septic Tanks	Mains Water

An analysis of the 98 completed Improvement Grants shows that the amenities provided are as shown below:

#### Owner-Occupied Houses

Total		Wash	Hot	Water	Food	Septic		Conver
	Baths	Basins	Water	Closets	Stores	Tanks	Kitchens	sions
59	49	46	51	47	53	8	27	6

#### Tenanted Houses

Total Grants	Baths	Wash Basins	Hot Water	Water Closets	Food Stores	Septic Tanks	Kitchens	Conve-
39	38	38	38	22	39	1	28	25

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.

The Gladstone Road Improvement Area was approved as an Improvement Area by the Council on 7th February, 1968. Of the 237 properties in Gibbet Street, Grosvenor Terrace, Cavendish Terrace, Gladstone Road, Cromwell Terrace and Hanson Lane, 218 properties are owner/occupied and 19 houses are tenanted.

Of the 19 tenanted houses, by the end of the year 4 had been improved to the full standard (in three cases privately and in one case with the aid of a standard grant which was applied for and approved after the service of a preliminary improvement notice). During the year, preliminary improvement notices were served on the persons having control of 16 tenanted properties. Eight immediate improvement notices and 3 subsequent improvement notices were served. In the case of the other 5 tenanted houses which were the subject of preliminary improvement notices, immediate improvement notices were to be served in respect of 3 houses in 1969. No further action was to be taken in respect of the 2 remaining tenanted houses because standard grant applications in respect of these 2 houses were received during the year.

Notices under Section 9 of the 1957 Housing Act, requiring that houses be repaired so as to make them fit houses were served in respect of 12 of the tenanted properties. By the end of the year 7 of these 12 notices had been complied with. Authority to do the work in default of 2 owners was obtained. In 3 cases work of repair was either promised or put in hand.

Of the 218 properties other than tenanted houses, 195 are owner/occupied houses. Of these 195, there were at the end of the year 67 houses with all amenities except a ventilated foodstore. A further 46 houses had been improved with the aid of grants, and 5 already had the five standard amenities. In addition, a further 14 grants had been approved by the end of the year. Letters were sent to 63 owner/occupiers in the area, explaining the

grant system and requesting the owner/occupiers to consider improving their houses with the aid of a grant. The letters also informed the owner/occupiers that the Council had powers for the eventual compulsory purchase of houses not improved.

#### Compulsory Improvement of Properties

An immediate improvement notice served in February requiring an owner to improve a house by the installation of a bath, wash basin, internal water closet, ventilated foodstore and hot and cold water supplies to relevant fittings, was complied with during the year.

In the case of two further properties, immediate improvement notices were served during the year. These notices become operative in early 1969.

In addition, there were five requests from tenants for the compulsory improvement of houses. The owners of the houses concerned were notified of these requests and in two cases grants were applied for and approved. One of these grants was completed during the year. In the case of the other three houses, the owners were to be contacted again in early 1969, and in the event of non-compliance, statutory notices will be served.

#### Houses in Multiple Occupation

During the year 71 visits were made in connection with houses in multiple occupation. Subsequently 11 letters were sent to the Chief Fire Officer requesting his observations regarding the means of escape in case of fire. Seven informal notices were sent to the persons having control of houses in multiple occupation, and three of these notices were complied with.

## Rent Act 1957—Certificates of Disrepair

One application for a Certificate of Disrepair which was granted was received during the year. There were no applications for cancellation of Certificates of Disrepair or applications as to the remedying of defects.

# Housing Statistics

#### HOUSES DEMOLISHED

In or Adjoining Clearance Areas	Unfit for human habitation	500 11 33
Not in or Adjoining Clearance Areas	As a result of formal or informal procedure under Section 16 or Section 17(1) Housing Act, 1957  Local authority owned houses certified unfit by the Medical Officer of Health  Houses unfit for human habitation where action has	5
	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 land compensation Act 1961	_
closed in	houses included above which were previously reported as pursuance of closing orders or undertakings	13
IN PURS	UNFIT HOUSES CLOSED SUANCE OF CLOSING ORDERS OR UNDERTAKIN	IGS
Under Sect 26 Housi Under Sect		IGS   18
Under Sect 26 Housi Under Sect	ions 16(4), 17(1) and 35(1) Housing Act 1957 and Section ng Act, 1961	

# Housing Statistics-cont.

# FAMILIES DISPLACED

From houses to be demolished in or adjoining clearance areas From houses to be demolished not in or adjoining clearance areas From houses to be closed	274 23 7
UNFIT HOUSES MADE FIT	
After informal action by local authority: By owner After formal notice under Sections 9 and 16 Housing Act 1957:	516
By owner By local authority After formal notice under Public Health Acts	128
Previously included in a clearance order which has been or will be modified or revoked under Section 24 Housing Act, 1961  Previously included in a demolition order which has been or will be revoked under Section 24 Housing Act, 1957	_
reviously included in a closing order which has been or will be determined under Section 27 Housing Act, 1957	1
HOUSES IN WHICH DEFECTS WERE REMEDIED (Other than unfit houses made fit)	
After formal notice under Public Health Acts	128
PURCHASE OF HOUSES BY AGREEMENT	
Houses in clearance areas other than those included in confirmed orders or compulsory purchase orders:	
Number of houses	37

## 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 Ho	using Ac	ts		612
Subsequent Inspections under the	Housing	Acts		64
Work in progress under the Housi	ng Acts			1
"Well-maintained" payments				68
Official Count				24
Standard and Improvement Grant	s			1,963
Certificates of Disrepair				2
Inspection on behalf of Housing M	<b>Ianager</b>			1
Sanitary defects				2,012
Notifiable diseases				92
Food Poisoning				8
Pathological Specimens				99
Dirty and/or verminous conditions				55
Overcrowding				13
Moveable Dwellings				20
Common Lodging Houses				
Visits to lettings—Houses in Multi	ple Occi	ipation		71
Sale of Property to Council				150
Public Enquiry				114
Survey Re-Improvement Areas				6,055
Drainage:—				
D. I.I				181
D 11:				70
Drains inspected, special inspection	ns only	• •		80
- 1				178
Drains tested	• •		• • •	9
Ditches and watercourses				9
FACTORIES:—				
Factories (with power)				31
Factories (without power)				3
Outworkers' premises				1 3
Workplaces (General)				3
Workplaces (Offices)				_
SHOPS:—				
General	522	232722		346
Mobile Shops				46
moone buops		0.00		

OFFICES, SHOPS AND RAILWAY	PREMISES	ACT,	1963:-		
Offices					82
Retail Shops					174
Wholesale shops and War					36
Catering establishments ar		ens			66
Accidents					24
FOOD PREMISES:—					
Milk Distributors					16
Dairies					12
Milkshops					3
Fried Fish Shops					11
Bakehouses					18
Dutahana' Chana					22
In Casam manions					53
Restaurants, Cafes, etc.					91
	• •				2
School Canteens					117
Licensed Premises					
Other food premises	• • •			• •	76
SMOKE CONTROL:—					
Smoke Observations	7500				546
Works, etc., re smoke emis	ssion				50
Works, etc., re Prior Appr	oval				1
Works, etc. re Chimney H	eights				21
Smoke Control Areas					1,765
Atmospheric Pollution Ga					1,512
SAMPLING:—					
					114
Foods and Drugs Act, 195			• •		114
Bacteriological samples—N					65
Bacteriological samples—I		n			40
Biological examination—N					
Brucellosis—Milk					41
Water					36
Swimming Baths Water					89
GENERAL:—					
Premises re Rag Flock Act	ts				5
Premises re Fertilisers and					10
Premises re Pharmacy and					15
Premises re Merchandise N					25
C+ 11 '					
Fowls, Swine and other an	imale				41
G 1 1		• •	• •		
					10
Places of Public Entertains					19
Public Sanitary Convenien					362
Abattoir					34
					59
Pet Shops					18
Offensive Trades					

