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**URBAN DISTRICT
OF HOLMFIRTH**



ANNUAL REPORT
OF THE
Medical Officer of Health
For the Year 1951

BY
ERIC WARD
M.R.C.S., L.R.C.P., D.P.H.

SLAITHWAITE :
A. T. GREEN & CO., CARR LANE,
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C O N T E N T S

	Page
SECTION I. Natural and Social Conditions of the Area ...	6
SECTION II. General Provision of Health Services 	10
SECTION III. Sanitary Circumstances of the Area 	12
SECTION IV. Housing 	19
SECTION V. Inspection and Supervision of Food 	22
SECTION VI. Prevalence and Control of Infectious and Other Diseases 	24
SECTION VII. Services provided under Part III of the National Health Service Act 	1a

For Index see Last Page.

Holmfirth Urban District

LIST OF COUNCILLORS

for the year 1951.

Chairman:

H. BEEVER, Esq., J.P.

Vice-Chairman:

N. MARSH, Esq.

H BEAUMONT, Esq.	G. HOLROYD, Esq.
E. BEEVER, Esq.	Mrs. B. A. LOCKWOOD.
R. A. BERRY, Esq.	W. H. MAUDE, Esq.
Mrs. E. E. BOOTH.	A. MEWIES, Esq.
J. BRAY, Esq.	A. MOORE, Esq.
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W. HIRST, Esq.	A. TOLSON, Esq.
A. HOLMES, Esq.	W. TURNER, Esq.
	J. B. TURNER, Esq.

PUBLIC HEALTH OFFICERS OF THE COUNCIL

Medical Officer of Health:

ERIC WARD, M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:

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

Chief Sanitary Inspector and Cleansing Superintendent:

I. HAIGH

Additional Sanitary Inspector:

W. HARGREAVES

Divisional Health Office,
Woodville,
Scar Lane,
GOLCAR,
Nr. Huddersfield.

October, 1952

To the Chairman and Members of the
Holmfirth Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my 5th Annual Report on the health of the Holmfirth Urban District and the work of the Public Health Department during the year 1951. The Report is the 14th in the series since the formation of the enlarged Urban District in 1938.

As in previous Reports, particulars are given in Part VII of the services provided under Part 3 of the National Health Service Act, 1946, by the West Riding County Council as the Local Health Authority.

The Registrar-General's estimate of the population of the District at mid-1951 is 18,960, a decrease of 280 on the 1950 figure. The enumerated population at the census in April, 1951, was 19,073. The Adjusted Birth Rate per 1,000 population is 14.04, a fall of 0.61 on the previous year, whilst the Adjusted Death Rate is increased by 0.76 to ~~12.43~~ 13.19 per 1,000 population. There were 10 deaths of infants under 1 year of age, giving an Infant Mortality Rate of 39.06 as compared with 40.59 in 1950.

Apart from an outbreak of Sonne Dysentery amongst children attending one of the schools in the area there has been no prevalence of infectious or other diseases during the year.

Once again I wish to express my thanks to the Chairman and Members of the Council for their continued support and to record my appreciation of the assistance and co-operation received from the Clerk and other Officials of the Council. In particular my thanks are due to Mr. I. Haigh, the Chief Sanitary Inspector, and his assistant, Mr. W. Hargreaves, without whose invaluable help and loyal co-operation my tasks would have been greatly increased.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

ERIC WARD,

Medical Officer of Health.

SUMMARY OF STATISTICS

1. General Statistics.

Area in Acres	...	...	...	...	17,565
Enumerated Population (Census, 1951)	...	...	...	...	19,073
Registrar-General's Estimate of Population (middle of 1950)	...	...	...	...	19,240
Registrar-General's Estimate of Population (middle of 1951)	...	...	...	...	18,960
Number of Inhabited Houses at end of 1951	...	...	...	...	6,408
Rateable Value (31st March, 1952)	...	...	...	...	£101,541
Sum represented by a Penny Rate (March, 1952)	...	...	...	...	£389

2. Extracts from Vital Statistics.

Live Births:				Male	Female	Total
Legitimate	...	...	...	131	117	248
Illegitimate	...	...	...	5	3	8
				—	—	—
Total	...	...	...	136	120	256
				—	—	—

Crude Birth Rate per 1,000 of estimated resident population	...	13.50
Adjusted Birth Rate per 1,000 of estimated resident population	...	14.04

Still Births:				Male	Female	Total
Legitimate	...	...	...	3	3	6
Illegitimate	...	...	...	—	—	—
				—	—	—
Total	...	...	...	3	3	6
				—	—	—

Rate per 1,000 of total (live and still) births: 22.90.

Deaths (Males 140, Females 151)	...	...	...	...	291
Crude Death Rate per 1,000 of estimated resident population	...	...	...	...	15.35
Adjusted Death Rate per 1,000 of estimated resident population	...	...	...	...	13.19
Deaths from Puerperal Causes	...	...	...	...	Nil

Number of Deaths of Infants under 1 year of age:

				Male	Female	Total
Legitimate	...	...	...	5	5	10
Illegitimate	...	...	...	—	—	—
				—	—	—
Total	...	...	...	5	5	10
				—	—	—

Death Rate of Infants under 1 year of age:

All Infants per 1,000 live births	...	...	...	...	39.06
Legitimate Infants per 1,000 legitimate live births	...	...	...	...	40.32
Illegitimate Infants per 1,000 illegitimate live births	...	...	...	...	Nil

Death Rate per 1,000 population from:

Pulmonary Tuberculosis	...	...	...	...	0.16
All forms of Tuberculosis	...	...	...	...	0.21
Respiratory Diseases (excluding Pulmonary Tuberculosis)	...	...	...	...	2.64
Cancer	...	...	...	...	2.27
Infective and Parasitic Diseases (excluding Tuberculosis but including Syphilis and other V.D.)	...	...	...	...	Nil
Deaths from Measles (all ages)	...	...	...	...	Nil
Deaths from Diarrhoea (children under 2 years of age)	...	...	...	...	Nil
Death Rate from Diarrhoea and Enteritis of children under 2 years of age per 1,000 births)	...	...	...	...	Nil

Section I.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT

The Urban District of Holmfirth is situated on the Northern slopes of the Pennines and lies to the south of the County Borough of Huddersfield. The general conformation of the country is very hilly, being comprised of several ridges with their corresponding valleys. The altitude varies from 300 feet at Honley to over 1,700 feet on Holme Moss.

Down the main valley flows the River Holme which is fed by several streams. The southern part of the District is wild and rugged and a considerable part of the area consists of moorland. The principal townships in the District are Holmfirth in the centre of the area and Honley in the northern portion.

The chief industry is the manufacture of woollen cloth, but farming, stone quarrying, and engineering also provide occupation for a considerable number of the inhabitants.

VITAL STATISTICS

Population

The Registrar-General's estimate of the population at mid-1951 was 18,960 as compared with 19,240 at mid-1950. This decrease, together with the increase of 35 deaths over births, shows that some 245 of the population have moved to other areas.

Comparability Factors

Area comparability factors in respect of Births and Deaths have been supplied by the Registrar-General, and for your district these are 1.04 and 0.86 respectively. These are the factors by which the crude birth and death rates should be multiplied in order to make them truly comparable with the rates for other areas.

The need for such adjustment is occasioned by the differences in the constitution of area populations as regards the proportions of their sex and age group components. The fact that your district has a comparability factor of 0.86 for deaths shows that the population contains a higher proportion of elderly people than the average area, which would in all probability result in a high crude death rate despite the general health conditions of the population being good. The comparability factor of 1.04 for Births shows that the proportion of women in the maternal age groups is less than in the average area.

Births

After adjustment for inward and outward transferable births, a net total of 256 live births (136 male, 120 female) was registered in the District during the year, a decrease of 15 compared with the previous year.

The ADJUSTED BIRTH RATE is 14.04 per 1,000 of the population, as compared with 14.65 for the previous year, 15.5 for England and Wales, 16.1 for the West Riding Administrative County, and 15.9 for the Aggregate West Riding Urban Districts.

The illegitimate live births numbered 8, or 3.13% of the total live births, as compared with 12 for the previous year.

Stillbirths

After adjustments for transfers, 6 stillbirths were registered during the year as compared with 5 for the previous year. This figure gives a rate of 22.90 per 1,000 live and stillbirths, and 0.32 per 1,000 of the population, as compared with 18.12 and 0.26 respectively for 1950.

Deaths

After correction for inward and outward transferable deaths, the net total deaths registered in and assigned to the District was 291 (140 male, 151 female), an increase of 13 compared with the year 1950.

The ADJUSTED DEATH RATE is 13.19 per 1,000 of the population as compared with 12.43 for the previous year.

The following were the principal causes of death in order of frequency:—

(i)	Diseases of the Heart and Circulatory System	...	100
(ii)	Intra Cranial Vascular Lesions	... ..	54
(iii)	Respiratory Diseases (excluding Pulmonary Tuberculosis)	... ..	48
(iv)	Malignant Neoplasms	... ..	43

These four causes accounted for 84.19% of the total deaths. Particulars of the various causes of death and of the age and sex distribution are given in the following table:—

Causes of Death	Sex	All Ages	0-	1-	2-	5-	15-	25-	35-	45-	55-	65-	75-
All Causes ...	M	140	5		1			3	3	9	23	41	55
	F	151	5		1		1	2	6	10	16	52	58
1 Tuberculosis, respira- tory ...	M	2						1				1	
	F	1						1					
2 Tuberculosis, other ...	M												
	F	1					1						
3 Syphilitic disease ...	M												
	F												
4 Diphtheria ...	M												
	F												
5 Whooping Cough ...	M												
	F												
6 Meningococcal infec- tions ...	M												
	F												
7 Acute poliomyelitis ...	M												
	F												
8 Measles ...	M												
	F												
9 Other infective and parasitic diseases ...	M												
	F												
10 Malignant neoplasm, stomach ...	M	3									1		2
	F	6								1	1	2	2
11 Malignant neoplasm, lung, bronchus ...	M	1							1				
	F												
12 Malignant neoplasm, breast ...	M							1		1	2		
	F	4											
13 Malignant neoplasm, uterus ...	M												
	F	3									1	1	1
14 Other malignant and lymphatic neoplasms ...	M	10								1	4	3	2
	F	15							2	4	3	2	4
15 Leukaemia, aleukaemia	M												
	F	1			1								
16 Diabetes ...	M												
	F	1									1		
17 Vascular lesions of ner- vous system ...	M	20									2	7	11
	F	34	1							1	3	13	16
18 Coronary disease, angina ...	M	28							1	3	6	13	5
	F	10									1	4	5
19 Hypertension with heart disease ...	M	2									1	1	
	F	2										1	1
20 Other heart disease ...	M	18									3	7	8
	F	26									3	7	16
21 Other circulatory dis- ease ...	M	7										1	6
	F	7								1		3	3
22 Influenza ...	M	4										2	2
	F	8							2			5	1
23 Pneumonia ...	M	4							1			1	2
	F	4	1							1		1	1
24 Bronchitis ...	M	18			1					1	4	3	9
	F	10										6	4
25 Other diseases of respira- tory system ...	M												
	F												
26 Ulcer of stomach and duodenum ...	M	1										1	
	F												
27 Gastritis, enteritis, and diarrhoea ...	M												
	F												
28 Nephritis and nephrosis	M	3								1			2
	F	4							1	1		2	
29 Hyperplasia of prostate	M	1											1
	F												
30 Pregnancy, childbirth, abortion ...	M												
	F												
31 Congenital malforma- tions ...	M												
	F												
32 Other defined and ill- defined diseases ...	M	14	5					1		1	1	1	5
	F	13	2						1		1	5	4
33 Motor vehicle accidents	M												
	F												
34 All other accidents ...	M	3						1		1	1		
	F	1	1										
35 Suicide	M	1								1			
	F												
36 Homicide and opera- tions of war ...	M												
	F												

Maternal Deaths and Mortality

There were no deaths from Puerperal Sepsis or other maternal causes.

Infant Mortality

After correction for transferable deaths there were 10 deaths (5 male, 5 female) of infants under 1 year of age, a decrease of 1 compared with the previous year. Of these deaths 8 infants were under 4 weeks of age at the time of death.

The INFANT MORTALITY RATE is 39.06 per 1,000 live births as compared with 40.59 for the previous year.

The death rate amongst legitimate infants per 1,000 legitimate live births is 40.32 as compared with 38.61 for the previous year.

There were no deaths of illegitimate children under 1 year of age.

Comparative Statistics

	Holmfirth Urban District	Aggregate West Riding Urban Districts	West Riding Admin. County	England and Wales (provisional figures)
BIRTH RATE				
Per 1,000 estimated population... (crude)	13.50	15.6	15.8	15.5
do. (adjusted)	14.04	15.9	16.1	—
DEATH RATES				
All per 1,000 estimated ... population				
All Causes (Crude)	15.35	13.5	12.7	12.5
All Causes (Adjusted)	13.19	13.6	13.2	—
Infective and Parasitic Diseases (excl. T.B.)	—	0.11	0.10	*
Tuberculosis of Respiratory System	0.16	0.24	0.24	0.28
Other forms of Tuberculosis	0.05	0.04	0.04	0.04
Respiratory Diseases (ex- cluding Tuberculosis of respiratory system)	2.64	1.90	1.81	*
Cancer	2.27	1.89	1.80	1.96
Heart and Circulatory Diseases	5.22	5.10	4.72	*
INFANT MORTALITY	39.06	30.8	31.8	29.6
DIARRHOEA				
Deaths of infants under 2 years of age per 1,000 live births	Nil	*	*	*
MATERNAL MORTALITY				
Puerperal Sepsis	Nil	*	*	*
Other Causes	Nil	*	*	*
Total	Nil	0.81	0.93	0.79

* Figures not available.

Section II.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

Staff

The Medical Officer of Health is a part-time officer of the Council but is engaged whole-time on public health work, being also Medical Officer of Health for the Urban Districts of Colne Valley, Denby Dale, Kirkburton, and Meltham, and Divisional Medical Officer of Division 20 of the West Riding which is composed of the 5 Urban Districts of which he is Medical Officer of Health.

In addition there is a Senior Sanitary Inspector, who is also Cleansing Superintendent and Salvage Officer, an Assistant Sanitary Inspector, and a Junior Clerk.

Laboratory Facilities

All the bacteriological laboratory work required to be undertaken by the Health Department and by General Practitioners is carried out at the Wakefield Laboratory of the Public Health Laboratory Service, whilst samples of water for chemical examination are sent to the laboratories of Messrs. Richardson and Jaffe, Public Analysts, Bradford.

Ambulance Facilities

(a) Cases of Infectious Diseases.

The ambulance of the Isolation Hospital to which the patient is admitted is used for the removal of the patient.

(b) Cases of Sickness and Accident.

An Ambulance Service is operated by the West Riding County Council, the Holmfirth Urban District being in Ambulance Area No. 17. The principal depot for the area is situated at Huddersfield.

An ambulance owned by the Urban District Council is also available for accident work.

Professional Nursing in the Home.

General: Home Nursing is undertaken by 3 Home Nurses employed by the West Riding County Council and resident at Holmfirth, Honley, and New Mill.

