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# CITY OF LEEDS

## REPORT

ON THE

Health & Sanitary  
Administration  
OF THE CITY  
FOR THE YEAR 1952

BY

I. G. DAVIES, M.D., B.S., M.R.C.P., M.R.C.S., D.P.H.

*Medical Officer of Health and School Medical Officer.*



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### HEALTH COMMITTEE.

LORD MAYOR (Alderman Frank Barlow Burnley, J.P.).

*Chairman* : Alderman Sir GEORGE W. MARTIN, K.B.E., LL.D., J.P.

Alderman ELIZABETH M. LISTER	Councillor VYVYAN M. CARDNO
" H. M. G. MCKAY	" MARGARET COLLINS
" LIZZIE NAYLOR, J.P.	" W. M. JONES
" DOROTHY MURPHY, J.P. (to May, 1952)	" MAY FISH
Councillor W. FOWLER	" L. WALSH, M.B., Ch.B.
" Z. P. FERNANDEZ, B.A., M.D., D.P.H.	" LILY DEMAINE
" EVELINE COLEMAN	" J. BROOKSBANK (from May, 1952)
" WINIFRED SHUTT (Deputy Chairman)	" E. D. GLOVER
" H. DRAKE	" AIMÉE M. TONG (from May, 1952)
" H. WALMSLEY	" A. KING (to May, 1952)

#### EX-OFFICIO MEMBERS.

Representatives of Leeds Medical Committee (National Health Service) invited to attend in an advisory capacity :—

Dr. J. H. E. Moore and Dr. T. D. Pratt (or a deputy in each case).

### SUB-COMMITTEES.

#### SUB-HEALTH (MATERNITY AND CHILD WELFARE) COMMITTEE.

*Chairman* : Alderman ELIZABETH M. LISTER.

Alderman LIZZIE NAYLOR, J.P.	Councillor VYVYAN M. CARDNO
" DOROTHY MURPHY, J.P. (to May, 1952)	" MARGARET COLLINS
Councillor EVELINE COLEMAN	" W. M. JONES
" WINIFRED SHUTT	" MAY FISH
" H. DRAKE	" L. WALSH, M.B., Ch.B.
" H. WALMSLEY	" LILY DEMAINE

#### CO-OPTED MEMBERS.

Mrs. D. BEEVERS	Miss H. M. LEONARD
Mrs. R. H. BLACKBURN	

#### SUB-HEALTH (SPECIAL SERVICES) COMMITTEE.

*Chairman* : Alderman DOROTHY MURPHY, J.P. (to May, 1952).

Councillor MARGARET COLLINS (from May, 1952).

Alderman ELIZABETH M. LISTER	Councillor MAY FISH
Councillor Z. P. FERNANDEZ, B.A., M.D., D.P.H.	" L. WALSH, M.B., Ch.B.
" EVELINE COLEMAN	" LILY DEMAINE
" WINIFRED SHUTT	" E. D. GLOVER
" H. DRAKE	" AIMÉE M. TONG (from May, 1952)
" VYVYAN M. CARDNO	" A. KING (to May, 1952)

#### CO-OPTED MEMBERS.

Mrs. A. R. INCE	Mr. A. Tallant (from June, 1952)
Mrs. J. E. SCHOLES	Miss A. M. TONG (to May, 1952)

## SUB-HEALTH (SANITATION, FOOD AND DRUGS) COMMITTEE.

*Chairman* : Councillor E. D. GLOVER.

Alderman ELIZABETH M. LISTER	Councillor H. WALMSLEY
„ H. M. G. MCKAY	„ MARGARET COLLINS
„ LIZZIE NAYLOR, J.P.	„ LILY DEMAINE
„ DOROTHY MURPHY, J.P. (to May, 1952)	„ J. BROOKSBANK (from May, 1952)
Councillor W. FOWLER	„ AIMÉE M. TONG (from May, 1952)
„ Z. P. FERNANDEZ, B.A., M.D., D.P.H.	„ A. KING (to May, 1952)
„ WINIFRED SHUTT	

## SUB-HEALTH (AMBULANCE SERVICES) COMMITTEE.

The Sub-Health (Ambulance Services) Committee was constituted as follows by resolution of the Health Committee on 18th January, 1952, to deal with matters arising in connection with the Ambulance Service.

*Chairman* : Councillor H. DRAKE.

Alderman H. M. G. MCKAY	Councillor MARGARET COLLINS
„ LIZZIE NAYLOR, J.P.	„ MAY FISH
„ DOROTHY MURPHY, J.P. (to May, 1952)	„ L. WALSH, M.B., Ch.B.
Councillor W. FOWLER	„ LILY DEMAINE
„ WINIFRED SHUTT	„ J. BROOKSBANK (from May, 1952)
„ H. WALMSLEY	„ E. D. GLOVER



## PUBLIC HEALTH STAFF.

Medical Officer of Health, Chief Tuberculosis Officer and School Medical Officer	I. G. DAVIES, M.D., B.S., M.R.C.P., M.R.C.S., D.P.H.
Deputy Medical Officer of Health and Deputy School Medical Officer	D. B. BRADSHAW, M.A., M.B., B.Ch., B.A.O., D.P.H.
Chief Assistant School Medical Officer	M. E. WILLCOCK, M.B., Ch.B., D.P.H.
Medical Officer for Mental Health Services	J. M. McALPIN, M.B., Ch.B.
Chief Assistant Medical Officer for Maternity and Child Welfare	CATHERINE MARGARET GRAY, M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health in charge of Immunisation	G. R. BAXTER, M.D., B.Ch.D., D.P.H., D.T.M. & H.
Honorary Assistant Medical Officer of Health (by arrangement with the University of Leeds)	C. W. DIXON, M.D., D.P.H., D.L.O., D.C.H., Senior Lecturer in Public Health, University of Leeds
Assistant Medical Officers for Maternity and Child Welfare	SARAH N. S. BARKER, M.B., Ch.B., L.R.C.P., M.R.C.S. MARIA A. BELDON, M.B., Ch.B. EUGENIE C. ILLINGWORTH, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P. JESSIE I. ROSIE, M.B., Ch.B., D.P.H. MARGARET C. PULLAN, M.B., Ch.B., ELIZABETH HOFFA, L.R.C.P., L.R.C.S., D.C.H. FRANCES E. SMITH, M.B., Ch.B., D.P.H. A. MACFARLANE, M.B., Ch.B., D.P.H.
Chief Administrative Assistant	.. P. A. WOODCOCK (to 15.6.52) A. BATLEY (from 1.7.52)
Executive Officer, Mental Health Services	J. SQUIRE HOYLE
Accountant .. .. .	H. A. CORLETT
Assistant Administrative Officer	.. A. BATLEY (to 30.6.52) W. WILSON (from 1.9.52)
Chief Sanitary Inspector .. ..	J. GOODFELLOW, M.R.San.I., A.M.I.S.E.
Consultant Adviser in Tuberculosis	.. J. ASPIN, M.A., M.D., M.B., B.Chir., M.R.C.S., L.R.C.P., D.M.R.O.
Consultant Adviser, Infectious Diseases	E. C. BENN, M.B., Ch.B., D.P.H.
Consultant in Child Health .. ..	Professor W. S. CRAIG, B.Sc., M.D., F.R.C.P.E., F.R.S.E., M.R.C.P.

Consultant Psychiatrists	..	..	Professor D. R. MACCALMAN, M.D., Ch.B., M.R.C.P. (Edin.) I. SUTTON, M.Sc., M.D., D.P.M., L.R.C.P., M.R.C.S. J. W. AFFLECK, M.B., Ch.B., F.R.F.P.S., D.P.M. H. BURT, M.B., Ch.B., D.P.M. A. H. WILSON, M.B., Ch.B., D.P.M.
Consultant Adviser in Venereal Diseases			G. O. HORNE, F.R.C.P. (Edin.)
City Bacteriologist	..	..	Professor J. W. McLEOD, O.B.E., F.R.S., D.Sc., M.B., Ch.B.
City Analyst	..	..	C. H. MANLEY, M.A., F.R.I.C.
Disinfestation Officer	..	..	C. W. LAMB, M.R.San.I., M.S.I.A.
Ambulance Officer	..	..	F. E. J. LARGE
Superintendent Health Visitor and School Nurse			MATHILDE BURKE, S.R.N., S.C.M.
Supervisor of Midwives	..	..	DOROTHY HUMPHREYS, S.R.N., S.C.M.
Superintendent Nurse, Home Nursing Service			EDITH G. MEADOWS, S.R.N., S.C.M.
Home Help Organiser	..	..	Mrs. DOROTHY W. ALFORD
Convalescent Scheme Organiser	..	..	Mrs. WINIFRED LINSLEY (to 24.5.52) JESSIE CHIPPERFIELD (from 25.5.52)
Principal Clerks :—			
Statistics	..	..	W. B. NOTTAGE
General Sanitation	..	..	C. STEAD
Food and Drugs	..	..	S. TITTERINGTON
Infectious Diseases	..	..	J. K. BEEVERS
Finance	..	..	J. PEACOCK



## PUBLIC HEALTH DEPARTMENT.

## STAFF.

<i>Class of Employees</i>	<i>No. employed at 31/12/52</i>
Sanitary Inspectors .. .. .	46
Assistant Analysts .. .. .	3
Female Sanitary Inspectors .. .. .	2
Health Visitors .. .. .	57
Midwives .. .. .	46
Personal Disinfection and Disinfestation .. .. .	5
Tuberculosis Health Visitors .. .. .	5
Dispensers .. .. .	12
Physiotherapists .. .. .	4
Clerical Staff .. .. .	84
General Disinfection and Disinfestation .. .. .	23
Central Ambulance Station Staff .. .. .	126
Flushing Staff .. .. .	9
Mortuary Service .. .. .	7
Rodent Operatives .. .. .	7
Immunisation Nurses.. .. .	9
Lavatory Attendants .. .. .	18
Lavatory Cleaners .. .. .	2
Caretakers and Cleaners .. .. .	30
Home Helps .. .. .	130
Wyther Hostel .. .. .	10
Red Court Hostel .. .. .	31
Day Nurseries .. .. .	281
Infectious Diseases Visitors .. .. .	2
Clinic Nurses .. .. .	7
Student Health Visitors .. .. .	15
Social Workers .. .. .	4
Condemned Meat Room Attendant .. .. .	1
Student Probationer Sanitary Inspector .. .. .	1
Nursery Teachers .. .. .	2
District Nurses .. .. .	8
Convalescent Home, Southport .. .. .	4
Convenience Lighting .. .. .	1

## City of Leeds

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*To the Chairman and Members of the Health Committee.*

*Ladies and Gentlemen,*

*I present herewith the Annual Report of the Medical Officer of Health on the Health of the City of Leeds for 1952.*

*In the forewords to previous Annual Reports I have surveyed those parts of the work of the Department which seemed to be of topical interest. This year my comments can be briefer, for the report contains a novel item embodying much material which might otherwise have found a place in my foreword. This is the special survey of the Local Health Services provided under the National Health Service Act, carried out on instructions of the Health Committee for submission to the Ministry of Health. It describes the structure and administration of the services together with a survey of their working and shows how the Local Authority Health Services are co-ordinated with services provided by other statutory and voluntary bodies.*

*In January, 1952, the Health Committee set up a Sub-Health Committees (Ambulance Services) Committee which functioned throughout the year.*

*It is with great regret that I record the death on 15th June, 1952, of Mr. P. A. Woodcock. Mr. Woodcock had been with the Department for some 44 years and had an encyclopædic knowledge of its work. He was an administrator of outstanding ability to whom both I and my predecessors in office are heavily indebted. His unfailing courtesy and helpfulness will long be remembered by his colleagues.*

*The office of Administrative Assistant is now ably filled by Mr. Alec Batley.*

*Of the new legislations during the year I would call your attention to the Pet Animals Act which came into force on the 1st April. The Act requires pet shops to be registered with the Local Authority and ensures the proper care and humane handling of animals at pet shops. The Act has been generally welcomed and it brought to a rapid end the indiscriminate street peddling of pets under unsatisfactory conditions.*

*The population of the city increased by 1,770 during the year to reach an estimated total of 504,800.*

**Committees**

**Staff**

**Legislation**

**Vital  
Statistics**



The birth rate at 15.3 was the lowest since 1941. As in most parts of the country, the birth rate has been slowly but steadily decreasing since the peak figures of the immediate post-war years. This is a normal phenomenon and occurred similarly after the 1914-18 war.

The infantile mortality rate at 30 per thousand live births is the lowest yet recorded in Leeds, but there was a small rise in the neo-natal death rate, that is to say, of deaths in the first month of life.

There was a decrease of 69 in deaths from all forms of tuberculosis, but little change in the notification of new cases. The fall in the tuberculosis death rate is largely due to the introduction of streptomycin and the isoniazid drugs. Deaths from diseases of the heart and circulatory system (coronary disease, other forms of heart disease, cerebral hæmorrhage, arterio-sclerosis, myocardial disease) accounted for 48.0 per cent. of the total deaths. Deaths from all forms of cancer accounted for 17.0 per cent. of the total deaths from all causes. Deaths from disease of the heart and circulatory system and from cancer have progressively become more numerous relative to deaths from other causes. This is partly due to the increasing age of the population and partly to the decreased number of deaths from other causes, particularly infectious diseases.

#### Infectious Diseases

A full report on the incidence of Infectious Disease in the City is given by Dr. Bradshaw, Deputy Medical Officer of Health.

No firm conclusions emerge from the pilot investigation into the relation of physical stresses to poliomyelitis, but the investigation continues into these and into other points of possible importance to the understanding of poliomyelitis. The investigation of the diphtheria carrier rate jointly undertaken by the Health Department, the Department of Preventive Medicine and the Department of Bacteriology of the University of Leeds is still in progress. It is striking to note that so far not a single carrier of virulent diphtheria bacilli has been discovered among the children investigated. The work on whooping cough vaccines in conjunction with the Medical Research Council continues. Vaccines of high potency are now in use and the object of the present work is mainly to further improve the vaccines and to standardise their potency.

Progress in this field has now advanced so far that whooping cough immunisation can be confidently recommended. Accordingly in November the Health Committee made these vaccines available free of charge to doctors in the City. This is an important step forward in the control of a distressing disease.



*The trial of B.C.G. vaccination against tuberculosis in co-operation with the Medical Research Council continued during the year and it is hoped to make this a regular feature of the preventive services.*

*This was a moderately heavy year for acute poliomyelitis, there being 79 cases against 35 in the previous year.*

*Diphtheria with 2 cases and no death was again a negligible problem but scarlet fever increased substantially, though it remained a very mild type and caused no deaths.*

*The work of this Department continued without any major change. I have already referred to the relevant statistics.*

**Maternity  
and Child  
Welfare**

*The special Survey on the Growth of Children undertaken at the request of the Ministry of Health has been extended at the request of the Ministry so as to include data up to the fifth year of life. This will increase the value of the data obtained.*

*The work of the midwives specially trained in the care of premature infants has been continued and extended. This is a valuable addition to the child welfare services since the premature baby requires specialised care if it is to come safely through the first few weeks of its life.*

*Experience during the last few years with insecticides of the D.D.T. and Gammexane type has been so favourable that their use has been considerably extended. In particular they have largely replaced H.C.N. fumigation in the treatment of vermin infested dwellings. In consequence the work of the Disinfestation Section was completely re-organised during the year and the new arrangements will effect substantial economies in the working of this Department while providing an equally efficient service.*

**Disinfesta-  
tion and  
Disinfection**

*The year has brought considerable changes in the work of this Department. The number of patients attending the Centre at Mount-side had considerably decreased and the Centre was therefore closed during the year. The most active section of the Centre, the Therapeutic Social Club, continues its activities in rented premises.*

**Mental  
Health**

*At the beginning of the year the premises at Rutland Lodge, which had previously been used to provide sheltered employment for the tuberculous, re-opened as an Occupation Centre for Mental Defectives. In consequence the premises previously occupied by the North Leeds Occupation Centre were closed.*



**Home Nursing**

*The number of cases nursed at home again showed a substantial increase and to cope with these the number of full-time nurses employed has also increased. There have also been heavier calls upon the medical requisites loan scheme. Full details are given in Miss Meadows' report.*

**Vaccination and Immunisation**

*In some parts of the country there has been a definite fall in the number of children protected. This is a disturbing feature since our relative freedom from diphtheria and smallpox can continue only if a high proportion of children are immunized. It is gratifying to record that the numbers of children receiving diphtheria immunisation and smallpox vaccination were well maintained in Leeds. I have already referred to the facilities for whooping cough immunisation introduced this year.*

**Ambulance Services**

*The number of cases carried both by ambulance and by sitting case cars again shows an increase. At the beginning of the year radio-telephony control of the ambulances was introduced and during the course of the year all our ambulance vehicles were equipped with two-way radio telephone. This has undoubtedly improved the efficiency of the service and has resulted in saving both of time and of mileage.*

**Health Education and Publicity**

*During the year the Leeds Committee for Social Hygiene and Health Publicity passed out of existence with a long record of pioneer work in this field. In consequence the functions previously discharged by this Committee passed to the direct control of the Health Committee.*

**Venereal Diseases**

*The incidence of venereal disease has continued to fall and the staff has been considerably reduced in consequence. In the immediate post-war years three venereal diseases social workers were employed; all these have now retired and the vacancies have not been filled. The duties of the social workers, particularly with regard to the follow-up of defaulters, contacts and sources, are now being covered by a Health Visitor working under the immediate direction of the Consultant Venereologist and by the Hospital Almoners. The new arrangements are working well.*

**Convalescent Treatment**

*The Council's convalescent home for mothers and babies at Southport opened in February. This home has accommodation for 14 mothers and 13 babies, and is making a valuable contribution to the work of the Department.*



During the year 99 demolition orders were made and 9 closing **Housing** orders. In addition, 3 small clearance areas totalling 82 houses were represented during the year.

I have referred in previous forewords to the difficulties arising from gross disrepair of many old dwellings in the city. It is becoming increasingly difficult to maintain these old dwellings in habitable condition but the work of demolition can proceed no faster than new building will permit.

I would like to record again my appreciation of the Housing Committee's generous co-operation in the rehousing of tuberculous persons and for the sympathetic consideration which the Committee gives to applications for priority rehousing based upon medical needs.

The day to day work of the Health Department involves close co-**Acknowledg-**  
operation with many Government Departments and other Authorities. **ments**  
I should like to place on record my gratitude to them for much help, readily and courteously given. In particular my thanks are due to the Senior Administrative Medical Officer and the Secretary of the Regional Hospital Board, the Clerk of the Executive Council, the Chairman of the Local Medical Committee, the local officers of the Ministry of National Insurance, the Regional Officers of the Ministry of Labour, the Factory Inspector and the local officers of the Assistance Board, and to our colleagues in the other Departments of the Council.

My personal thanks are due to my colleagues in the Health Department. I name no one individually, since all have contributed loyally and conscientiously to the team work of the Department. It has been a pleasure to work with them.

I tender the sincere thanks of my colleagues and myself to the Chairman, Deputy Chairman and members of the Health Committee for their unfailing courtesy and consideration during the year.

I am,

Ladies and Gentlemen,

Your obedient servant,

I. G. DAVIES.

Public Health Department,

Leeds, 1.

July, 1953.



# SUMMARY

1952

LATITUDE 53° 48' North. LONGITUDE 1° 32' West.

AVERAGE HEIGHT ABOVE SEA LEVEL 250 feet.

AREA OF CITY .. .. . 38,296·5 Acres.

HOME POPULATION (Registrar General's Estimate) .. 504,800

ESTIMATED NUMBER OF HOUSES .. .. 158,630

RATEABLE VALUE .. .. . £4,002,795

SUM REPRESENTED BY A PENNY RATE .. .. £15,800

	Average	
	1952.	1942-51.
BIRTH RATE (births per 1,000 living) .. .. .	15·3	17·8
MARRIAGE RATE (persons married per 1,000 living) ..	16·8	19·2
DEATH RATE (deaths per 1,000 living) .. .. .	12·5	13·3
NATURAL INCREASE OF POPULATION .. .. . (Excess of births over deaths in the year)	1,448	2,184
INFANT MORTALITY RATE .. .. . (Deaths under 1 year per 1,000 births)	30	42
DEATH RATE from Pneumonia and Bronchitis .. .. .	1·83	1·42
"    "    Cancer .. .. .	2·08	1·79
"    "    Diarrhoea and Enteritis (under 2 years) per 1,000 births .. .. .	0·90	5·90

	Cases	Case- rate	Deaths	Death rate
SCARLET FEVER .. .. .	794	1·57	..	..
DIPHTHERIA .. .. .	2	0·004	..	..
TYPHOID FEVER .. .. .	..	..	..	..
MEASLES .. .. .	4,915	9·74	3	0·01
WHOOPIING COUGH .. .. .	1,637	3·24	..	..
RESPIRATORY TUBERCULOSIS .. .. .	476	0·94	113	0·22
OTHER FORMS OF TUBERCULOSIS .. .. .	97	0·19	10	0·02

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## Natural and Social Conditions.

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## NATURAL AND SOCIAL CONDITIONS.

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**Area.**—The area of the city is 38,296·5 acres.

**Population.**—The Registrar General's estimate of the home population of the city at the mid-year of 1952 was 504,800.

**Dwelling-houses.**—The total number of dwelling-houses in the city at December, 1952, was 158,630.

**Rateable Value.**—The rateable value of the city in 1952 was £4,002,795 and the estimated sum represented by a penny rate was £15,800. The corresponding figures for 1951 were £3,961,892 and £15,745 respectively.

**Meteorological Conditions.**—The hours of bright sunshine registered during the year were 1,209·25, the sunniest month being May with a daily average of 5·73 hours and the darkest December with a daily average of 0·27 hours. The daily average for the whole year was 3·30 hours.

The total rainfall for the year was 22·22 inches, the driest month being February with a total of 0·44 inches and the wettest October with 5·14 inches. Taking the four quarters of the year, the rainfall in the first quarter was 4·82 inches; in the second 4·65; in the third 4·12; and in the fourth 8·63 inches.

The month with the highest average temperature was July with 64·37 degrees and the lowest January with 38·46 degrees. The average temperature for the whole year was 50·61 degrees.

## VITAL AND MORTAL STATISTICS.

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### MARRIAGES.

The number of marriages which took place in Leeds during the year was 4,240 corresponding to a marriage rate of 16·8 as compared with 4,531 and a rate of 18·0 for the previous year and an average of 4,814 and 19·2 for the previous five years.

The provisional marriage rate for England and Wales for 1952 was 15·9 as compared with 16·4 for the previous year.

### BIRTHS.

The births registered in the city during 1952 numbered 8,250, comprising 4,282 males and 3,968 females. Of these 318 males and 319 females born to parents not residing in Leeds were transferred



to the areas in which the home address was situate, whilst 62 males and 65 females, born outside the city to Leeds parents, were transferred in, making a nett total of 7,740 births comprising 4,026 males and 3,714 females. This is the lowest number of births in any year since 1943.

The birth-rate was 15.3 per 1,000 of the home population, as compared with 16.0 for the previous year and an average of 17.8 for the previous five years.

The birth-rate for the city was lower than the rate for the 160 large towns which was 16.9 per 1,000 of the home population and the same as that of England and Wales taken as a whole which was 15.3 per 1,000 of the population.

*Excess of Births over Deaths.*—The excess of births over deaths or the "natural increase of population" was 1,448 as compared with 1,247 for the previous year and an average of 2,184 for the previous ten years.

*Illegitimate Births.*—Of the 7,740 (nett) births registered, 7,228 (3,760 males and 3,468 females) or 93.4 per cent. were legitimate and 512 (266 males and 246 females) or 6.6 per cent. were illegitimate. The comparative figures for the previous year were 7,532 or 93.6 per cent. legitimate and 512 or 6.4 per cent. illegitimate.