Knackers' Yards					_
Rodent Control					75
Accumulations of Refuse					180
Interviews					590
Animal Boarding Est. Act					1
Hairdressers re bye laws					3
Riding Establishment Act					4
Miscellaneous visits					4,749
Total number of inspect	tions an	d visit	2		23,645
Total number of re insp	ections				7,455
Total number of inspect	tions of	all typ	es		31,100
		7.1			
Particulars of work done, nui	isances ected	abated	or in	prove	ments
DWELLINGHOUSES;	cereu				
General repairs					494
Dirty houses cleansed					35
0 1: 1 . 1					33
Council houses found bug-in	fested a	nd dis	infester	1	77
Other houses found bug-infe	sted and	1 disinf	fested		13
Houses cleared of other verm	in	a Gisiiii			
Common lodging houses	1111				26
Houses-let-in-Lodgings					
Movable dwellings					2
		• •			2
Drainage;					
Sewers cleansed					176
Drains cleansed and/or repair	red				141
Public sewers repaired and/or	r recons	tructed	1		47
Drains reconstructed or new	drains <sub>l</sub>	provide	ed		46
FACTORIES:—					
(Nuisances abated or improvem	ents eff	ected)			
Factories (with power)					12
Factories (without power)					1
Workplaces (General)		• •			1
Workplaces (Offices)					1
					1
SHOPS:—					
(Nuisances abated or improvem	ents eff	ected)			
General					33
Mobile Shops					1
OFFICES, SHOPS AND RAILWAY PRE			62.		
(Nuisances abated or improvem	ente off	ected)	-, 60		
					0.4
A					84
Offices					2.4
Offices					34

FOOD PREMISES:—						
(Nuisances abated or ir	nprove	ments o	effected	1)		
Dairies						4
Fried Fish Shops						2
Bakehouses						8
Butchers						21
Ice Cream Premises						3
Restaurants, Cafes, e	tc.					34
School Canteens						1
Licensed Premises						27
Other food premises						36
SMOKE CONTROL:						
(Improvements effected	)					
Boiler plants re emiss		smoke				3
Commission						
GENERAL;—	nnrove	ments (	factor	1)		
(Nuisances abated or in			effected			4
Fowls, Swine and oth Stables					* *	1
						1
Schools		ont.		• •		
						149
Public Sanitary Conv						13
						3
Pet Shops						123
			ntions	ramadia	4)	11
Merchandise Marks				remedie		104
Miscellaneous sanitar	ry mipi	overne				
Total						1,770
Samples Obtained:—						
			]	Formal	I	nformal
Food and Drugs Act				79		226
Milk—Bacteriologica	1			-		55
				_		
Milk—Brucellosis						104
Ice Cream—Bacterio	logical			_		40
Water						35
Swimming Baths Wa				-		70
Fertilisers and Feeding						13
Fabrics (Misdescripti		t — Fla	ıme			
proof materials						757
Pathological Specime	ens			_		757
Rag Flock				2		
Total				81		1,300

# 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 1968 was 1,097, compared with 1,195 the previous year. The decrease in the number registered is because routine inspections revealed that Forms O.S.R. I had been received from occupiers of premises which were not registerable or which had been demolished under Slum Clearance programmes.

The number of newly registered premises during the year was 35.

There were 18 accidents notified during the year, none of them very severe. Advice was given in one case only.

53 notices were served regarding 125 contraventions.

Due to the shortage of a Specialist Inspector the routine inspections were carried out during the year by the District Public Health Inspector and 80% of the total registered premises have now been inspected.

TABLE A
REGISTRATIONS AND GENERAL INSPECTIONS 1968

	1	2	3
Class of premises	No. of premises newly registered during year	Total No. of registered premises at end of year	No. of registered premises receiving one or more general inspections during the year
Offices	10	296	26
Retail shops	23	627	73
Wholesale shops and warehouses	_	60	1
open to the public,	2	111	15
Fuel storage depots	_	3	2
Totals	35	1,097	117

#### TABLE B

Total	No.	of	visits	of	all	kinds	by	inspe	ctors	to	regis	tered	
p	remis	ses											284

# TABLE C ANALYSIS OF PERSONS EMPLOYED BY WORKPLACE

Class of workplace	No	No. of persons employed						
	Male	Female	Total					
Offices	1,384	1,708	3,092					
Shops	1,038	2,040	3,078					
Wholesale departments, warehouses	456	50	506					
Catering establishments open to public	210	412	622					
Canteens	2	38	40					
Fuel storage depots	35	1	36					
Totals	3,125	4,249	7,374					

Common Lodging Houses

Since the Welfare Department took over Bramwell House in Carlton Place there have been no Common Lodging Houses licensed in the Borough.

Animal Boarding Establishments Act, 1963

There were six applications for renewal of licences 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 13 samples obtained during the year 8 were of fertilisers and 5 were of feeding stuffs. One sample of feeding stuffs wa unsatisfactory and the manufacturer was warned.

Pharmacy and Medicines Act, 1941

At the end of the year there were 98 registered sellers of Part II Poisons, occupying 123 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 8 premises registered under

this enactment and all were in a satisfactory condition.

Two samples were taken, one of which was found to be unsatisfactory. The proprietor of the upholstery firm had a Town Clerk's letter of caution regarding this offence.

#### 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

At the beginning of the year there were four riding establishments in the Borough. Three licences were renewed for a further period of twelve months and the fourth one was re-registered in different premises. Before licenses 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 designated to conform with national 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 are 45 public sanitary conveniences, consisting of 18 sanitary conveniences for males, 16 for females and 11 urinals.

At the main conveniences in town, Bull Green and George Square there are full-time attendants and there is a wash and brush up service, a parcel service, and facilities are available for free washing of hands after the use of the toilets.

Wash hand basins have been fixed at all other conveniences where it is possible to do so easily.

The Mixenden convenience is now under construction and a new convenience was planned for the Cow Green Development to incorporate facilities for those in mobile carriages. The Pellon Lane urinal was demolished to make way for road, etc. improvements.

Damage still occurs at all the conveniences, automatic locks and fittings being in constant need of repair or replacement.

#### INSPECTION OF WATER

#### **Domestic Supplies**

The Health Department has sampled various supplies. There were 15 samples taken either from spring supplies in outlying areas or from the mains supply. In five of the cases the samples were taken in connection with Standard or Improvement Grants. Two were taken when Demolition Orders were being made, three samples were for proposed water main extension schemes and the remainder were routine.

Steps were taken to trace the source of pollution and filters were fitted where necessary. Complaints about rust and corrosion were dealt with by the Calderdale Water Board who caused the mains to be flushed at regular intervals.

Five of the samples were satisfactory, seven not wholly satisfactory and three were not safe for human consumption.

# Rural Water Supplies and Sewerage Acts

The scheme for the extension of the Calderdale Water Board's mains to Jowler and Booth Bank was approved by the Ministry and work was completed. The Grindlestone Bank scheme was too expensive and a revised scheme is being drawn up by the Water Board to deal only with a dairy farm and adjoining houses. The Barm's Hill and Bowlshaw scheme for Northowram was deferred because of the financial implications. Schemes for Balkram Edge and Lower Shaw Booth were prepared and are being considered.

#### RODENT CONTROL

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

During the year 457 complaints of rats and 847 of mice were received and treatments were carried out as shown below:

				Rats	Mice	Total
Local Auth	ority P	remises		46	262	308
Corporation	n Hous	es		67	440	507
Private Bus	iness P	remises		198	522	720
Private Dw	elling I	Houses		544	1,075	1,619
Churches				3	4	7
		T	OTAL	858	2,303	3,161

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".

1,680 manholes were treated by contract with '1081' between April and June. Of these 166 were re-inspected and complete takes were found in 30 cases—17.5.%; part takes in 37 cases—22.7%; and no takes in 99 cases—59.8%.

Two meetings of the West Riding Pests Control Committee were held at the regional offices of the Ministry of Agriculture, Fisheries and Food at Leeds. This is a Liaison Committee between the Ministry and Local Authorities and about 60 Local Authorities were represented at each meeting. 'Recent Developments in Rodent Control' by Dr. E. W. Bentley, Head of the Ministry's Rodent Research Department was the subject of the first meeting; and 'Insect Pests' by Dr. J. A. Freeman, Head of the Ministry's Entomomology Department was the subject of the second meeting. I was again elected Chairman for the year.

#### **FACTORIES**

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

H.M. Inspector of Factories sent 7 notices (comprising 13 items) under Section 9 of the Factories Act, 1961. There were no complaints brought forward from 1967.

Of these, 5 complaints (9 items) were remedied during the year and 2 complaints (4 items) were outstanding at the end of the year.

The Public Health Inspectors found and remedied 4 other defects.