Midwifery: There are 2 full-time midwives employed by the West Riding County Council and resident at Holmfirth and New Mill. A relief nurse/midwife is also resident at Honley.

Further details of the nursing services provided in the area will be found in Section VII of this report.

Treatment Centres, Clinics, and Hospitals.

Infant Welfare Centres.

Held weekly on Wednesday afternoon at New Mill, on Thursday afternoon at Holmfirth, and on Friday afternoon at Honley.

Ante-Natal Clinics.

Held monthly on the 4th Friday morning in the month at Holmfirth. Expectant mothers may also be seen at Honley Infant Welfare Centre by prior arrangement.

School Clinics.

Held weekly on Thursday morning at Holmfirth. Schoolchildren may be seen, if necessary, at the Honley and New Mill Infant Welfare Centres.

All these clinics are held in the following premises:--

Holmfirth: Wesley Methodist Church, Huddersfield Road, Holmfirth.

Honley: Methodist Sunday School, Southgate, Honley.

New Mill: Council Offices, New Mill.

Chest Clinic.

Held daily at 1, Peel Street, Huddersfield, but a prior appointment is necessary.

Venereal Diseases Clinics.

Held at York Place, New North Road, Huddersfield; Clayton Hospital, Wakefield; and the General Infirmary, Dewsbury.

Hospitals.

(a) Infectious Diseases:

Under the National Health Service Act, Holmfirth is placed in the Leeds Regional Hospital Area, and cases of infectious diseases, other than smallpox, are admitted to the Mill Hill Isolation Hospital, Huddersfield.

Until the end of the year, accommodation for cases of Smallpox was provided by the Regional Board at Cottingham Smallpox Hospital, Cottingham, East Yorkshire. As from the 1st January, 1952, however, accommodation is provided at the Oakwell Smallpox Hospital, Birstall.

(b) General Hospitals.

Holme Valley Memorial Hospital.

Huddersfield Royal Infirmary.

Deanhouse Hospital, Thongsbridge, Holmfirth.

(c) Maternity:

Arrangements are made for the admission of patients to the Holme Valley Memorial Hospital, the Princess Royal Maternity Home, Huddersfield, and various general hospitals.

Section III.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.

Water is supplied in the District by 3 statutory water undertakings, Holmfirth Urban District Council, Huddersfield Corporation, and Batley Corporation.

No changes have been made in the sources of supply which were detailed in the report for 1948.

Of the 6,408 houses in the District, 5,651 are supplied from public mains. Most of the water supplied is chlorinated before distribution, and except during the periods of drought in the summer months the quantity available is sufficient to meet the needs of the area.

Regular sampling of public water supplies was commenced in July, since which time 48 samples have been submitted to the Public Health Laboratory, Wakefield, for bacteriological examination. The results classified in accordance with the standards set by the Ministry of Health for non-chlorinated piped supplies are given below:—

Presumptive Coliform Count per 100 ml.

Class I: Highly satisfactory:	less than 1
Class II: Satisfactory:	1 to 2
Class III: Suspicious:	3 to 10
Class IV: Unsatisfactory:	greater than 10

Throughout the year 50% should fall into Class I, 80% should not fall below Class II, and the remainder should not fall below Class III. Efficient chlorination should yield a water having Class I grading.

Date of Sampling	Greave (Chlorinated at Holme Styes)	Holme Styes (Chlorinated)	Bradshaw	Holme	Snape	Netherthong	Batley (Chlorinated)	Huddersfield (Chlorinated)
	Class	Class	Class	Class	Class	Class	Class	Class
5-7-51	I	IV (2)	—	IV	IV	I	—	—
31-7-51	I	I	IV	IV	I	i	I	I
6-9-51			II	* IV (2) * III (2) * III * II				
18-9-51	III	II	IV	IV	I	IV	I	I
5-10-51				III (2) II				
31-10-51	III	II	IV	IV	I	III	I	I
28-11-51	II	III	I	I	I	III	I	I

* Sampling of feeders on Holme catchment area.

It will be noted that many of the samples failed to reach the Ministry's required standard. Possible sources of contamination on the catchment areas were investigated by the Surveyor and chlorination of the Holme Supply has since been instituted. This action has resulted in improved reports being received in 1952.

Thirteen samples of domestic water from private supplies were also examined bacteriologically at the Public Health Laboratory, Wakefield. Of these 4 were reported as satisfactory, one was of doubtful quality, and 8 were unsatisfactory. A total of 24 samples of water from service pipes supplied from the Council's reservoirs were submitted for analysis to determine the plumbo-solvency of the supplies. All were reported as satisfactory.

In general, the major part of the District is adequately supplied by these undertakings, but the supply is inadequate in the Piper Junction and Huddingley area. Negotiations with the Huddersfield Corporation and the Kirkburton and Denby Dale Urban District Councils regarding an improved supply for this area, mentioned in last year's Report, were continued.

Drainage and Sewerage.

The supervision of the installation of new drains and sanitary fittings in existing buildings is carried out by this department.

There has been no alteration in the arrangements for sewage disposal which were described in last year's report. The populous parts of the District are fairly adequately sewered, but improved means of disposal are required in some of the outlying parts, particularly at Hade Edge, Moorcock, Snowgate Head, and Syke Bottom.

Instances of past connections of house drains to surface water sewers, road drains and water courses, are still coming to light. These are dealt with by connection to foul sewers where this is possible.

Rivers and Streams.

Precautions are taken when new drainage works are carried out to prevent any further contamination of rivers and streams with sewage. Existing known cases of pollution of water courses are dealt with as local circumstances permit.

Closet Accommodation.

The number of closets estimated to be in the district in connection with all types of premises at the end of 1951 was as follows:—

Privies	...	...	...	...	...	1,002
Pail or tub closets	...	...	...	...	...	262
Water closets	...	...	...	...	...	5,686
Chemical Closets	...	...	...	...	...	1
						<hr/> 6,951

Particulars of new water closets installed and conversions carried out are as follows:—

(a) In new houses:

(i) Council Houses	...	...	...	...	...	38
(ii) Private enterprise, including existing buildings converted to houses	...	...	...	...	...	7

45

(b) In existing premises:	Existing Houses	Other Premises
No. of privies reconstructed as water closets ...	6	—
No. of tubs or pail closets reconstructed as water closets	2	—
No. of water closets installed in replacement of dismantled privies, tubs, etc.	22	5
No. of water closets installed as additional accommodation to existing closets ...	42	14
	<hr/> 72	<hr/> 19
No. of closets, other than water closets, converted, dismantled, or demolished		38

Until the 1st March, 1951, the Council continued to make a grant of £5 to owners towards the expense incurred in providing a water closet in substitution for a privy, tub, or pail closet. The grant was then increased to one of £7 10s. 0d. During the year, applications were received from owners in respect of 33 such closets, and a grant was made in each case.

A detailed analysis of water supply and closet accommodation is given in the tables on page 18.

Refuse Collection and Disposal.

Scavenging is undertaken throughout the District by direct labour under the direction of the Cleansing Superintendent, Mr. I. Haigh, 5 motor vehicles being employed in the work. Domestic refuse and pail closet contents are emptied approximately every 2 weeks and privies every 5 weeks. Sanitary dustbins are now provided at approximately 5,570 houses.

About 35% of the refuse collected is destroyed at the Honley Destructor and about 65% is dealt with by controlled tipping at 4 tips situated at Foster Place and Syke Bottom (New Mill), Berry Banks (Holmfirth), and Scotgate Road (Honley).

Collection of waste food is arranged, 150 bins being distributed for the purpose throughout the District.

The following figures kindly supplied by Mr. Haigh relate to the year ended 31st March, 1952:—

Berry Banks Tip	3,740 tons
New Mill Tips	1,300 tons
Honley Destructor and Tip	1,575 tons
Total	<hr/> 6,615 tons

Salvage collected and sold during the same period:—

	Tons	Cwts.	Qrs.	£	s.	d.
Kitchen Waste	41	13	2	123	7	3
Waste Paper	193	6	3	3,190	2	2
Metals and Textiles	6	7	3	89	14	2
	<hr/> 241	<hr/> 8	<hr/> 0	<hr/> £3,403	<hr/> 3	<hr/> 7

Shops Acts.

During the year 3 visits and inspections were made of shops.

Smoke Abatement.

It has not been possible to devote much time to this work, only 5 observations being taken during the year. No excessive emissions of black smoke were recorded.

Byelaws regulating the emission of smoke are not in force in the District.

Tents, Vans, and Sheds.

There are no sites in the area licensed under the provisions of Section 269 of the Public Health Act, 1936, but 8 licences were granted to persons authorising them to station and use moveable dwellings in the District. Three caravans were in use at the end of the year.

Swimming Baths and Pools.

There are no indoor swimming baths in the District and the 2 privately owned outdoor pools to which the public formerly had access have both remained closed throughout the year.

Regulated Buildings and Offensive Trades.

There are no Common Lodging Houses or Houses Let in Lodgings in the area. Two persons are registered to carry on offensive trades in the District, both being tallow melters.

Rag Flock and Other Filling Materials Act, 1951.

There are no premises in the District licensed to manufacture or store rag flock, but one is registered for upholstery. No samples of filling materials were submitted for analysis during the year.

Eradication of Bed Bugs.

No houses were found to be infested with bed bugs during the year.

Factories Act, 1937.

The following is an extract from a separate report submitted to the Director of Statistics of the Ministry of Labour on Form 572 (Revised).

1. Inspections for Purposes of Provisions as to Health.

Premises.	No. on Register	Insp't'ns	Written Notices	Owners Prose'ted
(1) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities.	6	—	—	—
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.	178	31	3	—
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	1	—	—	—
Total	185	31	3	—

2. Cases in which defects were found.

Particulars	Found	Remed'd	Referred by H.M Inspector	Prosec- utions
Want of cleanliness :	—	—	—	—
Sanitary conveniences				
(a) Insufficient	2	—	2	—
(b) Unsuitable or defective	6	1	5	—
Unsatisfactory means of escape in case of fire ...	1	—	1	—
Total	9	1	8	—

3. Outworkers.

There are 144 outworkers in the District, employed as menders, burlers, and rug sewers for various textile firms.

Prevention of Damage by Pests Act, 1949

Regular inspections under this Act were made by the full-time rodent operator who works under the control of the Surveyor.

No statutory action was taken under this Act during the year.

Schools.

There are in the District 18 schools, 12 being County Schools including one Secondary Modern School and one Grammar School, and 6 being Voluntary Schools. No schools were closed on account of infectious diseases during the year.

Sanitary Inspection of the Area.

1. Nuisance Inspections and Notices Served during 1951:—

(a) Total number of inspections for nuisances (including housing inspections under the Public Health Act) ...	675
(b) Housing nuisances in hand, end of 1950 ...	35
Housing nuisances found in 1951 ...	51
Nuisances, other than housing, found in 1951 ...	7
Total nuisances needing abating ...	93
Nuisances abated during 1951 ...	53
Nuisances outstanding, end of 1951 ...	40
(c) Notices served, Informal: 70; Complied with: 51. Notices served, Statutory: Nil.	

2. Other Inspections and Visits during 1951:—

Housing inspection, under the Housing Acts ...	71
Smoke Abatement ...	21
Tents, Vans, and Sheds ...	18
Factories Acts ...	31
Cleansing Section administration and refuse disposal ...	863
Rats and Mice ...	7
Shops Act ...	3
Building Byelaws (new drainage and new sanitary fittings) ...	307
Infectious Disease and Disinfection ...	258
Inspection of meat and other foods ...	181

Food Shops and food preparing premises	...	...	...	53
Bakehouses	...	...	...	10
Public Houses	...	...	...	51
Ice-cream premises and sampling	...	...	...	31
Milk sampling	...	...	...	33

Total number of inspections and visits (including nuisances) 2,613

3. Sanitary Improvements Effected following Action by the Sanitary Inspectors.

Nature of work, and number of premises repaired:—

Roofs repaired	...	...	...	...	11
Eaves spouting repaired or renewed	...	...	...	...	10
Rainwater pipes repaired or renewed	...	...	...	...	7
External walls re-faced or re-pointed	...	...	...	...	3
Drains repaired	...	...	...	...	26
Internal wall plasterwork repaired or renewed	...	...	...	...	1
Windows repaired or renewed	...	...	...	...	1
Ceilings repaired or renewed	...	...	...	...	4
Chimney stacks repaired	...	...	...	...	1
Cooking facilities repaired or renewed	...	...	...	...	1
Number of:—					
Closets and compartments repaired or renewed	...	...	...	...	5
Dustbins provided by owners	...	...	...	...	6
Water closets provided by owners	...	...	...	...	9
Septic tanks repaired or renewed	...	...	...	...	1
Water service pipes repaired or renewed	...	...	...	...	2
Sinks repaired or renewed	...	...	...	...	1
Private water supplies improved	...	...	...	...	2
Miscellaneous nuisances abated	...	...	...	...	12

Sanitary Accommodation in Public Houses.

At the request of the Ministry of Works, a survey was made during the year by the Sanitary Inspectors of the sanitary accommodation provided at all public houses in the District.

There are in the District 41 public houses, all of which are of the small or "local" type. In carrying out the survey no fixed standard of requirements has been used. For example, a "house" is classed as satisfactory if there is a urinal with walls of slate or other impervious material, and fitted with a flushing system, a W.C. for males and a separate W.C. for female patrons in readily accessible positions. No account has been taken of the relative size of the premises and the potential needs.

The survey shows that in all but one case satisfactory accommodation is provided for household use. Regarding urinals, all "houses" are provided with some facilities, but in 16 cases they are considered unsatisfactory. No closet accommodation is available for male patrons at 4 premises and it is unsatisfactory at a further 5 "houses." For female patrons no separate provision is available at 6 houses, and in a further 9 it is unsatisfactory.

At only 15 of the 41 "houses" is the provision of household, male and female accommodation satisfactory.

In fairness to the owners it must be pointed out that proposals for improvement are in hand in respect of several premises, but restrictions on building since the war have delayed progress; nevertheless, in 1951 improvements were carried out at 7 "houses" and plans have since been approved in 3 further cases.