#### ILLEGITIMATE BIRTHS.

Year.	Illegitimate births.	Percentage of nett births registered.	Rate per 1,000 estimated population.
1937 ..	400	5.5%	0.81
1938 ..	429	5.6%	0.87
1939 ..	387	5.5%	0.78
1940 ..	402	5.8%	0.86
1941 ..	443	6.6%	0.94
1942 ..	460	6.4%	0.99
1943 ..	583	7.7%	1.28
1944 ..	683	8.0%	1.51
1945 ..	841	10.8%	1.86
1946 ..	764	7.7%	1.54
1947 ..	699	6.4%	1.42
1948 ..	595	6.4%	1.19
1949 ..	554	6.4%	1.08
1950 ..	546	6.7%	1.07
1951 ..	512	6.4%	1.02
1952 ..	512	6.6%	1.01



*Stillbirths.*—The number of stillbirths registered during the year was 225 comprising 136 males and 89 females. The inward transfers numbered 4 namely 3 males and one female and the outward transfers 47 namely 24 males and 23 females, which, after adjustment, leaves a nett total of 182 made up of 115 males and 67 females. The rate per thousand of the population was 0·36 as compared with 0·39 for the previous year. The rate for England and Wales was 0·35. Expressed as a percentage of the total births the rate was 2·3 as compared with 2·4 for the previous year. Of the 182 (nett) stillbirths 164 or 90·1 per cent. were legitimate and 18 or 9·9 per cent. were illegitimate. The ratio of registered 'still' to registered live births was 1 to 42, as compared with 1 to 41 for 1951.

Year.	No. of stillbirths registered.*	Per cent. of total births.	Rate per 1,000 population.
1938 ..	329 (19)	4·1	0·67
1939 ..	307 (19)	4·2	0·62
1940 ..	282 (27)	3·9	0·61
1941 ..	259 (29)	3·9	0·55
1942 ..	278 (32)	3·7	0·60
1943 ..	250 (22)	3·2	0·55
1944 ..	262 (23)	3·0	0·58
1945 ..	248 (38)	3·1	0·55
1946 ..	299 (29)	2·9	0·62
1947 ..	306 (26)	2·7	0·62
1948 ..	219 (26)	2·3	0·44
1949 ..	200 (23)	2·3	0·40
1950 ..	189 (16)	2·3	0·37
1951 ..	194 (20)	2·4	0·39
1952 ..	182 (18)	2·3	0·36

\* Illegitimate Stillbirths in brackets.

#### DEATHS.

The gross number of deaths registered in the city was 6,446, comprising 3,302 males and 3,144 females, giving a gross death-rate of 12·8 as compared with 13·9 for the previous year and an average of 13·2 for the previous five years. The inward transferable deaths numbered 443 namely 218 males and 225 females and outward transfers 597 namely 314 males and 283 females, which, after adjustment, leaves a nett total of 6,292 deaths debitable to the city, made up of 3,206 males and 3,086 females. The corresponding death-rate was 12·5 as compared with 13·5 for the previous year and an average of 12·8 for the previous five years.



The death-rate for England and Wales was 11·3 and that for the 160 large towns 12·1.

*Comparison with other towns (crude death-rate).*—Comparing the death-rate for Leeds with the twelve large towns in England and Wales, Leeds occupied second place, the town with a higher rate being Bradford.

*Adjusted Death-Rates.*—The Registrar General is now supplying an Area Comparability Factor (A.C.F.) by which the crude death-rate of the area can be multiplied in order to make it comparable with the crude death-rate of the country as a whole or with that of any other local area, the crude death-rate of which should be modified with its own factor for the purpose. The death-rate resulting from this application of the A.C.F. is known as the "adjusted" death-rate.

The adjusted death-rates of areas can be compared with the knowledge that peculiarities in the age and sex constitutions of their respective populations have been corrected, their populations now having the same age and sex constitution as that of a standard population selected by the Registrar General.

The area comparability factor for Leeds for 1952 was 1·07 and this, when applied to the crude rate (12·5), gives an adjusted rate of 13·4.

The following table gives comparative statistics of the larger English cities for 1952.

	Population	Birth-rate		Death-rate		Death-rate from		Infant Mortality Rate
		Crude	Adjusted	Crude	Adjusted	Resp. Tub.	Other Tub.	
London .. .. .	3,363,000	15·3	13·8	12·0	12·1	0·28	0·03	23
Birmingham .. .. .	1,119,000	16·4	15·7	10·2	11·5	0·25	0·02	27
Liverpool .. .. .	791,500	20·0	19·2	11·4	13·5	0·34	0·04	35
Manchester .. .. .	705,400	17·5	16·7	12·2	13·5	0·38	0·03	34
Sheffield .. .. .	510,900	13·7	13·6	11·6	12·4	0·23	0·02	24
<b>Leeds .. .. .</b>	<b>504,800</b>	<b>15·3</b>	<b>14·7</b>	<b>12·5</b>	<b>13·4</b>	<b>0·22</b>	<b>0·02</b>	<b>30</b>
Bristol .. .. .	443,900	15·2	15·1	11·2	10·9	0·21	0·03	21
Nottingham .. .. .	310,700	16·7	16·2	10·7	11·6	0·32	0·03	28
Hull .. .. .	299,400	18·6	18·6	11·1	12·6	0·30	0·02	40
Newcastle .. .. .	289,800	16·5	16·0	11·8	12·9	0·33	0·04	29
Bradford .. .. .	288,000	16·0	16·0	13·7	13·2	0·23	0·03	33
Leicester .. .. .	285,900	15·9	15·6	11·4	11·5	0·32	0·02	24
Stoke-on-Trent .. .. .	272,300	16·4	15·7	11·3	13·7	0·35	0·03	29



*Causes of Death.*—The principal causes of death were, in order of numerical importance, malignant neoplasms (140-203, 205), heart disease (410-416, 421-443), vascular lesions of the central nervous system (330-334), coronary disease (420), bronchitis (500-502), pneumonia (490-493, 763) and other circulatory diseases (444-468) which together accounted for 4,999 or 79·4 per cent. of the total deaths. Last year this group of diseases was responsible for 5,269 or 77·5 per cent. of the total deaths.

The tables on pages 9 and 10 set out the causes of death in accordance with the International Statistical Classification of Diseases, Injuries and Causes of Death.

*Deaths in Age Groups.*—The table on page 11 sets out the deaths according to age groups. The aggregate number of deaths of children in the age groups 0-1, 1-2 and 2-5 was 283 or 4·5 per cent. of the total deaths, as compared with 291 or 4·3 per cent. for the previous year and an average of 382 or 5·9 per cent. for the previous five years. The number of deaths in all the age groups under 45 years was 673 or 10·7 per cent. as compared with 714 or 10·5 per cent. in the previous year. In the remaining age groups 45-65 and 65+ the deaths numbered 5,619 or 89·2 per cent. as compared with 6,083 or 89·5 per cent. in the previous year.

*Cremations.*—Out of a total of 6,292 Leeds deaths during the year, the number of bodies disposed of by cremation was 2,093 or 33·3 per cent. as compared with 2,205 or 32·4 per cent. in 1951. Of this number 1,614 were cremated at Lawnswood and the remainder, 479, at Cottingley. The total number of cremations represents a decrease of 112 on the figure for the previous year and an increase of 462 on the average number of cremations for the previous five years.

### INFANT MORTALITY.

The number of children under one year of age who died in 1952 was 231 (males 140, females 91) as compared with 247 (males 150, females 97) in 1951. The infant mortality rate was 30 as compared with 31 for the previous year and an average of 36 for the previous five years.

The rate for England and Wales was 28 or 7·1 per cent. lower than the rate for Leeds, whilst the rate for the 160 large towns was 31 or 3·3 per cent. higher.



*Illegitimate Death-Rate.*—Of the 512 illegitimate births, 21 died before reaching the age of one year, which is equal to an infant mortality rate of 41 as compared with 43 in 1951.

*Causes of Death.*—The principal causes of death of infants under one year of age during the year, in order of numerical importance, were prematurity 49 (21.2 per cent.), pneumonia 46 (19.9 per cent.), congenital malformations 37 (16.0 per cent.) and post-natal asphyxia 26 (11.3 per cent.). Respiratory diseases were responsible for 51 or 22.1 per cent. of the total deaths under one year of age. In 1951 the number was 69 or 27.9 per cent. and the average for the previous five years 77 or 23.6 per cent. For further details of causes of death of infants under one year, see tables on pages 12 and 13.

*Prematurity.*—The number of deaths from prematurity (unqualified) was 49. The death-rate from prematurity per thousand live births was 6.3 as compared with 5.2 for the previous year.

The following table shows the number of deaths classified to other diseases of early infancy in which prematurity was mentioned as a contributory cause of death.

INFANT DEATHS WITH MENTION OF PREMATUREITY

International List Nos.	Cause of death	Deaths	
		M.	F.
760.5	Intra-cranial and spinal injury at birth ..	5	1
761.5	Other birth injury .. .. .	1	..
762.5	Post-natal asphyxia and atelectasis ..	5	10
763.5	Pneumonia of newborn .. .. .	1	..

*Deaths in Age Groups.*—Of the total (231) infant deaths, 70 or 30.3 per cent. took place on the first day; 126 or 54.4 per cent. in the first week; 144 or 62.3 per cent. in the first month; 28 or 12.1 per cent. between one and three months; 37 or 16.0 per cent. between three and six months; 11 or 4.8 per cent. between six and nine months and 11 or 4.8 per cent. between nine and twelve months.

The percentage changes in the infant death-rates per thousand births in 1952 as compared with the previous ten years are as follows:—

Under 1 week decrease	4.7%	3-6 months decrease	20.0%
Under 1 month ..	19.5%	6-9 .. ..	58.8%
1-3 months ..	54.4%	9-12 .. ..	26.3%
Whole year decrease, 29.4%			

*Neo-Natal Death-Rate.*—The number of deaths occurring in the first month of life was 144 or 3 more than in the previous year, the corresponding neo-natal death-rate being 18·6 as compared with 17·5 in 1951.

Of the total deaths under one year of age 62·3 per cent. occurred in the first month and of deaths in the first month 48·6 per cent. occurred on the first day, 87·5 per cent. in the first week and 95·1 per cent. in the first two weeks.

As in previous years, deaths in the first month were largely due to prematurity, atelectasis and post-natal asphyxia.

### MATERNAL MORTALITY.

The number of mothers who lost their lives in childbirth during the year was 6 as compared with 5 in the previous year. The corresponding maternal mortality rate per thousand live births was 0·78 as compared with 0·62 for the previous year and an average of 0·67 for the previous five years. Calculated on the total number of births (live and still) the rate for the year was 0·76 as compared with 0·61 for the previous year.

The causes of death were as follows :—

- (1) 1a. Concealed accidental hæmorrhage
  - b. Subacute liver necrosis
  - c. Toxæmia of pregnancy.
- (2) 1a. Bilateral cortical renal necrosis
  - b. Toxæmia of pregnancy
  2. Congenital cystic disease of kidneys.
- (3) Septicæmia following a septic abortion but with insufficient evidence to show how caused.
- (4) Air embolism following attempted abortion (Conviction of Manslaughter).
- (5) 1a. Sub-dural hæmorrhage
  - b. Pregnancy.
- (6) Bacterial endocarditis and chronic mitral valvular disease of the heart.  
Acquittal of Manslaughter (criminal abortion).



## PRINCIPAL CAUSES OF DEATH.

International List Nos.	Diseases	No. of deaths in 1952 (nett)	No. of deaths in 1951 (nett)	Death rate 1952
001-008	Tuberculosis, respiratory .. .. .	113	166	0.22
010-019	Tuberculosis, other forms .. .. .	10	16	0.02
020-029	Syphilitic disease .. .. .	28	22	0.06
055	Diphtheria .. .. .	..	..	..
056	Whooping Cough .. .. .	..	4	..
057	Meningococcal infections .. .. .	1	5	0.00
080	Acute poliomyelitis .. .. .	7	..	0.01
085	Measles .. .. .	3	3	0.01
Remainder of 001-138	Other infective and parasitic diseases .. ..	14	5	0.03
151	Malignant neoplasms : Stomach .. .. .	166	188	0.33
162, 163	Lung, bronchus .. .. .	213	168	0.42
170	Breast .. .. .	88	102	0.02
171-174	Uterus .. .. .	59	40	0.12
Remainder of 140-203 } 205 } 204 }	Other malignant and lymphatic neoplasms .. ..	523	506	1.04
260	Leukaemia, aleukaemia .. .. .	22	17	0.04
330-334	Diabetes .. .. .	31	31	0.06
420	Vascular lesions of central nervous system ..	943	1,012	1.87
440-443	Coronary disease, angina .. .. .	858	807	1.70
Remainder of 410-443 } 444-468 }	Hypertension with heart disease .. .. .	182	183	0.36
480-483	Other heart disease .. .. .	840	1,004	1.67
490-493 } 763 }	Other circulatory disease .. .. .	203	221	0.40
500-502 } 470-475 }	Influenza .. .. .	27	146	0.05
510-527 }	Pneumonia .. .. .	417	407	0.83
540, 541 } 543, 571 }	Bronchitis .. .. .	507	631	1.00
572, 764 }	Other diseases of the respiratory system .. ..	55	88	0.11
590-594	Ulcer of stomach and duodenum .. .. .	52	69	0.10
610	Gastritis, enteritis and diarrhoea .. .. .	23	20	0.05
640-689	Nephritis and nephrosis .. .. .	56	72	0.11
750-759	Hyperplasia of prostate .. .. .	33	39	0.07
Residual	Pregnancy, childbirth and abortion .. ..	6	5	0.02
E810-E835 } E800-E802 }	Congenital malformations .. .. .	50	33	0.10
E840-E962 }	Other defined and ill-defined diseases .. ..	520	493	1.03
E963 } E970-E979 }	Motor vehicle accidents .. .. .	42	51	0.08
E964-E965 } E980-E999 }	All other accidents .. .. .	128	150	0.25
	Suicide .. .. .	59	64	0.12
	Homicide and operations of war .. .. .	13	29	0.03
	Totals .. .. .	6,292	6,797	12.46



## CAUSES OF, AND AGES AT DEATH DURING THE CALENDAR YEAR, 1952.

International List Nos.	Cause of Death	Nett Deaths at the subjoined ages of "Residents" whether occurring within or outside the District.										*Total Hospital Deaths in the District
		All Ages	Under 1 year.	1 & under 2 years.	2 & under 5 years.	5 & under 15 years.	15 & under 25 years.	25 & under 45 years.	45 & under 65 years.	65 & under 75 years.	75 and upwards.	
001-008	Tuberculosis, respiratory ..	113	..	..	1	..	2	37	55	14	4	51
010-019	Tuberculosis, other forms ..	10	..	1	2	1	2	2	..	1	1	9
020-029	Syphilitic disease ..	28	..	..	..	..	..	2	11	11	4	14
055	Diphtheria ..	..	..	..	..	..	..	..	..	..	..	..
056	Whooping Cough ..	..	..	..	..	..	..	..	..	..	..	..
057	Meningococcal infections ..	1	1	..	..	..	..	..	..	..	..	1
080	Acute poliomyelitis ..	7	..	..	..	1	..	5	1	..	..	7
085	Measles ..	3	..	2	1	..	..	..	..	..	..	2
Remainder of 001-138	Other infective and parasitic diseases ..	14	1	..	..	..	1	2	6	1	3	14
	Malignant neoplasms :											
151	Stomach ..	166	..	..	..	..	..	9	62	54	41	97
162, 163	Lung, bronchus ..	213	..	..	..	..	..	18	116	59	20	105
170	Breast ..	88	..	..	..	..	..	11	37	23	17	34
171-174	Uterus ..	59	..	..	..	..	..	8	29	17	5	32
Remainder of 140-203, 205	Other malignant and lymphatic neoplasms ..	523	..	2	3	3	4	28	185	161	137	288
204	Leukaemia, aleukaemia ..	22	..	..	2	1	..	2	8	6	3	21
260	Diabetes ..	31	..	..	..	..	..	1	9	10	11	18
330-334	Vascular lesions of central nervous system ..	943	..	1	..	..	..	9	163	292	478	425
420	Coronary disease, angina ..	858	..	..	..	..	..	17	275	324	242	247
440-443	Hypertension with heart disease ..	182	1	..	..	..	..	2	33	74	72	88
Remainder of 410-443	Other heart disease ..	840	..	1	..	..	5	42	118	200	474	189
444-468	Other circulatory disease ..	203	..	..	..	..	1	4	27	45	126	101
480-483	Influenza ..	27	..	..	..	..	..	4	10	9	4	6
490-493, 763	Pneumonia ..	417	46	1	1	..	2	15	61	102	189	338
500-502	Bronchitis ..	507	3	1	..	..	..	3	129	169	202	185
470-475 } 510-527 }	Other diseases of the respiratory system ..	55	2	..	2	1	1	6	14	18	11	36
540, 541	Ulcer of stomach and duodenum ..	52	..	..	..	..	..	2	24	13	13	62
543, 571 } 572, 764 }	Gastritis, enteritis and diarrhoea ..	23	6	2	..	2	1	..	1	7	4	17
590-594	Nephritis and nephrosis ..	56	..	..	..	1	2	17	14	10	12	33
610	Hyperplasia of prostate ..	33	..	..	..	..	..	..	..	13	20	35
640-689	Pregnancy, childbirth and abortion ..	6	..	..	..	..	..	6	..	..	..	6
750-759	Congenital malformations ..	50	37	3	4	1	..	..	3	2	..	57
Residual	Other defined and ill-defined diseases ..	520	124	3	4	5	8	34	103	118	121	458
E810-E835	Motor vehicle accidents ..	42	..	..	5	3	4	9	7	6	8	44
E800-E802 } E840-E962 }	All other accidents ..	128	10	3	7	6	5	14	23	13	47	116
E963												
E970-E979 } E964, E965 }	Suicide ..	59	..	..	..	..	..	17	28	9	5	10
E980-E999 }	Homicide and operations of War ..	13	..	..	..	..	..	1	8	4	..	3
	Totals ..	6,292	231	20	32	25	38	327	1,560	1,785	2,274	3,149

\*Total Deaths whether of "Residents" or "Non-Residents" in Hospitals and Institutions in the District.



## DEATHS IN AGE GROUPS (NETT), 1942-1952.

Together with the percentage, of the total deaths, represented by each group  
(in italics).

Year.	Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65+	Total.
<b>1942</b>	369 <i>6.1%</i>	45 <i>0.7%</i>	59 <i>1.0%</i>	86 <i>1.4%</i>	118 <i>1.9%</i>	531 <i>8.7%</i>	1,703 <i>28.0%</i>	3,179 <i>52.2%</i>	<b>6,090</b>
<b>1943</b>	356 <i>5.6%</i>	42 <i>0.7%</i>	63 <i>1.0%</i>	96 <i>1.5%</i>	144 <i>2.3%</i>	563 <i>8.8%</i>	1,657 <i>26.1%</i>	3,437 <i>54.0%</i>	<b>6,358</b>
<b>1944</b>	429 <i>7.0%</i>	34 <i>0.6%</i>	37 <i>0.6%</i>	86 <i>1.4%</i>	114 <i>1.9%</i>	500 <i>8.2%</i>	1,663 <i>27.1%</i>	3,261 <i>53.2%</i>	<b>6,124</b>
<b>1945</b>	438 <i>6.8%</i>	33 <i>0.5%</i>	37 <i>0.6%</i>	67 <i>1.1%</i>	104 <i>1.6%</i>	481 <i>7.5%</i>	1,752 <i>27.3%</i>	3,498 <i>54.6%</i>	<b>6,410</b>
<b>1946</b>	401 <i>6.1%</i>	29 <i>0.4%</i>	30 <i>0.5%</i>	49 <i>0.7%</i>	99 <i>1.5%</i>	458 <i>6.9%</i>	1,775 <i>26.8%</i>	3,773 <i>57.0%</i>	<b>6,614</b>
<b>1947</b>	552 <i>8.1%</i>	33 <i>0.5%</i>	59 <i>0.9%</i>	51 <i>0.8%</i>	85 <i>1.3%</i>	490 <i>7.2%</i>	1,677 <i>24.7%</i>	3,846 <i>56.6%</i>	<b>6,793</b>
<b>1948</b>	321 <i>5.4%</i>	34 <i>0.6%</i>	25 <i>0.4%</i>	43 <i>0.7%</i>	78 <i>1.3%</i>	401 <i>6.8%</i>	1,599 <i>27.1%</i>	3,401 <i>57.6%</i>	<b>5,902</b>
<b>1949</b>	254 <i>3.9%</i>	27 <i>0.4%</i>	30 <i>0.5%</i>	46 <i>0.7%</i>	87 <i>1.3%</i>	413 <i>6.4%</i>	1,704 <i>26.4%</i>	3,890 <i>60.3%</i>	<b>6,451</b>
<b>1950</b>	250 <i>4.0%</i>	9 <i>0.1%</i>	26 <i>0.4%</i>	42 <i>0.7%</i>	60 <i>1.0%</i>	346 <i>5.5%</i>	1,609 <i>25.7%</i>	3,912 <i>62.6%</i>	<b>6,254</b>
<b>1951</b>	247 <i>3.6%</i>	20 <i>0.3%</i>	24 <i>0.4%</i>	44 <i>0.6%</i>	52 <i>0.8%</i>	327 <i>4.8%</i>	1,758 <i>25.9%</i>	4,325 <i>63.6%</i>	<b>6,797</b>
<b>1952</b>	231 <i>3.7%</i>	20 <i>0.3%</i>	32 <i>0.5%</i>	25 <i>0.4%</i>	38 <i>0.6%</i>	327 <i>5.2%</i>	1,560 <i>24.8%</i>	4,059 <i>64.5%</i>	<b>6,292</b>



## DEATHS FROM STATED CAUSES UNDER ONE YEAR OF AGE.

International List Nos.	Cause of Death	1951	1952	% of total deaths under one
010	Tuberculosis of meninges and central nervous system .. ..	1	..	..
Rest of 001-019	Tuberculosis, other forms .. ..	1	..	..
020	Syphilis .. ..	..	..	..
050	Scarlet fever .. ..	..	..	..
055	Diphtheria .. ..	..	..	..
056	Whooping Cough .. ..	2	..	..
057	Meningococcal infections .. ..	1	1	0.43
085	Measles .. ..	2	..	..
340	Meningitis (non-meningococcal) ..	3	4	1.73
480-483	Influenza .. ..	2	..	..
490-493	Pneumonia (4 weeks—I year) ..	45	36	15.58
500-502	Bronchitis .. ..	4	3	1.30
560, 561, 570	Intestinal obstruction, hernia ..	5	7	3.03
571, 572	Gastro-enteritis (4 weeks—I year)	7	5	2.16
751	Spina bifida and meningocele ..	10	6	2.60
754	Congenital malformations of cir- culatory system .. ..	11	18	7.79
750, 752, 753 } 755-759 }	All other congenital malformations	3	13	5.63
760-761	Birth injuries .. ..	19	21	9.09
762	Post-natal asphyxia, atelectasis ..	38	26	11.26
763	Pneumonia of newborn (—4 weeks)	13	10	4.33
764	Diarrhoea of newborn (—4 weeks)	..	1	0.43
765-768	Other infections of newborn ..	..	..	..
770	Hæmolytic disease of newborn ..	4	4	1.73
769 } 771-773 }	Other diseases peculiar to early infancy .. ..	3	4	1.73
774-776	Prematurity .. ..	42	49	21.21
E924	Accidental mechanical suffocation	5	4	1.73
Rem. of E800-999	Other violent causes .. ..	11	6	2.60
Residual	All other causes .. ..	15	13	5.63
	Totals .. ..	247	231	..

INFANT MORTALITY 1952. NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER ONE YEAR OF AGE.

International List Nos.	Cause of Death	-1 day	1 day	2 days	3 days	4 days	5 days	6 days	1-2 weeks	2-3 weeks	3-4 weeks	Total -1 m'th	1-3 m'ths	3-6 m'ths	6-9 m'ths	9-12 m'ths	Total -1 year
010	Tuberculosis of meninges	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rest of 001-019	Tuberculosis, other forms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
020	Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
050	Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
055	Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
056	Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
057	Meningococcal infections	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
085	Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
340	Meningitis (non-meningococcal or tuberculous)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
480-483	Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
490-493	Pneumonia (4 weeks-1 year)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
500-502	Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
560, 561, 570	Intestinal obstruction, hernia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
571, 572	Gastro-enteritis (4 weeks-1 year)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
751	Spina bifida and meningocoele	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
754	Congenital malformations of circulatory system	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rest of 750-759	All other congenital malformations	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
760, 761	Birth injuries	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
762	Post-natal asphyxia, atelectasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
763	Pneumonia of newborn (-4 weeks)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
764	Diarrhoea of newborn (-4 weeks)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
765-768	Other infections of newborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
770	Haemolytic disease of newborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
769, 771-773	Other diseases peculiar to early infancy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
774-776	Prematurity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
E924	Accidental mechanical suffocation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rest of E800-999	Other violent causes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Residual	All other causes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	70	15	20	11	6	..	4	11	4	3	144	28	37	11	11	231



INFANT MORTALITY IN WARDS AT DIFFERENT PERIODS OF THE FIRST YEAR OF LIFE, CALENDAR YEAR, 1952.