There were 12 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)

			Section 1.	33	Section 134			
Nature of Work		No. of out- workers in August list required by Section 133 (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwhole-some premises (5)	Notices served	Prose- cutions	
Wassing	Making etc.	12		_	_		_	
Wearing apparel	Cleaning and Washing	_	_	_	_	_	_	
	Total	12	_	_				

TABLE XXVII
Inspections for Purposes of Provisions as to Health

		Number of		
No. on Register	Inspec- tions	Written Notices	Occupiers Prose- cuted	
15	3	_	_	
633	31	4	_	
	Register 15	15 3 633 31	No. on Register Inspections Written Notices  15 3 —  633 31 4	

<sup>\*</sup> 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

	Numbe	No. of cases in			
Particulars	Found	Reme- died	Ref	which prosecu-	
			To H.M. Inspector	By H.M. Inspector	tions were instituted
Want of Cleanliness (S.1)	2	4		3	
Overcrowding (S.2)	_	_	_		-
(S.3)					-
Inadequate Ventilation (S.4) Ineffective draining of floors	_			_	
(S.6) Sanitary Conveniences (S.7)	_		_	_	-
(a) Insufficient	_	1		2	_
(b) Unsuitable or defective	2	6		6	
(c) Not separate for sexes Other offences against the Act (not including offences	_	2	_	2	_
relating to outwork)	_	_	_	_	_
Total	4	13	_	13	_

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

These included 67 samples of milk, 14 samples of ice cream and 224 samples of food and drugs.

Samples of milk 'not genuine' according to the Sale of Milk Regulations numbered 9, giving a percentage of 13.4.

All the 14 samples of ice cream were reported as satisfactory.

Of the 224 samples of other food and drugs 69 (or 31.2 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 the label under the Labelling of Food Regulations.

Details of all samples will be found on the following table.

# TABLE I

		N	o, of San	ples		oles adulte elow stan	
Nature of Sample		Formal	In- formal	Total	Formal	In- formal	Total
Almonds, Ground		_	1	1		-	
Artichoke Hearts	* *	_	1	1	_	1	1
Baby Food			2	2	_	1	1
Beans, Baked		_	1	1		1	1
Beer		4		4	-		
Beetroot		1 - 1	2	2	_	1	1
Bicarbonate of Soda		_	1	1	_		-
Biscuits Bread—		_	2	2	_	1	1
Brown Teacake		_	1	1	-	1	1
Plain Teacake		_	2	2	-	2	2
Slimcea Loaf			1	1	-	1	1
Thin Sliced Loaf			1	1	-	1	1
Tiger Loaf			1	1	-	1	1
White Loaf		_	2	2	_	2	2
White Sliced Loaf		_	3	3	_	1	1
Wonderfruit Loaf			1	1	_	1	1
Butter		_	2	2	_	1	1
Cheese-Various		1	13	14		3	3
Christmas Pudding			4	4		-	_
Coconut, Dessicated		_	1	1			_
Confectionery—							
Apple Pie			2	2	_	2	2
Bilberry Pie (object fr	om)		1	1	_	1	1
Bilberry Tarts			1	1	_	_	_
Cake		_	1	1		1	1
Chocolate Eclairs			1	1	-	_	
Fruit Malt Cake		_	1	1			_
Mini Sponge		_	1	1	_		_
Piece of Cake			1	1	_	1	1
Swiss Tart			1	1	_	1	1
Cream—		1 1					
Dairy			3	3	-		-
Double		-	5	5			-
Fresh			1	1			-
Single		-	1	1		_	_
Crisps		-	1	1	_	1	1
Crisps, Cheese and Onio	on	_	1	1	_	1	1
Crystalised Fruit—			2				
Cut Mixed Peel			3	3	_	_	
Glace Cherries			3	3		-	
Curry Chicken		127	1	1	-		
Curry-in-a-Hurry			1	1	-	-	
Dried Fruit—			2				10000
Currants			1	2	_	-	_
Dates			1	1	_	_	
Figs			2	1			-
Raisins, Stoned		_	2	2			_
Sultanas			3	3	_	-	-
Fish Finger			1	1	_	1	1
Flavouring, Rum		-	1	1		_	_
Flour, Self-raising			1	1			
Fowl, Boiling			1	1	-	-	

	N	o. of San	ples	Samples adulterated or below standard		
Nature of Sample	Formal	In- formal	Total	Formal	In- formal	Total
Fruit—						-
Filling for Tarts		2	2			
Tinned		3	2 3		_	
Crawy Salt		1	1			
Hom Candwich		1	1		1	1
In Canan		14	14		1	1
Jam, Seedless Raspberry		1	14		1	1
Lagar		i	1		1	1
Lond		1	1			
Lemon Juice		1	1 1			
Marzipan		1	1 1			
Meat Products—		1	1			_
D C 111		1	1			999-993
Beefburgers without Onion		1	1			
Doof Dio	_	5	6	_		
Paof Sprand	_	1	3	_		-
Channad Ham		1	1	_	-	
Channad Dark		2	1		1	1
Corned Doof		2	2	_	1	1
Corned Mutten		3	3	_	1	1
Counish Posts	_	. 1	1 .1	_	-	_
	_	11	11	_	3	3
Landan Mari	_	2	2	-		_
	_	1	1	-	1	1
Meat Pie Meat and Potato Pie		2	2	_	1	1
	1	6	7	_	3	3
Ox Tongue		1	1	_	1	1
Party Pie	1	2	3	_	1	1
Pork Luncheon Meat		2	2	_	1	1
Pork Pie	_	8	8	-	_	_
Potted Meat		2	2		_	-
Sausage Roll	_	6	6		_	_
Steak and Kidney Pie		7	7	_	2	2
Stewed Steak	_	1	1	_		_
Stewed Steak with Gravy		1	1	_	1	1
Milk	64	3	67	9	-	9
Milk Bottle	-	4	4	_	4	4
Evaporated	_	2	2	_		-
Pint Bottle of	_	1	1	_	_	-
Mincemeat	_	1	1	_		_
Mint Flakes (dehydrated)	_	1	1	_	_	_
Oxo	_	1	1	-	_	_
Peas—		12				
Dried	-	1	1	-	-	_
Tinned	_	1	1	-	-	_
Pineapple, Tinned	_	1	1	_	1	1
Potatoes		1	1	_	1	1
Potatoes, (creamed)	_	1	1	-	-	-
Potato Salad		1	1	_	1	1
Pudding, Mixed Fruit Sponge	-	1	1	-	_	
Rhubard (Tinned)	-	1	1	_		_
Sardine and Tomato Paste	_	1	1			
Sauce—						
Cheese	_	1	1	_	-	-
Thick	-	1	1	-		-
Sausages	-	2	2	_	1	1

	No. of Samples			Samples adulterated or below standard		
Nature of Sample	Formal	In- formal	Total	Formal	In- formal	Total
Soft Drinks, Various		8	8			
Soup Mixture		1	1			
Soup, Vegetable		î	i		1	1
Spirits—						
Brandy	1	_	1	_		
Gin	ı î	_	i			
Rum	1	_	ı î			
Vodka	1		ĺ			
Whisky	4		4			
Sponge Mixture		1	1	_		
Sprouts	_	1	i		_	
Sugar		1	1		1	1
Tea	_	1	1		_	
Tea Mix, Iced Lemon	_	1	ı î			
Teething Rusks	_	1	ı î		1	1
Toasty Grill, Liver and Bacon	_	1	1			-
Toffee, Treacle		1	1		_	
Tomato Juice		1	î		_	
Tomatoes, Strained and Beef		1	1	_		
Tomatoes—			1			
Strained and Beef		1	1	_	_	
Tinned (Grub from)	_	1	1		1	1
Vegetables, Mixed	_	1	î	_	i	1
Total	79	226	305	9	60	69

TABLE II

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

No. of Sample		Administrative action taken
1	White Loaf—contain- ing a bristle.	Informal sample submitted for analysis following complaint. The Public Analyst reported the sample contained a foreign object, namely a bristle, and in his opinion was unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.
2	Piece of cake—containing splinter of wood.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a splinter of wood. In his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the Bakers to the matter.
21 22	Meat and Potato Pie— Cornish Pasty— deficient in meat.	Two informal samples were purchased from one shop and submitted for analysis. The Public Analyst reported that sample No. 21 contained 9% of meat and No. 22 contained 8.5%. In the absence of a legal standard he was of the opinion that both the pie and pasty should contain at least 12.5% of meat. The Chief Public Health Inspector drew the attention of the baker to the matter.
26	Artichoke Hearts— excess of tin.	A routine informal sample was purchased and submitted for analysis. The Public Analyst reported that the interior of the tin was etched and that the contents contained excessive tin. The Food Standards Committee recommend that the tin content should not exceed 250 parts per million and he had found the sample to contain 500 parts per million. In his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter.
30	Tin of Corned Beef tin corroded.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the tin was corroded and the meat stained. In his opinion the sample was un- satisfactory. This matter was reported to the Health Committee on the 2nd April, 1968 when the Town Clerk was instructed to send a letter of warning to the retailer.