Public Water Supplies and Closet Accommodation in Dwelling Houses at the 31st December, 1951

Ward	Austonley	Cartworth	Fulstone	Hepworth	Holme	Honley Central	Honley East (includes part Magdale)	Honley South	Honley West (includes part Magdale)	Netherthong	North Central	Scholes	South Central	Thurstonland	Upperthong	Wooldale	Total
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Number of Dwelling Houses:—

In District ...	423	290	593	219	111	814	359	202	322	342	484	461	466	224	479	619	6408
On Public Water Supply ...	364	96	506	145	107	814	349	200	273	300	455	403	404	206	438	600	5651
Having One W.C.	199	67	329	118	85	469	274	166	229	189	333	203	269	154	349	414	88.2%
Having 2 or more W.C.'s ...	33	—	14	9	2	53	5	2	2	14	5	70	2	27	7	21	38.29
Not having a W.C. or sharing Accdn. ...	191	223	259	92	24	292	89	34	91	139	146	188	204	43	132	184	69%
																	266
																	40
																	2313
																	36%

Estimated Closet Accommodation in Dwelling Houses:—

No. of W.C.'s ...	304	68	391	143	100	685	312	183	239	242	382	363	307	216	360	510	4810
No. of Privies ...	98	161	139	63	7	1	10	—	28	67	29	101	74	16	79	39	915
No. of Pails or Tubs ...	1	13	3	4	—	45	14	6	28	3	9	—	8	1	5	18	158
No. of Chemical Closets ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2.6%
% of Privies, Tubs, to Total Closets ...	25	72	27	33	7	6.3	7.1	3.2	19.8	22.4	9	21.5	21.3	7.3	19.3	10	18.3

HOUSING

Housing is the most pressing need of the district at the present time but the recession of work, accompanied by the increased cost of borrowing and building, leads one to wonder whether the two factors of falling income and rising rents will not soon be responsible for reducing considerably the demand for council houses. If a choice is to be made between adequate housing and adequate food, housing should certainly take second place to nutrition.

The deterioration in privately owned pre-war houses continues. Whilst rents are still pegged at pre-war level landlords cannot afford to maintain their houses at a satisfactory level. The result is an increase in the number of complaints regarding disrepairs reaching the Health Department.

In some instances complaints are made to the Department not with a view to them being remedied, but in order to secure priority for a council house. When repairs are suggested the tenants' retort is that they are not interested in repairs, but are wanting a new house. If a house can be made reasonably fit by repairs and the owner is prepared to carry them out the tenants cannot be recommended for priority treatment on the grounds of unsatisfactory housing.

During the year 2 houses were represented to the Health Committee as unfit for human habitation. It is the policy of the Department to represent houses only when the family are able to be re-housed. To represent and make Demolition Orders in cases where the tenants must continue living in unsatisfactory houses because alternative accommodation cannot be obtained serves no useful purpose, but if unsatisfactory houses on becoming vacant are not represented they become re-occupied and the new tenants claim priority for re-housing.

The housing records in the Department leave much to be desired, and a complete house-to-house survey of the whole District is urgently required. Without such a survey it is impossible to form a proper appreciation of the sanitary conditions prevailing in the District.

Overcrowding.

Full details of overcrowding prevailing in the District are not known, but alleged cases are investigated.

(a) Number of alleged conditions of overcrowding investigated	...	...	...	...	...	...	...	4
(b) Number of houses found to be overcrowded under the Housing Acts	...	...	...	...	...	...	...	1
(c) Number of houses under (b) where overcrowding was abated	...	...	...	...	...	...	...	1

In determining the number of persons permitted to sleep in a house under the Housing Acts, any room of a type normally used in the locality either as a living room or as a bedroom is included in the permitted number. That is such rooms as large landings, living kitchens, and living rooms are in effect looked upon as sleeping accommodation. This is a very low standard, particularly with respect to present day views on living conditions. It does, however, set a standard permitting comparison of the states of overcrowding of different dwelling houses. A more reasonable standard of overcrowding, though without statutory power, is

where only bedrooms are taken into consideration in determining the number of persons permitted to sleep in the house. This can be referred to as the "bedroom standard," and under this standard of the 4 cases investigated during 1951, 2 were "overcrowded."

Provision of New Houses.

Continued progress was made with the Council's post-war housing programme, 38 houses being completed as follows:—

Holmclose, Holmbridge	...	...	16
Roundway, Honley	...	...	16
Oakes Avenue, Brockholes	...	...	6

By private enterprise, 7 new houses were erected and 11 houses were made available by conversion of existing buildings.

Housing Statistics.

Number of dwelling-houses in the District	...	...	6,408
Number of back-to-back houses included in above	...	...	Not-known

1. Inspection of Dwelling-houses during the year:—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts	...	...	128
(b) Number of inspections made for the purpose	...	...	746
(2) (a) Number of dwelling-houses (included under sub-head (i) above) which were inspected and recorded under the Housing Consolidated Regulations	...	...	Nil
(b) Number of inspections made for the purpose	...	...	Nil
(3) Number of dwelling-houses needing further action:—			
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	2
(b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation	...	...	51

2. Remedy of Defects during the year without Service of Formal Notices:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	47
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3. Action under Statutory Powers during the year:—

(a) Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936:			
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	1

(2) Number of dwelling-houses which were rendered fit after service of Formal Notices:—		
(a) By owners	... ..	1
(b) By Local Authority	... ..	Nil
(b) Proceedings under Public Health Acts:—		
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied		Nil
(2) Number of dwelling-houses in which defects were remedied after service of Formal Notices:—		
(a) By owners	... ..	Nil
(b) By Local Authority in default of owners	...	Nil
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—		
(1) Number of representations, etc., made in respect of dwelling-houses unfit for habitation	... ..	2
(2) Number of dwelling-houses in respect of which Demolition Orders were made	... ..	2
(3) Number of dwelling-houses demolished in pursuance of Demolition Orders	... ..	1
(d) Proceedings under Section 12 of the Housing Act, 1936:—		
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	... ..	Nil
(2) Number of separate tenements or underground rooms the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	... ..	Nil

Section V.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.

The Urban District Council is now only responsible for the registration and supervision of retailers and their premises, and for the issue of dealers' and supplementary licences to retail designated milk. Sampling is limited to milk in the course of delivery and when special enquiries are necessary.

There are no persons registered with this Authority as milk distributors, and no premises registered as dairies. The milk purveyed in the District is distributed direct from the dairy farms.

The licences in force during the year under the Milk (Special Designation) (Pasteurised and Sterilised Milk) and (Raw Milk) Regulations, 1949, were:

- (a) a supplementary licence authorising the use of the special designation "Pasteurised." This licence is in relation to milk distributed to schools.
- (b) three dealers' licences authorising the use of the special designation "Sterilised."

During the year, samples of milk were submitted for bacteriological examination with the following results:—

(a) Examination by Methylene Blue Test for Cleanliness and Keeping Qualities.

Type of Milk.	Satisfactory	Unsatisfactory
Undesignated	8	4
Tuberculin Tested	2	Nil
Accredited	Nil	Nil

(b) Biological Examination for Tuberculosis.

Type of Milk.	Negative	Positive
Undesignated	14	Nil
Tuberculin Tested	Nil	Nil
Accredited	Nil	Nil

Ice Cream.

At the end of 1951 there were 2 premises registered for the manufacture and sale of ice cream, and 42 registered for sale only. During the year, 31 visits have been made to these premises and advice given with regard to personal hygiene, clean food production, and handling methods.

The number of samples taken for bacteriological examination during the year was 14, all of which were classified into Grades 1 and 2.

The provisional grades of ice cream are as follows:—

Provisional Grade.	Time Taken to Decolourise Methylene Blue.
1	4½ hours or more.
2	2½ to 4 hours.
3	½ to 2 hours.
4	0.

Numerous factors and experimental error of laboratory tests make it necessary for judgment to be based on a series of samples. Over a period 50% should fall into Grade 1, 80% into Grades 1 and 2, not more than 20% into Grade 3, and none into Grade 4.

Meat.

No regular slaughtering of animals has been carried out at any of the slaughterhouses in the District, all of which have remained virtually closed by reason of the Livestock (Restriction of Slaughtering) Order, 1940. All meat for sale in the District is derived from the Government controlled slaughterhouse and depot at Huddersfield, where inspection is carried out.

A considerable number of pigs were slaughtered for the producers' own consumption under the Ministry of Food licences.

In spite of the fact that there are well appointed slaughterhouses in the district, 58% of the slaughtering of home-fed pigs was carried out at unsuitable premises.

During the year a total of 252 pig carcasses were inspected, 16 of which were found to be diseased. All the diseased carcasses were affected with tuberculosis and parts of all, totalling a weight of 2 cwt., 61 lbs., were condemned as unfit for human consumption.

This work involves the Sanitary Inspectors in a good deal of week-end duty, and during the year 40% of these inspections were carried out at week-ends.

There are 9 slaughterhouses in the District, all being licensed. During the year 163 inspections of these premises have been made.

The number of butchers' shops in the District is 29, whilst the number of premises registered under Section 14 of the Food and Drugs Act for the manufacture of sausages, potted meat, etc., is 23.

During the year 53 visits were made to food preparing premises.

Slaughter of Animals Act, 1933.

Particulars of licences in operation during the year are as follows:

(a) As at 31st December, 1950	...	...	...	...	45
(b) New licences issued during 1951	...	...	...	...	1
(c) As at 31st December, 1951	...	...	...	...	46

Bread.

There are 17 bakehouses in the District, 1 of which is underground. During the year 10 inspections of these premises were made.

Food and Drugs Act, 1938.

The West Riding County Council is the Authority responsible for the Food Adulteration Section of the Act. The following particulars of samples taken during the year have been supplied by the Chief Inspector of Weights and Measures:—

			Genuine	Adulterated
Milk samples examined	...	...	84	5
Drugs examined	...	...	2	—
Other Foods examined	...	...	20	—
Proceedings instituted	...	...	—	—
Cautions issued	...	...	—	5

The 5 cautions were in respect of samples of milk which were found to contain slightly less than the required 3% of milk fat. In each case the vendor received a letter of warning from the Clerk of the County Council.

Other Foods.

At retail shops the following other foods were found to be unfit for human consumption:—

Canned Milk	175½ lbs.	Fresh Fruit	20 lbs.
„ Fish	96 „	Flour	84 „
„ Fruit	128½ „	Mincemeat	112 „
„ Vegetables	127 „		
„ Meat	77½ „	Total	1,365½ „
„ Ham	545½ „		

Food Byelaws.

The Byelaws made under Section 15 of the Food and Drugs Act, 1938, concerning the handling, wrapping, and delivery of food, and sale of food in the open air, were in operation throughout the year.

Section VI.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

Apart from the occurrence of 35 confirmed cases of Dysentery, there was no unusual prevalence of infectious or other diseases in the district during 1951.

Smallpox.

No cases of Smallpox were notified in the District during the year.

Diphtheria.

No cases of this disease were notified during the year.

Supplies of Anti-Toxin for the treatment of suspected cases and contacts are obtainable by medical practitioners through the hospital service, stocks being held at the Mill Hill Isolation Hospital, Huddersfield, and the Huddersfield Royal Infirmary. Diphtheria Prophylactic for immunisation can be obtained by medical practitioners on application to the Divisional Medical Officer.

The immunisation campaign continued during the year, the inoculations being carried out by medical practitioners and officers of the County Health Department. One child of school age and 173 children under 5 years of age received a complete course of injections, whilst 39 children who had been inoculated some years ago received " booster " doses.

Further particulars of immunisations carried out and the immunisation state of the area will be found in Section VII of this report.

Scarlet Fever.

During the year 34 cases of Scarlet Fever were notified as compared with 49 in 1950. Although the disease was mild in character in most of the cases, 32 of the patients were admitted to the Mill Hill Isolation Hospital.

The distribution of the cases is shown in the following table:—

Ward	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	T'tal
Austonley	—	—	—	—	—	—	—	—	—	—	1	—	1
Cartworth	—	—	—	—	—	—	—	—	—	—	—	—	—
Fulstone	—	2	2	—	—	—	—	—	—	—	—	—	4
Hepworth	—	—	—	1	—	—	—	—	—	—	—	—	1
Holme	3	—	—	—	—	—	—	—	—	—	1	1	5
Honley	1	—	1	1	—	—	—	—	—	—	1	—	4
Netherthong	—	1	—	1	—	—	—	—	—	—	—	—	2
N'th Central	1	—	—	1	—	—	—	1	—	—	—	—	3
S'th Central	—	—	—	—	—	—	—	—	—	2	1	—	3
Scholes	—	—	—	—	—	—	—	—	—	—	1	1	2
Thurstonland	1	—	—	—	—	—	—	—	—	—	1	—	2
Upperthong	—	—	—	—	—	—	—	—	—	—	—	—	—
Wooldale	1	1	3	1	—	—	1	—	—	—	—	—	7
Totals	7	4	6	5	—	—	1	1	—	2	6	2	34

Whooping Cough.

Cases of Whooping Cough notified during 1951 numbered 72 as compared with 80 in the previous year. The distribution of the cases is shown in the following table:—

Ward	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	T't'l
Austonley	—	6	15	2	—	—	—	—	3	—	—	—	26
Cartworth	—	1	9	3	—	1	—	—	—	—	—	—	14
Hepworth	1	—	—	—	—	—	1	—	—	2	—	—	4
Honley	3	—	—	—	—	—	—	—	—	—	—	—	3
Holme	—	—	5	—	—	—	—	—	—	—	—	—	5
N'th Central	—	—	—	—	—	—	1	2	—	—	—	—	3
S'th Central	—	—	—	—	—	—	—	1	—	3	—	—	4
Scholes	—	—	1	—	—	2	—	—	—	—	—	—	3
Thurstonland	—	—	—	—	—	1	—	—	—	—	—	—	1
Upperthong	—	1	—	—	—	1	—	—	2	1	—	—	5
Wooldale	—	—	2	1	—	1	—	—	—	—	—	—	4
Totals :	4	8	32	6	—	6	2	3	5	6	—	—	72

Measles.

A total of 137 cases of Measles was notified during the year as compared with 104 in 1950. Of these cases 100 occurred in the first three months. As will be seen from the following table, the cases were scattered throughout the whole of the Urban District.

Ward	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	T't'l
Austonley	3	—	4	2	—	—	—	—	—	—	—	—	9
Cartworth	2	—	3	—	—	—	—	—	—	—	—	—	5
Fulstone	—	2	5	—	—	1	—	3	—	—	—	—	11
Hepworth	—	1	1	1	—	—	—	—	—	—	—	—	3
Holme	—	—	—	—	—	—	—	—	—	—	—	—	—
Honley	28	2	—	3	—	—	—	—	—	—	—	—	33
Netherthong	—	—	1	—	—	—	—	—	—	—	—	8	9
Scholes	1	5	4	1	—	—	—	—	—	—	—	—	11
N'th Central	11	2	—	—	—	—	—	—	1	—	—	1	15
S'th Central	15	3	1	1	—	—	2	3	—	—	—	—	25
Upperthong	2	—	—	—	—	—	—	—	—	—	—	—	4
Wooldale	1	—	1	—	—	1	7	2	—	—	—	—	12
Totals	63	17	20	8	—	2	9	8	1	—	—	9	137

Acute Primary and Acute Influenzal Pneumonia.

There were 8 cases of Acute Primary Pneumonia and 4 cases of Acute Influenzal Pneumonia notified during the year as compared with 9 cases and 1 case respectively in 1950. The distribution of the cases is shown in the following table. Deaths registered during 1951 as due to all forms of Pneumonia total 8, as compared with 9 in 1950.