WARD.	Births in year.	Under one day.		Under one week.		Under one month.		One and under three months.		Three and under six months.		Six and under nine months.		Nine and under twelve months.		Under one year.	
		Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
City	315	4	12.7	8	25.4	9	28.6	..	7.1	2	6.3	1	3.2	3	9.5	15	48
Blenheim ..	423	4	9.5	6	14.2	6	14.2	3	7.1	1	2.4	..	..	1	2.4	11	26
Westfield ..	392	7	17.9	11	28.1	13	33.2	..	..	1	2.6	..	..	..	..	14	36
Wellington ..	327	2	6.1	4	12.2	6	18.3	1	3.1	2	6.1	3	9.2	..	..	12	37
Hyde Park ..	235	2	8.5	5	21.3	6	25.5	..	..	1	4.3	..	..	..	..	7	30
Kirkstall ..	272	1	3.7	5	18.4	5	18.4	1	3.7	3	11.0	..	..	..	..	9	33
Far Headingley ..	177	1	5.6	2	11.3	2	11.3	..	..	1	5.6	..	..	..	..	3	17
Meanwood ..	206	3	14.6	5	24.3	7	34.0	..	..	..	..	1	4.9	..	..	8	39
Woodhouse ..	345	3	8.7	6	17.4	7	20.3	1	2.9	1	5.8	1	2.9	..	..	11	32
Moortown ..	269	1	3.7	4	14.9	4	14.9	1	3.7	2	7.4	..	..	..	..	7	26
Allerton ..	202	1	5.0	1	5.0	1	5.0	..	..	..	..	1	5.0	..	..	2	10
Roundhay ..	276	2	7.2	2	7.2	2	7.2	4	14.5	1	3.6	..	..	..	..	7	25
Richmond Hill ..	370	1	2.7	3	8.1	3	8.1	..	..	4	10.8	..	..	1	2.7	8	22
Potternewton ..	321	3	9.3	5	15.6	5	15.6	1	3.1	..	..	..	..	..	..	6	19
Harehills ..	215	..	..	1	4.7	1	4.7	1	4.7	..	..	..	..	2	9.3	4	19
Burmantofts ..	253	5	19.8	6	23.7	8	31.6	1	4.0	..	..	..	..	2	7.9	11	43
East Hunslet ..	299	3	10.0	4	13.4	5	16.7	1	3.3	2	6.7	..	..	..	..	8	27
Osmondthorpe ..	327	1	3.1	3	9.2	3	9.2	2	6.1	3	9.2	1	3.1	1	3.1	10	31
Cross Gates ..	258	1	3.9	3	11.6	4	15.5	..	..	..	..	..	..	..	..	4	16
Halton ..	175	..	..	2	11.4	2	11.4	..	..	..	..	..	..	1	5.7	3	17
Beeston ..	252	2	7.9	2	7.9	2	7.9	3	11.9	1	4.0	..	..	..	..	6	24
Holbeck ..	314	4	12.7	7	22.3	9	28.7	4	12.7	3	10.0	..	..	..	..	16	51
Hunslet Carr ..	247	2	8.1	2	8.1	2	8.1	..	..	1	4.0	..	..	..	..	3	12
Middleton ..	374	6	16.0	12	32.1	12	32.1	..	..	2	5.3	1	2.7	..	..	15	40
Armley ..	208	1	4.8	1	4.8	1	4.8	2	9.6	2	9.6	..	..	..	..	5	24
Wortley ..	197	4	20.3	6	30.4	8	40.6	..	..	1	5.1	1	5.1	..	..	10	51
Bramley ..	259	5	19.3	7	27.0	7	27.0	2	7.7	2	7.7	1	3.9	..	..	12	46
Stanningley ..	232	1	4.3	3	12.9	4	17.2	..	..	..	..	..	..	..	..	4	17
City Totals	7,740	70	9.0	126	16.3	144	18.6	28	3.6	37	4.8	11	1.4	11	1.4	231	30



BIRTHS AND DEATHS UNDER ONE YEAR WITH RATES.—CALENDAR YEAR 1952.

WARD.	TOTAL BIRTHS (nett).	Birth rate per 1,000 population.	No. of legitimate births.	No. of illegitimate births.	Total deaths under one year (nett).	Death rate per 1,000 births	No. of legitimate deaths under one year.	Legitimate death rate per 1,000 legitimate births.	No. of illegitimate deaths under one year.	Illegitimate death rate per 1,000 illegitimate births.
City ..	315	21.5	280	35	15	48	15	54	..	..
Blenheim ..	423	23.2	370	53	11	26	9	24	2	38
Westfield ..	392	21.4	342	50	14	36	12	35	2	40
Wellington ..	327	18.0	307	20	12	37	11	36	1	50
Hyde Park ..	235	12.7	216	19	7	30	7	32	..	..
Kirkstall ..	272	14.8	256	16	9	33	9	35	..	..
Far Headingley ..	177	12.3	170	7	3	17	3	18	..	..
Meanwood ..	206	10.8	193	13	8	39	6	31	2	154
Woodhouse ..	345	16.1	320	25	11	32	10	31	1	40
Moortown ..	269	15.2	264	5	7	26	7	27	..	..
Allerton ..	202	9.5	197	5	2	10	2	10	..	..
Roundhay ..	276	12.4	261	15	7	25	7	27	..	..
Richmond Hill ..	370	21.0	352	18	8	22	8	13	..	..
Potternewton ..	321	20.5	267	54	6	19	6	22	..	..
Harehills ..	215	12.7	206	9	4	19	4	19	..	..
Burmantofts ..	253	16.0	243	10	11	43	11	45	..	..
East Hunslet ..	299	16.1	289	10	8	27	8	28	..	..
Osmondthorpe ..	327	16.5	301	26	10	31	7	23	3	115
Cross Gates ..	258	16.6	246	12	4	16	4	16	..	..
Halton ..	175	11.4	173	2	3	17	3	17	..	..
Beeston ..	252	11.7	242	10	6	24	5	21	1	100
Holbeck ..	314	15.5	294	20	16	51	13	44	3	150
Hunslet Carr ..	247	12.6	237	10	3	12	3	13	..	..
Middleton ..	374	19.7	345	29	15	40	11	32	4	138
Armley ..	208	12.1	204	4	5	24	5	25	..	..
Wortley ..	197	11.5	187	10	10	51	10	53	..	..
Bramley ..	259	15.1	243	16	12	46	11	45	1	63
Stanningley ..	232	14.9	223	9	4	17	3	13	1	111
City Totals ..	7,740	15.3	7,228	512	231	30	210	29	21	41



INFANTILE MORTALITY DURING THE FOURTEEN YEARS 1939-1952 AT DIFFERENT PERIODS OF  
THE FIRST YEAR OF LIFE.

Year.	Births in year.	Under one week.		Under one month.		One and under three months.		Three and under six months.		Six and under nine months.		Nine and under twelve months.		Under one year.	
		Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
1939	..	149	21.0	214	30.2	66	9.3	50	7.1	44	6.2	27	3.8	401	57
1940	..	157	22.6	214	30.8	70	10.1	48	6.9	39	5.6	24	3.5	395	57
1941	..	123	18.4	178	26.7	69	10.3	75	11.2	41	6.1	44	6.6	407	61
1942	..	154	21.4	214	29.7	58	8.1	49	6.8	31	4.3	17	2.4	369	51
1943	..	139	18.4	179	23.7	58	7.7	62	8.2	43	5.7	14	1.9	356	47
1944	..	177	20.8	242	28.4	75	8.8	55	6.5	42	4.9	15	1.8	429	50
1945	..	151	19.5	222	28.6	93	12.0	65	8.4	34	4.4	24	3.1	438	56
1946	..	174	17.6	235	23.8	79	8.0	41	4.1	25	2.5	21	2.1	401	41
1947	..	178	16.4	278	25.6	125	11.5	87	8.0	41	3.8	21	1.9	552	51
1948	..	122	13.2	162	17.5	70	7.6	49	5.3	22	2.4	18	1.9	321	35
1949	..	125	14.8	156	18.5	36	4.3	29	3.4	21	2.5	12	1.4	254	30
1950	..	122	15.0	148	18.2	43	5.3	35	4.3	16	2.0	8	1.0	250	31
1951	..	125	15.5	141	17.5	36	4.5	40	5.0	19	2.4	11	1.4	247	31
1952	..	126	16.3	144	18.6	28	3.6	37	4.8	11	1.4	11	1.4	231	30



PERCENTAGE CHANGES (5 YEAR PERIODS, ALSO YEARS 1950, 1951 AND 1952) IN THE INFANT DEATH-RATE  
per 1,000 BIRTHS AS COMPARED WITH THE AVERAGE OF THE FIVE YEARS 1905-1909.

Five year period	Under one week		Under one month		One and under three months		Three and under six months		Six and under nine months		Nine and under 12 months		Under one year	
	Rate	Percentage increase or decrease over 5 years period 1905-1909	Rate	Percentage increase or decrease over 5 years period 1905-1909	Rate	Percentage increase or decrease over 5 years period 1905-1909	Rate	Percentage increase or decrease over 5 years period 1906-1909	Rate	Percentage increase or decrease over 5 years period 1905-1909	Rate	Percentage increase or decrease over 5 years period 1905-1909	Rate	Percentage increase or decrease over 5 years period 1905-1909
1905-1909	26.2	—	44.3	—	25.5	—	28.0	—	23.0	—	18.6	—	139	—
1910-1914	26.6	+1.5%	44.1	-0.5%	24.7	-3.1%	23.9	-14.6%	20.1	-12.6%	18.0	-3.2%	131	-5.8%
1915-1919	26.4	+0.8%	44.4	+0.2%	21.5	-15.7%	25.0	-10.7%	19.7	-14.3%	17.9	-3.8%	129	-7.2%
1920-1924	23.8	-9.2%	42.3	-4.5%	17.9	-29.8%	16.1	-42.5%	13.2	-42.6%	11.6	-37.6%	101	-27.3%
1925-1929	24.3	-7.3%	38.2	-13.8%	15.1	-40.8%	13.4	-52.1%	11.5	-50.0%	10.1	-45.7%	88	-36.7%
1930-1934	26.1	-0.4%	35.8	-19.2%	12.9	-49.4%	10.6	-62.1%	9.5	-58.7%	7.8	-58.1%	77	-44.6%
1935-1939	23.3	-11.1%	31.9	-28.0%	10.5	-58.4%	9.5	-66.1%	6.6	-71.3%	4.9	-73.7%	63	-54.7%
1940-1944	20.3	-22.5%	27.9	-37.0%	9.0	-64.7%	7.9	-71.8%	5.3	-77.0%	3.2	-82.8%	53	-61.9%
1945-1949	16.2	-38.2%	22.8	-48.5%	8.7	-65.9%	5.9	-78.9%	3.1	-86.5%	2.1	-88.7%	43	-69.0%
1950	15.0	-42.7%	18.2	-58.9%	5.3	-79.2%	4.3	-84.6%	2.0	-91.3%	1.0	-94.6%	31	-77.7%
1951	15.5	-40.8%	17.5	-60.5%	4.5	-82.4%	5.0	-82.1%	2.4	-89.6%	1.4	-92.5%	31	-77.7%
1952	16.3	-37.8%	18.6	-58.0%	3.6	-85.9%	4.8	-82.9%	1.4	-93.9%	1.4	-92.5%	30	-78.4%



# MINISTRY OF HEALTH TABLES. TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1952 AND PREVIOUS YEARS.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate.	Of Non-residents registered in the District.	Of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1934	486,250	7,691	7,190	14.8	6,666	13.7	619	244	513	71	6,291	12.9
1935	487,200	7,751	7,211	14.8	6,763	13.9	576	245	463	64	6,432	13.2
1936	489,800	7,845	7,340	15.0	7,003	14.3	620	283	476	65	6,666	13.6
1937	491,860†	7,844	7,279	14.8	6,915	14.1	656	314	491	67	6,573	13.4
1938	494,000	8,159	7,614	15.4	6,592	13.3	597	260	490	64	6,255	12.7
1939	(a) 497,000 (b) 488,000	7,434	7,079	14.2	6,821	14.0	619	333	401	57	6,535	13.4
1940	465,700	7,459	6,946	14.9	7,178	15.4	638	378	395	57	6,918	14.9
1941	471,930	7,027	6,667	14.1	6,610	14.0	655	501	407	61	6,456	13.7
1942	462,400	7,355	7,204	15.6	6,256	13.5	589	423	369	51	6,090	13.2
1943	453,900	7,830	7,547	16.6	6,532	14.4	595	421	356	47	6,358	14.0
1944	451,100	8,611	8,518	18.9	6,314	14.0	601	411	429	50	6,124	13.6
1945	451,670	8,258	7,760	17.2	6,580	14.6	595	425	438	56	6,410	14.2
1946	481,570	10,267	9,886	20.5	6,795	14.1	570	389	401	41	6,614	13.7
1947	492,140	11,394	10,875	22.1	6,982	14.2	567	378	552	51	6,793	13.8
1948	501,900	9,938	9,234	18.4	6,106	12.2	600	396	321	35	5,902	11.8
1949	504,900	9,146	8,447	16.3	6,757	13.4	630	324	254	30	6,451	12.8
1950	509,700	8,857	8,113	15.9	6,437	12.6	579	396	250	31	6,254	12.3
1951	503,030	8,700	8,044	16.0	6,983	13.9	595	409	247	31	6,797	13.5
1952	504,800	8,250	7,740	15.3	6,446	12.8	597	443	231	30	6,292	12.5

Total population at all ages at the 1951 Census 504,954

Area of District in acres (land and inland water) } 38,296.5



TABLE II. CASES OF INFECTIOUS DISEASES ORIGINALLY NOTIFIED BEFORE ALTERATION OF DIAGNOSIS DURING THE CALENDAR YEAR 1952.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.																Total Cases removed to Hospital.
	At all Ages.				At Ages—Years.												
	Under 1.		1 and under 5 years.		5 and under 15 years.		15 and under 25 years.		25 and under 45 years.		45 and under 65 years.		65 and upwards.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Diphtheria ..	9	17	2	..	3	4	3	4	1	4	..	..	..	..	9	17	
Dysentery ..	97	101	6	4	69	59	14	9	1	13	5	9	6	1	23	23	
Acute encephalitis ..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	
Erysipelas ..	29	54	..	..	..	1	1	1	..	3	4	11	31	7	9	14	
Food poisoning ..	10	5	..	..	2	3	2	1	..	..	3	..	1	..	4	1	
Malaria ..	2	..	..	..	..	..	..	..	..	..	2	..	..	..	2	..	
Measles ..	2,482	2,448	89	88	1,191	1,202	1,182	1,133	14	14	5	10	1	..	68	54	
Meningococcal infections ..	6	3	2	2	2	1	2	..	..	..	..	..	..	..	2	1	
Ophthalmia neonatorum ..	5	3	5	3	..	..	..	..	..	..	..	..	..	..	..	..	
Paratyphoid fever ..	2	1	..	..	..	..	..	..	1	..	1	1	..	..	2	1	
Pneumonia (acute primary)	255	173	16	10	22	26	33	18	14	7	54	39	68	48	26	11	
" (acute influenzal)	20	15	..	..	1	..	2	..	2	1	6	3	7	3	..	..	
Poliomyelitis ..	51	58	2	1	20	18	15	23	5	4	6	11	3	1	48	48	
Puerperal pyrexia ..	..	98	..	..	..	..	..	..	..	44	..	54	..	..	..	1	
Scarlet fever ..	404	412	1	1	145	131	246	268	9	8	3	4	..	..	82	86	
Typhoid fever ..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	1	
Whooping cough ..	763	881	76	74	430	493	255	295	1	3	1	10	..	1	47	40	
Other notifiable diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Non-notifiable diseases ..	241	183	92	52	86	55	32	32	11	22	14	15	3	3	241	183	
Totals ..	4,377	4,453	291	235	1,972	1,993	1,787	1,784	59	123	104	172	101	98	563	481	
Pulmonary tuberculosis ..	282(35)	194(28)	..	1	14(1)	8	10	14	42(6)	73(15)	116(24)	79(11)	79(3)	17(2)	21(1)	114	
Other forms of tuberculosis ..	44(2)	53(1)	..	..	9	6	10	12	7(2)	16(1)	11	13	5	6	2	34	

The figures shown in brackets are "Transfer in" Cases and are included in totals.



TABLE IIA. ACCEPTED CASES OF INFECTIOUS DISEASES (AFTER CORRECTION OF DIAGNOSIS) DURING THE CALENDAR YEAR 1952.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.																		Total Cases removed to Hospital.	
	At all Ages.						At Ages—Years.													
	Under 1.		1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.												
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
Diphtheria ..	2	..	..	7	66	59	..	2	..	..	1	13	..	..	..	6	..	2	..	26
Dysentery ..	92	104	..	..	1	..	..	12	9	..	..	..	..	..	..	..	..	18	..	..
Acute encephalitis ..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas ..	28	51	..	..	..	1	..	1	1	..	..	3	4	10	15	30	6	8	11	..
Food poisoning ..	15	9	..	2	6	3	1	1	1	..	..	..	4	2	1	1	..	9	5	..
Malaria ..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..
Measles ..	2,479	2,436	85	88	1,188	1,197	..	1,183	1,129	14	14	14	5	10	1	1	..	65	42	..
Meningococcal infections ..	5	2	2	2	3	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Ophthalmia neonatorum ..	5	3	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Paratyphoid fever ..	2	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	2	..	..
Pneumonia (acute primary) ..	264	179	23	11	25	27	..	32	22	14	7	7	54	39	68	40	33	35	17	..
" (acute influenzal) ..	20	15	..	..	1	..	..	2	..	2	1	1	6	3	7	8	3	..	..	..
Poliomyelitis ..	36	43	1	1	15	17	9	9	11	5	4	4	4	9	2	1	..	33	33	..
Puerperal pyrexia ..	..	98	..	..	..	..	..	..	..	..	44	..	..	54	..	..	..	..	1	..
Scarlet fever ..	394	400	1	1	140	130	..	243	259	7	8	3	3	2	..	..	..	72	74	..
Typhoid fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough ..	760	877	73	74	433	489	..	252	295	1	3	1	1	10	..	5	1	44	36	..
Other notifiable diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Non-notifiable diseases ..	273	236	88	49	94	70	57	50	57	14	26	18	24	..	5	6	4	273	236	..
Totals ..	4,377	4,453	291	235	1,972	1,993	1,787	1,784	1,784	59	123	104	172	101	98	63	48	563	481	..
Pulmonary tuberculosis ..	282(35)	194(28)	..	1	14(1)	8	10	14	14	42(6)	73(15)	116(24)	79(11)	79(3)	17(2)	21(1)	2	145	114	..
Other forms of tuberculosis ..	44(2)	53(1)	..	..	9	6	10	12	12	7(2)	16(1)	11	13	5	6	2	..	27	34	..

The figures shown in brackets are "Transfer in" Cases and are included in totals.



TABLE IIA. (continued).

TOTAL ACCEPTED CASES (AFTER CORRECTION OF DIAGNOSIS) IN EACH LOCALITY, (e.g., Parish or Ward) of the District.																														
NOTIFIABLE DISEASE.	City	Blenheim	Westfield	Wellington	Hyde Park	Kirkstall	Far Headingley	Meanwood	Woodhouse	Moortown	Allerton	Roundhay	Richmond Hill	Potternewton	Harehills	Burmantofts	East Hunslet	Osmondthorpe	Cross Gates	Halton	Beeston	Holbeck	Hunslet Carr	Mid-Mileton	Armley	Wortley	Bramley	Stanningley	City Total	
Diphtheria ..	..	17	1	..	..	3	..	2	2	..	21	..	26	2	..	..	7	23	3	63	6	..	1	..	1	..	..	..	2	
Dysentery ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2	7	2	..	..	..	196	
Acute encephalitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
Erysipelas ..	8	7	1	4	1	3	3	3	1	1	5	2	3	5	3	2	2	4	3	3	..	3	1	4	3	..	6	..	1	79
Food poisoning ..	1	2	2	..	..	1	..	1	4	..	..	1	1	2	..	..	..	..	2	..	..	1	2	..	1	2	..	2	24	
Malaria ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
Measles ..	167	326	163	156	189	372	245	229	242	166	258	108	130	220	141	101	171	106	88	52	192	133	203	364	108	85	105	95	4915	
Meningococcal infections..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	1	..	1	..	2	..	..	..	..	..	7	
Ophthalmia neonatorum..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	..	..	..	..	8	
Paratyphoid fever..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	
Pneumonia (ac. primary)	30	26	27	28	11	24	7	4	18	10	19	10	29	6	6	9	27	32	16	8	11	16	11	15	14	16	9	4	443	
" (ac. influenza)	1	..	1	6	..	1	..	1	..	..	1	1	2	1	2	3	2	3	1	..	..	1	..	2	2	3	..	..	35	
Poliomyelitis ..	3	4	8	2	3	5	4	4	1	4	..	4	2	2	..	2	4	6	4	2	..	..	1	..	2	2	3	6	79	
Puerperal pyrexia..	1	2	24	1	..	2	..	..	1	..	1	..	42	..	..	2	..	..	..	..	..	1	..	2	..	..	19	..	98	
Scarlet fever ..	38	39	7	62	19	19	17	27	16	56	25	27	29	9	15	20	35	27	28	10	39	29	26	53	54	24	21	23	794	
Typhoid fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Whooping cough ..	67	73	48	123	30	36	14	68	33	71	58	35	68	43	47	61	76	125	63	25	64	116	93	56	46	47	24	27	1637	
Other notifiable diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Non-notifiable diseases ..	58	39	21	14	14	20	18	7	9	7	21	14	27	15	9	15	22	15	33	7	9	50	9	20	8	8	14	6	509	
Totals ..	394	520	302	396	270	483	311	346	327	315	409	203	359	306	224	224	363	323	302	110	323	355	354	523	236	192	198	162	8830	
Pulmonary tuberculosis ..	27(7)	36(9)	21(4)	20(1)	14(1)	19(3)	5(1)	14(4)	25(2)	7(2)	8(3)	21(3)	27	24(6)	24(3)	14(2)	19(3)	23(2)	12	7(2)	9	17	15	18(1)	9	14	12(1)	15(3)	476(63)	
Other forms of tuberculosis	4	8	5	1	6	3	1	..	3	2(1)	1	8(1)	6	3	1	5	3	4	4	1	..	4	2	7	..	7	3	5(1)	97(3)	

The figures shown in brackets are "Transfer in" Cases and are included in totals.