TABLE 2-continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
31	White Loaf—containing a metal staple.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a staple and in his opinion the sample was unsatisfactory. This matter was reported to the Health Committee on the 2nd April 1968 when legal proceedings were authorised. The case was heard on the 26th June, 1968, when a plea of 'guilty' was made and the Magistrates imposed a fine of £30 with costs of £4 14s. 0d.
35	Vegetable soup— contents decompos- ing.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the container was leaky and the contents had decomposed. He considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 2nd April 1968 when the Town Clerk was instructed to send a letter of warning to the retailer.
48	Dirty Milk Bottle.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the bottle contained a deposit of milk solids, dust, vegetable debris and mould filaments. In his opinion the bottle was not in a state of through cleanliness. This matter was reported to the Health Committee on the 2nd April, 1968, when legal proceedings were authorised. The case was heard on the 10th July, 1968, when a plea of 'guilty' was made and the Magistrates imposed a fine of £35 with costs of £4 14s. 0d.
49	Steak and Kidney Pie—mouldy	Informal sample submitted for analysis fol- lowing 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 2nd April, 1968, when the Town Clerk was instructed to send a letter of warning to the retailer.
50	Danish Butter— containing flake of dried meat.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a flake of dried meat, probably bacon, which had been picked up by the butter in the shop. In his opinion the sample was irregular. The Chief Public Health Inspector drew the attention of the retailer to the matter.

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
51	Teacake—contain- int crumb of scorched bread.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a crumb of scorched bread which had been embedded in the dough The matter was harmless but he classified the sample as irregular. The Chief Public Health Inspector drew the attention of the Baker to the matter.
52	Baked Beans— mouldy.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample was mouldy because the can had been pierced. It was not possible to determine when the can had been punctured and although the sample was unsatisfactory, no further action will be taken.
53	Sliced White Loaf —containing maggot.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a live maggot. In his opinion the sample was unsatisfactory. The evidence was insufficient to prove where the maggot came from and no further action was taken.
54	Milk Bottle— containing deposit of cement.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign matter, namely cement mortar. This matter was reported to the Health Committee on the 6th May, 1968, when proceedings were authorised. The case was heard on the 10th July, 1968, when a plea of 'guilty' was made and the Magistrates imposed a fine of £50 with costs of £4 14s, 0d.
55	Meat and Potato pie —containing a fly.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a foreign body, namely a fly, and in his opinion the sample was unsatisfactory. This matter was reported to the Health Committee on the 6th May, 1968, when the Town Clerk was instructed to send a letter of warning to the producer.
67	Cornish Pasty— containing metal turnings.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained slivers of iron or steel and he considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 6th May, 1968, when the Town Clerk was instructed to send a letter of warning to the baker.

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
68	Steak and Kidney Pie—mouldy.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the pie was mouldy and unfit for human consumption. The Chief Public Health Inspec- tor drew the attention of the retailer to the matter.
70	Fish Finger— containg fragments of fish skin.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained portions of dark coloured fish skin. Although the material was harmless he considered the sample to be sub- standard. The Chief Public Health Inspector drew the attention of the retailer and manu- facuters to the complaint.
72	Cheese—partly mouldy.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that one segment of the cheese was mouldy and he considered the sample to be unsatis- factory. The Chief Public Health Inspector drew the attention of the manufacturers to the complaint.
73	Pineapple— containing a bee.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a foreign body, namely a bee, and in his opinion was unsatis- factory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
78	Milk—deficient in fat.	Two formal samples of milk were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that one of the samples contained only 2.59% of fat. It was found that the average fat content of the two samples when bulked together was 3.29%. No further action was taken.
88	Sugar— containing particles of carbon.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained particles of carbon and although these would be harmless he classified the sample as sub-standard. The Chief Public Health Inspector drew the attention of the manufacturers to the matter.
98	Half a ham sand- wich—containing discoloured dough.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a piece of hard dough discoloured with iron. In his opinion the dough was not harmful but the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
99	Thin Sliced Loaf—containing scorched particles.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained dark brown pellets of scorched bread material. Although harm- less he was of the opinion that the sample was sub-standard. The Chief Public Health Inspec- tor drew the attention of the baker to the matter.
100	Luncheon Meat— tin perforated.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample was mouldy because the tin had been pierced. In his opinion it was unfit for human consumption. This matter was reported to the Health Committee on the 30th July, 1968, when the Town Clerk was instruc- ted to send a letter of warning to the retailer.
109	Brown Teacake— containing blow fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a fly and he classified the sample as unsatisfactory. The matter was reported to the Health Committee on the 30th July, 1968, when the Town Clerk was instructed to institute legal proceedings. This case was heard on the 15th October, 1968, when a plea of 'guilty' was made and the Magistrates imposed a fine of £20 with costs of £4 14s. 0d.
110	Wonderfruit loaf— sample mouldy.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that in his opinion the sample was unfit for human consumption. This matter is still under investigation. This matter was reported to the Health Committee on the 3rd September, 1968 when the Town Clerk was instructed to send a letter of warning to the Baker.
111	Bilberry Pie (Object from) containing stone.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a foreign object, namely a piece of silicious stone and he con- sidered the sample to be unsatisfactory. This matter was reported to the Health Com- mittee on the 30th July, 1968, when the Committee decided to take no further action.
112	Mixed Vegetables —containing part of a beetle.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained part of a beetle and he regarded it unsatisfactory. This matter was reported to the Health Committee on the 3rd September 1968, when the Town Clerk was instructed to send a letter of warning to the retailer.

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
117	Pork Luncheon Meat—tin punctured.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample was mouldy because the tir had been pierced. In his opinion it was unfit for consumption. This matter was reported to the Health Committee on the 30th July, 1968, when the Town Clerk was instructed to send a letter of warning to the retailer.
118	Slimcea Loaf— containing fragment of aluminium.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained fragments of alu- minium and although the amount was not sufficient to be harmful he was of the opinion that the sample was unsatisfactory. This matter was reported to the Health Com- mittee on the 5th November, 1968, when the Town Clerk was instructed to send a letter of warning to the Baker.
131	'Tiger' Loaf— containing earwig.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a foreign body, namely a live earwig. It was not possible to determine where the insect gained access to the loaf. No further action was taken.
132	Stewed steak with rich gravy—tin punctured.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the canister had a faulty seam and in his opinion the contents were unfit for human consumption. This matter was reported to the Health Committee on the 3rd September, 1968, when the Town Clerk was instructed to send a letter of warning to the manu- facturers.
133	Plain Teacake— containing flake of oven grime.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a flake of scorched bread stained with iron. In his opinion the sample was sub-standard. The Chief Public Health Inspector drew the attention of the baker to the matter.
134	Cheshire Cheese—mouldy.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample was mouldy. In his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the retailers to the matter.

No. of Sample		Administrative action taken
135	Jam Sandwich Biscuit— containing pin.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a foreign body namely a pin which had been pressed into the biscuit. He considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 5th November 1968, when it was decided to take no further action.
147	Beetroot— containing a grub	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a grub and in his opinion was unsatisfactory. This matter was reported to the Health Committee on the 8th October, 1968, when the Town Clerk was instructed to institute legal proceedings. This case was heard on the 27th November, 1968, when a plea of 'guilty' was made. The magistrates imposed a fine of £5 0s. 0d. with costs of £4 14s. 0d.
151	Meat Pie—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and unfit for human consumption. This matter was reported to the Health Committee on the 5th November, 1968, when the Town Clerk was instructed to institute legal proceedings. This case was heard on the 8th January, 1969, when a plea of 'guilty' was made. The magistrates imposed a fine of £10 with costs of £4 14s. 0d.
162	Trufood— containing a fly in wrapping paper.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a foreign body, namely a flly in the paper of the inner bag. In his opinion the baby food was satisfactory but he classified the sample as unsatisfactory because of the presence of the fly. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
163	Seedless Raspberry Jam—mouldy.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that because the lid was split the sample was mouldy. This matter was reported to the Health Committee on the 8th October, 1968, when the Town Clerk was instructed to send a letter of warning to the retailer.