Ward	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	T'tal
Austonley	—	—	1	—	—	—	—	—	1	—	—	—	2
Cartworth	—	—	1	—	—	—	—	—	—	—	1	—	2
Fulstone	—	—	—	1	—	—	—	—	—	—	—	—	1
Honley	1	—	—	—	—	—	—	1	—	—	—	—	2
N'th Central	—	2	—	—	—	—	—	—	—	—	—	—	2
S'th Central	1	—	—	—	—	—	—	—	—	—	—	—	1
Thurstonland	—	—	—	—	—	—	—	1	—	—	—	—	1
Upperthong	—	—	—	—	—	—	—	—	—	1	—	—	1
Totals	2	2	2	1	—	—	—	2	1	1	1	—	12

Enteric Fever and Dysentery.

During the year 38 cases of Sonne Dysentery were notified, 35 of which were confirmed. Of these cases, 34 occurred in March and one in April. The wards affected were Scholes (16), Cartworth (13), Hepworth (3), and Fulstone, Honley and South Central (1 each).

Of the cases 28 were children of school age, the majority of them attending Hade Edge School.

Early in the year trouble was caused by the cesspool at Hade Edge, which takes the canteen and wash basin drainage, overflowing and causing possible pollution of the neighbouring water gathering ground. In order to prevent the overflowing, the canteen was closed and the school meals were brought to the school ready cooked. Restrictions were also placed by the headmaster on the use of water for hand washing by children before meals.

Unfortunately this led to a lowering of the standards of personal hygiene amongst the pupils and facilitated the spread of the outbreak.

In all some 25 children at this school were affected. The actual illness was comparatively mild and of short duration in most cases, but the carrier state persisted in some cases for up to 8 weeks.

Although the source of the outbreak was not proven this incident clearly demonstrates the consequences of a lowering of standards of personal hygiene and the need for adequate facilities for washing of hands on premises where food is prepared or handled.

No cases of Enteric Fever were notified.

Meningococcal Infections.

Two cases of meningococcal infection were notified, the diagnosis in both cases being confirmed. One was a female aged 16 months, and the other a male aged 12 years. Both cases were admitted to hospital and made satisfactory recoveries.

Puerperal Pyrexia.

Three cases of this condition were notified during the year. All were in-patients of the Holme Valley Memorial Hospital and all made satisfactory recoveries.

Erysipelas.

During the year 5 cases of Erysipelas were notified.

Acute Anterior Poliomyelitis and Acute Polioencephalitis.

No cases were notified during the year.

Ophthalmia Neonatorum.

No cases were notified during the year.

Cancer.

The number of deaths attributable to Cancer during the year totalled 43 (14 male, 29 female), as compared with 40 in 1950. The Cancer death rate for the year is 2.27 per 1,000 of the estimated population, compared with a rate of 2.08 for the previous year. The corresponding rates for the Administrative County and the Urban Districts are 1.80 and 1.89 respectively.

Tuberculosis.

A total of 21 new cases was added to the Notification Register during the year, as compared with 14 in the previous year.

There were 3 deaths from Pulmonary Tuberculosis (2 male, 1 female) and 1 female death from Non-Pulmonary Tuberculosis, making a total of 4 deaths from all forms as compared with 6 in the previous year.

The following tables give details of the number of cases on the Notification Register, together with particulars of new cases and deaths for the year 1951.

	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
(a) Number of cases on Register at commencement of year	21	15	10	14
(b) Number of cases notified first time during the year	12	2	1	4
(c) Number of cases restored to Register	3	—	—	—
(d) Number of cases added to Register otherwise than by notification	—	2	—	—
(e) Number of cases removed from the Register	4	3	2	5
(f) Number of cases remaining on the Register	32	16	9	13

Age (years)	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0—1	—	—	1	—	—	—	—	—
1—5	1	—	—	—	—	—	—	—
5—10	—	—	—	—	—	—	—	—
10—15	—	—	—	—	—	—	—	—
15—20	—	2	—	1	—	—	—	1
20—25	2	2	—	—	—	—	—	—
25—35	2	—	—	1	1	1	—	—
35—45	3	—	—	—	—	—	—	—
45—55	1	—	—	1	—	—	—	—
55—65	—	—	—	—	—	—	—	—
65 and upwards	3	—	—	1	1	—	—	—
Totals	12	4	1	4	2	1	—	1

Holmfirth 1951 **Table showing Cases of Infectious Diseases notified during the Year**

Disease	Total Number of cases Notified	Number of cases in which Diagno- sis con- firmed	Number of cases Admitted Mill Hill Isolation Hospital	Deaths	Age distribution of confirmed cases.																						
					Under 1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		21-35		35-45		45-65		Over 65
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Measles ...	137	437	2	—	1	1	3	4	9	7	14	9	14	8	36	28	1	1	—	1	—	—	—	—	—	—	
Whooping Cough ...	72	72	2	—	—	2	2	1	7	5	5	8	12	8	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Prim- ary Pneu- monia ...	8	8	1a	8c	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	
Acute Influen- zal Pneu- monia ...	4	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	
Scarlet Fever	34	34	32	—	—	—	—	—	1	1	2	1	4	2	12	7	3	1	—	—	1	—	—	—	—	—	
Erysipelas ...	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery ...	38	35	—	—	—	—	—	—	—	—	—	—	3	1	10	11	2	5	—	1	—	2	—	—	—	—	
Meningococ- cal Infec- tions ...	2	2	2b	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
Puerperal Pyrexia ...	3	3	3a	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	

(a) Admitted to Holme Valley Memorial Hospital.

(b) One case admitted to Huddersfield Royal Infirmary.

(c) Deaths from all forms of Pneumonia.

Section VII.

SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT

PUBLIC HEALTH DIVISION 20

The County Districts forming Division No. 20 are as follows:—

Colne Valley U.D.	Kirkburton U.D.
Denby Dale U.D.	Meltham U.D.
Holmfirth U.D.	

Area of the Division (in acres) ...	...	...	...	...	64,265
Estimated Population (mid-1951) ...	...	...	...	...	73,371

Divisional Staff:

Divisional Medical Officer:

E. WARD, M.R.C.S., L.R.C.P., D.P.H.

Deputy Divisional Medical Officer:

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

Assistant County Medical Officer:

(Part Time)

D. SHAW, M.B., Ch.B.
(Appointed 28th February, 1951)

Clinic Medical Officers:

(Part Time)

G. ASPINWALL, M.B., Ch.B.
C. DICKSON, M.B., Ch.B.
L. E. LUCAS, M.B., Ch.B.
H. MERCER, M.B., Ch.B.
H. C. PICKERING, M.R.C.S., L.R.C.P.
J. A. STEPHENS, M.R.C.S., L.R.C.P.
J. E. TAYLOR, M.B., Ch.B.
M. V. WILBY, M.R.C.S., L.R.C.P.

Superintendent Health Visitor:

Miss A. CORLESS.

Health Visitors and School Nurses:

Mrs. D. ARDRON, Appointed 2-7-51.
Miss D. BROOKE.
Miss J. CHAMBERLAIN, Appointed 2-7-51.
Mrs. N. CRANSTON, Resigned 1-4-51.
Miss E. EASTWOOD.
Miss E. EVEREST, Appointed 2-7-51.
* Mrs. E. FISCHER, Appointed 4-4-51.
Miss M. FLINTOFF.
Miss R. M. GINDERS.
Miss D. MELLOR, Appointed 22-8-51.
Miss M. E. PORRITT, Resigned 31-3-51.
Mrs. A. ROYSTON.
* Mrs. M. WARD.
Miss D. WOOD.
Mrs. E. M. WOODEND, Resigned 31-3-51.

Senior Clerk:

G. A. BEATSON.
* Part Time.

COMPARATIVE STATISTICS.

	Colne Valley U.D.	Denby Dale U.D.	Holmfirth U.D.	Kirkburton U.D.	Meltham U.D.	Division No. 20	Aggregate West Riding U.D.'s.	West Riding Admin. County	England & Wales prov. figures
Population	22,090	9,607	18,960	17,690	5,024	73,371	1,157,200	1,586,300	*
Live Births	344	123	256	211	78	1,012	18,031	25,113	*
Still Births	10	3	6	5	1	25	478	668	*
Deaths	328	157	291	218	77	1,071	15,616	20,205	*
Deaths under 1 year of age	10	5	10	3	1	29	555	798	*
Birth Rate Per 1,000 estimated population (Crude)	15.57	12.80	13.50	11.93	15.53	13.79	15.6	15.8	15.5
„ (Adjusted)	16.04	13.70	14.04	15.39	15.68	*	15.9	16.1	15.5
Death Rates All per 1,000 estimated population All Causes (Crude)	14.85	16.34	15.35	12.32	15.33	14.59	13.5	12.7	12.5
„ „ (Adjusted)	13.51	14.71	13.19	11.21	13.64	*	13.6	13.2	12.5
Infective and Parasitic diseases excluding T.B. but including Syphilis and other V.D. ...	0.18	—	—	0.11	—	0.08	0.11	0.10	*
Tuberculosis of Respiratory system	0.14	0.21	0.16	0.28	—	0.18	0.24	0.24	0.28
Other forms of Tuberculosis	0.04	0.21	0.05	—	—	0.05	0.04	0.04	0.04
Respiratory Diseases (excluding tuberculosis of respiratory system)	1.58	0.73	2.64	1.07	1.39	1.61	1.90	1.81	*
Cancer	2.54	2.71	2.27	2.04	1.79	2.32	1.89	1.80	1.96
Heart and Circulatory Diseases	5.16	7.29	5.22	4.75	5.37	5.37	5.10	4.72	*
Vascular Lesions of the Nervous System ...	2.26	2.91	2.85	2.54	2.39	2.58	1.86	1.72	*
Infant Mortality	29.07	40.65	39.06	14.22	12.82	28.66	30.8	31.8	29.6
Maternal Mortality	5.65	—	—	—	—	1.93	0.81	0.93	0.79

* Figures not available.

VITAL STATISTICS

Births.

The number of live births registered in the Divisional area during 1951 was 1012 (529 males, 483 females), an increase of 4 compared with the previous year.

The CRUDE BIRTH RATE was 13.79 per 1,000 of the estimated population as compared with 13.58 for 1950.

The illegitimate live births numbered 35 or 3.46% of the total live births, a decrease of 6 compared with the previous year.

Deaths.

The deaths assigned to the Divisional area after correction for transfers were 1071 (558 males, 513 females), an increase of 1 on the total for 1950.

The CRUDE DEATH RATE from all causes was 14.59 per 1,000 of the estimated population as compared with 14.42 for the previous year.

The following were the principal causes of death in order of frequency:—

(i)	Diseases of the Heart and Circulatory System	...	395
(ii)	Intra-Cranial Vascular Lesions	... ..	189
(iii)	Malignant Neoplasms	... ..	170
(iv)	Respiratory Diseases (excluding Pulmonary Tuberculosis)	... ..	116

These 4 causes accounted for 81.23% of the total deaths.

Infant Mortality.

In 1951 the deaths of infants under one year of age numbered 29, a decrease of 1 compared with the previous year. Of these deaths 18 infants were under 4 weeks of age at the time of death.

The INFANT MORTALITY RATE was 28.66 per 1,000 live births as compared with 29.76 for 1950.

The death rate amongst legitimate infants per 1,000 legitimate live births was 28.66 as compared with 28.96 for 1950.

The death rate amongst illegitimate infants per 1,000 illegitimate live births was 28.57 as compared with 48.78 for 1950.

The following table gives the causes of death of all infants at various ages under one year:—

DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

Causes of Death	Under 1 day	1-2 days	2-5 days	5-7 days	Total under 1 week	1-2 weeks	2-4 weeks	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
1. Meningococcal Infections ... of	—	—	—	—	—	—	—	—	—	—	1	—	1
2. Vascular Lesions ... of	—	—	—	—	—	—	—	—	1	—	—	—	1
3. Nervous System ...	—	—	—	—	—	—	1	1	—	—	—	—	1
3. Nonmeningococcal Meningitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Pneumonia ...	1	—	—	—	1	—	—	1	2	1	1	1	6
5. Congenital Malformations ...	—	—	1	1	2	—	—	2	—	—	—	—	2
6. Premature Birth ...	2	1	1	2	6	—	1	7	—	—	—	—	7
7. Injury at Birth ...	1	1	—	1	3	—	—	3	—	—	—	—	3
8. Intestinal Obstruction and Hernia ...	—	—	—	—	—	—	1	1	—	—	—	—	1
9. Accidental Suffocation ...	—	—	—	—	—	1	—	1	—	—	—	—	1
10. Intussusception ...	—	—	—	—	—	—	—	—	—	1	—	—	1
11. Other Diseases Peculiar to the First Year of Life	1	1	—	—	2	—	—	2	1	2	—	—	5
TOTAL	5	3	2	4	14	1	3	18	4	4	2	1	29

EPIDEMIOLOGY

Food Poisoning.

During the year 5 cases of food poisoning were notified, but in only one case was the diagnosis confirmed. The patient, a male aged 55 years resident in the Colne Valley U.D., was admitted to the Mill Hill Isolation Hospital on the 7th June, and died on the 13th June, 1951.

The main symptom was diarrhoea and in the fatal case there was considerable prostration. A specimen of stool revealed organism *S. Typhimurium*.

The origin of infection was thought to be cold brisket, but this could not be confirmed as no samples of the food were available for examination. There were no rats or mice in the household and only a few flies. The cooking and storage seemed to be of average standard and there were no other cases in the household or in the district. It was stated that the patient frequently fed the dog by hand when having meals.

It is considered that the cause of death was due to Toxic Nephritis consequent on Acute Enteritis due to *Salmonella* infection. There was no evidence to show the state of the man's kidneys prior to the onset of infection, but it was considered at the hospital that there was probably some pathological condition of the kidneys antecedent to the infection with *Salmonella*. Unfortunately this could not be proved as no post mortem was held.

At a Church School in the Kirkburton U.D., 4 scholars were sick within a few minutes of consuming a school meal. Food poisoning was suspected but after investigation this did not prove to be the case.

Diphtheria.

The mortality and incidence of diphtheria continue to fall, no confirmed cases having occurred in the Division during the last 3 years.

If this record is to be maintained it is vital to secure that not less than 75% of babies are immunised before their first birthday, otherwise a return of diphtherial outbreaks is a definite possibility. The virtual disappearance of diphtheria is conditional upon the maintenance of an adequate level of immunisation.

Arrangements for immunisation have continued as in previous years, the inoculations being given at Infant Welfare Centres or by private medical practitioners. The response has been reasonably satisfactory and no special mobile campaigns have been held.

Number of Children Immunised in 1951.

Urban District	Under 5 years	5—14 years	Total	"Booster" Doses
Colne Valley	249	4	253	130
Denby Dale	70	—	70	30
Holmfirth	173	1	174	39
Kirkburton	111	4	115	24
Meltham	73	3	76	67
Total	676	12	688	290

Records of the immunisation state of children in the Divisional area as at the 31st December, 1951, are shown below.

Age at 31-12-51 i.e., Born in Year	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5 to 9 1942-46	10 to 14 1937-41	Total Under 15
Number immunised	33	472	669	784	1002	3,565	2,439	8,964
Estimated mid-year child population 1951, as supplied by Registrar-General	Children under 5 5,705					Children 5-14 8,825		14,530
Percentage of child population immunised	51.88					68.03		61.69

Smallpox.

The number of records of vaccinations and re-vaccinations received during the year was 197 and 94 as compared with 248 and 82 respectively in the previous year.