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# CITY OF LEEDS VITAL AND MORTAL STATISTICS 1918-1952

VITAL AND MORTAL STATISTICS 1918-1952																																			
Year	Population	Births	Birth-Rate	Deaths	Death-Rate	INFANT MORTALITY			Still-Births			MATERNAL MORTALITY			DIARRHOEA AND ENTERITIS			TUBERCULOSIS (All Forms)			CANCER		Deaths from Respiratory Diseases (see Influenza and Pol. Tab.)			DIPHTHERIA		SCARLET FEVER		TYPHOID FEVER		MEASLES		Whooping Cough	
						Deaths - 1 year	Rate per 1,000 live births	Non-Natal Mortality Rate	No.	Rate per 1,000 population	Deaths from Sepsis	Deaths from other causes	Total Deaths	Rate per 1,000 live births	Deaths under 5 years	Deaths-Rate per 1,000 births	Deaths-Rate	Deaths	Deaths-Rate	Deaths	Deaths-Rate	Deaths from Influenza and Pol. Tab.	Cases	Deaths	No. of persons (estimated)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1918	427,389	7,394	17.3	8,349	19.5	984	133	42.7	..	..	0	19	25	3.38	146	19.8	964	2.25	200	1.27	2,010	544	47	..	570	19	42	5	6,641	417	..	130	..	60	
1919	426,524	7,354	17.2	8,094	19.2	899	119	40.3	..	..	6	29	35	4.04	140	18.5	719	1.67	273	1.33	2,040	811	43	..	1,340	23	33	8	2,438	48	..	60	..	60	
1920	448,913	11,229	25.0	6,291	14.2	1,234	110	49.3	..	..	29	28	57	5.07	140	18.5	698	1.56	492	1.10	1,513	885	64	..	1,393	17	29	4	5,459	148	..	100	..	100	
1921	465,700	9,253	19.8	6,479	13.9	935	101	41.3	..	..	8	39	38	3.75	184	18.1	641	1.3	554	1.19	1,350	665	38	..	1,526	14	24	2	209	5	..	72	..	72	
1922	469,900	8,584	18.5	5,986	12.7	773	80	41.8	..	..	10	35	35	3.86	92	9.9	653	1.40	595	1.27	1,357	470	28	..	2,122	33	14	7	9,931	59	..	115	..	115	
1923	471,600	8,538	18.1	6,747	14.3	921	108	38.7	..	..	9	24	33	3.86	103	12.0	657	1.40	639	1.35	1,277	368	20	..	2,134	31	14	9	1,493	59	..	12	..	12	
1924	472,900	8,180	17.1	6,937	12.8	748	91	37.8	..	..	24	21	45	5.50	149	18.2	599	1.27	606	1.28	1,202	422	20	..	1,256	20	25	6	6,564	46	..	32	..	32	
1925	473,400	8,065	17.0	6,962	12.8	748	93	37.8	..	..	14	27	41	5.08	147	18.5	585	1.24	637	1.39	1,099	374	26	..	1,166	15	9	3	5,100	39	..	47	..	47	
1926	477,500	7,790	16.3	6,133	12.9	606	70	37.3	..	..	14	24	38	4.88	88	11.3	558	1.17	649	1.35	1,070	439	28	..	1,223	6	14	2	3,938	21	..	44	..	44	
1927	478,500	7,445	15.5	7,898	16.5	722	97	42.3	1,669	0.77	10	22	36	4.70	105	11.7	544	1.14	668	1.47	1,070	439	28	..	1,223	6	14	2	3,938	21	..	44	..	44	
1928	478,500	7,368	15.4	5,930	12.4	512	68	38.5	332	0.60	10	22	32	4.03	34	4.5	533	1.11	728	1.52	758	2,032	536	26	107	3,473	29	14	3	9,486	102	..	107	..	107
1929	484,900	7,004	14.4	6,469	13.3	554	70	32.3	307	0.75	12	22	39	5.14	68	9.4	527	1.08	740	1.54	1,047	995	86	318	1,497	12	10	2	10,955	50	..	43	..	43	
1930	485,000	6,643	13.7	6,574	13.6	537	81	36.6	333	0.69	15	12	27	3.87	70	10.6	462	0.95	801	1.65	803	1,057	88	245	1,905	9	10	1	3,973	22	..	28	..	28	
1931	486,500	7,190	14.8	6,291	12.9	513	71	35.0	320	0.66	15	14	29	3.86	106	15.7	499	1.03	705	1.46	1,148	1,057	88	245	1,905	9	10	1	3,973	22	..	28	..	28	
1932	487,200	7,211	14.8	6,434	13.2	475	64	33.1	334	0.69	8	16	24	3.18	62	8.6	435	0.89	803	1.65	803	1,057	88	245	1,905	9	10	1	3,973	22	..	28	..	28	
1933	489,800	7,340	15.0	6,666	13.6	470	65	30.0	340	0.65	10	14	24	3.13	71	9.7	408	0.83	843	1.72	777	1,335	60	30,062	2,082	5	5	..	1,341	4	..	48	..	48	
1934	491,800	7,479	15.2	6,573	13.4	491	67	33.2	313	0.64	6	11	17	2.24	65	8.9	406	0.83	879	1.78	777	1,335	60	30,062	2,082	5	5	..	1,341	4	..	48	..	48	
1935	494,000	7,614	15.4	6,555	13.2	490	64	33.1	320	0.67	4	12	14	1.76	94	12.3	397	0.80	879	1.78	777	1,335	60	30,062	2,082	5	5	..	1,341	4	..	48	..	48	
1936	497,000	7,079	14.2	6,555	13.4	494	57	30.2	307	0.62	6	13	19	2.60	44	7.7	413	0.85	847	1.74	662	1,057	88	245	1,905	9	10	1	3,973	22	..	28	..	28	
1937	495,700	6,946	14.0	6,918	14.0	495	57	30.8	282	0.61	2	13	15	2.09	54	6.4	467	0.90	778	1.67	990	304	11	1,167	643	..	35	1	4,364	8	128	2	..	2	
1938	474,930	6,667	14.1	6,456	13.7	497	61	26.7	259	0.55	7	9	16	2.32	40	6.0	408	0.86	849	1.80	576	1,057	88	245	1,905	9	10	1	3,973	22	..	28	..	28	
1939	484,400	7,204	15.0	6,090	12.6	396	51	20.7	238	0.60	6	13	19	2.54	32	4.4	357	0.77	888	1.92	589	707	25	15,101	1,576	1	8	..	7,810	10	1,554	12	..	12	
1940	493,000	8,518	17.3	6,358	12.9	356	47	23.7	230	0.55	4	15	19	2.44	49	5.3	378	0.83	905	2.00	868	334	11	19,415	1,968	3	2	..	2,446	14	1,284	14	..	14	
1941	491,100	8,886	18.5	6,410	13.3	438	50	28.6	248	0.55	4	12	18	1.37	26	8.9	316	0.70	959	2.15	740	149	2	7,510	1,199	..	3	1	678	..	1,213	6	..	6	
1942	490,140	10,875	22.2	6,793	13.8	552	51	25.6	219	0.44	..	2	4	0.22	61	12.6	277	0.55	939	1.91	714	49	1	10,338	1,578	..	5	1	6,791	19	1,514	19	..	19	
1943	494,900	8,214	16.6	6,451	13.1	254	30	18.5	200	0.40	1	8	9	1.04	13	1.5	274	0.54	1,096	1.99	940	5	..	8,665	386	1	..	..	3,467	4	1,516	6	..	6	
1944	501,900	8,113	15.9	6,254	12.5	250	31	17.5	189	0.37	1	4	5	0.60	13	1.6	193	0.38	1,062	2.08	791	20	1	7,474	366	..	..	..	3,665	2	2,409	6	..	6	
1945	503,030	8,044	16.0	6,797	13.5	247	31	17.5	194	0.39	1	4	5	0.61	7	0.9	182	0.36	1,021	2.00	1,272	2	..	5,151	344	..	..	..	2,669	3	1,625	4	..	4	
1946	503,600	7,280	14.5	6,291	12.5	231	30	18.6	182	0.36	1	5	6	0.76	7	0.9	123	0.24	1,021	2.12	1,005	2	..	2,450	214	..	..	..	8,911	3	1,517	..	..	..	

\* For calculation of birth-rate.  
\*\* For calculation of death-rate.

Figures of still-births  
to force 1949

Figures and remarks per 1,000  
live births (live and still)

(Whooping Cough made notifiable by Measles  
and Whooping Cough Regulations, 1925  
(See Note 1940 October, 1925))





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## Infectious and other Diseases

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**INFECTIOUS AND OTHER DISEASES**

BY

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

*Deputy Medical Officer of Health,**Deputy School Medical Officer.*

The number of cases of poliomyelitis during the year was 79, as against 35 in the previous year. As will be seen from the table on page 28, the incidence of poliomyelitis has fluctuated widely of recent years and there is no evidence of any definite trend.

Diphtheria was again a negligible problem, there being again only two cases with no death. We may look forward to a continued low incidence of this disease so long as parents continue to have their children immunised.

There was a substantial increase in the number of cases of scarlet fever, 794 as compared with 524 in the previous year. This increased prevalence appears to have been general over the country as a whole. The disease continues to be very mild and there were no deaths.

There was a substantial decrease in the number of measles notifications. The figures for whooping cough and dysentery show little change.

The whooping cough vaccine trials continued in conjunction with the Medical Research Council and are referred to in the Immunisation Section.

The investigation into diphtheria carrier rates in school children continues and a preliminary statement of results was published in the "Lancet." So far, no virulent carrier has been discovered but the investigations must continue for some time yet before the significance of the results can be assessed.

The following Regulations came into operation during the year on the date stated. A copy of the new Regulations along with a covering letter was sent to each medical practitioner in the city.

*The Public Health (Tuberculosis) Regulations, 1952.—1st May, 1952.*—The new Regulations revoke the Public Health (Tuberculosis) Regulations, 1930, and make similar provision for the notification of tuberculosis modified in accordance with the structure and administration of the services now being provided under the National Health Service Acts. The changes made by the Regulations are mainly administrative. They deal with the tuberculosis register



and the notification of admission and discharge of patients by sanatoria to the Medical Officer of Health. The obligation upon medical practitioners to notify cases to the Medical Officer of Health remains unchanged.

**Diphtheria.**—The number of accepted cases of diphtheria during the year was 2, the same as in the previous year. The continued low incidence of diphtheria is due, in no small measure, to the intensive campaign for immunisation against the disease. A report by Dr. Baxter, Medical Officer in charge of Immunisation, will be found on page 86. The two cases recorded were both treated in Seacroft Hospital; one case, a boy aged 5 years, had not been immunised and the other, a boy aged 15 years, had been immunised six years previously but had received no subsequent "refresher" dose. The case-rate for the year was 0.004 as compared with 0.004 for the previous year. There were no deaths.

**Scarlet Fever.**—There was a considerable increase in the number of accepted cases of this disease; 794 as compared with 524 last year and 566 in 1950. Of the 794 cases, 146 (18.4 per cent.) were treated in Seacroft Hospital. The case-rate was 1.57 as compared with 1.04 for the previous year. The disease continues to be of a mild type. There were no deaths.

**Smallpox, Typhoid and Paratyphoid Fevers, Typhus, Plague and Cholera.**—No case of smallpox, typhoid fever, typhus, plague or cholera occurred in the city during the year; 41 contacts and persons from infected countries were kept under observation, as were 3 chronic typhoid carriers.

Since favourable reports have been received on a new antibiotic—Terramycin—in a small series of carriers, it was decided after the fullest explanation, and with the consent of each of the three carriers concerned, to try the effect of this treatment. A course of capsules was given four times a day for one week, supplemented by Vitamin B. tablets, the faeces and urine being examined during the week after completion of the treatment. In two cases specimens were still positive after treatment, whilst in the other, the first specimen was negative but a later one was again positive. We must therefore regard the treatment as having failed. The clearing up of carrier conditions and, in particular, old-standing carriers such as these, still remains a problem for which as yet there does not appear to be any effective treatment.



Three doubtful cases of smallpox were referred to the Department for a second opinion. All proved to be chickenpox. In addition, 13 "other" cases were visited at the request of medical practitioners and these proved to be scarlet fever (4), poliomyelitis (3), influenza (3), tonsillitis (1), rubella (1) and traumatic arthritis of hip (1).

There were two cases of paratyphoid fever. One of the patients, a male aged 22 years, was a Leeds resident, whilst the other, a male aged 27 years, although diagnosed after bacteriological confirmation in a large general hospital in the city, lived outside the city where he had contracted the infection. Detailed information was passed to the Divisional Medical Officer of the district concerned. Careful enquiries in the Leeds case failed to trace the source of infection. Faeces and urine specimens from the other members of the family were all negative. Both cases were removed to Seacroft Hospital.

A 3 months old baby belonging to a nomadic band of gipsies living on the outskirts of the city was admitted to Seacroft Hospital on 3rd April as suffering from gastro-enteritis. The diagnosis was confirmed on a negative faeces specimen. Later however, the child was found to be a paratyphoid carrier. The organism paratyphoid B (Vi-phage type 2) was isolated from the faeces on 19th April. Positive results continued over a period of three months before negative specimens were obtained. Faeces specimens from the remaining 11 members of the gipsy band gave negative results. Eight of them had blood examinations and these also were negative. The source of infection was untraced.

**Measles.**—There were 4,915 accepted cases of measles during the year, a decrease of 2,754 on the figure for the previous year. The disease reached epidemic proportions in the fourth quarter of the year and at the time of writing there has been no diminution in the number of notifications received. Of the total cases 107 were treated in Seacroft Hospital. The number of deaths during the year was 3 representing a case mortality of 0.06 per cent. as compared with 3 deaths in 1951 and a case mortality of 0.04 per cent.

In the follow-up of adults who had developed measles during the year, 5 co-operated in the preparation of measles serum by giving a little blood. We are grateful to these persons for the valuable assistance they have given in the protection of young children against measles.



During the year 18 × 5 c.c. and 17 × 10 c.c. bottles of "convalescent" serum were issued as follows:—

1. To general practitioners.

(a) in Leeds	..	..	..	14
(b) out of the city	..	..	..	1

2. To hospitals and institutions.

(a) in Leeds	..	..	..	5
(b) out of the city	..	..	..	15

A follow-up in 14 cases treated by general practitioners in Leeds gave the following results:—

Result	Serum issued for:	
	Prevention	Attenuation
No attack (complete protection)	.. 5	2
"Attenuated" or mild attack	.. —	5
Attack not attenuated	.. .. —	1
Serum not given or wrongly given or not traced	.. .. .. —	1

No complications occurred and there were no cases of jaundice.

**Whooping Cough.**—There were 1,637 accepted cases of this disease during the year as compared with 1,625 last year and 2,409 in 1950. Of the total cases 80 (4·9 per cent.) were treated in Seacroft Hospital. There were no deaths as compared with 4 (0·2 per cent.) during the previous year.

**Puerperal Pyrexia.**—There was an increase in the number of accepted cases of this disease during the year; 98 as compared with 77 last year and 16 in 1950. Of the total 85 (86·7 per cent.) occurred in hospitals and institutions, and 13 (13·3 per cent.) in the practices of general medical practitioners and midwives. The number of cases removed to Seacroft Hospital was 1 (1·0 per cent.). There were no deaths.

**Ophthalmia Neonatorum.**—The number of accepted cases of this disease was 8, as compared with 6 last year and 6 in 1950. None of the cases was treated in Seacroft Hospital. In each case there was a perfect recovery.

**Erysipelas.**—There was an increase in the number of accepted cases of erysipelas during the year; 79 as compared with 59 in 1951. Of these 19 (24·1 per cent.) were treated in Seacroft Hospital. There was one death.



**Malaria.**—One case of this disease was reported during the year as compared with two last year, the infection being contracted abroad. The patient was admitted to Seacroft Hospital.

**Dysentery.**—There was an increase in the number of accepted cases of this disease during 1952; 196 as compared with 155 in 1951. Of the 196 cases, 77 occurred at home, 20 in hospitals and institutions and 99 in day nurseries. The number treated in Seacroft Hospital was 44 or 22·4 per cent. of the total. Of the cases, 163 were *Sonne* while the remaining 33 were not typed.

Outbreaks of *Sonne* dysentery affecting four day nurseries occurred in January-February, July-August and again in October; 83 children and 12 staff were found to be suffering from the disease. In July-August there was also an outbreak of the *Sonne* type in the nursery section at a Children's Home. 17 cases were notified and removed to Seacroft Hospital. All the 112 cases were confirmed bacteriologically.

In none of the outbreaks was it possible to trace the source of infection. All cases recovered.

**Acute Poliomyelitis (including Polioencephalitis).**—There was an increase in the number of accepted cases of this disease during the year; 79 as compared with 35 last year. This increase was also general throughout the country, but, even so, the number of cases was considerably less than in the peak years of 1947, 1949 and 1950.

Of the 79 cases, 66 (83·5 per cent.) were treated in Seacroft Hospital, 6 (7·6 per cent.) in other hospitals and 7 (8·9 per cent.) at home. There were 7 deaths of which 2 (both not notified during life) were certified after a Coroner's post-mortem as due to polioencephalitis and 3 (one of which was a case notified during 1951) were 'transfers-in' by the Registrar General. The corresponding figures for the past five years are as follows:—

				Cases	Deaths
1951	..	..	35	..	—
1950	..	..	92	..	9 (9·8 per cent.)
1949	..	..	109	..	10 (9·2 per cent.)
1948	..	..	6	..	1 (16·7 per cent.)
1947	..	..	54	..	5 (9·3 per cent.)

The highest monthly incidence was in July when there were 28 cases. The following tables show the monthly distribution of cases and the age groups affected:—

MONTHLY DISTRIBUTION.

January	..	..	—
February	..	..	—
March	..	..	1
April	..	..	3
May	..	..	3
June	..	..	9
July	..	..	28
August	..	..	21
September	..	..	10
October	..	..	—
November	..	..	2
December	..	..	2
Total	..	..	79

AGE GROUPS.

	0-5	5-10	10-15	15-25	25-35	35-45	45-55	Totals
Males ..	17	4	4	5	1	3	2	36
Females ..	17	8	4	4	9	..	1	43
Totals ..	34	12	8	9	10	3	3	79

Of the total, 68 had paralysis and 11 had no paralysis. At the end of the year, 30 cases had recovered and 46 were still under treatment with the following results:—

- (a) Slight paralysis or weakness .. .. 41  
 (b) Severe paralysis or weakness .. .. 5

Of the 28 wards in the city, 24 contributed to the number of cases. Those with more than 3 cases were Blenheim (4), Westfield (8), Kirkstall (5), Far Headingley (4), Meanwood (4), Moortown (4), Roundhay (4), East Hunslet (4), Osmondthorpe (6), Crossgates (4) and Stanningley (6).

In four instances two cases occurred in the same household. As during last year, individual case record cards on all notified cases of poliomyelitis were forwarded to the Medical Research Council in London by the Medical Officer of Health.



**Acute Encephalitis.**—One case of acute infective encephalitis was notified during the year and there were no deaths.

**Meningococcal Infection.**—During the year there were 7 accepted cases of meningococcal infection, a decrease of 8 on the figure for 1951. One of the cases was treated in Seacroft Hospital. There was one death giving a case mortality of 14·3 per cent.

**Anthrax.**—One case of this disease was reported during the year. The patient was employed at a large tannery in the city. Detailed information was forwarded to H.M. Inspector of Factories in Leeds who is responsible for the measures of protection within the factory. The necessary measures of disinfection were carried out by this Department. The patient recovered.

**Food Poisoning.**—During the year 19 cases of *Salmonella* infection, in separate households, came to the notice of the Department. The organisms isolated were as follows:—

<i>Salmonella typhi-murium</i> (B. Aertrycke)	..	16
<i>Salmonella kott bus</i>	.. .. .	1
<i>Salmonella stanley</i>	.. .. .	1
<i>Salmonella thompson</i>	.. .. .	1

Of these cases, 14 were admitted to Seacroft Hospital. Enquiries in all 19 cases failed to reveal the source of infection.

Five cases of alleged food poisoning, in separate households, were notified by general medical practitioners, but in no case was it possible to trace the cause of the illness.

All cases recovered.

**Influenza.**—There were 27 deaths from influenza as compared with 146 in 1951. The death-rates per thousand population were 0·05 and 0·29 respectively.

**Pneumonia.**—Accepted cases during the year numbered 478 of which 443 (92·7 per cent.) were primary and 35 (7·3 per cent.) influenzal. The corresponding figures for 1951 were 531 of which 426 (80·2 per cent.) were primary and 105 (19·8 per cent.) influenzal. There were 417 deaths from all forms of pneumonia (including 10 deaths from pneumonia of the newborn) compared with 407 last year. The mortality rates were 0·83 and 0·81 respectively.

**Bronchitis.**—There were 507 deaths assigned to this disease as compared with 631 in the previous year. The death-rates were 1·00 and 1·25 respectively.

**Diarrhoea and Enteritis.**—The number of deaths of children under two years of age from this disease during 1952 was 7, the same as for the previous year. The death-rates per thousand births were 0·90 and 0·87 respectively.



### Malignant, Lymphatic and Hæmatopoietic Tissue Neoplasms.—

The appended table gives details of deaths certified as due to malignant, lymphatic and hæmatopoietic tissue neoplasms. The total of 1,071 deaths in this group of diseases is 50 more than in the previous year.

#### MALIGNANT NEOPLASMS AND NEOPLASMS OF LYMPHATIC AND HAEMATOPOIETIC TISSUES.

1952  Cause of Death*	Age Groups																		All Ages		Grand Total
	-1		1-		2-		5-		15-		25-		45-		65-		75-				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Malignant Neoplasms : Buccal cavity and pharynx (140-148) .. .. .													5	2	6	1	4	1	15	4	19
Oesophagus (150) .. .. .											1	1	1	..	5	..	3	1	10	2	12
Stomach (151) .. .. .											5	4	34	28	22	32	18	23	79	87	166
Other digestive organs (152-159) .. .. .			1	..	..	..	1	..	..	4	4	39	38	48	33	33	34	125	110	235	
Trachea, lung and bronchus (162-163) .. .. .											13	5	107	9	50	9	15	5	185	28	213
Other respiratory organs (160, 161, 164, 165) .. .. .													4	1	4	2	2	3	10	6	16
Breast (170) .. .. .												11	1	36	..	23	..	17	1	87	88
Cervix uteri (171) .. .. .												7	..	22	..	8	..	2	..	39	39
Other parts of uterus (172-174) .. .. .												1	..	7	..	9	..	3	..	20	20
Male genital organs (177-179) .. .. .											3	..	14	..	11	..	11	..	39	..	39
Skin (190-191) .. .. .												3	..	3	2	1	1	5	3	12	15
Bone and connective tissue (196-197) .. .. .									1	..	..	..	1	..	2	2	..	..	4	2	6
All other sites (Rem. of 140-199) .. .. .					1	2	1	..	..	2	5	3	23	37	20	16	14	24	64	84	148
Neoplasms of lymphatic tissues (200-203) .. .. .							1	1	..	1	3	1	12	4	4	4	1	..	21	11	32
Leukæmia and aleukæmia (204) .. .. .					1	1	..	1	..	..	1	1	3	5	3	3	1	2	9	13	22
Mycosis fungoides (205) .. .. .													1	..	..	..	..	1	..	1	1
Total .. .. .			1	1	3	2	1	3	1	3	35	41	245	192	177	143	103	120	566	505	1,071

\* International List Numbers are shown in brackets.

**Venereal Diseases.**—The number of deaths certified as due to syphilitic diseases was 28, which is equal to a death-rate of 0·06 per thousand of the population. The number of deaths in 1952 shows an increase of 6 as compared with the figure for the previous year.

*Work of the Treatment Centre.*—Details of the number of new cases registered at the Treatment Centre at the Leeds General Infirmary from Leeds and the other contributory areas are given in the following table:—



NEW CASES TREATED AT THE GENERAL INFIRMARY AT LEEDS  
(LOCAL TREATMENT CENTRE).

	Year 1952		Year 1951		Increase or Decrease	
	M.	F.	M.	F.	M.	F.
Syphilis .. .. .	80	67	103	86	-23	-19
Gonorrhœa .. .. .	235	63	185	68	+50	- 5
Other conditions .. .. .	771	324	790	362	-19	-38
Total .. .. .	1,086	454	1,078	516	+8	-62
*Total attendances .. .. .	10,181		13,217		-3,036	

\*The total attendances have been adjusted to include intermediate attendances and not only doctor's sessions as previously.

The number of cases ceasing to attend before completion of treatment or final test of cure was 521 or 17·6 per cent. of the total attending the Centre. The corresponding figure for 1951 was 245 or 6·0 per cent.

Details of new Leeds cases registered during the year are given in the table appended.

LEEDS PATIENTS.

	Year 1952		Year 1951		Increase or Decrease	
	M.	F.	M.	F.	M.	F.
Syphilis, acquired						
Early .. .. .	3	1	13	11	-10	-10
Late.. .. .	45	41	62	41	-17	+-
Syphilis, congenital						
Under 1 year old	—	1	—	1	+-	+-
Over 1 year old	7	4	3	11	+4	-7
Gonorrhœa .. .. .	201	50	160	55	+41	-5
Chancroid .. .. .	1	—	—	—	+1	+-
Other conditions .. .. .	605	275	607	308	-2	-33
Total .. .. .	862	372	845	427	+17	-55
Total attendances .. .. .	8,674		12,328		-3,654	
Total No. of In-patient days	3,295		2,295		+1,000	

Number of Leeds patients under treatment or observation at 31st December, 1952 :—

	Males	Females	Total
Syphilis .. .. .	308	276	584
Gonorrhœa .. .. .	44	14	58
Other conditions .. .. .	130	22	152
Totals .. .. .	482	312	794

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## Tuberculosis

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## STATISTICS.

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The number of cases on the register at the end of 1952 was 3,182 as compared with 3,101 at the end of 1951, an increase of 81.

*Notifications.*—During the year 476 cases of respiratory tuberculosis (of which 63 were transfers from other areas) and 97 non-respiratory (of which 3 were transfers from other areas) were notified, making a total of 573 cases, of which 66 were transfers. Of the total, 326 were males and 247 females. Compared with the previous year the notifications of respiratory tuberculosis remained the same, whilst there was a decrease of 7 in the number of non-respiratory notifications, and compared with the average of the previous five years there were decreases of 22 in the respiratory and 18 in the non-respiratory notifications.