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
166	Teething rusks— containing piece of wire.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a foreign body, namely a piece of wire. In his opinion the sample was unsatisfactory. This matter was reported to the Health Committee on the 5th November, 1968 when the Town Clerk was instructed to send a letter of warning to the producer.
178	Cake—sample 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 5th November, 1968, when the Town Clerk was instructed to institute legal proceedings. This case was heard on 12th February, 1969, when a plea of 'guilty' was made. The magistrates imposed a fine of £20 with costs of £4 14s. 0d.
179	Sausages— containing frag- ments of plastic.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained fragments of plastic and he considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 5th November, 1968, when the Town Clerk was instructed to send a letter of warning to the producer.
180	Crisps—mixed with fried mushroom.	Informal sample submitted or analysis fol- lowing complaint. The Public Analyst reported that the crisps contained pieces of fried mush- room and in his opinion the sample was irregular. The Chief Public Health Inspector drew the attention of the retailer to the matter.
181	Apple Pie— mouldy.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample was mouldy, and in his opinion unsatisfactory. The Chief Public Health Inspector drew the attention of the baker- retailer to the matter.
182	Milk bottle—dirty.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained milk residues and mould filaments. In his opinion the bottle was not in a state of thorough cleanliness. This matter was reported to the Health Committee on the 26th November, 1968, when the Town Clerk was instructed to take legal proceedings. The case was heard on the 5th February 1969 when a plea of 'guilty' was made and the Magistrates imposed a fine of £75 with costs of £4 14s. 0d.

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
183	Chopped Ham— containing soiled lubricant.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained foreign matter namely, soiled lubricant, and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to he matter.
192	Farmhouse Cheese (Stilton)— containing excess moisture.	A routine informal sample was purchased and submitted for analysis. The Public Analysis reported that he had found 47.3% of moisture in the sample. The Cheese Regulations 1965 require that Stilton Cheese should not contain more than 46% of moisture. A formal sample obtained at a later date proved to be satisfactory. No further action was taken.
197	Party Pie, Beef—deficient in Beef.	A routine informal sample was obtained and submitted for analysis. The Public Analyst reported that he had found only 0.5 ounce of meat in the sample. The Meat Pie and Sausage Roll Regulations 1967 require that a pie of this weight should contain at least 5 ounce of meat. A formal sample obtained at a later date proved to be satisfactory. No further action was taken.
207	Meat and Potato Pie—deficient in meat.	A routine informal sample was obtained and submitted for analysis. The Public Analyst reported that he had found only 9.8% of meat in the sample. The Meat Pie and Sausage Roll Regulations 1967 require that a meat and potato pie should contain at least 12.5% of meat. A formal sample obtained at a later date proved to be satisfactory.
208	Apple Pie— mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and unfit for human consumption. This matter was reported to the Health Committee on the 26th November, 1968, when the Town Clerk was instructed to institute legal proceedings against the retailer. The case was heard on the 5th February, 1969 when a plea of 'guilty' was made and the Magistrates imposed a fine of £5 with costs of £4 14s. 0d.

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
210	Milk bottle—dirty	Informal sample submitted for analysis fol lowing complaint. The Public Analyst reported that the bottle contained milk residues. In his opinion the bottle was not in a state of thorough cleanliness. This matter was reported to the Health Committee on the 26th November, 1968, when the Town Clerk was instructed to take legal proceedings. The case was heard on the 5th February, 1969, when a plea of guilty' was made and the Magistrates imposed a fine of £75 with costs of £4 14s. 0d.
211	Danish Ox Tongue —tainted.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst repor- ted that the sample was 'tainted' but not decomposing and he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter.
212	Swiss Tart— contains rodent droppings.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign objects, namely rodent droppings. In his opinion the sample was unsatisfactory. This matter was reported to the Health Committee on the 26th November, 1968, when the Town Clerk was instructed to send a letter of warning to the baker/retailer.
213 215 218 219 220 221 222 223	Milk containing added water and also fat deficiency.	Thirteen formal samples of milk were obtained from a producer's consignment at a pasteurising plant. The Public Analyst reported that with the exception of No. 221 the samples contained 2·4, 3·2, 3·7, 1·2, 2·0, 4·9 and 8.1 per cent extraneous water, respectively. In addition, samples Nos. 220 and 221 were 14·3 and 11·0 per cent deficient in fat respectively, but when bulked together the average fat content of the thirteen samples was a satisfactory 3·57 per cent. The matter of the extraneous water was reported to Committee on the 5th November, 1969, when the Town Clerk was instructed to institute legal proceedings. The case was heard on the 15th January, 1969, when a plea of 'guilty' was made and the Magistrates imposed a fine of £7 with costs of £14 10s. 6d.
228	Potatoes—unsound.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that several of the potatoes were unsound and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter.

TABLE 2—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
229	Chopped Pork—tin corroded.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst repor- ted that the meat was affected with stains from the tin and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter.
233	Cornish Pasty— containing drawing pin.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a foreign body, namely a drawing pin. He considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 7th January, 1969, when the Town Clerk was instructed to send a letter of warning to the producer.
253	Cheese and Onion Crisps—mouldy.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst repor- ted that the crisps were mouldy, damp and unfit for human consumption. The Chief Public Health Inspector drew the attention of the retailer to the matter.
255	Potato Salad mouldy.	Informal sample submitted for analysis fol- lowing 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 retailer to the matter.
303	Peeled Plum Tomatoes— moth grub in tin.	Informal sample submitted for analysis fol- lowing complaint. The Public Analyst reported that the sample contained a foreign body, namely a moth grub. In his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the importer to the matter.

TABLE 3

Monthly Average Composition of Milk Samples

Month	No. of	Milk Fat	Non Eatte	Channe	l Islands as Devon Mil	
Month	Samples	per cent.	Non-Fatty Solids per cent.	No. of Samples	Milk Fat per cent.	Non-Fatty Solids per cent.
January	-	_	_	_	_	_
February		_		_		_
March	11	3.52	8.50	_	_	_
April	_	_	_			
May	18	3.56	8.81	_		
June	_	_	_	_		_
July	10	3.59	8.53	_		
August	10	4.00	8.94	_		
September	4	3.28	9.00			
October	13	3.58	8.32		-	
November	_		_	_		_
December	1	3.65	8.75	-		-
Total	67			_		
Average for y	ear 1968	3.58	8,60		_	
,, ,,	,, 1967	3.69	8.65		4.35	9.10
11 11	,, 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

The figures given in the third and fourth columns of the above table represent the average milk fat and non-fatty solids in the 67 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.

#### 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 281 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 55 samples of milk—as shown below—were submitted to bacteriological examination.

Desig	nation		Samples taken	Satisfactory	Unsatis- factory
Pasteurised		 	50	50	
Sterilised		 	4	4	
Untreated		 	1	i	
TOTAL		 	55	55	

## 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 108 samples submitted to the Public Health Laboratory Service for examination for Brucella abortus:

Produced	No. of samples	Satisfactory	Positive on culture
In Borough	99	98	1
Outside of Borough	9	9	_
TOTAL	108	107	1

Routine samples were taken from retailer producers either by special visits to farms or by street sampling.

There was one 'positive' cow found by this routine work and the animal was eventually slaughtered.

## THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1962

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

## MANUFACTURE AND/OR SALE OF ICE CREAM

Food and Drugs Act, 1955, Section 16.

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

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

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

During the year 53 inspections were made of 342 registered premises (all retailers).

A total of 40 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 2 Satisfactory	Grade 3 Unsat'factory	Grade 4 Very Unsatisfactory
In Borough	_	_	_		_
Outside of Borough	40	16(40.00%)	17(42.50%)	6 (15.00%)	1 (2.50%)
TOTAL	40	16(40.00%)	17(42.50%)	6 (15.00%)	1 (2.50%)

The unsatisfactory samples were taken from premises where there have been frequent changes in management. Advice has been given and check samples are being taken monthly. I am pleased to be able to report that all mobile vans selling ice cream in this Borough are so constructed as to comply with The 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. 12 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 34 premises registered for the preparation or manufacture of sausages, potted, pressed, pickled or preserved foods.

#### FRIED FISH SHOPS

During the year 14 inspections were made of 52 premises. Improvements were effected in 2 cases.

#### BAKEHOUSES

The number of bakehouses on the register at the end of the year was 23.

There were 31 inspections made, and improvements were effected in 8 cases.

## FOOD HYGIENE

During the year 63 mobile food shops and vans (including ice cream vans already remarked upon) have been inspected prior to a licence being issued by the Markets Department. I am pleased to say that all the owners of these mobile shops have co-operated whole-heartedly in attaining the high standard required by the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966.

There are 979 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 638.