Details of the various age groups vaccinated and re-vaccinated are given below.

Number Vaccinated	Age at Date of Vaccinations:					Total
	Under 1	1 year	2 to 4	5 to 14	15 or over	
Colne Valley ...	46	2	3	1	3	55
Denby Dale ...	5	—	—	2	—	7
Holmfirth ...	68	6	3	3	13	93
Kirkburton ...	23	—	2	1	3	29
Meltham ...	13	—	—	—	—	13

Number Re-Vaccinated						
Colne Valley ...	—	—	1	1	10	12
Denby Dale ...	—	—	—	—	2	2
Holmfirth ...	—	—	2	3	55	60
Kirkburton ...	—	—	—	3	14	17
Meltham ...	—	—	—	—	3	3

No cases of Generalised Vaccinia or Post-Vaccinal Encephalomyelitis were reported, and no deaths from any complications of vaccination occurred during the year.

Whooping Cough.

No scheme for immunisation against Whooping Cough was in operation during the year but proposals to commence a restricted scheme were approved by the Local Health Authority in April, 1952.

MIDWIFERY AND MATERNITY SERVICES

Domiciliary Midwifery.

At the commencement of the year 8 whole-time midwives, 2 nurse/midwives, and 3 relief nurse/midwives were engaged in the Division. During the year one of the whole-time midwives resigned her appointment and one of the relief nurse/midwives ceased to undertake midwifery and became a full-time relief home nurse.

The vacancy for a whole-time midwife had not been filled by the end of the year, when the position regarding Midwifery Services was as follows:—

Urban District	Authorised Establishment	Staff at 31st December, 1951	
		Whole-time Midwives	Nurse/Midwives
Colne Valley	3	2	—
Denby Dale	2	2	—
Holmfirth	2	2	—
Kirkburton	2	—	2
Meltham	1	1	—
Relief	2	—	2
Division 20	12	7	4

Six independent midwives signified their intention to practice in the area, and attended a total of 8 cases.

Of the 1040 births notified and attributed to the Division, 297 occurred at home. The following table shows the number of cases attended:—

Cases attended by	As Midwives	As Maternity Nurses
(a) Whole-time County Midwives (8)	218	12
(b) Nurse/Midwives (4)	53	6
(c) Independent Midwives (5)	3	5
Total ...	274	23

Of the cases attended 3 were patients who normally resided outside the Division (outward transfers). There were 3 cases of women normally resident in the Division having domiciliary confinements at addresses outside the Division (inward transfers).

In addition, 13 miscarriages were also attended by domiciliary midwives.

The services of the domiciliary midwives are offered to all patients who are confined in hospitals or maternity homes but are discharged home before the 14th day of the puerperium. During the year 246 such patients received nursing care, 913 individual visits being paid to them, as compared with 185 patients receiving 439 visits in 1950.

Notifications:

The following notifications were received from midwives practising in the Division:

Death of Child	...	...	...	...	...	7
Stillbirths	...	...	...	...	...	8
Artificial Feeding	...	...	...	...	...	62
Laying Out the Dead	...	...	...	...	...	2
Liability to be a source of infection	...	...	...	...	...	4

Medical Assistance:

Medical aid forms sent in by midwives during 1951 numbered 229 and were comprised as follows:—

PREGNANCY		LYING-IN	
Abortion	2	Chest Condition	1
Albuminuria	2	Condition of Breasts	6
Ante-Partum Hæmorrhage	4	Mastitis	1
Hypertension	1	Pain in Legs	1
Threatened Miscarriage	1	Pyrexia	5
	<hr/>	Skin Condition	1
	10		<hr/>
			15
LABOUR		THE CHILD	
Abnormal Presentation	2	Asphyxia	4
Breech Presentation	3	Cephalhæmatoma	1
Delayed Labour	23	Chest Conditions	2
Episiotomy	4	Convulsions	1
Face Presentation	2	Discharging Eyes	6
Forceps Delivery	2	General Condition	2
Obstructed Labour	2	Jaundice	1
Persistent Posturing	1	Ophthalmia	1
Post-Partum Hæmorrhage	4	Prematurity	2
Precipitate Labour	3	Septic Spots	2
Premature Labour	2		<hr/>
Retained Placenta	8		22
Rigidity of Cervix	2		
Ruptured Perineum	121		
Stillbirth	1		
Uterine Inertia	2		
	<hr/>		
	182		

Gas and Air Analgesia.

At the end of 1951, all the 11 midwives in domiciliary practice held the certificate in Gas and Air Analgesia administration and were equipped with the necessary apparatus.

Analgesics were administered by domiciliary midwives to 209 cases, or 70.4% of the cases attended, as compared with 225 cases in 1950.

Ante-Natal Clinics.

There are 7 Ante-Natal Clinics in the Division, all of which are held monthly except the Golcar Clinic, which is held fortnightly.

During the year, 121 patients made 373 attendances at the various clinics, details of which are given in the following table. Compared with the previous year, when 176 patients made 588 attendances, it will be seen that there has been a further falling-off in attendances.

Clinic	No. of sessions	No. of patients	No. of attendances	Average attendance per session
Denby Dale	12	20	30	2.50
Holmfirth	12	10	21	1.75
Lepton	13	22	72	5.54
Meltham	12	24	80	6.67
Skelmanthorpe	12	19	59	4.92
Golcar	23	17	84	3.65
Slaithwaite	12	9	27	2.25
Total ...	96	121	373	3.89

In addition to the regular Ante-Natal Clinics, occasional patients are seen at the Child Welfare Clinics.

In view of the continued fall in attendance, it is questionable whether the retention of all the existing clinics is justifiable, and further closures may be inevitable in the near future.

No special Post-Natal Clinics were held, but patients are seen for post-natal examination at the Ante-Natal Clinics. The attendances, however, leave much to be desired. More could be done by way of special visits by health visitors but staffing difficulties prevent this.

“ Flying Squad ” Arrangements.

A “ Flying Squad,” based on the Huddersfield Royal Infirmary, is available for dealing with emergencies arising in the domiciliary midwifery service. The “ squad ” consists of an obstetrical consultant together with nursing staff, and provides facilities for blood transfusion and other emergency treatment.

Normally the call for the services of the “ squad ” is made to the hospital by the general practitioner attending the case, but a call for assistance can be made direct by the midwife if the urgency and time available precludes her from getting in touch with the patient’s own doctor first.

The “ squad ” was not called upon to attend any patient in this Division during the year.

Ante-Natal Hostel.

During the year no cases were admitted from this Division to the Brighouse Ante-Natal Hostel for expectant mothers.

The difficulties in arranging for the care of their families is a deterrent to vacancies being accepted by patients who would undoubtedly benefit from a stay in the hostel.

Institutional Midwifery.

No difficulty has been experienced regarding maternity accommodation, the majority of expectant mothers being able to secure admission to the institution of their own choice.

Of the 1,040 births attributed to the Division, only 297, or 28.56%, took place at home, as compared with 342, or 32.7%, for the previous year.

Owing to shortage of staff, however, patients are from time to time discharged before the 14th day, as will be seen from the table overleaf.

The Divisional Medical Officer is informed by the hospital authorities when these early discharges are to take place, and arrangements are made for the appropriate domiciliary midwife to attend the patient at home until the 14th day of the puerperium.

	Day of Discharge										Total
	4	5	6	7	8	9	10	11	12	13	
Colne Valley U.D.											
No. of Patients ...	—	—	1	2	15	22	57	7	6	1	111
No. of Visits ...	—	—	5	9	78	95	200	20	12	2	421
Denby Dale U.D.											
No. of Patients ...	—	—	1	—	2	9	14	2	—	2	30
No. of Visits ...	—	—	8	—	8	55	40	8	—	7	126
Holmfirth U.D.											
No. of Patients ...	—	—	—	2	—	—	4	—	—	—	6
No. of Visits ...	—	—	—	2	—	—	10	—	—	—	12
Kirkburton U.D.											
No. of Patients ...	—	—	—	3	5	16	28	13	3	1	69
No. of Visits ...	—	—	—	16	22	64	92	37	8	3	242
Meltham U.D.											
No. of Patients ...	1	—	—	—	3	5	18	—	2	1	30
No. of Visits ...	4	—	—	—	17	24	54	—	10	3	112
Total No. of Patients	1	—	2	7	25	52	121	22	11	5	246
Total No. of Visits ...	4	—	13	27	125	238	396	65	30	15	913

Details of the places of confinement of patients from the various districts are shown in the following table.

ADMISSIONS TO MATERNITY HOSPITALS

Place of Confinement	Colne Valley	Denby Dale	Holmfirth	Kirkburton	Meltham	Total
Princess Royal Maternity Home	148	44	5	85	40	322
Holme Valley Memorial Hospital	—	—	193	—	—	193
St. Luke's Hospital, Huddersfield	80	8	5	27	12	132
Huddersfield Royal Infirmary	25	5	4	16	1	51
Other Maternity Hospitals	—	1	—	5	—	6
Other General Hospitals	—	4	—	9	—	13
Private Nursing Homes	17	3	—	4	2	26
Total Institutional	270	65	207	146	55	743
Domiciliary	76	66	64	66	25	297
Total Confinements	346	131	271	212	80	1040

CHILD WELFARE

Infant Welfare Clinics.

Weekly clinic sessions are held at Golcar, Holmfirth, Honley, Kirkburton, Lepton, Linthwaite, Marsden, Meltham, New Mill, and Slaithwaite, whilst clinics are conducted twice monthly at Denby Dale and Skelmanthorpe.

During the year 2,014 children were seen and a total of 15,547 attendances were made, details of which are shown in the following table, as compared with 2,060 children and a total of 16,712 visits in the previous year.

Clinic	No. of sessions	Children seen			Attendances			Average attendance per session	
		Under 1	1-5	Total	Under 1	1-5	Total	Under 1	1-5
Golcar	49	38	91	129	926	430	1,356	18.89	8.78
Holmfirth	49	70	246	316	915	693	1,608	18.67	14.14
Honley	50	20	94	114	572	533	1,105	11.44	10.66
Kirkburton....	48	30	85	115	517	289	806	10.77	6.02
Lepton	47	41	65	106	412	284	696	8.77	6.04
Linthwaite	47	48	128	176	1,064	697	1,761	22.64	14.83
Marsden	49	56	226	282	987	1,246	2,233	20.14	25.43
Meltham	47	46	192	238	964	818	1,782	20.51	17.40
New Mill	51	26	117	143	475	636	1,111	9.31	12.47
Slaithwaite	49	61	179	240	941	1,096	2,037	19.20	22.37
Denby Dale	24	33	54	87	308	343	651	12.83	14.29
Skelmanthorpe	23	29	39	68	246	155	401	10.69	6.74
Total	533	498	1,516	2,014	8,327	7,220	15,547	15.62	13.55

The monthly sessions of the Weighing Centre at Emley have continued, 15 individual children having made 74 attendances, as compared with 28 children making 149 attendances in 1950.

Premature Babies.

During the year 49 babies weighing 5½lb. or less were born in hospitals or nursing homes to mothers normally resident in the Division, and 14 were born at home, as compared with 50 and 17 respectively for the previous year. Of those born at home, one died during the first 24 hours, one on the third day, and two on the eighth day. The remaining 10 survived at the end of one month. Particulars of survival are shown in the following table:

THE FATE OF PREMATURE BABIES BORN IN THE DIVISIONAL AREA

Weight Group lbs.	Number of Premature Births					Number Dying (days of survival).														Over 14 up to 28 days	Number Surviving Over 28 Days					Percent- age Survival in 1951	Percent- age Survival in 1950	
	Born Alive					Born Dead	First Week							Second Week							A	B1	B2	C	T			
	A	B1	B2	C	T		1	2	3	4	5	6	7	8	9	10	11	12	13									14
5-5½	7	1	6	17	31	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	6	1	6	17	30	96.8	97.1	
4½-5	1	1	3	4	9	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	3	4	9	100.0	100.0	
4-4½	3	-	-	6	9	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	6	9	100.0	100.0	
3½-4	-	-	2	5	7	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	5	7	100.0	100.0	
3-3½	1	-	-	1	2	2	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	50.0	40.0	
2½-3	1	-	-	1	2	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	00.0	33.3	
2-2½	1	-	1	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	50.0	00.0	
1½-2	-	-	-	1	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	00.0	00.0	
	14	2	12	35	63	13	2	-	1	-	-	-	2	-	-	-	-	-	-	-	10	2	12	33	57	90.5	86.6	

A: Born at home and attended by a midwife.
 B1: Born in a Private Nursing Home.
 B2: Born in a Maternity Home.
 C: Born in a General Hospital.
 T: Total.

Total unadjusted live births 1,040
 Number of live premature births 63
 Percentage of total live births 6.1
 Number born dead 13

At the end of the year there were 2 midwives who had special training in the care of premature babies, having attended a course at the Sorrento Hospital, Birmingham.

One premature baby outfit is available in the Division and is kept at the Divisional Health Office. Arrangements are made for the outfit to be conveyed by ambulance to any household where its use is thought to be advisable by the midwife. During the year the outfit was called into use on 5 occasions.

Day Nurseries.

There are no day nurseries in the Division.

Nurseries and Child Minders' Regulations Act, 1948.

There are no nurseries or child minders in the Division registered under this Act. The private nursery formerly provided by a textile firm was closed by the firm owing to trade recession early in the year.

SCHOOL HEALTH SERVICE

Introduction.

The policy of visiting each school twice per year for the purpose of routine medical inspections has continued. This practice makes it possible for all entrants to be examined within not more than 6 months of commencing school and also enables the children with defects to be kept under closer observation than would be the case if the schools were only visited annually.

The general health of children has been well maintained and the majority of defects found are defective vision, enlarged tonsils and adenoids, and minor degrees of flat foot.

The ascertainment of handicapped pupils in need of special educational treatment has continued, 36 pupils being added to the list during the year, making a total of 177 at the end of the year. There is still great difficulty in placing these pupils in suitable schools but the opening by the Education Committee of the special schools for educationally sub-normal girls at Royd Edge, Meltham, and for educationally sub-normal boys at Baliol, Sedbergh, has eased the position somewhat so far as these classes of handicapped pupils are concerned. There is, however, need for much greater provision.

It is with great regret that one has to report that there is no improvement in the position of the School Dental Service generally, and that it is still virtually none existent in this Division.

Schools in the Area.

There are in the Division 68 schools. The approximate number of pupils on the registers in December, 1951, was 8,867, composed of 2,550 infants, 3,655 juniors, and 2,662 seniors. Of the 63 Primary and "Through" schools, 32 are Voluntary and 31 are County schools. The distribution is as follows:—

Type of School	Colne Valley		Denby Dale		Holmfirth		Kirkburton		Meltham		Total	
	Schools	Pupils	Schools	Pupils	Schools	Pupils	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary	9	874	9	918	14	1259	13	1340	5	464	50	4855
Secondary Modern ...	1	277	1	519	1	461	1	261	—	—	4	1518
Through	10	1441	—	—	2	254	1	273	—	—	13	1968
Grammar	—	—	—	—	1	526	—	—	—	—	1	526
All Types	20	2592	10	1437	18	2500	15	1874	5	464	68	8867

Pupils from Colne Valley attend Royds Hall Grammar School, which was under the joint control of the Huddersfield County Borough Council and the West Riding County Council until the 1st August, 1951, when the agreement between the two Authorities terminated. Since that date the responsibility for the County Pupils at Royds Hall Grammar School as far as the School Health Service is concerned has been taken over by the County Borough Council.