The case-rate of respiratory tuberculosis was 0.94, of non-respiratory 0.19, and of all forms of the disease 1.14, as compared with 0.95, 0.21 and 1.15 respectively for the previous year.

Of the total cases of respiratory tuberculosis notified 9.9 per cent. were children under 15 years, 24.2 per cent. persons between 15 and 25, and 66.0 per cent. were in the remaining age groups. The corresponding figures for the previous year were 7.8 per cent., 26.5 per cent. and 65.8 per cent. respectively.

As regards the non-respiratory type of disease, 38.1 per cent. were children under 15 years and 61.9 per cent. were persons over 15 years. The corresponding figures for the previous year were 41.3 per cent. and 58.7 per cent. respectively.

Of the total cases notified, 299 were by the Chest Physician, 51 were by medical practitioners, 162 came from hospitals and 66 were by transfer from other areas.

The number of cases of respiratory tuberculosis not heard of until time of death was 14 and the number of non-respiratory 3, making a total of 17, eight of which were posthumous notifications. This is a decrease of 21 on the figure for the previous year.

Out of a total of 123 deaths from tuberculosis of all forms 8 or 6.5 per cent. were notified in the same year as death occurred, 4 or 3.3 per cent. within 28 days of notification and 8 or 6.5 per cent. within seven days of notification.

The following tables give details of notifications of tuberculosis received during the year :—

## RESPIRATORY.

Ages	-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
Males..	..	14 (1)	10	42 (6)	60 (16)	56 (8)	43 (2)	36 (1)	21 (1)	282 (35)
Females	1	8	14	73 (15)	52 (9)	27 (2)	11 (2)	6	2	194 (28)
Totals..	1	22 (1)	24	115 (21)	112 (25)	83 (10)	54 (4)	42 (1)	23 (1)	476 (63)

## NON-RESPIRATORY.

Ages.	-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
Males..	..	9	10	7 (2)	7	4	5	..	2	44 (2)
Females	..	6	12	16 (1)	7	6	2	4	..	53 (1)
Totals..	..	15	22	23 (3)	14	10	7	4	2	97 (3)

Figures in brackets are 'Transfer In' cases and are included in the totals.

Site	Males	Females	Total
Central nervous system	5	2	7
Abdominal	6	7	13
Spine	1	..	1
Bones and joints	8	4	12
Skin	2	1	3
Lymphatic system	10	26	36
Genito-urinary system	11	11	22
Other sites	1	2	3
Totals	44	53	97

**Deaths.**—The total deaths from tuberculosis of all forms during the year numbered 123, of which 86 were males and 37 females. In the previous year the total was 182, of which 121 were males and 61 females. Of the total, respiratory tuberculosis accounted for 113 or 91·9 per cent. and non-respiratory 10 or 8·1 per cent. The death-rate from respiratory tuberculosis was 0·22, from non-respiratory 0·02 and from all forms of the disease 0·24 as compared with 0·33, 0·03 and 0·36 respectively for the previous year.



Set against the average rates for the previous five years these figures represent a decrease of 0.23 in the respiratory rate, 0.03 in the non-respiratory rate and in the rate for all forms of the disease a decrease of 0.26.

The following tables give details of deaths from tuberculosis during the year.

#### RESPIRATORY TUBERCULOSIS.

##### AGES AT DEATH.

1952	-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 +	Total
Males ..	..	1	..	..	8	16	24	20	14	83
Females	..	..	..	2	7	6	5	6	4	30
TOTALS	..	1	..	2	15	22	29	26	18	113
Average 10 years 1942-1951	1	1	2	32	50	53	58	41	25	260

#### NON-RESPIRATORY TUBERCULOSIS. DEATHS.

1952	Tubercular meningitis	Abdomin- al.	Bones and Joints	Other tuber- culosis	Total.
Males ..	2	..	..	1	3
Females ..	2	1	..	4	7
Totals ..	4	1	..	5	10

##### AGES AT DEATH.

1952	-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 +	Total
Males ..	..	2	..	1	..	..	..	..	..	3
Females	..	1	1	1	1	1	..	..	2	7
Totals ..	..	3	1	2	1	1	..	..	2	10
Average 10 years 1942-1951	2	9	6	5	2	3	2	2	2	32

The following table gives details of notifications of and deaths from tuberculosis during the years 1936-1952:—

## TUBERCULOSIS.

YEAR.	DEATHS.						NOTIFICATIONS.					
	Respiratory tuberculosis.		Non-respiratory tuberculosis.		All forms tuberculosis.		Respiratory tuberculosis.		Non-respiratory tuberculosis.		All forms tuberculosis.	
	Deaths.	Death-rate.	Deaths.	Death-rate.	Deaths.	Death-rate.	Cases.	Case-rate.	Cases.	Case-rate.	Cases.	Case-rate.
1936	346	0·71	62	0·13	408	0·83	531	1·08	163	0·33	694	1·42
1937	354	0·72	52	0·11	406	0·83	548	1·11	214	0·44	762	1·55
1938	336	0·68	61	0·12	397	0·80	511	1·03	176	0·36	687	1·39
1939	353	0·72	60	0·12	413	0·85	555	1·14	137	0·28	692	1·42
1940	416	0·89	51	0·11	467	1·00	557	1·20	110	0·24	667	1·43
1941	362	0·77	46	0·10	408	0·86	598	1·27	162	0·34	760	1·61
1942	310	0·67	47	0·10	357	0·77	638	1·38	170	0·37	808	1·75
1943	325	0·72	53	0·12	378	0·83	595	1·31	151	0·33	746	1·64
1944	277	0·61	39	0·09	316	0·70	631	1·40	157	0·35	788	1·75
1945	286	0·63	32	0·07	318	0·70	579	1·28	156	0·35	735	1·63
1946	261	0·54	27	0·06	288	0·60	519	1·08	178	0·37	697	1·45
1947	305	0·62	37	0·08	342	0·70	518	1·05	133	0·27	651	1·32
1948	245	0·49	28	0·06	273	0·55	497	0·99	132	0·26	629	1·25
1949	244	0·48	30	0·06	274	0·54	480	0·95	108	0·21	588	1·16
1950	178	0·35	15	0·03	193	0·38	521	1·02	98	0·19	619	1·21
1951	166	0·33	16	0·03	182	0·36	476	0·95	104	0·21	580	1·15
1952	113	0·22	10	0·02	123	0·24	476	0·94	97	0·19	573	1·14



## REPORT OF THE WORK OF THE LEEDS CHEST CLINIC

BY

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**Epidemiology.**—During 1952, 53 fewer Leeds people died of pulmonary tuberculosis than in 1951, a reduction of nearly 32 per cent. and the total figure of 113 deaths (or 0.22 per thousand) is only half that recorded in 1948. However, during the past five years there has been only a slight reduction in the number of new cases notified to the Medical Officer of Health, and it is becoming clear that a great part of the improvement in the mortality figures is due to recent advances in treatment, the steady progress made in earlier years having been accelerated beyond all hopes as a result of the discovery of the new drugs—Streptomycin, P.A.S. and Isoniazid—and by the practice of the new operations such as lung resection. Naturally the younger cases have benefited most. Although in the “15-25 year-old” age group the number of notifications in 1952 (115) was not much lower than that in 1948 (132), the deaths from pulmonary tuberculosis have fallen drastically from 29 in 1948 to 2 in 1952. The improvement in the “above 45 year-old” age group, although very gratifying according to previous standards, has not been so striking, deaths having fallen from 112 to 73 while notifications have again only changed from 135 in 1948 to 119 in 1952. It follows that young sufferers from tuberculosis who would surely have died are now being kept alive in ever-increasing numbers. Some of these will no doubt go on to final cure. Unfortunately, others whose lives have been preserved now remain in an unstable chronic infectious state, and an unknown number of temporarily stabilised individuals will no doubt break down in future years if exposed to undue or unexpected stress. This is no time for facile optimism or for retrenchment of the anti-tuberculosis programmes. On the average, patients now have to stay far longer in hospital in order to benefit fully from the new forms of treatment, and the ever-increasing band of survivors will have to attend at the chest clinics for many years before the final stage of recovery is reached. However, if the energetic practice



of new forms of curative treatment can be combined with a renewed interest in duller but all-important preventive welfare and after-care measures, the future will be full of hope.

**Rebuilding at the Chest Clinic.**—During the year extensive rebuilding has taken place mainly in connection with the provision of a new X-ray department and the installation of a new Watson 5" × 4" Fluorographic Camera Unit. With this machine, the first of its type in the Leeds Region, it is possible to exclude tuberculosis with greater economy and speed, so that the clinic can now offer a better diagnostic service to all general practitioners. In this way it is hoped that the pool of unknown infectious persons in Leeds will be further reduced in volume.

**B.C.G. Vaccination and Contact Review.**—This work has gone on energetically during the year, 1,515 new contacts being examined (over 3 per case of tuberculosis "notified") and 345 B.C.G. vaccinations being performed (see Table 3). This figure for vaccinations among contacts is something near to the maximum possible, and only achieved through the co-operation of health visitors, the school authorities, the maternity and child welfare department, and the maternity units in all the Leeds hospitals. Where necessary new-born babies have been isolated for purposes of B.C.G. vaccination in the Wharfedale Hospital and latterly at the Leeds Convalescent Home in Southport.

Investigation carried out during the year has shown that unfortunately rather less than half of the child contacts to new cases of tuberculosis have escaped primary infection, with consequent risk of illness or even death through meningitis, by the time they first come to the clinic, so that in all there are probably less than 500 domiciliary contacts to vaccinate each year in Leeds. However, every year there are about 4,000 susceptible school-leavers who are about to go into commerce and industry and, through an enlargement of the circle of their acquaintances, run extra risk of infection at a time when, through the strain of unaccustomed work and adolescence, they are particularly likely to develop tuberculosis. Reference to the figures for notification of new cases (Table 2) will readily show the need for protecting this group by B.C.G. vaccination, and it is to be hoped that during the year the Ministry of Health will sanction plans already prepared for the performance of this very important piece of preventive work.



**Section 28 Activities.**—In spite of well known difficulties in obtaining new houses and "home helps" for tuberculous people, much good work has been done in this field during the year. The detailed administration of these things often causes acute mental distress to the officers concerned who have to decide whether the overall hardships suffered by family "A" are more or less supportable than those perhaps of another type suffered by family "B", and all that can be said about this matter is that the ultimate decisions are invariably fairly and sincerely made by all concerned.

With the improvement in the mortality figures, it is timely to draw attention to the need for reinforcement of existing preventive measures. One of the most troublesome matters during the year has been the disposal of still infectious ex-hospital cases who have no relatives or friends in Leeds with whom they can live, and are possibly not yet fit enough to work or even to be out of bed for more than a few hours a day. At present these individuals must perforce seek private lodgings with obvious risk to all concerned. Although some of them may perhaps be rather anti-social individuals who would fit with difficulty into any organised hostel or home, there are others whose problems might be solved for the time being at any rate by admission to a special wing of an institution such as Shaftesbury House.

The social and after-care work among the tuberculous has been carried out by the Lady Almoners and their staff, working in close conjunction with the Special Services Committee and the voluntary after-care organisation—the Leeds Association for the Care of Consumptives—and it is gratifying to see so many helping hands ready to assist these cases and their families in times of great difficulty.

DEATHS FROM PULMONARY TUBERCULOSIS, 1952, LEEDS

Age in Years	-1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65 +	Total
Males ..	..	1	..	..	8	16	24	20	14	83
Females	..	..	..	2	7	6	5	6	4	30
TOTALS	..	1	..	2	15	22	29	26	18	113



## NOTIFICATIONS OF PULMONARY TUBERCULOSIS, 1952, LEEDS.

Ages	-1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65+	Total
Males ..	..	14	10	42	60	56	43	36	21	282
Females	1	8	14	73	52	27	11	6	2	194
Totals..	1	22	24	115	112	83	54	42	23	476

## B.C.G. VACCINATIONS—AGE GROUPS.

-1	1-4	5-9	10-14	15-24	25+	All Ages
120	106	71	38	9	1	345

**TUBERCULOSIS—SOCIAL WORK**

BY

Miss B. M. R. NORTHROP, M.A.

*Senior Tuberculosis Almoner*

The year 1952 has brought no major changes to the Almoners' Department. When the Rothwell Clinic was closed, patients from Rothwell were transferred to the Leeds Chest Clinic and became the responsibility of the Almoners but have not appreciably increased the volume of work in the Department. When these patients need material help, they are, of course, referred to the appropriate West Riding authority.

The Consultant Orthopædic Surgeons have now taken full charge of cases of bone and joint tuberculosis in this area and this has resulted in the cessation of one side of the Department's work. The Almoners have previously made arrangements for the supply and repair of surgical appliances for any patients attending the Clinic but in 1952 only one appliance was provided and one repaired.

**Assistance given by the Special Services Committee.**—The provisions made available by the Special Services Committee have been utilised to the full for the benefit of Leeds patients and 1,384 applications for help were made to this Committee during the year.



A pint of milk per day, free of charge, was supplied to 292 patients and free priority rations to 16 patients. Priority food certificates were provided or renewed for 1,329 patients. On the recommendation of the Chest Physician, Horlicks was supplied to 7 patients, Ovaltine to 5 and a continuous supply of Casilan has been ensured for one patient suffering from a protein deficiency.

To prevent possible infection to members of patients' families, beds complete with bedding were loaned to 31 patients to enable them to sleep separately. Various items of bedding were loaned to 29 other patients and 116 patients whose bedding wore out during the year were provided with replacements.

Clothing was granted to 295 patients and their families and travelling expenses were paid for five necessitous patients to enable them to attend the Clinic when requested to do so.

**Assistance given by Voluntary Organisations.**—Many other requests were received for assistance which did not fall within the scope of the Local Authority's provisions and help was sought from appropriate voluntary organisations.

The Leeds Association for the Care of Consumptives continued its valuable work for the patients of the Clinic throughout the year; 264 applications for assistance were made to the Case Committee by the Almoners and help was given to 234 cases as follows:—

Grocery orders (continued or granted)	..	..	141
Fares (continued or granted)	..	..	32
Pocket money	..	..	6
Clothing	..	..	21
Debts	..	..	8
Coal bills	..	..	2
Removals	..	..	2
Furnishings	..	..	3
Decorations	..	..	1
Wireless valves	..	..	1
Wireless licence	..	..	2
Home help	..	..	2
Convalescent holiday	..	..	4
Occupational therapy	..	..	1
Extra comforts	..	..	2
Loans	..	..	3
Cash grants	..	..	3



The remaining 30 applications for assistance were referred to one or other of 20 voluntary organisations. The varying grants made by voluntary organisations fill many gaps in a patient's restricted life and are very warmly appreciated.

**Co-operation with other Departments.**—The Almoners' Department has maintained the usual helpful contacts with the Convalescence and Home Help Departments, 14 patients being referred for convalescence and 32, mostly women, for home help. The Maternity and Child Welfare and Care of Children Departments were also approached for help when patients' children required admission to day nurseries or residential homes and other patients in need of specialised advice were referred to the Public Health Department Social Worker, the Mental Health Psychiatric Worker, the Probation Officers, the N.S.P.C.C. and the Sanitation Department. The Education Department was requested to help with the provision of clothing and free meals for schoolchildren from necessitous families and with the admission to school of young children in contact with infectious parents.

During the year 161 patients were referred to the National Assistance Board for cash allowances. They included patients giving up work to take treatment, elderly persons eligible for supplementation of pension and others in need of financial help owing to their disability. After representations by the Almoners, the National Assistance Board supplemented the Ministry of Labour allowances paid to a number of patients undergoing training at the Industrial Rehabilitation Unit or Government Training Centre in order that these patients should not suffer financial hardship. 28 applications for grants in kind were also made to the National Assistance Board; these were mainly for bedding and clothing but included help with the cost of dentures and spectacles, fares for patients attending the Clinic and grants towards the cost of removals. The kindness and co-operation of the National Assistance Board officers is greatly appreciated. Their help has contributed materially to the rehabilitation of patients.

The Ministry of National Insurance has been approached at intervals throughout the year for assistance with problems affecting National Insurance benefit. The payment of the resettlement grant to patients leaving sanatorium after a lengthy period of treatment has been a matter for continued concern and, whenever representations have been made by the Almoner, this grant has



been paid in a lump sum instead of instalments, thus enabling the patient to buy clothing and other requirements which are often urgently needed after a long stay in hospital.

During the year 120 patients were referred to the Ministry of Labour for help in finding employment ; 25 of these were recommended for a preliminary course at the Industrial Rehabilitation Unit and 5 for a training course. Of the 25 (including 3 women) patients recommended for employment at the Remploy Factory, 18 were accepted. The remaining 7 were, for various reasons, unable to take up work.

**Sanatorium Visiting.**—The Senior Almoner paid 18 visits to Middleton Sanatorium during the year. Most of the patients from Leeds are now in one block under the care of the Leeds Chest Physician. The Almoner has always much appreciated the consideration and help given to her at Middleton by the medical staff, but an even closer co-operation is now possible. The team work between medical and social workers which begins at the Clinic can be continued without a break throughout the patient's period of treatment in Sanatorium and again on his return home. This is of benefit to the patient himself and also eases the task of those who are trying to help him in the difficult matter of adjusting himself and his family to the conditions occasioned by his illness. When a patient asks the Chest Physician for his discharge because of problems at home, the matter can be passed on to the Almoner the same day, the patient's relatives seen within a few days and the difficulties discussed ; the Physician, on his next visit to the sanatorium, finds the patient with his mind at ease and willing to continue his treatment.

In its essentials the social work for patients in sanatorium differs little from that for out-patients attending the Clinic. Financial worries, lack of necessities for the family at home and queries about pensions and insurance benefits are still major problems. Certain matters, however, attain special prominence for the patient separated from his family. Concern for their physical well-being is in the forefront of his mind and the Almoner can often relieve his anxiety about B.C.G. vaccination for the children, the result of the latest X-Ray and the reason for the unexpected examination of his wife. Visits by relatives are a vital part of sanatorium life and the cost of fares may be an obstacle to regular visiting. This obstacle has to be removed.



When the patient begins to get up, an increase in weight often makes new clothing a necessity. During 1952 the Almoner applied to the Hospital Management Committee on behalf of five patients who were unable to provide their own clothing.

An imminent discharge raises the question of suitable accommodation. As always, the single man with no home presents a peculiarly difficult problem, particularly if he is still infectious. A married man with children may be returning to overcrowded conditions; the Clinic Secretary is then asked to acquaint the Housing Department with the position so that the offer of a house may, if possible, be made before the patient's return home.

Married women patients have their own special difficulties. Broken marriages and provision for children raise delicate and distressing problems at any time but when the wife and mother is away from home in a sanatorium bed she may feel her burdens to be overwhelming. Much hardship is suffered by the wife who is left penniless in sanatorium by a wayward husband; the husband is legally liable for her support and therefore financial help cannot be obtained for her from statutory sources. She cannot take steps for a separation until she is well enough to appear in Court and this applies also to the wife who is deserted by her husband whilst she is in sanatorium. The latter is at least in the position of a deserted wife and can apply for financial help but the former patient is at the mercy of a man who comes and goes and evades his responsibilities without fear of legal action. Help from voluntary bodies can do much to ease the lot of these patients.

**General.**—At the beginning of the year the Senior Almoner was asked to talk to a group of post-graduate students from the Leeds University Social Science Department on the social work in the Clinic. Lectures to student health visitors were undertaken regularly as in previous years. Both Almoners attended conferences on social work under the auspices of the Leeds Council of Social Service and heard interesting accounts of the administration of social services in Canada and Holland.

At Christmas the Almoners were able to distribute toys and books to 410 children from 189 families, thanks to generous gifts from the Leeds Workpeople's Hospital Fund, "Yorkshire Evening Post" and "Yorkshire Evening News", and to share in the pleasure of children and parents alike at the kind thoughts of their more fortunate fellow citizens for the patients of the Chest Clinic.





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## Disinfestation and Disinfection.

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## DISINFESTATION AND DISINFECTION

BY

C. W. LAMB

*Disinfestation Officer*

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**Disinfestation.**—The most important feature of the year's work was the successful conclusion of an experimental period of six months during which the insecticidal spray method of disinfestation was substituted for the hydrogen cyanide method in connection with pest control in the removal of the contents of verminous dwellings to corporation dwellings.

The disinfestation of bug infested furniture and other household effects in connection with the re-housing of slum dwellers to corporation properties was inaugurated in August, 1934, by the erection of a Hydrogen Cyanide plant at Stanley Road at a cost of £5,000. Annual maintenance and running charges were estimated at £6,000, the number of houses to be dealt with annually at 3,500, and the estimated cost per house, exclusive of the cost of disinfection of bedding by steam, was calculated to be approximately 35s. The station was staffed by a Supervisor, an Assistant Supervisor, 16 furniture packers, four tractor drivers, two bedding van drivers and two youths.

Briefly, the scheme worked as follows: The prospective new tenant was notified by the Housing Department and subsequently visited by a member of the Housing Department staff to ascertain whether the dwelling occupied by him was verminous. If found verminous the Housing Department notified this Section and arrangements were made by an officer from the Section to confirm the infestation and to arrange for certification and removal. On the date fixed for removal, the Disinfestation Section conveyed the verminous articles from the verminous dwelling to the Hydrogen Cyanide plant at Stanley Road, where the furniture was subjected to H.C.N. treatment and other articles unsuitable for this treatment, i.e. soft furnishings and bedding, were disinfected by steam.

Secondly, the vacated verminous dwelling was disinfested (since 1948) by insecticidal spray at the time of removal and finally, after treatment which took six hours, the furniture treated by H.C.N. was then delivered to the new address on the corporation



housing estate. It is important to note that no charge was made to the tenant, the annual cost of the Section was proportioned so that the Housing Department contributed one third, and the Health Committee two thirds of the nett amount. In those cases where dwellings of prospective tenants were found to be non-verminous the tenants were instructed to make their own arrangements regarding the removal of their goods and chattels, entirely at their own expense.

There is no doubt that the scheme was successful in many ways and during the first seven years 1934-1940, 15,325 houses were dealt with, averaging 2,189 houses per year, a figure which, however, was considerably below the 1934 estimated figure of 3,500 houses per year. This naturally brought about an increase in the estimated cost of the process per house, instead of the estimated 35s. per house, it worked out at approximately 55s. per house by 1940. The war years brought a cessation in house building, and the only removals effected were those caused by re-letting. The staff of the Disinfestation Station was considerably reduced in number, so that in 1948 by which time the house building programme had been resumed, even if only on a limited scale, the staff consisted of a Supervisor (Charge Officer), two tractor drivers, three bedding van drivers, four packers, two fumigators and one attendant. During the eleven years, 1941-1951, 3,814 removals were carried out, averaging 347 houses per year, and taking the costs over the last five years these worked out as follows :—

<i>Year</i>	<i>No. of Removals</i>	<i>Total cost per removal</i>	<i>Cost to Health Dept.</i>	<i>Cost to Housing Dept.</i>
1947	285	£19 4 0	£12 16 0	£6 8 0
1948	365	£15 9 0	£10 6 0	£5 3 0
1949	578	£12 0 0	£ 8 0 0	£4 0 0
1950	423	£15 0 0	£10 0 0	£5 0 0
1951	406	£15 0 0	£10 0 0	£5 0 0

Apart from the prohibitive cost of the scheme, there were certain anomalies existing from its inception which, too, were unsatisfactory. For instance, prospective corporation tenants from verminous dwellings were content to suffer the verminous conditions of their dwelling because it ensured a free transfer of their goods and chattels to their new home. The scheme penalised the clean tenant who had at no inconsiderable expense and energy maintained his dwelling free from vermin and then was called upon to transfer his belongings to the corporation house at his own expense.



Apart from this, the H.C.N. treatment was lengthy, costly and though very effective retained no lasting toxic effect to insects afterwards. Thus in spite of the treatment and subsequent supervision, quite a proportion of corporation houses were re-infested in time, and this Section was already disinfesting by the use of insecticidal spray, an average of 250 houses per year at the request of the Housing Department since 1948.

Owing to the success of insecticidal spray treatment, carried out extensively by the Section for the Housing Department, for other Corporation departments, Government departments, property owners and the general public, it was felt that the time had arrived to put forward a scheme which had the following objectives :—

1. To ensure a vermin-free entry from verminous slum house to the corporation house,
2. To maintain vermin free conditions subsequently in the corporation house,
3. To reduce the cost of the scheme,
4. To put the onus of removal arrangements and their cost on the prospective tenant.