136 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	23	23	23	23
Butchers	105	87	105	104
Fish and Chips	52	41	52	52
Restaurants	48	46	48	48
News, Sweets, Tobacco	115	95	103	103
Licensed Premises	148	148	148	148
Grocers and Con- fectioners	348	283	336	332
Canteens	40	40	40	40
Fish and Fruit	94	61	94	93
Food Manufacturers	4	4	4	4
Food Warehouses	2	2	2	2
TOTAL	979	830	955	949

## Meat and Food Inspections

During the year, the Slaughterhouse (Hygiene) (Amendment) Regulations 1966 came into operation, whereby the use of wiping cloths on carcases was prohibited. Water spray guns with hot and cold mixers have been provided at each slaughtering point for sheep, cattle and calves, and since November 1st the sprays have been in use. Despite forecasts to the contrary there has been no apparent deterioration of the meat; in fact some butchers believe that the keeping property has increased. Some butchers have used paper towels to remove surplus water after spraying; others have not found this necessary being satisfied that dripping and evaporation will do this equally satisfactorily. The custom of 'netting' sheep has caused the greatest difficulty (i.e. placing the omentum fat around each hind leg). The fat will not stick if the leg becomes too dry or if the fat becomes too hard, thus ruling out a suggestion that legs should be 'netted' after the spray water has dried off. Some butchers immediately dry the legs with paper towels and then fix the fat, others don't bother. Customs die hard in the butchering trade and the custom of 'netting' sheep for the moment is being kept alive. It is at best a method of high-priced leg decoration and at worst

a potential source of gross contamination and could well have been prohibited by the regulations. Imported New Zealand lamb is not so treated for ovbious reasons.

The system of slaughtering sheep which has been in operation since the abattoir was opened in 1926 is due for improvement. It has always been difficult for slaughtermen to comply with the cruelty provisions of the Slaughter of Animals Act and the method of bleeding animals into trays on the floor where slaughtermen have to work is both dangerous and unhygienic. In addition the method entails lifting the live animal once and the carcase twice from one position to another, an unnecessary physical hardship on the sheep slaughtermen. A modern line system for sheep including a hoisting rail and bleeding pit could be provided at reasonable cost and is

being considered.

The number of known poultry processing premises at the end of the year has increased to four, and supervision of these will inevitably occupy more of the food inspectors' time. Because of the numbers dealt with (over 2 million), the detailed inspection of individual carcases by qualified inspectors is impossible but with the help and goodwill of the traders it is possible to maintain a fair degree of control. The time has surely arrived, however, when registration of all establishments where poultry are slaughtered is made compulsory otherwise the size of the poultry inspection problem is unknown. The amount of poultry meat produced in the Borough is now almost equal to the amount of butchers' meat produced at the abattoir. From the condemnation figures it will be seen that the weight of poultry condemned exceeded the total amount of all other foods including meat and offal, condemned during the year.

In addition to suffering from E.Coli infection, chronic respiratory disease, coccidiosis etc., an increasing number of broilers were found to be affected with Mareks disease (fowl paralysis), the lesions on the skin and in the ovary and testicle (tumours) becoming apparent and often severe at the age of 9–10 weeks, at which broilers are usually slaughtered. In birds from sources where a previous history of Mareks disease was known, killed 10–14 days earlier, the number affected was almost nil, but obviously this is no solution to the problem, the birds being on the small side and the profit

margin eliminated.

Unless Mareks free strains of broilers can be evolved and soon, this disease must affect the broiler industry to such an extent as to be almost fatal.

## POULTRY INSPECTION

There are four poultry processing premises within the district. The number of visits to these premises during 1968 numbered 508 and the total number of birds processed during the year was 2,056,087, of which 33,000 were condemned (or 82,500 lbs.). The percentage of birds rejected as unfit for human consumption was 1.65. The types of birds processed were broilers, hens and guinea fowl.

## CARCASES INSPECTED AND CONDEMNED

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

		J	Public A	battoir		
	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed Number inspected ALL DISEASES EXCEPT T.B. AND CYSTICERCI	8,620 8,620	1,960 1,960		42,435 42,435		=
Whole carcases Condemned Carcases of which some part or or-	1	4	4	42	23	_
gan was condemned		581	1	5,205	567	-
cerci TUBERCULOSIS ONLY	10.1	29.6	1.0	12.3	5.4	_
Whole carcases condemned Carcases of which some part or	-	_	_	-	-	_
organ was condemned	_	_	-	-	_	_
fected with Tuberculosis Cysticercosis	-	_	-	-		-
Carcases of which some part or organ was condemned	_	_	_	_	-	_
refrigeration	-	_	-	-	-	-
Generalised and totally condemned					-	_

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

Total Meat and Offals dest		er caus	cs		40,975
Total amount of Offals destroyed fr					
Total amount of Meat destroyed fro					7,665
Total amount of Offals destroyed or	n accou	nt of T	ubercu	ilosis	
Total amount of Meat destroyed on	accour	nt of T	ubercul	losis	
Total amount of Offals destroyed					33,310
Total amount of Meat destroyed					lbs. 7,665

#### FOOD INSPECTION

The following Table shows the amount of foods condemned:—

	Fo	Food Condemned				Quantity i lbs.	
5 Carcases of Beef						2,130	
Beef not in Carcas	e					694	
Carcases of Veal						145	
12 Carcases of Mu	itton					1,237	
23 Carcases of Por	rk					2,450	
Pork not in Carca	se					1,009	
Offals						33,310	
Poultry						82,500	
Canned Foods						5,570	
Frozen Foods						960	
Fish						252	
Fruit						3,548	
Imported Meat ar	nd Offals					160	
Vegetables						1,663	
Other Foods						1,508	
Fire-damaged Foo	od						
Flood-damaged F	ood					_	
	To	otal Weig	ght			137,136	

#### 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 1968

Date of Hearing		Offence	Penalty
21.2.68	Food and Drugs Act, 1955, Section 2.	Selling a tin of Cor- ned Beef not of the substance demanded (two offences)	Defendants fined £20 in each case with £7 16s. 0d. costs.
1.5.68	Food and Drugs Act, 1955, Section 2.	Selling a Bilberry and Artificial Cream Pie not of the sub- stance demanded.	Defendants fined £25 with £3 18s. 0d. costs.
1.5.68	Food and Drugs Act, 1955, Section 2.	Selling a Date and Walnut Cake not of the substande demanded.	Defendants fined £25 with £3 18s. 0d. costs.
26.6.68	Food and Drugs Act, 1955, Section 2.	Selling a large loaf not of the substance demanded.	Defendants fined £30 with £4 14s. 0d. costs.
10.7.68	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 £4 14s. 0d. costs.
10.7.68	Milk and Dairies (General) Regula- tions, 1959, Section 27(1).	Failing to ensure a milk bottle immediately before use was in a state of thorough cleanliness.	Defendants fined £50 with £4 14s. 0d. costs.
6.8.68	Clean Air Act, 1956 Section 1(1) Dark Smoke (Permitted Periods) Regulations, 1958.	Emitting dark smoke from a chimney contrary to the Act.	Defendants fined £15.
25.9.68	Clean Air Act, 1956, Section 11(2).	Emitting smoke from a chimnev of a build- ding withing a Smoke Control Area.	Defendants fined £5.
15.10.68	Food and Drugs Act, 1955, Section 2.	Selling a brown tea- cake not of the sub- stance demanded.	Defendants fined £20 with £4 14s. 0d. costs.
26.11.68	Food and Drugs Act, 1955, Section 2.	Selling pickled beet- root not of the sub- stance demanded.	Defendants fined £5 with £4 14s. 0d. costs.

## 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 the improvement in atmospheric conditions in the town centre is being maintained, there being a reduction of 72% in smoke and 47% in sulphur dioxide as compared with the winter months in 1959 prior to smoke control. (See graph on page 174).

The Halifax No. 14 (King Cross and West End) Smoke Control Order became operative on the 1st day of June 1968. The Halifax No. 15 (Haugh Shaw Road and Arden Road) Smoke Control Order was confirmed without modification by the Minister of Housing and Local Government on the 29th August, 1968. This Order will come into operation on the 1st day of June 1969.

The survey of the No. 16 (Holdsworth, Shay Lane and Ovenden) Smoke Control Area was carried out. This area is bounded on the north by fields 4978, 5078, 5082, 5087 and 5088, to the Borough Boundary; on the west by the road adjoining fields 4878, 4980, 4981 and 4982, Riley Lane, Moor Bottom Road, Highlands Lane, Whitehill Road, fields 4439, 3476, part 3478, part 3477, part 3478, 3472, 3450, to Keighley Road; the disused railway cutting and adjacent to fields 2881, 2986, 2989, 2990, to Foundry Street North, Shay Lane, Sod House Green, Nursery Lane; on the south by Ovenden Way, Broad Tree Road, Mill Lane and Ploughcroft Lane; on the East by Swalesmoor Road and the Borough Boundary. It is proposed that the Smoke Control Order affecting this Area shall come into operation on the 1st day of June, 1970.