Some pupils from outlying parts of the Division attend Grammar Schools at Mirfield, Penistone, etc.

Medical Inspections.

The periodic medical examination of the three age groups, i.e., entrants (5 years +), intermediates (10 years +), and seniors (14 years +), continued throughout the year. In all, 145 separate inspections were carried out at the 68 schools in the Division. As in previous years, pupils continuing attendance at school beyond the age of 15 years were given additional routine medical examinations at 16 and 18 years. Re-examinations of children, who at previous periodic or special examinations had been found to have defects requiring treatment or observation, were made at each school medical inspection.

Periodic Medical Inspections.

During the year 3,046 periodic inspections were carried out as compared with 2,434 in 1950.

The number of children inspected in the various age groups is as follows:—

Prescribed age groups.

Entrants	1259
Intermediates	861
Leavers	652
Total	2772
Other periodic inspections	274
Grand Total	3046

Findings of Medical Inspections.

It is generally agreed that the children of today are healthy and that the incidence of serious physical defects amongst them is low. On the other hand, defects are still found among school entrants which should not exist. This is particularly true of nose and throat conditions. It is well known that these defects are more common in a smoke polluted atmosphere and a reduction in atmospheric pollution has been followed by a reduction in the incidence of naso-pharyngeal disease. Observation by soot deposit gauges in the Colne and Holme valleys shows that there is room for great improvement in this matter. Of the children examined as "periodics," some 357 individual children were found to require treatment for one or more defects. The following table gives details of such defects:—

Group	Defective Vision (excluding Squint).	For any of the other conditions recorded in table of defects	Total Individual Pupils
Entrants	3	158	155
Second Age Group	44	66	110
Third Age Group	29	39	63
Total (prescribed groups)	76	263	328
Other periodic inspections	21	8	29
GRAND TOTAL.....	97	271	357

General Condition of Children.

All pupils at routine medical inspections are classified as to their general condition at the time of the inspection as follows:—

"A" (Good) — those better than normal.

"B" (Fair) — those normal.

"C" (Poor) — those below normal.

Details of the children inspected during the year are as follows:—

Age Group	Number of Pupils Inspected	(A) Good		(B) Fair		(C) Poor	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
Entrants	1259	759	60.3	473	37.6	27	2.1
Second Age Group	861	433	50.3	403	46.8	25	2.9
Third Age Group	652	331	50.8	310	47.5	11	1.7
Other Periodic Inspections	274	146	53.3	123	44.9	5	1.8
TOTAL	3046	1669	54.8	1309	43.0	68	2.2

Special Examinations.

The first time in each year that a child is examined, other than at a routine periodic inspection, is regarded as a "Special Examination." Thus all children with defects which were noted in a previous year and who are seen again are classified as "Specials" at the first examination in each year, and as "Follow-ups" at each subsequent examination in the same year. So far as is practicable all children with known defects are examined twice in each year.

Also included as "Specials" are children aged 8 years + who are specially examined for visual acuity as this would normally not be done until the routine periodic examination at 10 years +. During the year 639 of these children were tested for visual acuity, of which 132 were found to require treatment and 145 to be kept under observation.

Other Examinations.

In addition to routine, special, and follow-up examinations of children at school medical inspections, a total of 148 children were examined at home or at school for various reasons. These include non-attendance at school, fitness to attend school camps, participation in part-time employment or entertainment under the Children and Young Persons Act, 1937, and also those examined with a view to providing special educational treatment.

The following table gives details of all defects noted at both periodic and special examinations. All defects noted at medical inspections as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

**Return of Defects Found by Medical Inspection in the
Year Ended 31st December, 1951.**

Defect or Disease.	Number of Defects.			
	Periodic Inspections		Special Inspections.	
	Requiring Treatment	Requiring Observation but not treatment	Requiring Treatment	Requiring Observation but not treatment
Skin	8	12	3	9
Eyes: (a) Vision	97	213	196	544
(b) Squint	24	25	16	17
(c) Other	4	14	3	8
Ears: (a) Hearing	1	12	2	12
(b) Otitis Media	3	6	1	14
(c) Other	2	6	8	11
Nose or Throat	91	226	149	144
Speech	14	16	43	11
Cervical Glands	1	24	2	5
Heart and Circulation	2	16	1	22
Lungs	9	92	6	60
Developmental (a) Hernia	1	7	1	7
(b) Other	2	7	6	21
Orthopaedic (a) Posture	1	18	5	10
(b) Flat Foot	49	43	22	56
(c) Other	33	81	25	52
Nervous System (a) Epilepsy	—	1	1	5
(b) Other	1	22	1	18
Psychological (a) Development	25	8	70	12
(b) Stability	—	1	7	1
Other	—	2	6	14
TOTAL	368	852	574	1053

Uncleanliness.

The problem of head infestation is still a matter of serious concern and takes up a considerable amount of the time of the School Nurses. Routine inspections are carried out at all schools as far as possible at least once every term. Parents of children found to be infested with vermin or nits are sent a communication from the Divisional Health Office and where possible visited by the School Nurse. The more heavily infested cases are excluded from school for a few days and if no improvement has been effected by the parents a Cleansing Notice is issued under Section 54(2) of the Education Act 1944. The Notice informs the parents that the child must be cleansed to the satisfaction of the Authorised Officer of the Authority within 48 hours and failing that a Cleansing Order may be issued authorising the cleansing of the child by an officer appointed by the Education Authority.

The total number of inspections made was 23,439 and 882 instances of infestation were found as compared with 16,020 and 738 respectively in 1950.

In considering these figures it should be pointed out that a much higher standard than in former years is now expected, and all infestations, however slight, are now recorded. The grossly infested heads which were at one time common are now rarely seen, but there remains a hard core of frequently infested families who are the main cause of the infestation of other children.

Total number of warning letters sent	673
Total number of exclusion notices served	39
Total number of home visits paid	178
Total number of individual children found to be verminous	702
Total number of Cleansing Notices issued	26
Total number of Cleansing Orders issued	12

Although the number of individual children found to be infested was 114 more than in 1950, the rise is probably due to the increased zeal of the School Nurses rather than to any real deterioration in the standard of cleanliness.

A firmer line was, however, taken with persistent offenders, 26 Cleansing Notices being issued and 12 Cleansing Orders being carried out.

When a child who has been cleansed by an Officer of the Education Authority as a result of a Cleansing Order is found at a subsequent inspection to be re-infested, the Authority may take proceedings against the parents under Section 54(3) of the Education Act for allowing re-infestation to take place. In October, proceedings were taken in the West Riding Court at Barnsley under this Section of the Act in respect of two children who had been found infested on frequent occasions. The Magistrates found the cases proved, and the mother of the children was fined the maximum penalty of twenty shillings in each case.

Arrangements for Treatment.

School Clinics.

There are no special school clinics set up in this Division but minor ailments receive attention and "booster" doses of diphtheria prophylactic are given at 12 Infant Welfare Clinics in the area. During the year a total of 645 attendances were made by school children at such clinics.

Special Clinics.

Ophthalmic Clinics.

The arrangements detailed in last year's report have continued, Doctor J. V. Kirkwood devoting two sessions per week to clinics in this Division.

During the year 71 special clinic sessions were arranged and these were attended by 521 children. Spectacles were prescribed for 162 children, 146 were found not to require any change, and 213 did not require spectacles. The number of children who attended for re-checking of glasses newly obtained was 278 and of these 7 had further glasses prescribed.

The time lag in obtaining new spectacles which developed after the commencement of the National Health Service Act has now virtually disappeared and most prescriptions can be dispensed within a week.

Ear, Nose, and Throat Clinics.

The special Ear, Nose, and Throat Clinic for West Riding Children conducted by Mr. W. O. Lodge, M.D., F.R.C.S., has been continued at the Huddersfield Royal Infirmary. During the year 8 sessions were held and 165 individual children were seen, 117 being referred for operative treatment.

Orthopædic Clinics.

The special monthly session for West Riding Children has continued at the Huddersfield Royal Infirmary. At the 13 sessions held during the year 230 individual children made a total of 364 attendances.

The conditions for which they were referred were as follows:

Flat Foot	...	...	...	...	...	...	67
Claw Foot	...	...	...	...	...	...	22
Knock Knee	...	...	...	...	...	...	66
Genu Varum	...	...	...	...	...	...	3
Other Deformities of Toes	...	...	...	...	...	...	8
Fractures	...	...	...	...	...	...	5
Postural Deformities	...	...	...	...	...	...	14
Other Deformities	...	...	...	...	...	...	12
Congenital Conditions	...	...	...	...	...	...	4
Acute Poliomyelitis	...	...	...	...	...	...	13
Perthes Disease	...	...	...	...	...	...	3
Tubercular Conditions	...	...	...	...	...	...	3
Other Conditions	...	...	...	...	...	...	10

230

The treatment centres provided by the County Council at Golcar and Holmfirth and staffed by the Orthopædic Nurse have dealt with a decreasing number of patients, only 29 patients having been treated and 174 attendances made.

The decrease in attendance is due to the fact that most patients find it more convenient to attend the centrally situated Physiotherapy Department at the Royal Infirmary than to come to the centres at Golcar and Holmfirth. During the later months of the year the attendances at Golcar fell to such small numbers that in November it was decided to cease holding treatment sessions there for the time being.

Child Guidance Treatment.

The arrangements with the Barnsley Education Committee for the treatment of West Riding children at the Barnsley Clinic continued until the 1st May, when Doctor M. M. MacTaggart, the Psychologist, was appointed in a position under the West Riding Education Committee. She now holds clinics at Wakefield, Shipley, and Rawmarsh. In addition she pays regular visits to special schools, including Royd Edge.

During the year 21 children have received treatment either at Barnsley or at the newly established County Clinics.

Ultra-Violet Ray Treatment.

Facilities are now available for treatment by Ultra-Violet Radiation at Golcar, Holmfirth, and Denby Dale. Cases for treatment are referred by School and Infant Welfare Medical Officers and by General Practitioners. During the year 53 children received courses of treatment.

Pædiatric Clinic.

During the year Doctor C. C. Harvey, M.D., M.R.C.P., the County Pædiatrician, held a special pædiatric session at the Golcar Clinic where 10 individual children suffering from cardiac diseases were seen.

Speech Therapy.

Early in the year a Speech Therapist, Miss Fish, was appointed for duty in Divisions 19, 20, and 21. This permits four sessions to be held weekly in Division No. 20.

Whilst this is a considerable improvement on the time available last year there is still need of more weekly sessions. In order to overcome as far as possible the inaccessible situation of Golcar so far as the rest of the Division is concerned sessions have been arranged in the at present unused Dental Clinic at Honley, and by the kind co-operation of the Divisional Education Officer, Mr. Beardsell, two are held in the Divisional Education Offices in Huddersfield. These additional centres have proved a very great convenience to parents. The remaining clinic session is held at Golcar.

In August, 1951, Miss Fish asked for a transfer to a Division nearer her home and she was replaced by Miss Watkinson.

During the year 165 sessions were held at the various centres.

Details of the children treated are shown in the following table:—

	Stammers	Speech Defects
No. of new cases admitted for treatment during the year	31	63
No. of cases already attending for treatment from previous year	6	11
Total number of cases treated	37	74
No. of cases discharged during year:—		
Speech normal	7	24
Unsuitable for treatment	6	6
Left school	1	1
By reason of non-attendance	1	4
No. of cases awaiting treatment at the end of the year	7	20
No. of visits made to schools	23	

Treatment Tables.

The following tables give details of treatment given to school-children under the Authority's schemes and otherwise. The treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

1. Diseases of the Skin.

	Number of cases treated or under treatment during the year.	
	By the Authority	Otherwise
Ringworm: (i) Scalp	—	—
(ii) Body	—	1
Scabies	—	2
Impetigo	10	1
Other Skin Diseases	14	12
Total	24	16

2. Eye Diseases, Defective Vision, and Squint.

	Number of cases dealt with.	
	By the Authority	Otherwise
External and Other, excluding Errors of Refraction and Squint	5	3
Errors of Refraction, including Squint	—	332
Total	5	335
Number of Pupils for whom Spectacles were: (a) Prescribed	—	277
(b) Obtained	—	308

3. Diseases and Defects of Ear, Nose, and Throat.

	Number of cases treated.	
	By the Authority	Otherwise
Received Operative Treatment:—		
(a) For diseases of the Ear	—	5
(b) For Adenoids and chronic Tonsillitis	—	361
(c) For other Nose and Throat conditions	—	5
Received other forms of treatment	—	12
Total	—	383

4. Orthopædic and Postural Defects.

(a) Number treated as in-patients in Hospitals	2	
(b) Number treated otherwise, e.g. in Clinics or Out-Patient Departments	By the Authority	Otherwise
	56	12

5. Child Guidance Treatment.

Number of Pupils treated at Child Guidance Clinics	Number of cases treated.	
	In the Authority's Child Guidance Clinics	Elsewhere
	14	13

6. Speech Therapy.

Number of Pupils treated by Speech Therapist	Number of cases treated.	
	By the Authority	Otherwise
	111	3

7. Other Treatment Given.

	Number of cases treated.	
	By the Authority	Otherwise
(a) Miscellaneous Minor Ailments ...	286	111
(b) Ultra Violet Light	53	—
Total	339	111

Hospital Schools.

Children requiring prolonged hospital treatment are now often admitted to special "long-stay" hospitals, many of which have educational facilities which are recognised by the Ministry of Education. They are known as Hospital Schools.

The number of children away at these schools, together with the details of admissions and discharges during the year, is as follows:—

Name of Hospital School	No. of children from this Division	Reason	Admitted during 1951	Discharged during 1951
Royal Liverpool Children's Hospital, Heswall	1 (M.E.)	Physically Handicapped	2-5-51	21-9-51
Leasowe Children's Hospital School, Wallasey	1 (G.L.)	Physically Handicapped	—	—
Pinderfields Hospital School, Wakefield	1 (S.R.)	Physically Handicapped	26-9-51	—
Fielden Long-stay Hospital, Todmorden	2 (J.S.) (P.L.)	Physically Handicapped	13-9-51 8-51	— 10-51
Heritage Craft School, Chailey	1 (C.P.)	Physically Handicapped	—	—

Convalescent Home Treatment.

Arrangements are made for selected school children to be sent to Convalescent Homes at the expense of the Education Committee. The children selected are usually suffering from general debility and the need for convalescent treatment is approved by the School Medical Officer before financial responsibility is accepted.

During the year 8 children were sent to the following convalescent homes:—

Taxal Edge Convalescent Home, Whaley Bridge, near Manchester	2
Seabright House Convalescent Home, St. Annes-on-Sea	4
Ormerod Convalescent Home, St. Annes-on-Sea	2

Infectious Diseases.