It is gratifying to note that the experimental period and the time which has elapsed since then achieved every one of these objectives to the fullest extent, and the new scheme became effective retrospectively from 4th April. Briefly as follows :—

After the first preliminaries, including inspection to determine type and degree of infestation, the slum dwelling and its contents are disinfested by spray treatment using synthetic insecticides both in oil and in water emulsion.

Bedding and soft furnishings are taken to the station, are subjected to steam disinfection, using low pressure current steam disinfectors, and are returned the same day. The corporation house which will receive the tenant is given a light insecticidal spray as a prophylactic measure and the tenant having been given a certificate of disinfestation is then responsible for making his own arrangements for removal. It is hardly necessary to point out one important advantage of this new procedure, the tenant may introduce, as he has done in the past, items of furniture which he had stored in infested premises of relatives, but as the corporation house is protected by toxic wall and ceiling surfaces, the chances of an early re-infestation, say in less than three months, are negligible.



From a financial point of view, there is not yet sufficient data available for accurate costing, but at the beginning of the experimental period, it was estimated that £4 10s. would be the approximate cost of the complete process, i.e. the spraying of the slum dwelling, its furniture and the spraying of the corporation house, but exclusive of the cost of the disinfection of the bedding by steam. It has been agreed by the Health and Housing Committees to share this cost equally. In comparing the cost per removal under the old scheme of 1951 with the cost of the present process, the Health Committee has effected a saving of £7 15s. per removal and the Housing Committee £2 10s., but in addition the latter Committee has by the process gained an insured immunity against further re-infestation for a period of not less than three months.

The determining factor in reducing the cost has been the re-organisation of the Section. Instead of a staff of a Charge Officer and twelve men, this has been reduced to a Charge Officer and seven men. Two of the personnel have had extensive experience in house and furniture disinfection since 1948, they formed the nucleus of the present establishment of three squads of house fumigation operators. In addition, all of the men are experienced furniture packers, three of them are motor drivers and two of them are tractor drivers.

The seventh man is an I.C.I. trained H.C.N. fumigator. The five men who became redundant because of the re-organisation were transferred to other duties in the department, or were found posts elsewhere.

As no removal is now involved, all work of disinfection being carried out on sites, there has been a considerable saving in time. Whereas previously with a staff of thirteen, it was impossible to remove more than three re-housing cases per working day, now, with the new process and half the staff, the number of re-housing cases that can be dealt with in a normal working day is eight. It is obvious, therefore, that the new procedure will effect a tremendous financial saving in the re-housing of verminous slum tenants, and the process itself is safer, cheaper and more lasting because of its toxicity to insect pests.

Instead of being the main process in disinfection work H.C.N. now becomes an insecticidal treatment specific to certain types and conditions of infestation. This means that less use will be made of the process and the plant has been reduced accordingly.



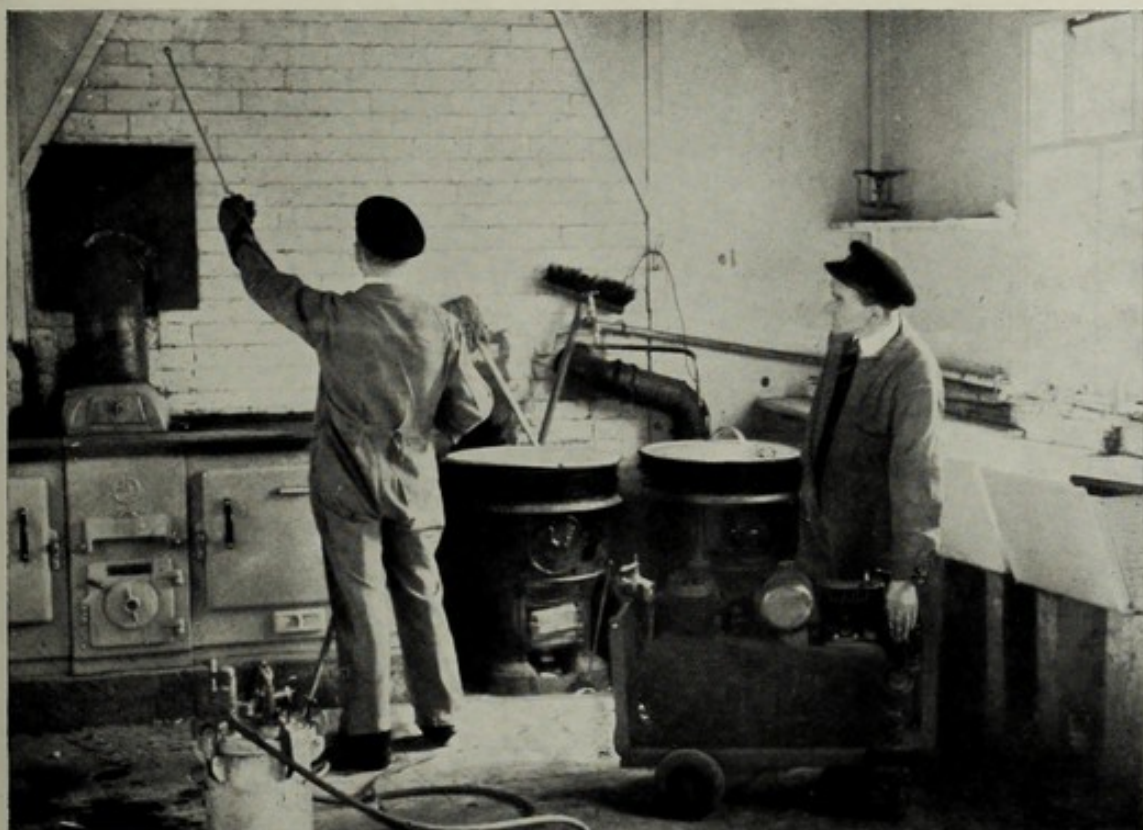
Two of the three tractors will be offered for sale and of the eight gas container vans, each of 570 cubic feet capacity and containing banks of tubular heaters, only four will be retained for fumigation by H.C.N. gas. The remaining plant will be sufficient to cope with the treatment of woodworm, clothes moths and other specific infestations, and in this direction it has dealt with 1,267 pieces of furniture during the year most of which came from private sources.

Apart from this major re-organisation, disinfestation work has progressed as in previous years. The insect pests brought to the notice of the Section consisted mainly of bed bugs, golden spider beetles, cockroaches, steam flies, fleas, house flies, woodworms and clothes moths. Insect pests associated with food-stuffs, such as *stegobium paniceum*, grain and rice weevils, bacon and larder beetles and flour moths, were investigated.

Those which were found to be small infestations and limited to the domestic pantry were dealt with without difficulty, but large scale infestations in warehouses and flour mills were referred to the Ministry of Agriculture and Fisheries, and to private firms specialising in hydrogen cyanide fumigation.

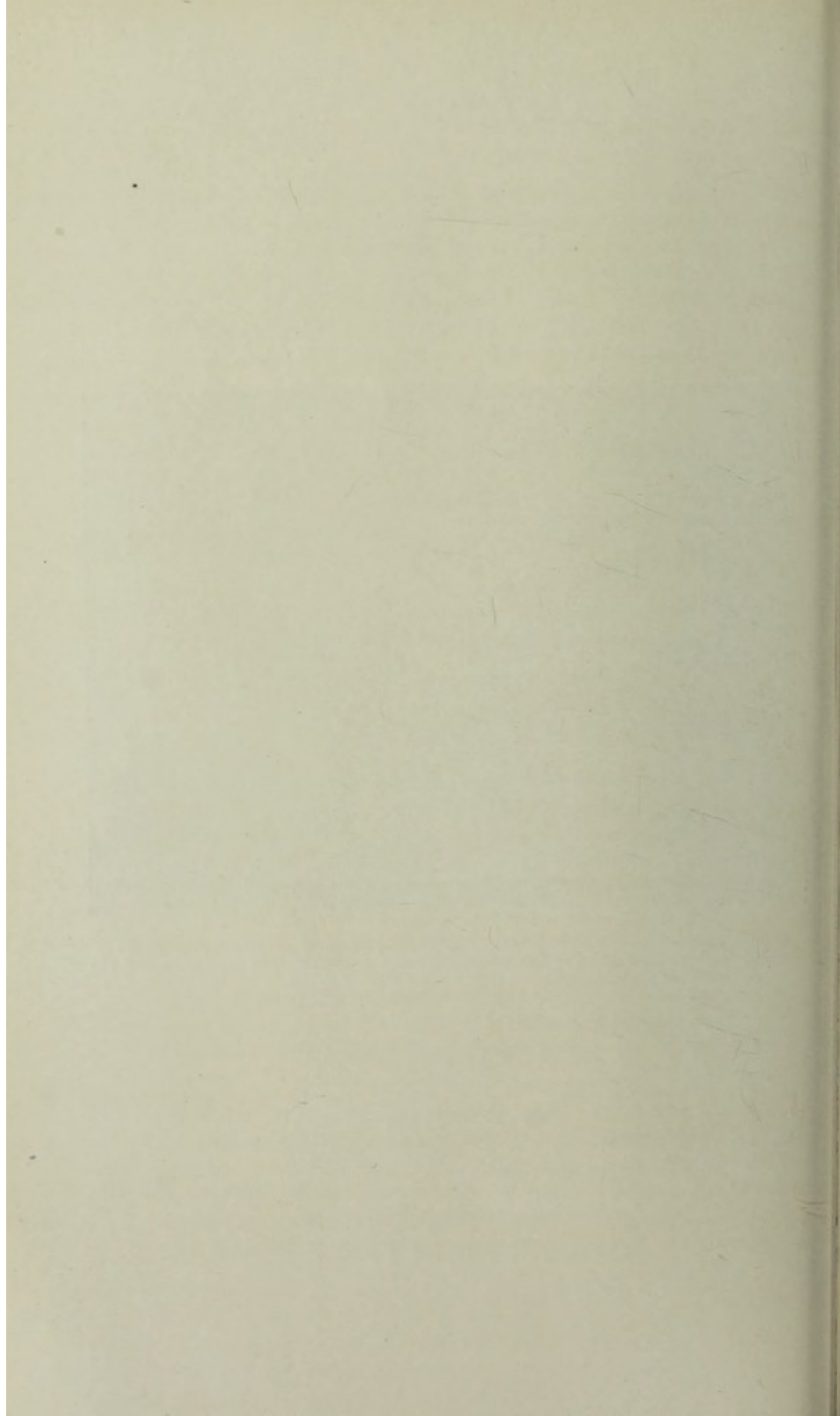
For the Housing Department 80 H.C.N. removals involving the treatment by H.C.N. of 4,712 articles of furniture, were completed to the end of March, and then employing the new process, as already outlined, 406 dwellings were disinfested, half of them bug infested slum dwellings, the other half corporation houses into which the slum dweller was removing. In addition the Housing Department requested the disinfestation of 255 corporation dwellings which had become infested by bed bug and cockroach during the year. In connection with H.C.N. removals, the new re-housing process and the disinfestation of corporation dwellings, altogether 5,771 articles of bedding and other household goods, for which the H.C.N. spray process is unsuitable, were disinfected by steam, employing the low pressure current steam disinfectors at the Kidacre Street station.

Other Corporation Departments which took advantage of the facilities offered by the Section were the Education Department, in connection with the insecticidal spray of the Leeds Schools' Camp as Nesfield and the disinfestation of school kitchens, the Waterworks Department for the control of mosquitoes and flies at the filter beds, disinfestation of properties at Fewston, Blubberhouses



*Disinfestation of Kitchen at Leeds Schools' Camp, Nessfield, nr. Ilkley, employing Petrol Compressor feeding pneumatic pressure container from which Liquid Insecticide is sprayed.*





and Swinsty affected by woodworm, silver fish and suspected bed bugs, Welfare Services Department for the disinfection of bug or flea infested dwellings occupied by aged persons after their removal to hospital. Quite a large amount of work was done for the various Hospital Management Committees, the Ministry of Works and the Ministry of Supply mainly in connection with pest control in boiler houses, canteens and kitchens.

Private firms, property owners and the general public received assistance from the Section in the identification of insect pests, followed in most instances by appropriate treatment of the infested premises or articles. Thus the work carried out for other Corporation departments, not including the Housing Department, for Hospital Boards, for the Ministries and the general public involved a total of 1,002 premises visited, of which 791 were disinfested.

In the case of woodworm and moth infestation, carpets and furniture (amounting to 1,267 articles) were treated by hydrogen cyanide at the Stanley Road centre, whereas soft furnishings, verminous bedding and clothing comprising 3,538 articles were disinfested by steam at the Kidacre Street station.

The synthetic insecticides continue to give excellent results, experiments are in progress with a view of making our own B.H.C. solutions and, if successful, they will reduce the cost appreciably. Both D.D.T. and B.H.C. are used extensively in solvent and water emulsion form for spray and as dusts in various concentrations. Their use depends entirely on the type and degree of infestation and solvent sprays are preferred to water emulsions when conditions allow. Solvent sprays are more expensive in their formulation but when applied scientifically and economically they give better and far more lasting results than water emulsions.

Since the last report the work of this Section has considerably increased and more private firms, property owners and the general public have made use of the facilities offered. Pest control is essentially a Public Health service, and costing is calculated so that there is no profit made but yet there is no charge on the city's rates. The work is carried out efficiently and discreetly on all occasions.

**Verminous Persons.**—The treatment centre at Kidacre Street is equipped to treat all types of verminous conditions of the human body and is supervised by a State Registered Nurse.



The head clinic, for the treatment of *pediculus capitis*, can deal with three patients at the same time and the installation of a commercial type of hair dryer has speeded up the process considerably. A total of 2,525 persons, mainly school children and contacts, were given 2,617 treatments, in close collaboration with the School Medical Service. In connection with these cases, 1,708 homes were visited, advice given and arrangements made for treatment by the two visitors, both of whom are State Registered Nurses.

Three specially equipped bathrooms are available for the treatment of *pediculus corporis* and scabies. One bathroom has a movable bath and a stretcher trolley for the cleansing and treatment of the chronic sick or orthopædic cases, which are conveyed to the Centre by ambulance. Cases of *pediculus corporis* numbered 381 and by far the greater proportion of these were vagrants. In all cases where it was possible to ascertain the home address or common lodging house of the person concerned, contacts were treated and personal and bed clothing subjected to steam disinfection. In connection with the National Assistance Act, 1948, Section 47, an increasing number of persons in need of care and attention, usually in a dirty and verminous condition, were cleansed and disinfested before their admission to hospital or to South Lodge, under the care of the Welfare Services Committee. By arrangement with the latter, their homes were visited, the contents sprayed *in situ*, bedding removed for steam disinfection and returned. In the majority of cases, however, the contents of the house, in a filthy condition and verminous, were removed to the H.C.N. plant at Stanley Road. After treatment the contents were sent, on the instructions of the Welfare Service Officer, to the sale rooms for disposal by auction. In all cases the verminous houses were disinfested by insecticidal spray.

**Disinfection in connection with Infectious Diseases.**—Routine disinfection after the more common infectious diseases was discontinued some years ago, but this service is still available on request. By far the greater number of disinfections carried out was for cases of tuberculosis, either where a patient has gone to a sanatorium or he and his family had been re-housed, or a death from the disease had occurred. Including these and all other causes, 825 houses were visited, 753 rooms were disinfected by formaldehyde, 2,639 beds and 16,118 articles were disinfected by steam. Additional visits were made at the request of the Chest



Clinic in connection with the loan of medical requisites or for the distribution of bedsteads complete with or without bedding to tuberculous patients. For these purposes 121 houses were visited and 861 articles which had been on loan were disinfected before return to store for further use. For other Local Authorities 76 articles were disinfected by steam.

Steam disinfection was confined to two high pressure steam disinfectors at Stanley Road. A third is now no longer serviceable, mainly because of its age, and because of this, some of the work of disinfection had to be diverted to the Kidacre Street Station, where there are two low pressure current steam disinfectors mainly used for disinfestation purposes. It is hoped that in the very near future it will be possible to concentrate all disinfection apparatus at the Stanley Road centre.

In connection with bovine anthrax disinfection, of which there were four cases and one suspect, in each instance the carcass was removed for destruction by burning to one of the city's refuse destructors. Contaminated byres and farm yard surfaces were disinfected by using portable flame throwers to burn the contaminated wall and floor surfaces, followed by the application of fresh chloride of lime. There were no extensions of the disease at the places of occurrence.

**Other Work.**—During the year 7,944 throat swabs, for adults and babies, were prepared at the Disinfestation Centre for distribution to general medical practitioners and supplied to the order of the Regional Hospital Board.

Under the Medical Requisites Loan Scheme, the Section undertook the collection and delivery of invalid chairs, and spinal carriages which are housed at the Stanley Road Centre. During the year 295 visits were made and each chair and carriage was thoroughly cleansed and disinfected, inspected and repaired where necessary before delivery.

The scheme for the distribution of food supplements (cod liver oil, orange juice and National Dried Milk) and stores to infant welfare centres and day nurseries was continued during the year. One stores van was maintained for this service and completed 8,558 miles.

**Flushing Services.**—Three squads, each consisting of two men and equipped with a motor vehicle carrying suitable flushing and cleansing appliances, paid 22,977 visits to the city's 54 public conveniences, both male and female, with the exception of those



which are staffed by attendants. About 75 per cent. of the conveniences are cleansed each weekday and, in addition, those situated in the centre of the city are cleansed on Sundays; the remainder are visited on alternate days. At the same time these men reported structural and other damage, caused wilfully or by wear and constant use, and this information was passed on to the Chief Sanitary Inspector's Section for action.

The service was also extended for the cleansing of drains of private dwellings, schools and factories, on request from and at the cost of the owners.

A fourth squad was solely employed for the cleansing of public sewers, for the removal of stoppages and drain testing under the direction of sanitary inspectors.

This service was commenced in 1950 as an experiment but it has proved so necessary in view of the urgency of cleansing public sewers and in the diagnosis of defective drains, that the work carried out since has increased enormously. Thus 288 public sewers were dealt with and 8,198 private drains were tested and/or cleansed.

In addition two men equipped with a motor vehicle and having been trained by the Street Lighting Department in the maintenance of automatic electrical switchgear and emergency electrical repairs, were appointed to inspect daily and maintain when necessary the lighting at all the unattended public conveniences. This service will prevent accidents should lighting fail, especially important at those conveniences which are below ground level and which can only be reached by flights of steps.

**Ring Worm Diagnosis.**—Working in close co-operation with Dr. la Touche of the Department of Dermatology in the Leeds General Infirmary and Lecturer in Medical Mycology, University of Leeds, who notified to the Section addresses of cases thought to be due to infection by ringworm of animal origin, 47 homes were visited and a total of 40 cats and 24 dogs collected. These were brought to the Stanley Road Centre and examined by the staff using ultra-violet light through a Wood's glass in a dark room; 13 cats and 4 dogs were diagnosed positive ringworm and in each case the animal was sent to Dr. la Touche for further investigations. At the same time the Chief Sanitary Inspector was informed of the results of the examinations and the animals showing a negative result were returned to their owners.



## REPORT OF WORK FOR 1952.

I. DISINFESTATION IN CONNECTION WITH VERMINOUS PREMISES,  
ETC., AT THE REQUEST OF THE HOUSING DEPARTMENT

(a) Number of removals completed under H.C.N. Scheme (Jan.-March) .. .. .	80
(b) Number of houses disinfested in connection with re-housing process .. .. .	406
(c) Number of re-infested houses disinfested ..	255
(d) Number of articles disinfested by H.C.N. in connection with (a) .. .. .	4,712
(e) Number of articles disinfested by Steam in connection with (a), (b), and (c) .. ..	5,771

DISINFESTATION OF PRIVATE HOUSES AND OTHER  
CORPORATION PROPERTY

(f) Number of houses disinfested .. .. .	791
(g) Number of articles disinfested by H.C.N. ..	1,267
(h) Number of articles disinfested by Steam ..	3,538
(i) Number of houses concerned in (g) and (h) ..	1,002

## 2. DISINFECTION IN CONNECTION WITH INFECTIOUS DISEASES

(a) Number of houses visited .. .. .	825
(b) Number of rooms disinfected by Formaldehyde ..	753
(c) Number of beds disinfected by Steam .. ..	2,639
(d) Number of articles disinfected by Steam ..	16,118

## WORK EXECUTED FOR OTHER AUTHORITIES

(e) Number of rooms disinfected by Formaldehyde ..	2
(f) Number of beds, bedding, etc., disinfected by Steam .. .. .	76
(g) Number of miles run .. .. .	150

## 3. PUBLIC SEWERS

(a) Number of public sewers cleansed .. ..	288
(b) Number of private drains tested and cleansed ..	8,198



## REPORT OF WORK FOR 1952—Continued.

4. PUBLIC CONVENIENCES	
(a) Number of visits paid to Public Conveniences, male and female, for cleansing purposes ..	22,977
(b) Number of drains flushed .. .. .	34,618
(c) Number of W.C.s flushed .. .. .	22,487
5. MEDICAL LOAN SCHEME	
Visits made for collection and delivery of Invalid Chairs, Spinal Carriages, etc. .. .. .	295
6. DELIVERY SERVICES	
Miles run for Day Nurseries and Babies' Welcomes in connection with deliveries of Dried Milk and Stores ... .. .	8,558
7. PREPARATION OF THROAT SWABS	
Number of swabs prepared .. .. .	7,944
8. CHEST CLINIC	
Number of houses visited .. .. .	121
Number of beds, bedsteads, etc., delivered .. ..	861
9. TREATMENT OF VERMINOUS PERSONS	
(a) <i>Pediculus Corporis</i>	
Number of cases visited .. .. .	16
Number of baths provided .. .. .	381
(b) <i>Pediculus Capitis</i>	
Number of cases visited .. .. .	1,708
Number of persons treated .. .. .	2,525
Number of treatments involved .. .. .	2,617
(c) <i>Scabies</i>	
Number of cases visited .. .. .	55
Number of persons treated .. .. .	103
Number of contacts treated .. .. .	61
Number of re-infections .. .. .	Nil
Number of voluntary notifications from Doctors	11

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## Maternity and Child Welfare.

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**MATERNITY AND CHILD WELFARE SERVICES**

BY

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

*Assistant Medical Officer of Health for Maternity and Child Welfare*

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**NATIONAL HEALTH SERVICE ACT, 1946.**

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**SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.**

**Maternity and Child Welfare Centres.**—The number of mothers and children attending the clinics for the first time and the total number of attendances made during the year ending 31st December, 1952 showed an increase on the previous year. It would seem that despite the changes in recent years, the Maternity and Child Welfare Clinics are still providing a service beneficial to expectant mothers and mothers of young children, and this should continue to form an integral part of the National Health Service.

**Ante-Natal Clinics.**—By 31st December 1952 there were 199 ante-natal sessions held per month at 23 clinics. The number of expectant mothers attending the clinics during the year was 9,303, a decrease of 74 on the number for 1951. Of this total 6,562 were new cases, an increase of 165. The total number of attendances at all clinics was 33,474 or 851 more than in 1951. The proportion of mothers attending the clinics who apply for hospital confinement on social grounds is still high.

**Post-Natal Clinics.**—There have been 26 post-natal sessions per month held at 10 clinics. The number of mothers who attended was 1,076 with a total number of attendances of 1,292. These figures show an increase of 185 and 93 respectively on the numbers for 1951.

**Infant Clinics.**—During the year an additional clinic was begun at West Park making 25 clinics in operation by the end of the year at which 193 sessions were held per month. The number of infants under one year attending the clinics for the first time was 5,610; between one and two years 287, and between two and five years 857. These figures show an increased attendance of 136 infants under one year and of 32 children between one and five years which is encouraging. The total number of children who attended during the year was 19,798 with 90,290 attendances made. The number



of children on the register at all clinics on 31st December 1951 was 13,044, and on 31st December 1952, with 6,754 new children registered, 6,385 names removed of children who were 5 years old, had defaulted, died or left the district, the total was 13,413, an increase of 369.

*Ministry of Health Survey.*—This special survey on the growth of children begun at the infant welfare clinics in 1949 has continued. It was intended to complete the survey at the end of the second year but the Ministry have asked for continuation until the fifth year. The total number of children entered in the survey was 1,589 and of those, 612 still remained under regular observation at the end of the fourth year.