50% of the houses in Halifax are now subject to smoke control requirements at December 1968 as follows:

No.	Area	Opera- tive date	Dwel- ling houses	Com- mercial Buildings	Indust- rial Buildings	Other Buildings	Acres
1	Town Centre	1.10.59	95	528	24	9	29.7
3	Mixenden Norton	1.9.61	1,189	57	24 5	35	365
4	Tower Savile Park/	1.6.61	_	_	_	_	24.31
-	Skircoat	1.8.62	1,811	182	30	77	320
5	Wheatley Salterhebble/	1.12.61	206	7	4	8	136
	Scarr Bottom	1.7.63	1,493	34	13	31	475
7	Illingworth/	50000					
	Cousin Lane West	1.12.63	1,848	29	5	23	385
8	Cousin Lane						
9	East	1.7.65	381	21		1	38
9	Pye Nest/ Rochdale Road	1.7.65	1,036	21	4	15	152
0	Riley Lane	1.7.65	5	1			18-175
1	Highroad Well	1.12.65	1,733	36	9	17	339
2	Copley	1.10.67	192	5	9	3	88
3	Waltroyd/					3	00
	Ovenden Way	1.6.67	1,561	62	9	14	244
4	King Cross West End	1.6.68	1,554	86	25	5	83
	TOTAL		13,104	1,050	137	238	2697-185

During the year 15 dwelling houses have been visited and the occupants cautioned regarding the emission of smoke in a Smoke Control Area.

Proceedings were instituted against the occupants of one of these houses. The Magistrates found the case proved and imposed a fine of £5.

Grants paid in respect of adaptations in dwelling houses amounted to £27,213 allocated as under:—

AND THE PROPERTY OF THE PROPER		S.	
No. 8 (Cousin Lane East) Smoke Control Area No. 9 (Pye Nest and Rochdale Road) Smoke Control	. 3,891	18	6
Area	2,398	14	8
No. 11 (Highroad Well) Smoke Control Area	943		
No. 12 (Copley) Smoke Control Area No. 13 (Waltroyd and Ovenden Way) Smoke Con-	717		
No. 14 (King Cross and West End) Smoke Control	560	15	5
No. 15 (Haugh Shaw Road and Arden Road) Smoke	15,968	12	7
Control Area	2,732	19	2
	27.213	18	9

#### INDUSTRIAL SMOKE

The number of smoke observations made during the year was 546.

There were 50 visits to works in connection with smoke emissions and improvements were carried out to boiler plants in 3 instances.

One application was received requesting prior approval of a new boiler plant. The application was not approved, the flue arrangements being considered unsatisfactory. These arrangements were subsequently modified and the completed installation is considered to be satisfactory.

43 deposited plans were inspected and in 8 cases extension to the proposed chimney height was requested.

Proceedings were instituted against the occupier of a mill for emitting dark smoke from the boiler chimney contrary to Section I of the Clean Air Act, 1956. On hearing the facts the Magistrates imposed a fine of £15.

Amended proposals for calculating chimney heights were brought into use during the year and new proposals for the control of grit and dust were formulated. The Working Party report on Cold Blast Cupolas was published and is being put into effect.

#### 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 areas visited were those where adaptations were then taking place and much useful information was available to householders in the area.

DEPOSITED ATMOSPHERIC POLLUTION, 1968
(Tons per square mile)

		(§ mile	(½ mile West)			(‡ mik	INFIRMARY (½ mile South)			WEST V (1½ m	(1½ miles West)	5
January	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
	2.96	3.65	6.58	10.23	2.80	3.35	4.20	7.55	2.92	2.81	3.72	6.53
February	1.93	4.10	3.98	80.8	1.62	3.88	3.40	7.28	1.85	4.76	4.99	9.75
March	5.76	5.82	9.83	15.65	5.13	4-44	7.53	11.97	*	*	*	*
April	2.40	5.47	5.83	11.30	2.44	02.9	6.87	13.57	2.56	9.21	6-13	15.34
May	4.65	5.27	7.75	13.02	4.03	5.58	8.99	14.57	5.89	90.8	14.88	22.94
June	3.30	6.30	00.9	12.30	*	*	*	*	3.60	06.9	5.40	12.30
July	*	*	*	*	*	*	*	*	3.41	8.37	5.58	13.95
August	2.79	5.89	5.58	11.47	2.48	4.03	2.79	6.82	1.86	4.34	2.48	6.82
September	7.50	5.40	15.00	20.40	7.50	3.90	8.70	12.60	06-9	12.00	8.40	20.40
October	*	*	*	*	3.72	4.03	4.34	8.37	*	*	*	*
November	3.90	5.40	5.40	10.80	3.60	4.80	5.70	10.50	4.20	00.9	6.30	12.30
December	1.86	6.51	5.58	12.09	1.86	2.58	4.34	9.92	1.86	5.89	4.96	10.85
Aggregate	37-05	53.81	71.53	125-34	35.18	46.29	98-99	103-15	35.05	68-34	62.84	131-18
Averages	3.71	5.38	7.15	12.53	3.51	4.63	5.69	10.32	3.51	6.83	6.28	13-11

\* Records spoilt by unlawful interference with gauge

5·61 tons per square mile 6·37 " " " " " " " 3·58 " " " " " " Insoluble Solids Soluble Solids Total Solids Rainfall in inches Monthly Average for Borough:-

Total Annual Deposit for Whole Borough: 143-86 tons per square mile.

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

			T	ons per sq. mile	Inches of Rainfall
1968	 	 		143.86	3.58
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
(1947	 	 		241.91	2.67)

Note: (1) The 1967 figure is based on information obtained from the gauges at Belle Vue Park and the Infirmary only.

(2) The Akroyd Park gauge was withdrawn in 1967.

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

Milligrams of SO3	per 100
square centime	tres

1968	 	 	 	1.91
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
(1947	 	 	 	2.75)

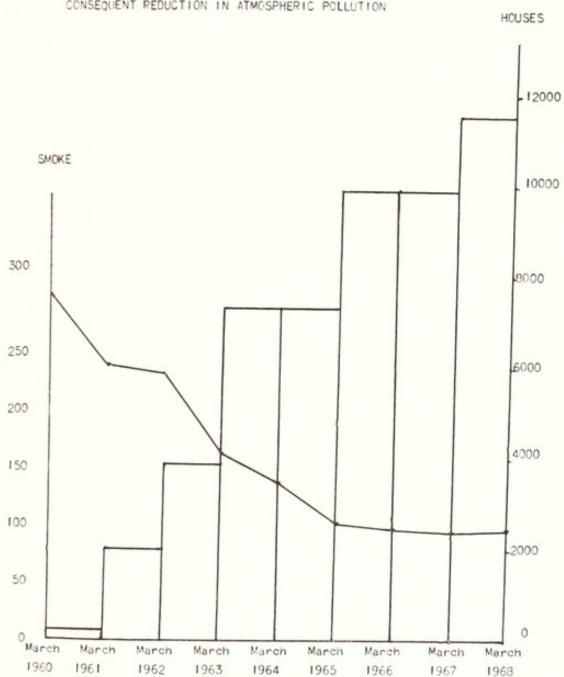
SULPHUR POLLUTION—LEAD PEROXIDE METHOD, 1968 TABLE 2

		MILLIGRAMS OF	The state of the s										
SIAIION	Jan.	Feb.	Feb. Mar. April	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Daily Total
WEST VIEW PARK	1.82	3.18	1.31	1.79	1.44	0.84	68.0	0.71	0.91	1.53	2.77	2.97	1.68
BEACON HILL	3.49	3.35	*	2.29	1.73	1.38	1.15	68.0	2.06	2.27	2.63	2.23	2.13
TOTAL DAILY AVERAGES	2.65	3.27	1.31	2.04	1.58	1:11	1.02	08.0	1.49	1.90	2.20	2.60	1.91

\*Records spoilt by unlawful interefence.