The following table shows the number of cases of infectious diseases occurring in school children.

District	Measles	Whooping Cough	Scarlet Fever	Pneumonia	Encephalitis	Dysentery
Colne Valley	217	46	63	4	1	8
Denby Dale	97	9	6	—	—	—
Meltham	92	48	8	5	—	—
Kirkburton	32	5	17	—	1	1
Holmfirth	74	16	19	—	—	31
Total	512	124	113	9	2	40

Diphtheria Immunisation.

The previous arrangements for diphtheria immunisation have continued, the injections being given by private practitioners and at the Welfare Centres.

The majority of children are now immunised before entering school. This should always be the case and the importance of immunisation in infancy cannot be over emphasised. Children protected in infancy should have booster injections when they commence school and five years later.

No special immunisation sessions were held in schools during the year.

Deaths in School Children.

During the year 4 deaths were registered amongst school children (3 boys and 1 girl) aged 5—16 years. The following are brief details:—

Case No.	Sex & Age	Cause of Death
1	Boy aged 7 years	1(a) Broncho-Pneumonia. (b) Influenza. 2. Congenital Abnormality of Central Nervous System.
2	Boy aged 9 years	1a Miliary tuberculosis of lungs. 2 Mental deficiency — mongolism.
3	Girl aged 10 years	Bronchiolitis. Post Mortem without Inquest.
4	Boy aged 14 years	Sub-arachnoid Hæmorrhage following ruptured congenital aneurysm of the cerebral artery and accelerated by a blow on the side of the neck, caused by his being struck by a piece of plywood which had been thrown in the air whilst playing. Post Mortem. Misadventure. Inquest.

Provision of School Meals.

School meals are available at all schools in the Division. In some instances they are cooked in the individual school premises and in others are brought ready cooked from other school canteens. The meals are well cooked and varied. The number of pupils who take school meals varies much from school to school. In some almost 100% stay for the school dinner, whilst at others less than half have the meal. Each school child is entitled to $\frac{1}{2}$ -pint of milk daily free of charge. Here again many children, particularly the older ones, refuse to accept what is provided for their own benefit.

Very few children have meals at the expense of the Education Committee. At the end of the year, out of 8,867 children on the school rolls, 5,155 were taking school meals and 5,851 were having school milk.

In order to supplement the diet of infants, Vitamin A and D capsules and orange juice are offered in schools to children of 7 years and under.

Youth Employment Service.

There is close co-operation between the School Health and Youth Employment services. The medical records of all school leavers are considered by the School Medical Officer before the pupils are interviewed by the Youth Employment Officer and types of work for which any child is, in the opinion of the Medical Officer, unsuited are pointed out.

During the year recommendations were made that 23 children should not be employed in the following categories of work.

1—Heavy manual work (2). 2—Exposure to bad weather (1).
3—Work in damp atmosphere (1). 4—Work in dusty atmosphere (2).

5—Normally acute vision (5). 6—Normal colour vision (5). 7—Normal hearing (3). 8—Work near moving machinery or moving vehicles (3). 9—Prolonged standing, much walking, or quick movement from place to place (1).

The more seriously handicapped children are recommended to the Youth Employment Officer for inclusion in the Disabled Persons Register.

It is disappointing to report that in spite of the recommendations of the Youth Employment Officer and the School Medical Officer pupils frequently take up work in unsuitable occupations.

In connection with the Employment of Children Bye-Laws 29 children were examined as regards their suitability for employment outside school hours. Certificates were granted for employment as follows:—

Newspaper Delivery	...	...	...	...	22
Dancing and Entertainment	...	...	...	...	4
Errand Boys	...	...	...	...	2
Shop Assistants	...	...	...	...	1

Handicapped Pupils.

Early ascertainment of Handicapped Pupils is one of the most important functions of the School Health Service.

A register is maintained of all pupils who owing to some mental or physical disability require special educational treatment.

During the year 50 pupils have been examined with reference to their need of special educational treatment, and recommendations for the provision of same were made in 36 cases. Following re-examination during the year 22 children were removed from the register as no longer requiring special educational treatment, or because they were over school age.

At the end of the year 177 pupils were included in the register, the sub-division into the various classes being as follows:—

Maladjusted	...	...	...	...	...	6
Deaf	...	...	...	...	...	2
Delicate	...	...	...	...	...	13
Speech	...	...	...	...	...	35
Partially Sighted	...	...	...	...	...	6
Blind	...	...	...	...	...	1
Physically Handicapped	...	...	...	...	...	22
Educationally Sub-normal	...	...	...	...	...	92

177

The increased provision by the Education Committee of residential school accommodation for Handicapped Pupils has enabled an increasing number of children to receive the special educational treatment they require. The facilities available, however, are still inadequate, particularly for Educationally Sub-Normal pupils, 41 of whom were waiting for admission to special schools, and 51 for special treatment in ordinary schools at the end of the year.

At the beginning of the year 14 children were in attendance at Special Schools and 20 children (9 educationally sub-normal, 4 delicate, 3 physically handicapped, 2 partially sighted, 1 deaf, and 1 maladjusted) were admitted during the year. There were 11 discharges (6 delicate, 3 physically handicapped, 1 educationally sub-normal, and 1 deaf) leaving a total of 23 children in attendance at Special Schools at the end of the year, the details being as follows:—

Category	No. away	Location of Special School
Blind	1	Sheffield School for Blind Children.
Partially Sighted ...	4	3 at School for Partially Sighted Children, Fulwood, Preston. 1 at Exhall Grange School, near Coventry.
Deaf	1	Lawns House School, Leeds.
Delicate	4	1 at Ingleborough Hall, Clapham. 2 at Oak Bank Open-air School, Seven-oaks, Kent. 1 at St. Catherine's Home, Ventnor.
Educationally Subnormal	8	5 at Royd Edge, Meltham. 3 at Baliol School, Sedburgh.
Maladjusted	1	Oak Bank, Ingrow, Keighley.
Physically Handicapped	4	1 at Leasowe Children's Hospital School. 1 at Heritage Craft School, Chailey, Sussex. 1 at Exhall Grange Special School, Coventry. 1 at Pinderfields Hospital, Wakefield.

At the end of the year 59 pupils in the following groups were awaiting placement in Special Schools or Hostels:—

Deaf	1
Maladjusted	3
Delicate	4
Educationally Sub-Normal	41
Physically Handicapped	9
Partially Sighted	1
	<hr/> 59

Liaison with Hospitals and General Practitioners.

It is pleasing to report that much more information is now being obtained from the hospital service regarding school children who receive treatment in hospital. Recommendations for special educational treatment for handicapped children are also made by the Hospital Consultants.

Under an agreement with the British Medical Association and the Society of Medical Officers of Health, children found at school suffering from defects requiring specialist advice or treatment are notified in the first instance to the family practitioner before an appointment at the Consultant's Clinic is arranged. By this arrangement the family practitioner is kept informed of defects found amongst his patients and copies of the Consultant's report are sent to him.

Sanitary Conditions of School Premises.

On the whole the schools in the Division are kept in a reasonable state of repair but owing to their age many of them are lacking in the provision of adequate washing facilities and satisfactory sanitary conveniences. Minor improvements have been effected at a number of schools during the year.

HEALTH VISITING

At the commencement of the year a Superintendent Health Visitor, 9 health visitors, and a tuberculosis visitor were engaged in the Division. During the year 3 Health Visitors resigned their appointments, 4 Health Visitors were appointed, and in addition one Health Visitor and an Assistant Health Visitor were engaged on a part-time basis. The Tuberculosis visitor was transferred to the Leeds Regional Hospital Board and was not replaced, her duties being shared amongst the general health visitors.

Urban District	Authorised Establishment	Staff at 31-12-51
Superintendent Health Visitor	1	1
Colne Valley	4	3
Denby Dale	2	1
Holmfirth	4	3
Kirkburton	3	2*
Meltham	1	1
Assistant Health Visitors	—	2*
Tuberculosis Visitors	1	—
	16	13

* Includes 1 part-time.

The transfer of tuberculosis visiting to the general Health Visitors opened a new sphere of work for them. The changeover took a little time to become stabilised, but the scheme is now working satisfactorily. Whilst much can be said in favour of the full-time Tuberculosis Visitor from the point of view of the Chest Physician there are many advantages in having the work done by the District Health Visitors. The success or failure of the work depends on the individual co-operation between the members of the staffs of the Chest Clinic and the Health Department and in this connection mention must be made of the ever ready help given by Dr. R. N. Walker, the local Chest Physician, and his staff.

An increasing amount of the health visitors' time is being taken up in connection with the home visiting of the aged and home help cases.

The pre-school sessions at Slaithwaite, to which children are specially invited on reaching their 3rd birthday, have continued, and further sessions have been held from time to time in other parts of the Division. At each session 8 to 10 children are seen and the examination made is on the lines of a routine school medical inspection.

Many children who attended the Infant Welfare Centres as infants but later ceased to attend are brought to these special sessions.

Owing to lack of staff the educational programme has progressed slowly.

The following is a summary of the visits made by health visitors during the year:—

District	Expectant Mothers		Children under 1 year of age		Children Between Ages of 1 and 5 Years		Other Cases
	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	Total Visits
Colne Valley	25	50	368	2038	1	1784	905
Denby Dale	5	7	87	374	7	343	194
Holmfirth	7	22	270	1885	12	1581	616
Kirkburton	22	26	180	1000	9	1493	496
Meltham	19	34	106	602	—	479	583
Division 20	78	139	1011	5899	29	5680	2794

The visits shown in the above table include 3,150 of a non-routine nature, an analysis of which is as follows:—

Premature Babies	...	...	...	...	...	24
Stillbirths	...	...	...	...	...	15
Infant Deaths—0—1 years	...	...	...	...	7	
1—5 years	...	...	...	...	—
					—	7
Infectious Diseases	...	...	...	...	...	340
Gastro-Enteritis	...	...	...	...	...	3
Care and After-Care —						
Tuberculosis	...	...	...	...	1012	
Discharged from Hospital	...	...	...	...	22	
Referred by Home Nurse	...	...	...	...	45	
Others	...	...	...	...	126	
					—	1205
Home Helps	...	...	...	...	...	667
Aged	...	...	...	...	...	561
Other Visits	...	...	...	...	...	328
						3150

HOME NURSING

At the commencement of the year 12 home nurses, 2 nurse/midwives, and 3 relief nurse/midwives were engaged in the Division. During the year one of the home nurses resigned her appointment and one of the relief nurse/midwives ceased to undertake midwifery and became a full-time relief home nurse.

The establishment of home nurses approved by the Ministry of Health under the National Health Service Act and the staff position at the end of the year are as follows:—

Urban District	Authorised Establishment	Staff at 31st Dec., 1951	
		Home Nurses	Nurse-Midwives
Colne Valley	3	3	—
Denby Dale	2	3	—
Holmfirth	2	3	—
Kirkburton	3	1	2
Meltham	1	1	—
Relief	1	1	2
Division 20	12	12	4

Particulars of the work done in the various districts by the home nurses and nurse/midwives are shown in the following table. The amount of work done by the home nurses still varies considerably and further readjustment of districts is required as soon as this can be arranged.

	Home Nursing			Midwifery	
	Transfers	New Patients	Visits Paid	Confinements	Visits Paid
COLNE VALLEY URBAN DISTRICT					
Golcar	25	130	3,995	4	175
Marsden and Slaithwaite	29	188	3,443	11	277
Linthwaite	35	191	4,202	3	129
	89	569	11,640	18	581
DENBY DALE URBAN DISTRICT					
Denby & Cumberworth	15	49	1,950	5	14
Clayton West and Scissett	11	61	1,278	—	—
Emley and Skelmanthorpe	17	124	2,962	—	4
	43	234	6,190	5	18
HOLMFIRTH URBAN DISTRICT					
Holmfirth	32	146	2,869	—	1
New Mill	22	57	2,575	—	—
Honley	17	140	2,578	—	—
	71	343	8,022	—	1
KIRKBURTON URBAN DISTRICT					
Kirkheaton, Lepton & Flockton	17	211	3,276	2	51
Kirkburton	16	82	2,350	16	504
Shelley and Shepley	15	74	2,205	15	516
	48	367	7,831	33	1,071
MELTHAM URBAN DISTRICT					
Meltham	20	124	2,181	3	112
Total for Division	271	1,637	35,864	59	1,783

Cases Treated.

As in previous years, the types and duration of cases treated during the year have been analysed. There is considerable variation between the different districts. In some, the nurse's time is largely devoted to attendance on the chronic sick, whilst in other districts many acute medical and post-operative surgical cases receive attention. Increased use is also being made of home nurses by general practitioners for the administration of drugs by injection, and particularly of penicillin and streptomycin.

At Emley it has been customary for some time past for the nurse to hold morning and evening dressing sessions at her home. This has continued and during the year 54 patients suffering mainly from minor injuries have made 185 attendances.

Cases Discharged.

Of the 1,571 cases the nurses ceased to attend during the year, 1,178 were discharged as recovered, 149 were transferred to hospital, and 244 died.

The tables given below show the duration of treatment and the number of visits paid to patients in each group.

Patients under Treatment	Patients.		
	Recovered	Transferred	Died
Less than 1 week	269	42	59
1- 2 weeks	341	25	52
2- 4 weeks	319	21	39
4-13 weeks	183	30	59
3- 6 months	38	11	21
Over 6 months	28	20	14
TOTAL	1 178	149	244

Number of Visits Paid	To Patients Who		
	Recovered	Transferred	Died
3 or less	236	26	30
4-7	293	35	51
8-15	372	29	53
16-30	183	20	42
31-50	50	18	29
51-75	19	6	15
76-100	14	9	4
Over 100	11	6	20
TOTAL	1,178	149	244

Types of Cases Attended.

The new cases attended and the total visits paid have, as last year, been analysed. From the table given below it will be seen that Septic Conditions have again provided the largest number of new cases (221). Diseases of the Heart and Circulatory System (145) were the next most frequent. Post-Operative Dressings (115) were followed by Bronchitis (110), Senility (99), and Cerebral Haemorrhage (94).

New cases of Cancer, all sites, numbered 62 as compared with 65 in the previous year, and those of Pneumonia were 49, as compared with 45 for 1950.