*Welfare Foods.*—National dried milk for infants, and vitamin preparations for expectant and nursing mothers and children under five years were still supplied at the clinics. The potential take-up of orange juice was 34·3 per cent. ; of cod liver oil 29·4 per cent. ; of vitamins A and D tablets 41·1 per cent. The comparative figures for 1951 were 30·0 per cent. ; 28·8 per cent. and 40·9 per cent. These results especially for the take-up of cod liver oil are not so satisfactory as they should be, but all show an increase on the previous year.

*Educational Work.*—Short talks to the mothers have been given by the health visitors on various subjects dealing with the health of the expectant and nursing mothers and the care of the young child. With valuable assistance from the voluntary workers special efforts have been made in the cause of " Safety in the Home " trying to point out to the mothers how to avoid accidents in the home.

Members of the Leeds Babies' Welcome Association continued their regular help in the clinics as voluntary workers ; assisting with routine clerical work ; in some clinics organising play corners for toddlers ; being responsible for the sale of knitting wool and baby clothes and also fireguards ; organising a series of talks and discussion for groups of mothers and at all times helping to maintain a friendly atmosphere in the clinics.

*Consultative Infant Clinics.*—The arrangements with the University Department of Pædiatrics and Child Health continued, and consultative infant clinics were held each month at the infant



welfare centres. The total number of attendances of children under five years was 176, an increase of 11 on the number in 1951.

**Physiotherapy.**—The number of children referred during the year for examination by the Orthopædic Consultant was 107, a decrease of 11 on the number referred in 1951. Eight cases only required to be referred for hospital treatment.

**Artificial Sunlight.**—This was given to 951 children during the year and the total number of attendances at the six infant welfare centres was 16,767. These figures show a decrease of 27 in the number of children attending, but an increase of 772 in the total attendances, compared with those for 1951. This would seem to indicate that fewer children attending the infant clinics required to be referred for sunlight therapy.

**Remedial Exercises.**—A total of 567 children attended for exercises with 6,467 attendances, an increase of 7 and 998 respectively on the number for 1951.

**Ante-Natal and Post-Natal Classes.**—These exercise classes for expectant and nursing mothers were held at six welfare centres and at Wyther Hostel. The value of these classes and of the explanatory talks given by the physiotherapist is much appreciated by the mothers who attend. There were 276 mothers who attended ante-natal classes and 51 attended for post-natal exercises. The total number of attendances was 1,262 and 353 respectively, an increase of 746 and 212 on the figures for 1951.

**Dental Care.**—See report of Senior Dental Officer on page 70.

**Eye Defects.**—*Children classified as blind or partially blind.*—There were 12 children under five years on the register on 31st December, 1951. During the year 5 children were notified as blind; of those one died and 2 children reached the age of 5 years, leaving 14 names on the register on 31st December, 1952. Two of these children had previously been admitted to Sunshine Homes, and one child was admitted during 1952.

The arrangement has continued for any child under 5 years attending the infant welfare clinics who is found to have a squint or other eye defect, to be referred to the Ophthalmic Consultant at the school clinic. It is hoped by this means to provide continuity of treatment for such cases. During 1952 the number of children seen by the Consultant was 247.



**Care of Premature Infants.**—Between 1st January, 1952, and 31st December, 1952, there were 665 live births notified of infants weighing  $5\frac{1}{2}$  lbs. or less at birth. Of these, 553 were born in hospital or nursing home in the city and 112 were born at home. The number of those born at home who were removed to hospital was 26 and the remaining 86 were nursed at home.

The number of infants who died within 24 hours of birth was 73; of these, 10 were born at home and 63 in hospital or nursing home. The number who died within one month of birth was 35; of these 7 were born at home and 28 in hospital or nursing home.

Of the 86 infants nursed at home 49 received special nursing care by the premature baby nurses.

As well as nursing those infants born at home the special nurses undertook the after care of 223 infants requiring further nursing care after discharge from the Leeds Maternity Hospital, St. James's and St. Mary's hospitals.

During the year arrangements were made for the fourth premature baby nurse to attend a refresher course in the domiciliary care of the premature baby, at Newcastle-on-Tyne.

**Wyther Hostel (*Mother and Baby Home*).**—On 31st December, 1951, there were 17 mothers and 15 infants in the Home. During the year 50 mothers and 35 infants were admitted; of these, 32 mothers were admitted for ante-natal care. The comparative figures for 1951 were 59 mothers and 48 infants, 42 of these mothers being admitted for ante-natal care.

Those discharged during 1952 were 54 mothers and 39 infants. Of these, 24 mothers were able to keep their babies, 11 babies were placed with a view to adoption through the Care of Children Department and 4 babies were admitted to residential nurseries. There were 15 mothers discharged home or to hospital before the birth of the baby who were not re-admitted.

All cases of girls expecting illegitimate babies attending the ante-natal clinics are referred to the social worker for investigation. Arrangements are made by her, when necessary, for admission to Wyther Hostel or to a home run by voluntary agencies. After-care is also carried out in cases where this is possible.



**Convalescence.**—During 1952 it was possible to send for convalescence 95 mothers and 145 children under five years, who were referred from the Maternity and Child Welfare Clinics.

**Day Nurseries.**—The demand for the admission of children to day nurseries continued during 1952 and there was a very considerable waiting list for children for admission to all except three nurseries. Priority was still given to children according to social or economic circumstances necessitating the mother going to work, or in a small number of cases where the mother was dead or had deserted the family. A few special cases were admitted on medical grounds. Except in the special cases mentioned above no child attended a nursery unless the mother was in regular full-time employment.

The following table gives details of the accommodation and attendances at the day nurseries during the year :—

DAY NURSERIES

Name of Nursery.	No. of Places	Average attendance per 5 day week	Total Number Attendances
East Street .. ..	35	31·8	8,135
Sheepscar .. ..	35	31·1	8,035
Quarry Hill .. ..	50	36·7	9,391
Blenheim .. ..	50	42·3	11,000
Harehills .. ..	50	43·6	11,232
Hunslet Hall .. ..	50	40·9	10,479
Armley .. ..	55	49·0	12,659
Bramley .. ..	55	45·2	11,472
Low Road .. ..	55	41·6	10,568
Middleton .. ..	55	40·9	10,373
Meanwood .. ..	55	48·2	12,244
Rookwood .. ..	55	45·7	11,679
Crossgates .. ..	70	50·9	13,244
York Road .. ..	70	62·4	16,028
Burley Park .. ..	75	63·1	16,287
Total .. ..	815	673·4= 82·1%	172,826

Quarry Hill Nursery moved to new premises and the number of places was increased from 35 to 50 on 1st December, 1952.

**Adoption Act, 1950.**—The liaison between the Care of Children Department and the Health Department has been maintained. Notice is received of all children under five years placed with a view to adoption through the Children's Officer and the health visitor visits the child in the home of the prospective adopter each month. A report is sent to the Children's Officer on the care and progress of the child.

Medical examination of the children is carried out at the infant welfare clinics and blood tests are taken prior to the child being placed for adoption.

In this connection 56 mothers and 78 children had blood tests carried out at the Central Clinic. The comparative figures for 1951 were 57 and 64 respectively.

**Nurseries and Child Minders Act, 1948.**—Under this Act applications were received during the year from 12 persons for registration as child minders.

The following table shows the number of registered daily minders, the number of registered nurseries and the permitted number of children minded :—

NURSERIES AND CHILD MINDERS ACT, 1948.

	Child Minders	Nurseries
No. on register at 31st December, 1951	32	3
Permitted No. of children at 31st December, 1951 .. .. .	152	72
No. registered during the year .. .. .	10	..
No. of applications refused .. .. .	..	1
No. of registrations cancelled .. .. .	17	1
No. on register at 31st December, 1952 ..	25	2
Permitted No. of children at 31st December, 1952 .. .. .	135	60

**SECTION 23.—MIDWIFERY.**—The demand for hospital accommodation for confinement has increased during the year and more cases have had to be confined in hospital for social reasons, unsuitable home conditions or lack of help in the home.

In the domiciliary service there is very good co-operation between the private doctor and the midwife. The scheme whereby the midwife ensures that the patient has booked a doctor for



maternity medical services is working satisfactorily. This arrangement prevents the doctor being called in to an emergency knowing nothing of the patient, and such cases are now a comparatively rare occurrence. Even when the doctor is himself responsible for the ante-natal supervision of the patient, increasing use is being made of the Local Health Authority clinics, patients being referred for blood tests to be carried out and to take advantage of other facilities, such as ante-natal exercise classes, available at the clinics,

**Midwifery Training, Part II.**—The training school at Redcourt Hostel is becoming increasingly well known, as is shown by the number of applicants from Part I training schools in different parts of the country. The fact that the whole of the six months training is taken in district work is found by the pupil midwives to give them greater experience in normal midwifery and a wider knowledge of social conditions. This is particularly valuable to the midwife who intends to practise district midwifery.

The training course is under the supervision of the Midwifery Tutor who is superintendent of the training school. There are 23 domiciliary midwives who have been approved by the Central Midwives' Board as teachers of pupil midwives, and work in close liaison with the Midwifery Tutor. They instruct the pupils in their practical work, each midwife being responsible for training one or two pupil midwives.

During the year 48 pupil midwives completed their training. Of these, 46 passed the Part II examination of the Central Midwives' Board, and 2 failed to pass.

On 31st December, 1952; there were 24 pupil midwives in training.

**Notified Births.**—The total number of births of Leeds cases notified in the city during the year was 8,170. Of these 5,768 or 70·6 per cent. took place in hospitals or nursing homes and 2,402 or 29·4 per cent. were domiciliary cases. The comparative figures for 1951 were, hospital cases 68·1 per cent. and home confinements 30·9 per cent. During 1952 there were 42 cases attended by ambulance midwives.

The number of domiciliary births notified by midwives acting as midwives, was 2,179 or 90·7 per cent. of the total domiciliary births.



*Miss D. Humphreys, Lay Supervisor of Midwives, reports :—*

**Notification of Intention to Practise.**—The number of midwives who notified their intention to practise as midwives during the year was 193 of whom 10 left the district and 4 ceased to practise leaving 179 midwives practising in the city on 31st December, 1952. Of these, 93 were employed in hospitals, 21 in private nursing homes, 8 as private midwives and 57 were employed by the Local Authority.

Only 6 midwives notified their intention to practise as maternity nurses during the year.

**Domiciliary Midwifery Service.**—The average number of midwives employed by the Local Health Authority in domiciliary work throughout the year was 47. Eight midwives left the service. On 31st December, 1952, there were 46 domiciliary midwives, including the three midwives undertaking the nursing care of premature babies.

The number of domiciliary births attended by municipal midwives during the year was 2,286 or 27·9 per cent. of the total births notified in the city. The comparative figures for 1951 were 2,513 or 30·5 per cent.

The following table gives comparative figures for the work done by the domiciliary midwives during 1951 and 1952 :—

	1951	1952
Ante-natal visits .. .. .	18,671	19,589
Attendance at birth { As midwife ..	2,257	2,087
{ As maternity nurse ..	256	199
Post-natal visits .. .. .	51,752	46,965
Bookings { As midwife .. .. .	1,974	1,587
{ As maternity nurse .. .. .	808	750
Attendances by { At midwife's clinic	13,361	13,067
patients { At midwife's home	6,354	7,177
No. of patients who had Gas/Air analgesia	2,198 =87·4%	2,054 =89·8%

Of the 46,965 post-natal visits paid in 1952, 1,272 were to patients discharged home from hospital before the 14th day of the puerperium.



*Analgesia.*—All municipal midwives are qualified to administer Gas/Air analgesia and 40 sets of apparatus are available for their use. Every expectant mother who books the services of a municipal midwife is given the opportunity of having this analgesic at her confinement unless she is medically unfit or her doctor prefers another form of analgesia. Of the 2,286 patients attended at home by municipal midwives, 2,054 or 89·8 per cent. were given Gas/Air analgesia, compared with 2,198 or 87·5 per cent. in 1951.

*Maternity Outfits.*—A sterilised and sealed packet containing all dressings required at the confinement as specified by the Ministry of Health is provided by the Local Health Authority for every case attended by a municipal midwife. Outfits are also available for domiciliary confinements attended by private midwives or maternity nurses and may be obtained at the maternity and child welfare clinics. During 1952, 49 outfits were supplied in this way.

*Medical Assistance.*—During the year 715 notifications were received of having called in medical assistance for domiciliary midwifery cases where a doctor was booked for maternity medical services. There were 24 notifications for emergencies under Section 14 of the Midwives Act, 1918, compared with 41 for the previous year, but only 18 claims for payment for attendance, were received from medical practitioners.

*Supervision of Midwives.*—The domiciliary municipal midwives were interviewed each week at the Health Department by the Lay Supervisor. The Supervisor made 298 visits of inspection to the midwives in their homes and at their cases, and in addition paid 235 special visits.

**SECTION 24.—HEALTH VISITING.**—*Miss M. Burke, Superintendent Health Visitor, reports :—*The health visitor is becoming more fully recognised as the medico-social worker in the home. The enlarged field of her work makes greater demands upon her and much more of her time is spent in dealing with special cases at the request of general practitioners and hospital consultants. A satisfactory working liaison has been established between health visitors and hospital almoners.

During the year many visits have been made by health visitors to investigate cases of overcrowding and bad housing. Some are cases of problem families where no effort is made to overcome



social difficulties. Children in these families are found to be suffering from some degree of neglect and certain cases have been reported to the Committee set up to investigate cases of children neglected in their homes, others have been referred to the National Society for the Prevention of Cruelty to Children, the health visitor working in co-operation with the Society's inspector.

The health visitors have continued to emphasize to mothers of young babies the importance of vaccination, and immunisation against diphtheria. Since it has been possible also to offer immunisation against whooping cough, the health visitors have found many mothers anxious to have their children protected.

Arrangements have continued throughout the year for medical, social science, and health visitor students to visit with the health visitor on her district.

At nine of the maternity and child welfare centres the health visitor works from the centre. At two centres combined duties of health visitor and school nurse are carried out.

By arrangement with the Children's Officer, children under 5 years placed with a view to adoption are visited by a health visitor each month. Monthly visits are also paid to children in the care of registered daily minders.

The total number of visits paid by the health visitors during 1952 was 173,118 an increase of 9,584 on the total number of visits paid in 1951.

The following table gives comparable figures of the work done and visits paid during 1951 and 1952.

	1951	1952
Notified births, including re-visits ..	137,177	143,906
Stillbirths .. .. .	185	172
Deaths of children under 5 years ..	239	251
Ophthalmia Neonatorum .. ..	25	22
Expectant Mothers .. .. .	3,400	4,063
Infectious Diseases .. .. .	349	286
Cases discharged from hospital ..	304	131
Home Help investigations .. ..	70	39
Child Minders .. .. .	222	227
Adoptions .. .. .	408	364
Day Nursery admissions and absentees	1,068	1,291
Unclassified special visits .. ..	2,040	2,982
Ineffectual visits .. .. .	18,047	19,384
Total visits for the year ..	163,534	173,118



**Registered Nursing Homes.**—The following table gives particulars of registered nursing homes in the city :—

REGISTERED NURSING HOMES IN THE CITY.

	Maternity		Maternity and General.			General.		Total.		
	No. of Homes.	No. of Beds.	No. of Homes.	No. of Beds.		No. of Homes.	No. of Beds.	No. of Homes.	No. of Beds.	
				Mat'y.	Gen.				Mat'y.	Gen.
Existing at 31st Dec., 1951 ..	6	74	1	2	32	8	105	15	76	137
Registration approved during 1952 .. ..	1	9	..	..	..	1	4	2	9	4
Registration cancelled or surrendered during 1952 ..	1	1	..	..	..	1	21	2	1	21
Existing at 31st Dec., 1952 ..	6	82	1	2	32	8	88	15	84	120

**Nurses Act, 1943, Part II.**—*Agencies for the supply of Nurses.*—Under this Act only one nursing agency applied for registration in 1952 and a licence was issued.

## DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

BY

D. E. TAYLOR, L.D.S.  
*Senior Dental Officer*

Since the introduction of the Maternity and Child Welfare Dental Service, all new admissions to the ante-natal register have been invited to attend the dental clinics for inspection. There was a slight improvement in attendances throughout last year as compared with 1951, but the average is still only 31·1 per cent. This attendance rate for inspection is not satisfactory but it is impossible at present to arrange a system whereby dental inspection is part of the general medical examination. This is due to the Welfare and Dental Clinics being separate units.

The acceptance rate for treatment was higher than for 1951 and the total of individual mothers treated rose from 751 to 794. Eighty-one more sessions were devoted to the service during 1952 and hence in general the treatment figures rose :—fillings from 970 to 1,381, teeth extracted from 1,693 to 2,640 and the dentures supplied were increased by 48 to 394.

Oral Hygienists previously employed had no connections with Leeds and left when they obtained appointments nearer their homes but a permanent hygienist has at last been appointed. It is contemplated that the hygienist will visit the Welfare Clinics and advise mothers on the care of mouths and teeth. Diseases of the gums through lack of cleanliness are at present the cause of the loss of many otherwise sound teeth.

Professor T. Talmage Reed advised, as in previous years, on the diagnosis and treatment of difficult cases.

It has not been possible yet to arrange a permanent dental service for under fives, but urgent dental treatment can be obtained for them by attending the School Dental Clinic nearest their homes.

	Expectant Mothers	Nursing Mothers
No. of inspection invitations .. ..	5,712	6
No. of inspection attendances .. ..	1,777	2
No. found dentally fit .. ..	318	1
No. accepted treatment .. ..	1,300	1
No. refused treatment .. ..	159	..
Total No. of teeth filled .. ..	1,077	164
Type of filling given :—		
Synthetic porcelain .. ..	241	39
Cement .. ..	21	16
Amalgam .. ..	97	6
Lined Amalgam .. ..	852	129
Total fillings given .. ..	1,211	190
Total No. of teeth extracted .. ..	2,319	321
" " " persons fitted with dentures .. ..	110	218
" " " scalings .. ..	85	23
" " " other treatments .. ..	107	47
" " " local anæsthetics .. ..	232	39
" " " general anæsthetics .. ..	434	46
" " " treatment sessions .. ..	482	..
" " " inspection sessions .. ..	73	..
" " " individuals treated .. ..	595	199
" " " attendances for treatment .. ..	2,001	838
" " " persons made dentally fit .. ..	519	156



## WORK OF ORAL HYGIENIST

	Expectant Mothers	Nursing Mothers
No. of attendances .. .. .	482	88
" " scalings .. .. .	482	88
" " treatment sessions .. .. .	157	..
" made dentally fit .. .. .	139	55
" individuals treated .. .. .	139	55

## NUMBERS PROVIDED WITH DENTAL CARE

	Number examined	Number found to need treatment	Number treated	Number made dentally fit
Expectant and Nursing Mothers .. .. .	1,779	1,301	794	675
Children under 5 years ..	..	..	134	..

## FORMS OF DENTAL TREATMENT PROVIDED

	Expectant and Nursing Mothers	Children under 5 years
Extractions .. .. .	2,640	239
Anæsthetics :—		
Local .. .. .	271	..
General .. .. .	480	128
Fillings .. .. .	1,381	..
Scalings or scaling and Gum Treatment ..	678*	..
Silver Nitrate Treatment .. .. .	..	..
Dressings .. .. .	..	..
Radiographs .. .. .	25	..
Denture provided :—		
Complete .. .. .	232	..
Partial .. .. .	162	..

\*Including 570 by Oral Hygienist

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## Mental Health Services

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One mental health worker relinquished her appointment in November, 1952, to join her husband in West Africa. It is proposed to appoint in her place a male officer who will receive a comprehensive training in all aspects of the work and will be available to assist the duly authorised officers and undertake part of the supervision of male defectives. It is intended that this officer will give particular attention to those male defectives who are employable but who have no home. A number of these reside under Guardianship in a large boarding house in the city, and would benefit from more intensive supervision than has been possible in the past.

The Medical Superintendents of the local mental and mental deficiency hospitals and the Consultant Psychiatrist at St. James's Hospital, have continued to act as Consultants to the service and their services are much appreciated.

**Co-ordination with other Bodies.**—The work of the Department continues to be linked with that of the Regional Hospital Board, Hospital Management Committees, the University Department of Psychiatry and the Teaching Hospitals. A spirit of co-operation prevails and where difficulties arise they are generally due to shortage of beds for mental patients, a state of affairs which exists in Leeds as in other Regions.

The Medical Officer holds an Honorary Clinical Assistantship at St. James's Hospital, and the mental health workers are seconded to the Psychiatric Unit at this hospital for part of their time. The Department is thus able to keep in touch with the majority of patients referred to it throughout the period of their in-patient treatment, and after-care measures are greatly facilitated.

**Voluntary Organisations.**—As the Department is fully staffed with trained personnel it is not necessary to delegate duties to a voluntary organisation; close contact, however, is still maintained with the National Association for Mental Health, who have four representatives from the city. The Medical Officer is a member of the Executive Committee of the Marriage Guidance Council and both these voluntary organisations receive grants from the Leeds City Council.

**Training of Staff.**—The Department's policy of training Occupation Centre staff at its own centres continues. New assistants who show an aptitude for the work quickly acquire the technique of managing defective children under the personal guidance of the supervisor. The Medical Officer and mental health workers are members of the Regional Psychiatric Association and are enabled



to keep abreast of recent developments in the work by means of the lectures and discussion groups organised by this Association. As in previous years, lectures and practical instruction were given to social science students and health visitors.

### **WORK UNDERTAKEN IN THE COMMUNITY**

**Prevention, Care and After-Care.**—Certain changes were effected in the care and after-care services during the year for reasons of economy and to eliminate duplication of services provided elsewhere. The Local Authority has continued to provide services under Section 28 of the National Health Service Act and it is hoped that the quality of these services will not suffer by reason of the economies effected.

For some time a decline in the numbers attending the day centre at "Mountside" had been apparent. When the number attending finally declined to five it was decided to close the day centre part of the premises down, and three of the patients attending agreed to go to the North Leeds Occupation Centre. It was hoped to retain "Mountside" as headquarters for the other preventive and after-care services, but in the interests of economy it was considered advisable to vacate the building and arrangements were made to provide additional accommodation at Blenheim Terrace towards the end of the year.

Favourable employment conditions in the city, increased facilities for occupational therapy at St. James's Hospital and lack of support for this project from the mental hospital authorities were the main reasons for the decline in attendance, and though 91 patients passed through this establishment since its opening in 1948, it was considered that it had outlived its utility.

The Therapeutic Social Club continues to serve a useful purpose in the rehabilitation of the mentally ill. Fifty-two meetings were held throughout the year, with an average attendance of 22. As the club must now be carried on in rented premises it has been necessary to discontinue the weekly handicrafts session, but membership continues to grow, and an increasing number of patients benefit from attendance.

General practitioners in the city, other Corporation Departments and various voluntary agencies continue to make use of the Family Consultation Service. This service is intended for those cases in which the patient's illness is primarily a reflection of a disturbed situation in the home. The patient is seen by the social worker or psychiatrist, and treatment for his illness is arranged where indicated. The home situation is investigated and the patient's difficulties are interpreted to his family. This may involve several domiciliary visits and the aid of other departments and social



agencies, e.g., the Welfare Services, Housing Committee, Probation Services, National Assistance Board and Ministry of Labour, is frequently sought. It is pleasing to place on record the sympathetic and considerate treatment our psychiatric patients receive at the hands of these agencies. Thirty-two patients were referred to this service in 1952.

**After-Care Work.**—Three hundred and fourteen patients were referred for after-care by the Regional Hospital Board's hospitals. Patients referred from the Psychiatric Unit at St. James's Hospital are already known to our social workers who provide in-patient services at the hospital. One other hospital in the region sends a brief case summary of patients referred for after-care, which is most helpful. It is regretted that for various reasons other hospitals in the region have been unable to supply any information other than the statutory notice of discharge.

**Lunacy and Mental Treatment Acts, 1890-1930.**—The following table summarises the monthly reports to the Committee of work carried out by the mental health workers.