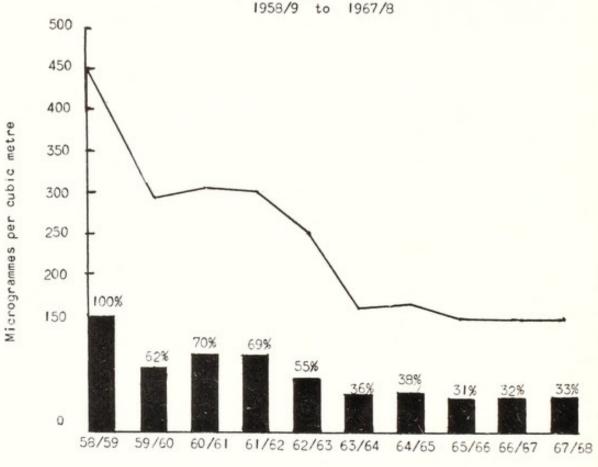
## HOUSES UNDER SMOKE CONTROL

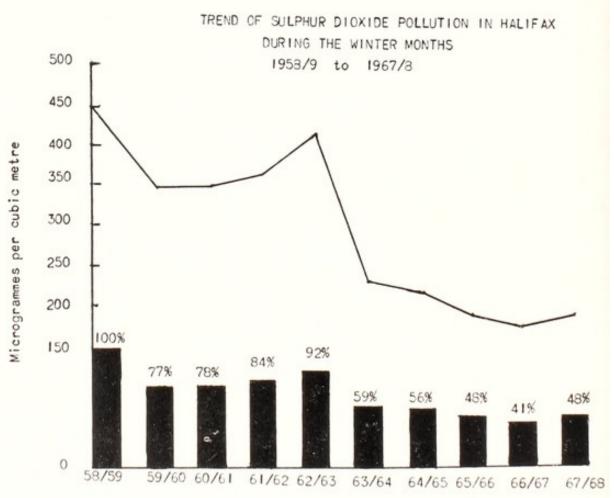




Microgrammes per Cubic Metre

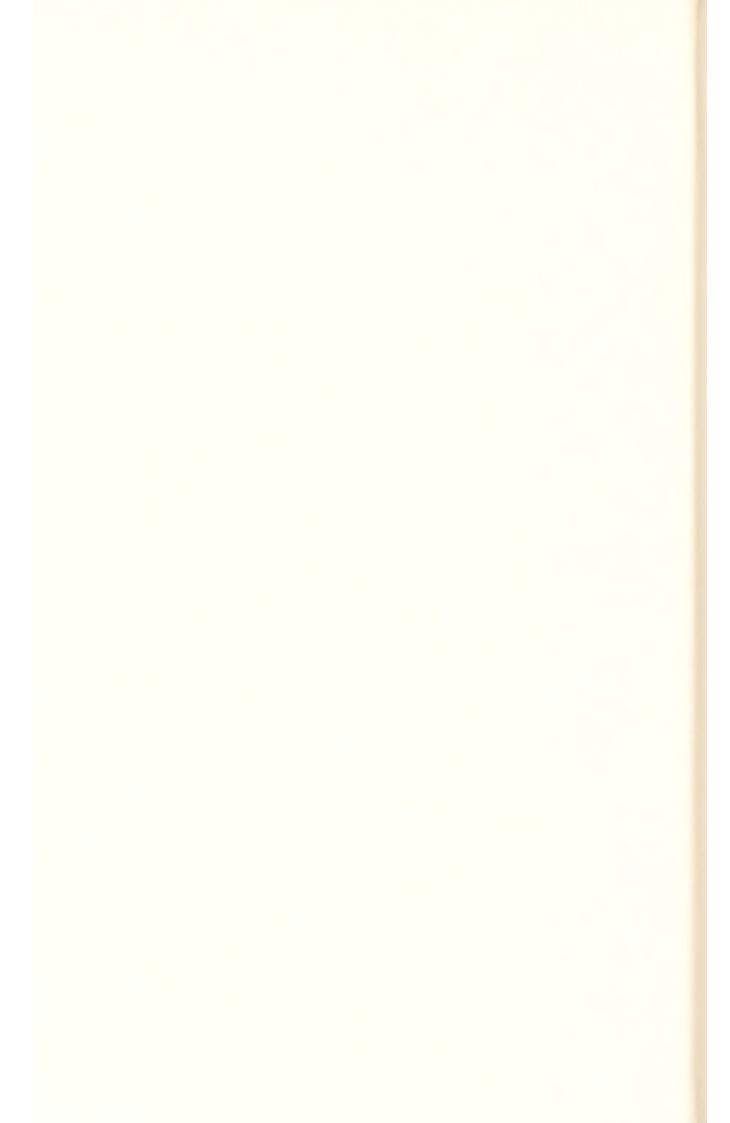
TREND OF SMOKE POLLUTION IN HALIFAX DURING THE WINTER MONTHS





# General Summary of Meteorological Observations taken at the Central Public Library, Belle Vue, Halifax, from January 1st to December 31st, 1968 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)

1968	Baro	meter			Air Tem	peratures			Mean To	emperature	à		Mean re	ading of The	rmometers					Wi	nd					Rai	nfall
	E						Mean				Humidity	ssure				_			Re	lative	Propo	ortion			un		
MONTH	Mean at 32°F, and sea level	Range	Maximum	Minimum	Range	Maxima	Minima	Range	Air	Dew Point	Relative Hu	Vapour Press	Maximum in sun's ray	Minimum on grass	Earth 4 feet down	Est. Strength	North	North East	East	South East	South Wast		North West	-	Mean Amo of Cloud	No. of Raindays	Amount
January February March April May June June July August September October November December	29.910 29.963 29.999 29.942 30.159 29.992 29.814 29.914 29.991	1.541 1.429 1.310 1.009 1.024 0.657 1.086 1.213 0.985 0.992	46.4 8.0 65.6 18.7 64.4 18.0	18.4 — 7.6 24.0 — 4.4 27.3 — 2.6 25.5 — 3.6 35.0 — 1.7 44.6 — 7.0 46.3 — 7.9 47.3 — 8.5 43.6 — 6.4 40.2 — 4.6 29.6 — 1.3	38.9 21.6 35.9 19.9 34.0 18.9 24.5 13.7 31.3 17.4 25.5 14.2	38.8 3.47.8 8.53.2 11.354.2 12.64.3 17.963.2 17.64.6 18.60.5 15.857.1 13.545.4 7.4	8 31.0 —0 8 36.8 2 8 37.8 3 3 41.9 5 9 50.1 10 3 50.8 10 52.9 11 8 50.3 10 9 48.6 9	7.8 4.6.6 7.8 4.7.7 11.0 6.2.2 15.4 8.5.5 12.3 6.1.1 14.2 7.4.4 12.4 6.6.1 11.7 6.2.2 10.2 5.9 3.	°F °C 3 38.8 3·8 4 34.9 1.6 11 42.3 5.7 6 45.5 7.5 8 48.0 8.9 9 57.0 13.9 9 57.0 13.9 9 55.4 13.0 7 14.8 6 55.4 13.0 7 2 42.5 5.8 8 36.9 2.7	°F °C 36 2.2 32 0.0 35 1.7 37 2.8 41 5.0 48 8.9 9.4 51 10.6 50 10.0 49 9.4 39 3.9 34 1.1	72 65 71 68 74 73 81 86	11,5	60.6 15 68.0 20 86.7 30 100.6 38 100.9 38 112.9 44 106.0 41		5 41 5 8 41 5 4 44 6 0 48 8 2 53 11 7 55 12 56 13 55 12 8 53 11	.0 3 .0 2 .0 4 .7 3 .7 3 .7 3 .8 2 .3 4 .8 3 .7 2 .9 2 .2 2	0 0 1 0 0 0 1 1 1 0 0 0 0	0 14 3 1 15 10 12 25 7 4 13 7	2 4 2 3 6 0 0 0 0 0 1	7 4 1 12 11 13 10 2 7 8 12 18	0 1 0 1 0 1 1 1 0 0 1 1 0 1 0 0 0 0 0 0	4 66 3 8 1 4 5 3 5 9 5 6 3 0 2 5 4 3 2 7 4 0	7 17 8 3 4 8 7 7 5 1	1 6 2 1 3 0 3 1 0 5 10 4	Oktas 7 6 6 5 7 6 7 5 6 7 6 7	20 9 17 16 20 13 19 13 23 16 17	ins. 2.98 1.96 5,34 2,43 4,60 3,09 4,19 2,67 8,17 3,39 4.00 1,88
annual Means	29.953	1.149	63.8 17.7	34.0 1.1	29.9 16.6	52.7 11.5	42.3 5	7 10.4 5.	8 47.5 8.6	42 5.6	78	9.3	85.3 29	0.6 37.7 3.1	2 48 8	.9 3	0	9	1	9	0 1	1 3	8	3	6	Total	Total 44.70



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