Type of Case	Transferred	New Cases	Visits Paid
Infectious	—	1	13
Pulmonary Tuberculosis	2	15	718
Non-Pulmonary Tuberculosis	2	3	193
Influenza	2	18	253
Pneumonia	2	49	700
Bronchitis	7	110	1491
Other Respiratory Diseases	1	24	371
Cancer of Uterus	—	4	146
Cancer of Stomach and Intestines	4	22	563
Cancer of Breast	1	7	577
Cancer of Other Sites	8	29	1,592
Diabetes	5	25	1,194
Cerebral Haemorrhage	20	94	2,685
Diseases of Heart and Circulation	31	145	4,598
Post-Operative Dressings	13	115	2,074
Injuries	9	67	1,725
Burns and Scalds	3	49	1,065
Septic Conditions (Boils, Abscesses Carbuncles)	4	221	2,422
Uterine Prolapse	60	53	603
Other Gynaecological Cases	—	19	263
Male Genito-urinary Conditions	4	11	1,145
Rheumatic and Arthritic Conditions	14	22	1,556
Ear and Eye Conditions	3	27	555
Varicose Ulcers	7	19	1,324
Impetigo	—	6	156
Other Skin Diseases	3	8	126
Chronic Diseases of Nervous System	5	17	442
Mastitis	—	22	164
Acute Abdominal Conditions	1	37	308
Constipation	4	68	333
Thrombosis	4	19	631
Infantile Disorders	—	30	161
Circumcision	1	40	290
Senility	29	99	3,324
Other Conditions	22	142	2,123
TOTAL	271	1,637	35,864

Patients suffering from the following conditions received the largest number of visits:—

Diseases of Heart and Circulation	...	...	4,598	visits
Senility	...	...	3,324	„
Cancer (all sites)	...	...	2,848	„
Cerebral Hæmorrhage	...	...	2,685	„
Septic Conditions	...	...	2,422	„
Post-Operative Dressings	...	...	2,074	„
Injuries	...	...	1,725	„
Rheumatism and Arthritis	...	...	1,556	„

Travelling Facilities for Home Nurses and Midwives.

No serious difficulties have been experienced during the year with regard to transport and only one home nurse was dependent on public transport as a means of conveyance at the end of the year, when the position was as follows:—

	Using County Cars	Using Private Cars	Dependent on Public Transport
Home Nurses	6	5	1
Nurse/Midwives	1	3	—
Midwives	1	6	—
	8	14	1

No additional County Cars have been allotted for use in the Division but 2 of the older cars have been replaced.

THE HOME HELP SERVICE

The Home Help Service is provided under the National Health Service Act, 1946. Section 29 of the Act stipulates the class of case for which provision of a home help can be made. These are as follows:—

- | | |
|--------------------------|---------------------------------|
| (a) Ill. | (e) Aged. |
| (b) Lying-in. | (f) A Child not over compulsory |
| (c) An Expectant Mother. | school age. |
| (d) Mentally Defective. | |

Before a home help can be provided a form of application must be signed by the head of the household. If there are any adults in the house other than the householder and wife, and they are likely to get some benefit from the services of the home help, they also are expected to sign an application form. A medical certificate stating the condition from which the patient is suffering and that a home help is required must be submitted with all applications under Class (a) Ill. Usually a home help can be provided only when the ill person is in the house. If the ill person is removed to hospital then a home help can be provided only if there is need for a home help under one of the other classes, e.g., children not over school age in the house.

In the case of the aged there is no need for the person to be ill in order to qualify for the provision of a home help. The extent of the need depends on the physical capacity of the aged person and the other persons in the household. A home help assisting an aged person can undertake domestic work or household management only and must not be used as a sitter-in. A home help cannot be provided merely because a householder offers to pay full cost; each case is treated strictly on its merits.

Briefly, a home help may be allocated to a household where there is sickness sufficient to require medical or nursing care; she cannot attend

where a sick person is removed to hospital unless there is a child under school leaving age at home; she can attend to the domestic duties of the aged, mentally defective, and expectant of child, without stipulation as to sickness. The aged should generally be over 60 years of age, the mentally defective such as have been reported to the Health Committee, and those expectant of child would normally have some disability such as fatigue or varicose veins necessitating rest. She should as far as reasonably possible give her time to domestic duties or to family or household management (as appropriate to the case) and not undertake the duties of a "sitter-in."

Every applicant for a home help must sign an undertaking either to pay the full cost of the home help supplied or to give a statement of his income and capital and agree to pay the assessed charge according to the County Council scale. In assessing the charge the income of all persons assisted is taken into account. The actual assessment is carried out in the Divisional Welfare Office.

The present establishment of Home Helps for this Division is 17 which can be raised to an ultimate one of 22 should the need arise. In terms of full-time home helps the number employed throughout the year has only averaged 10.51, but it is encouraging to record that towards the end of the year the monthly average figure rose steadily and reached the peak figure of 14.26 in November.

More Home Helps are required before the area as a whole can be adequately covered. Whilst there is a sufficiency of Home Helps resident in certain areas to fully service these areas there is a scarcity in others, and as travelling time is now no longer paid where this does not exceed one hour per day, several home helps refuse to take cases away from their own immediate district. In spite of this, practically all applications received have had the services of a home help, although the amount of time which could be devoted to any particular case has sometimes been less than was actually required.

During the year 202 cases were provided with home helps as compared with 155 in the previous year. The duration of assistance provided was as follows:—

No. of cases provided with the services of a Home Help for:—					
Under 1 Month	1—3 Months	3—6 Months	6—9 Months	Over 9 Months	Total
90	48	27	12	25	202

Details of the assistance given to the 202 patients in the various categories is shown in the following table:—

Category	Colne Valley		Denby Dale		Holmfirth		Kirkburton		Meltham		Total	
	No. of Patients	Av. No. of hours per Patient	No. of Patients	Av. No. of hours per Patient	No. of Patients	Av. No. of hours per Patient	No. of Patients	Av. No. of hours per Patient	No. of Patients	Av. No. of hours per Patient	No. of Patients	Av. No. of hours per Patient
Lying-in	24	76.15	8	68.31	9	56.44	12	47.70	7	65.43	60	65.21
Expectant Mothers ...	2	70.00	—	—	1	69.50	3	109.33	—	—	6	89.58
Illness	16	100.81	7	261.43	18	149.44	3	95.33	8	83.88	52	136.44
Aged—Infirm	6	102.33	2	70.50	3	81.83	3	260.33	1	51.00	15	122.17
Aged—Ill	15	79.22	10	188.48	16	144.33	10	40.30	13	219.90	64	135.05
School Children	1	839.00	—	—	—	—	—	—	—	—	1	839.00
Tuberculosis	3	320.75	—	—	1	219.00	—	—	—	—	4	295.31
Total	67	107.22	27	163.06	48	125.94	31	76.47	29	139.27	202	119.02

National Assistance Act, 1948, Section 47.

Under this section a local authority may take action to secure removal to suitable premises of persons in need of care and attention. On the 1st September, 1951, the National Assistance (Amendment) Act, 1951, came into operation. This gives the local authority further powers to enable them to deal expeditiously with certain types of cases whom it is considered should be removed without delay from the premises in which they are resident.

No action was taken under this section during the year.

Ambulance Service.

During the year close co-operation has been maintained with the Superintendent of the Huddersfield Depot and any difficulties of a medical nature arising have been discussed. Cases of abuse of the service are now much less frequent than was the case in the early days of the National Health Service.

The service has worked smoothly throughout the year and complaints have been negligible.

During the year the ambulances from the Huddersfield Depot made 4,920 journeys involving 109,622 miles, and carried 16,936 patients, 2,549 of these being stretcher patients. Included in the 16,936 patients carried were 14,294 hospital out-patients. Particulars of the cases carried are given below:—

Accident	...	...	...	...	...	...	160
Urgent	...	...	...	...	...	...	182
Mental	...	...	...	...	...	...	28
Maternity	...	...	...	...	...	...	145
Infectious	...	...	...	...	...	...	3
General	...	...	...	...	...	...	2,124
Out-Patients	...	...	...	...	...	...	14,294
							<hr/>
							16,936

In addition to the ambulances stationed at the Huddersfield Depot an ambulance, the property of the Holmfirth Urban District Council, is operated as part of the County Service. This ambulance is available for accident work in the Holmfirth area, the staff coming on duty when called. During the year the Holmfirth ambulance carried 32 cases and travelled 324 miles.

Several cases were also carried by cars in the Voluntary Car Pool, the journeys being principally to Leeds, Bradford, York, and Doncaster.

CHILDREN'S HOMES

Medical Arrangements.

The care and treatment of children accommodated in The Leas Children's Homes, Scholes, Holmfirth, during times of illness is delegated to a private practitioner with whom the children are registered under the National Health Service Act, 1946.

The Divisional Medical Officer has been made responsible for the preventive medical services of the local authority so far as the children are concerned. Each child is examined by a medical officer of the local authority on admission and at 6 monthly intervals. Advice is given regarding precautions to be taken against the spread of infectious diseases, hours of rest and sleep, and the general supervision of health, hygiene, and dietary of the children.

Cases of difficulty in behaviour, boarding out, etc., are discussed with the Superintendent of the Homes and with the officers of the Children's Department. Visits are also made from time to time by the County Psychologist.

MENTAL HEALTH

The mental health work in the Division consists mainly of the supervision of defectives under voluntary and statutory supervision and under guardianship orders.

The work is done mainly by the Mental Health Social Worker, who also provides reports about the home conditions of defectives for the information of Hospital Management Committees, when applications for leave of absence or renewal of licence are under consideration. The Social Worker also gives a little training in handicrafts of various sorts to suitable patients.

Very little has been done regarding the provision of personal histories and background information relating to patients admitted to and discharged from Mental Hospitals, as this work in the Division is largely done by the Social Worker attached to the local Mental Hospital.

There is great difficulty in securing institutional accommodation for those patients whose mental, physical, or social conditions make this desirable. As the Local Health Authority no longer provides residential accommodation all that can be done is to make recommendations to the Regional Hospital Board.

During the year two children were reported by the Local Education Authority under Section 57 (3) as ineducable and eleven under Section 57 (5) as requiring supervision after leaving school — all were placed under statutory supervision. Two adults were reported by the police or the courts, and six other adults were found "subject to be dealt with." Three adults (female) were admitted to institutions during the year.

At the end of the year the number of patients under supervision was as follows:—

	Male	Female	Total
Under Guardianship	1	2	3
Under Statutory Supervision	41	33	74
On Licence from Institutions	3	2	5
Under Voluntary Supervision and Observation	7	3	10

Of these patients 17 were in need of institutional care at the end of the year as follows:—

	Male	Female	Total
In urgent need	3	2	5
Not in urgent need	8	4	12
Total	11	6	17

The great need of defectives resident at home is facilities for occupational training either at occupation centres or in small groups or individually at home. The siting of occupation centres for the larger scattered Divisions such as No. 20 is very difficult. To serve the whole of this Division the centre would have to be in Huddersfield, but to gather together all the patients from the outlying areas would require the provision of special transport to an extent impracticable at the present time.

The training of smaller groups therefore seems to be the only course open at present. During the year small classes were commenced at Linthwaite and Honley under the supervision of Mrs. M. Moore, the Mental Health Social Worker, the number of patients who attended and the number of attendances made being as follows:—

Centre	No. of Sessions	No. of Patients	No. of Attendances	Average No. of Attendances per Session
Linthwaite ...	24	13	170	7.08
Honley	11	5	37	3.36
	35	18	207	5.91

These classes are much appreciated by the patients and their parents, but hardly touch the fringe of the present need. Until trained Home Teachers are available it is, however, impossible to extend the scope of the work.

INDEX

	Pages		Pages
A		G	
Ambulance Facilities	10, 34a	Gas and Air Analgesia ..	8a
Acute Poliomyelitis	26		
Animals, Slaughtering of ..	23		
Ante-Natal Clinics	11, 8a	H	
Ante-Natal Hostel	9a		
Area of District	5, 1a	Handicapped Pupils	25a
		Health Services, General	
B		Provision of	10
Bakehouses	23	Health Visiting	27a
Bed Bugs,		Home Help Services ...	31a
Eradication of	15	Home Nursing Service ..	28a
Births and Birth Rates ..	5, 6, 9, 3a	Hospitals and Clinics ...	10
Bye-laws	23	Hospital Schools	22a
		Houses —	
C		Number Inhabited	5
Camping Sites	15	Housing	19
Cancer	26		
Chest Clinic	11	I	
Child Guidance	20a		
Child Welfare Clinics ...	10, 12a	Ice Cream	22
Children's Homes	34a	Immunisation against	
Cleanliness of School		Diphtheria	5a, 23a
Children	18a	Infant Mortality	9, 3a
Clinics	10	Infectious Diseases	24, 23a
Closet Accommodation .	13	Inspection and Super-	
Comparability Factors ..	6	vision of Food	22
Convalescent Home		Introduction	4
Treatment	23a		
		L	
D			
Day Nurseries	14a	Laboratory Facilities	10
Deaths and Death Rates	5, 7, 3a	Liaison with General	
Deaths in School		Practitioners a n d	
Children	24a	Hospitals	26a
Diphtheria	24, 5a, 23a		
Drainage and Sewerage	13	M	
Dysentery	26		
		Maternal Mortality	9
E		Maternity	
Ear, Nose, and Throat		Accommodation	9a
Clinics	19a	Measles	25
Erysipelas	26	Meat	22
Epidemiology	5a	Medical Inspection of	
Enteric Fever	26	School Children	15a
		Meningococcal Infections	26
F		Mental Health	35a
Factories Inspections ...	15	Midwifery, Domiciliary	6a
Food and Drugs Act,		Midwifery, Institutional	9a
1938	23	Midwives Acts — Statu-	
Food Byelaws	23	tory Notifications	7a
Food Poisoning	5a	Milk	22

INDEX (Continued)

N		Pages	S		Pages
National Assistance Act, 1948		34a	School Clinics	11, 18a	
Natural and Social Conditions of the District		6	School Leavers: Defects of	24a	
Nurseries and Child Minders Regulation Act, 1948		14a	School Meals—provision of	24a	
Nursing in the Home ...		10	Schools	16, 14a	
O			School Health Service	14a	
Obstetrical Flying Squad		9a	School Premises—Sanitary Conditions	26a	
Offensive Trades		15	Sewerage and Drainage	13	
Ophthalmia Neonatorum		26	Shops Acts	15	
Ophthalmic Clinics		19a	Smallpox	24	
Orthopædic Clinics		19a	Smoke Abatement	15	
Outworkers		16	Speech Therapy	20a	
Overcrowding		19	Staff	3, 10	
P			Staff — Divisional	1a	
Pædiatric Clinics		20a	Statistics: Comparative	9, 2a	
Pneumonia		25	Statistics, Summary of	5	
Population	5, 6, 1a		Stillbirths	5, 7,	
Premature Babies	12a		Swimming Baths	15	
Prevalence and Control of Infectious and other Diseases		24	T		
Prevention of Damage by Pests Acts, 1949 ...		16	Tents, Vans and Sheds	15	
Public Cleansing		14	Travelling Facilities — Home Nurses and Midwives	31a	
Public Houses—Sanitary Accommodation		17	Treatment Centres and Clinics	10	
Puerperal Pyrexia		26	Tuberculosis	26	
R			U		
Rag, Flock, and other Filling Materials Act, 1951		15	Ultra-Violet Light Clinics	20a	
Rateable Value		5	Uncleanliness in School Children	18a	
Refuse Collection and Disposal		14	V		
Regulated Buildings and Offensive Trades		15	Vaccination and Immunisation	5a, 23a	
Rivers and Streams ...		13	Vital Statistics	6, 3a	
S			W		
Salvage		14	Water Supply	12	
Sanitary Inspection of Area		16	Whooping Cough	24, 6a,	
Scarlet Fever		24	Y		
Scavenging		14	Youth Employment Service	24a	