CASES DEALT WITH\* BY AUTHORISED OFFICERS

	Males	Females	Total
1. Visits paid .. .. .	576	834	1410
2. Removed to St. James's Hospital under Section 20 of the Lunacy Act, 1890 ..	198	228	426
3. Certified patients transferred to Menston Hospital .. .. .	55	46	101
4. Certified patients transferred to Stanley Royd Hospital, Wakefield .. ..	—	40	40
5. Certified patients transferred to Storthes Hall Hospital .. .. .	1	—	1
6. Certified patients transferred to other Mental Hospitals .. .. .	4	23	27
7. Direct admissions to Mental Hospitals (certified) .. .. .	7	6	13
8. Total Mental Hospital admissions on Summary Reception Orders or Petition	67	115	182
9. Patients admitted to St. James's Hospital under Section 20 and transferred to Voluntary .. .. .	23	14	37
10. Voluntary patients admitted to Mental Hospitals direct .. .. .	41	51	92
11. Voluntary patients admitted to Mental Hospitals on transfer from St. James's Hospital .. .. .	24	18	42
12. Total voluntary patients .. .. .	88	83	171
13. Temporary patients admitted to Mental Hospitals (all via St. James's Hospital)	—	8	8
14. Total admissions to Mental Hospitals (Total of Items 8, 9, 10, 11 and 13) ..	155	206	361



## NUMBER OF LEEDS CASES IN HOSPITALS.

	Menston			Stanley Royd			Storthes Hall		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
On books 1.4.52 ..	409	425	834	233	493	726	21	45	66
Admitted during 1952-1953 ..	89	51	140	4	83	87	1	4	5
Deaths and discharges ..	498	476	974	237	576	813	22	49	71
Remaining on books 1.4.53 ..	77	64	141	14	62	76	3	1	4
	421	412	833	223	514	737	19	48	67

**Mental Deficiency Acts, 1913-1930.**—The following return, which is on similar lines to those submitted to the Ministry of Health, shows the number of mental defectives reported and how they have been dealt with.

## PARTICULARS OF MENTAL DEFECTIVES ASCERTAINED DURING 1952.

	Males	Females	Total
1. Ascertainment.			
(a) Cases reported by Local Education Authority (Section 57, Education Act, 1944):—			
(i) Ineducable children .. .. .	29	18	47
(ii) At 15 years—on leaving Special School .. .. .	24	21	45
(b) Other cases reported during 1952 and ascertained to be "subject to be dealt with" .. .. .	1	3	4
(c) Other cases reported during 1952 who are not at present "subject to be dealt with" but for whom the Local Health Authority may subsequently become liable .. .. .	5	7	12
Total number of cases reported during the year .. .. .	59	49	108
2. Disposal of cases reported during the year.			
(a) Cases ascertained to be "subject to be dealt with":—			
(i) Placed under Statutory Supervision .. .. .	47	34	81
(ii) Placed under Guardianship (by Order) .. .. .	..	..	..
(iii) Admitted to Institutions (by Order) .. .. .	7	8	15
(iv) Taken to "Places of Safety" .. .. .	..	..	..
(v) Died or removed from area .. .. .	..	..	..
(vi) Action not yet taken .. .. .	..	..	..
(b) Cases not at present "subject to be dealt with":—			
(i) Placed under Voluntary Supervision .. .. .	5	7	12
(ii) Action not yet taken .. .. .	..	..	..
(iii) Action unnecessary .. .. .	..	..	..
Totals .. .. .	59	49	108



## PARTICULARS OF LEEDS MENTAL DEFECTIVES ON 1ST JANUARY, 1953.

	Males	Females	Total
1. " Subject to be dealt with " :—			
(a) Under Statutory Supervision ..	417	357	774
(b) Under Guardianship .. ..	16	18	34
(c) In certified Institutions .. ..	496	468	964
(d) In " Places of Safety " .. ..	6	2	8
(e) Action not yet taken .. ..	..	..	..
2. Certified defectives but not yet " subject to be dealt with " :—			
Under Voluntary Supervision ..	38	48	86
Totals .. ..	973	893	1866

The number of mentally defective persons in Leeds on the registers (i.e. 1,866) is equivalent to 3.7 per thousand of the city's estimated population.

**Guardianship.**—Guardianship Orders are now reduced to a minimum as most patients receive financial assistance from the National Assistance Board. Guardianship is only resorted to where the patient is in need of control other than institution care. It is, however, becoming the practice to transfer a number of cases from institution care to guardianship after they have been a probationary period on licence.

**Supervision.**—The number of cases under supervision was 860. Of these cases the majority are in employment or attending occupation centres. The stable high grade defective who is in competitive employment requires a minimum of supervision and it is rarely necessary to continue this once he is established in employment and the home conditions are satisfactory. The more unstable types frequently give rise to considerable anxiety by their failure to settle down to regular work and their liability to be drawn into delinquency by undesirable companions. The supervision of this group calls for great tact and understanding on the part of the welfare worker, but when she has secured the confidence of the defective and his parents, much can be done to tide him over his difficulties. Though there has been some deterioration in the employment situation, it is pleasing to report that all but a small percentage of our defectives in the community are in regular employment.

The occupation centres have continued to function satisfactorily throughout the year. The number of places has proved adequate for the demand and 410 cases were in attendance at the centres at the close of the year. As in previous years, thirty-five places have been allotted to the West Riding Authority for children resident in adjoining parts of the county. There is an increasing demand for facilities for older girls and women of lower mental grades and the number attending the South Leeds centre has risen



from nine at the date of opening, January 1951, to a total at the end of 1952 of thirty-nine. The children selected have a better opportunity for developing any manual skills in which they show proficiency, and additional vacancies created by their removal are available for children under five.

The majority of the children under five attend on a voluntary basis, and their final disposal is determined in consultation with the School Medical Officer when they attain school age.

As with the normal child, good habits are more easily inculcated when the child is young and the results from taking "under 5's" at the centres have been very satisfactory.

In this connection it is interesting to note how economic and social pressure is changing the functions of the occupation centre. The grave shortage of residential accommodation for low-grade defective children places an intolerable burden on the parents of these children. It is necessary to accept for the occupation centres children who are more suitable for residential care, but for whom no beds exist. The care of these children who are generally noisy, destructive and incontinent greatly increases the work of the centres and necessitates the employment of domestic helpers who attend to such details as toilet and feeding of these children and release the teaching staff for their proper duties. This additional expense in the operation of the centres is well justified on humanitarian grounds, and in several cases a serious breakdown in the health of the mother has been averted by this measure of relief.

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# **National Health Service Act 1946**

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**Section 25 HOME NURSING**

**Section 26 VACCINATION AND DIPHTHERIA IMMUNISATION**

**Section 27 AMBULANCE SERVICE**

**Section 28 PREVENTION, CARE AND AFTER-CARE**

**Section 29 DOMESTIC HELP**

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## SECTION 25

### HOME NURSING

The Home Nursing Service in Leeds is provided partly under agency arrangements with the Joint District Nursing Association and partly directly by the the City Council. The agency arrangements are carried out under the general direction of a Joint Committee which has the following membership :—

Chairman : T. W. Hopkins, Esq. (Leeds District Nursing Association).

Local Health Authority Representatives :

Ald. Sir George W. Martin, K.B.E., LL.D., J.P.

Ald. Miss E. M. Lister,

Counc. Mrs. W. Shutt,

Counc. H. Drake, L.D.S.,

Counc. Mrs. M. Fish.

Whitkirk District Nursing Association Representative :

Mrs. Livingston.

Leeds District Nursing Association Representatives :

F. Baker, Esq.,

Mrs. Collinge,

Mrs. A. Hollis,

Mrs. W. D. Lane,

Miss H. Lumb,

Miss M. E. Lupton,

Miss H. J. McLaren,

Mrs. Pape,

C. G. Peake, Esq.,

Mrs. C. Richardson,

B. P. Watson, Esq.

Ex Officio :

The Medical Officer of Health or his Representative.

The work of the district nurses is supervised by the following Superintendents :—

Lovell Street Home—Miss J. Corcoran,

Holbeck Home—Miss E. A. P. Magowan,

Hunslet Home—Miss E. Boulton.

Services provided directly by City Council—Miss E. G. Meadows.

Thanks are due to the members of the Joint District Nursing Association for the care and attention which they have given to the Home Nursing Service which has been maintained at a high standard of efficiency throughout the year.

As mentioned above, the Home Nursing Service is administered partly on an agency basis and partly directly. This division is merely an administrative one ; in practice the Home Nursing



Service is, as it must be, a single co-ordinated service covering the whole city. Boundaries between one home nursing district and another do not exist so far as the patient is concerned. The following record of the year's work relates therefore to the Leeds Home Nursing Service as a whole.

*Miss E. G. Meadows, Supervisor of Home Nursing*, reports as follows :—

As was anticipated at the introduction of the National Health Service Act, 1946, the work of the domiciliary nursing section continues to expand as a result of the close liaison between the general practitioners, health centres, social services and the Home Nursing Service. The following table shows the various sources of cases dealt with during 1949-1952 :—

SOURCES OF CASES 1949-1952

	1949	1950	1951	1952
General practitioners .. ..	5,911	6,926	7,974	9,262
Hospitals.. ..	2,545	1,860	2,144	1,958
All Sections of the Public Health Department .. ..	192	242	434	398
Direct application .. ..	281	260	194	137
and/or relatives, etc. .. ..				
Totals .. ..	8,929	9,288	10,746	11,755

The total number of new cases visited during the year was 11,755 and the total number of visits paid 214,931, an increase on the previous year of 1,009 new cases and 18,181 visits.

During the year 63 applications were received from cases unsuitable for nursing at home ; six of these were dealt with under Section 47 of the National Assistance Act, 1948, the remainder being transferred to hospitals and hostels and to the care of relatives.

CLASSIFICATION OF CASES, 1950-1952

Classification	1950		1951		1952	
	New Cases	Visits	New Cases	Visits	New Cases	Visits
Medical .. ..	5,758	126,887	6,649	142,404	7,695	155,652
Surgical.. ..	2,149	37,015	2,499	39,075	2,463	41,574
Children under 5 years .. ..	1,071	7,312	1,147	7,642	1,089	7,881
Pneumonia .. ..	148	1,948	234	2,723	196	2,477
Tuberculosis .. ..	76	2,727	125	3,974	261	6,950
Maternal complications .. ..	42	401	53	544	34	291
Ophthalmia neonatorum .. ..	5	41	4	44	1	7
Infectious diseases .. ..	39	364	35	344	16	99
Totals .. ..	9,288	176,695	10,746	196,750	11,755	214,931



The nursing personnel is increasing to keep pace with the volume of work and it is gratifying to record that more full-time nurses are becoming available as will be seen from the following table :—

			<i>Full-time</i>	<i>Part-time</i>	<i>Staff in terms of full-time</i>
December 1948	..	..	45	17	54
„ 1949	..	..	40	26	53
„ 1950	..	..	42	28	56
„ 1951	..	..	56	25	69
„ 1952	..	..	60	18	69

The number of motor cars for use by the nursing staff has been gradually increased from 6, in 1948, to 20 at December, 1952.

### MEDICAL REQUISITES LOAN SCHEME.

The provision and distribution of medical requisites has again been carried out by the Health Department with the assistance of the St. John Ambulance Brigade. To the latter the Health Committee extends its grateful appreciation of their services.

In accordance with Section 28 of the National Health Service Act, 1946, the City Council has developed a scheme for the loan of sick room equipment and medical and surgical requisites.

There are three depots in the city for the issuing of medical requisites, viz :

City of Leeds Public Health Department 12, Market Buildings, Leeds, 1	Monday to Friday :— 9.30 a.m. to 4.30 p.m. Saturday :— 9.30 a.m. to 12 noon.
St. John Ambulance Depot, 208/210, Armley Road, Leeds, 12	Monday to Friday :— 7. p.m. to 9 p.m. Saturday 2 p.m. to 4 p.m.
City of Leeds Chest Clinic 74, New Briggate, Leeds, 2	Monday to Friday :— 9.30 a.m. to 4.30 p.m. Saturday :— 9.30 a.m. to 12 noon.

The latter depot is provided for the use of Chest Clinic patients only, whose requirements are of necessity on a long term basis.

The personnel of the St. John Ambulance Depot is composed of voluntary workers, who, often at inconvenience to themselves, help to maintain the continuance of the scheme. Great credit is due to them for their untiring efforts and co-operation.

The majority of sick room requirements are for short periods only in which case the following conditions of loan apply :—

- (a) Articles shall be returned in clean and serviceable condition within one month from the date of issue or renewal of loan.
- (b) Loan period can be extended on application to issuing depot.
- (c) Leeds Corporation to be reimbursed in the event of damage to, loss of, or failure to return articles.

The amount of stock available to the public has been gradually built up over the past years to meet the demands made upon the service and the yearly increase proves that the peak of the service has not yet been attained.

During the year 5,155 articles were loaned, 4,820 returned, 3,951 applications were made for extension of loan period and 383 persons defaulted with regard to the conditions of loan. Two persons were required to reimburse the Local Authority for loss of medical requisites. The total number of articles out on loan on 31st December, 1952, was 1,258.

#### CLASSIFICATION OF MEDICAL REQUISITES

Medical Requisites	1950		1951		1952	
	Loaned	Returned	Loaned	Returned	Loaned	Returned
Bed pans ..	673	547	1,062	966	1,011	975
Air rings ..	801	673	1,198	1,103	1,228	1,161
Draw macintoshes ..	691	546	1,028	935	1,304	1,212
Back rests ..	418	296	609	566	720	676
Urinals ..	292	196	429	409	411	397
Miscellaneous ..	240	154	427	360	481	399
Totals ..	3,115	2,412	4,753	4,339	5,155	4,820



## SECTION 26

## VACCINATION AND IMMUNISATION

BY

G. R. BAXTER, M.D., B.Ch.D., D.P.H., D.T.M. & H.  
*Assistant Medical Officer of Health for Immunisation*

It is again pleasing to report that there were only two cases of diphtheria in Leeds during 1952. There were no deaths from this disease.

During the year, the Council authorised the issue to general practitioners of material for immunisation against whooping cough—a distinct step forward in the prevention of whooping cough.

Progress has continued in the whooping cough immunisation trials sponsored by the Medical Research Council. The inoculations are now completed and the routine follow-up of some 2,500 children is proceeding. The results to date are very satisfactory.

Immunisation against whooping cough and the combined immunisation against diphtheria and whooping cough is now available at all the infant welfare centres. Vaccinations are also done at these sessions.

During the year, one new clinic for immunisation was started at Alwoodley—making 25 in all, and regular monthly sessions are held at each infant welfare centre.

## ISSUE OF PROPHYLACTIC MATERIAL TO PRACTITIONERS

Material	1951	1952
Diphtheria (P.T.A.P.) .. ..	2,950 × 0.5 c.c.	2,710 × 0.5 c.c.
Diphtheria (T.A.F.) .. ..	653 × 1.0 c.c.	731 × 1.0 c.c.
Combined diphtheria and whooping cough material ..	2,100 × 1.0 c.c.	2,763 × 1.0 c.c.
*Whooping cough vaccine ..	—	861 × 1.0 c.c.

\*Issue of this material to General Practitioners authorised from 1.11.52.

An improved form of combined diphtheria-whooping cough immunising material is now available to general practitioners and is in use at the various clinics.

**Vaccinations:**—Numbers of vaccinations and re-vaccinations performed during the year are shown in the following table:—

	Under 1 year	1-4 years	5-14 years	15 and over	1952 Total	1951 Total
Vaccinated ..	3,554	336	89	246	4,225	4,150
Re-vaccinated	—	33	93	976	1,102	1,424
Total ..	3,554	369	182	1,222	5,327	5,574

Of the 5,327 vaccinations and re-vaccinations, 2,379 were carried out at the infant welfare clinics.

From the returns of primary vaccination in infants it is calculated that approximately 45 per cent. of the infant population born between July 1951 and June 1952 has been protected. This is 3.8 per cent. higher than last year.

**Vaccinations and Immunisations done by General Practitioners.**—The following table gives details of vaccinations and re-vaccinations done by general practitioners and reported to the Health Department during 1952. The corresponding yearly total figures for 1951 are given for comparison.

	Vaccinations	Re- vaccinations	Completed immunisations	Refresher doses
January ..	218	97	245	58
February ..	127	40	53	14
March ..	243	59	182	54
April ..	177	45	140	25
May ..	230	48	191	124
June ..	193	67	212	28
July ..	232	46	183	21
August ..	172	48	153	37
September ..	188	41	156	45
October ..	207	46	160	91
November ..	144	32	108	33
December ..	195	53	217	86
Total 1952 ..	2,326	622	2,000	616
Total 1951 ..	2,254	874	1,946	306



**Diphtheria Immunisation.**—This work has proceeded as usual throughout the year. One immunisation session is held monthly at each infant welfare centre at which children may be vaccinated or immunised against diphtheria or whooping cough. No appointments are necessary for these regular sessions.

During the year, 7,456 primary immunisations were completed—2,000 by general practitioners and 5,456 by Medical Officers in this Department. The births recorded during the 12 months ended June 30th, 1952 were 7,763.

Of 11,195 refresher doses given in 1952, 616 were given by general practitioners, and 10,579 by this Department. These refresher doses are usually given at schools and it is largely due to these refresher doses that the incidence of diphtheria has been progressively reduced. There are some 150 schools in Leeds and these are visited regularly in rotation at intervals of about 18 months.

Parents can indicate on consent forms for vaccinations and for diphtheria or whooping cough immunisation that they would like their own doctor to do the inoculations. In such cases the general practitioner is notified and immunisation record cards are sent to him for these children.

The following table is a record of the response in these cases :—

Treatment	No. of cards sent	No. returned on completion of treatment
Vaccinations .. .. .	430	230
Primary immunisation (diphtheria)	814	429
Refresher doses (diphtheria) ..	358	150
Total .. .. .	1,602	809

**Schick Tests.**—During the year, 129 Schick Tests were done. In 20 cases (15.5 per cent.) the results were positive and appropriate treatment was given to protect these patients. The test is normally used in adults, e.g., probationer nurses or teachers whose work is closely connected with children.



*Mobile Clinic.*—The mobile clinic was again used during the summer months ; 21 sessions were arranged covering 8 districts. This service is very popular in the new estates in the outlying areas and was responsible for 234 completed immunisations. These are all in children who would not otherwise have been protected. The co-operation of the health visitors greatly helped in this work.

*Home Visits.*—These have again increased during the year. The number of children completely immunised was 683. This necessitated 1,283 visits and 42 special sessions in addition to home visits which are fitted in during return journeys from infant welfare centres.

The service is provided for the benefit of mothers who, for health or family reasons, are unable to attend the regular clinics. The visits are arranged only on the recommendation of the health visitors. As these are arranged throughout the year, they are gradually reducing the need for the mobile clinic except for the remote and newly developed areas.

*Estimate of Child Population immunised against Diphtheria.*—On the 31st December, 1952 it was estimated that 72.5 per cent. of children under five years of age (79.3 per cent. between the ages of one and five) and 94.5 per cent. between the ages of five and fifteen had been immunised against diphtheria. It is calculated that of children up to the age of fifteen years 86.4 per cent. have been protected. The table on page 94 illustrates the progress of the immunisation scheme since 1928.

*Diphtheria in the Inoculated.*—Of the 175,156 persons immunised since 1928, only one contracted diphtheria in 1952. He had been immunised six years previously and had not received any refresher dose. The case was not confirmed bacteriologically although classified as clinical diphtheria (naso-pharyngeal). The patient (a boy of 14) recovered. The other case of diphtheria was in a non-immunised child of 5, and he also recovered.

With the absence of diphtheria there is a tendency to be apathetic towards immunisation on the part of the younger generation. It is only by maintaining a high proportion of immunised children that diphtheria can successfully be kept in check.

*Sterilisation of Equipment.*—This is centralised at the Central Immunisation Clinic. Prepared packets are regularly sterilised by steam by arrangement with the Disinfection Station, and to these



sterile packs are added the sterilised needles, syringes and equipment required for each day. Each child has a separate freshly sterilised and tested needle for any inoculation.

*Investigations at Homes of Notified Diphtheria Cases.*—During the year, 24 cases were investigated and appropriate action taken. Immunisation was offered to all contacts. These visits are of great value in stressing the importance of protection against diphtheria conferred by immunisation.

*Voluntary Workers.*—Thanks of the Department are due to the three voluntary workers who regularly send out literature and reminders about immunisation to all mothers.

**Whooping Cough Immunisation Trials.**—There have been three whooping cough immunisation trials in Leeds since 1947. All were sponsored by the Medical Research Council. The third scheme is nearing its conclusion and all the inoculations have now been completed. It remains now to follow-up the children for two years. In addition to these routine monthly visits, special visits are made when children in the scheme develop suspicious coughs or when they have been in contact with a case of whooping cough.

Per-nasal swabs for bacteriological examination are taken from the child and, if possible, from the case with which the child has been in contact.

The figures for 1952 in connection with this scheme are as follows :—

	1952.	1951.
Children completely immunised against whooping cough—three doses . . . . .	2,991	2,786
Children included in the follow-up scheme . . . . .	2,654	1,148
Routine visits made to homes . . . . .	22,957	6,715

*Special Investigations :—*

Visits made for investigations . . . . .	1,023	468
Trial children investigated . . . . .	302	119
Contacts investigated . . . . .	177	53

*Results from "Per-Nasal" throat swabs taken :—*The following results clearly portray the effect of immunisation :—

	Trial Children	Contacts (not inoculated)
Total swabs taken .. .. .	242	158
Negative swabs .. .. .	231	115
Positive swabs .. .. .	11	43
Percentage Positive .. .. .	4.5	27.2

Per-Nasal throat swabs are occasionally taken at the request of private practitioners, and the results from these cases of suspected whooping cough are as follows :—

Total Swabs .. .. .	54
Negative .. .. .	13
Positive .. .. .	41
Percentage Positive .. .. .	75.9

*Blood Tests.*—The Medical Research Council requested that some blood samples be obtained from selected groups of children. After consent had been given by the parents arrangements were made for the samples to be taken at the Central Clinic. The figures are as follows :—

Number of children invited .. .. .	133
Number of children attended.. .. .	89
Number of samples taken .. .. .	68
Number of children found "unsuitable".. .. .	21

Thanks are due to Dr. Buchanan who undertook this task to avoid the association of blood sampling with routine immunisation work.

Apart from the trial a further 63 children were immunised against whooping cough during 1952.

**Combined Diphtheria and Whooping Cough Immunisation.**—Except in special circumstances this treatment was not used at the clinics during 1952. Towards the end of the year a new and improved preparation became available and will be in use at all centres from the beginning of 1953. The use of a successful combined inoculation to protect against diphtheria and whooping cough has many advantages and reduces the number of injections and visits to the



doctor. Further tests are necessary to ascertain the degree of protection conferred against diphtheria after known periods of time, and arrangements have been made to do these tests during 1953.

*Whooping Cough Immunisation.*—Immunisation against whooping cough is progressing rapidly and it should not be long before the effect on the incidence of this disease will be felt.

The following figures are given showing the progress of whooping cough immunisation since 1947 :—

Year						Number immunised against Whooping Cough
1947	..	..	..	..	..	975
1948	..	..	..	..	..	908
1949	..	..	..	..	..	1,016
1950	..	..	..	..	..	1,537
1951	..	..	..	..	..	3,801
1952	..	..	..	..	..	3,892
Total .. .. .						12,129

Details of the inoculations are as follows :—

Children immunised by general practitioner (combined)	2,372
Children immunised at Clinics (Whooping Cough only)	8,916
Children immunised at Clinics (combined) .. ..	841
Total children immunised at the Clinics .. ..	9,757

These figures mean that approximately one child in every four is now protected against whooping cough.

There are no records existing for children inoculated for whooping cough only by general practitioners before the end of 1952. These figures will become available in 1953, as the issue of material for these inoculations is now authorised.

The early entrants to the whooping cough immunisation trials are now due for refresher doses which are especially recommended before the children commence attending school. These refresher doses are available at all clinics.

**Inoculations for Overseas.**—During the year, 817 persons going overseas and requiring protection against one or more of the diseases shown below, attended the Immunisation Clinic and received preventive inoculations as follows :—

Smallpox (vaccination)	..	..	..	..	562
Typhoid	..	..	..	..	236
Cholera	..	..	..	..	136
Plague	..	..	..	..	1
Typhus	..	..	..	..	17
Tetanus	..	..	..	..	13

The clinic continues to fulfil a most useful purpose and is very popular. Three regular sessions are held weekly all the year round.

**Other work undertaken by the Section.**—In addition to the normal functions of the Section, the following work was undertaken :—

*Examination of Convalescents.*—One special session per week is now given to these examinations and extra sessions are arranged in the summer months and as the occasion arises. During the year, 1,664 applicants for convalescence, including 397 children, were examined. Of these, 114 (6.9 per cent.) were reported as requiring attention for nits before acceptance.

Throat swabs were taken for bacteriological examination for diphtheria organisms in 54 cases—all were negative.

*Welfare Services.*—During the year, 94 aged and infirm people were examined and reported upon to the Welfare Services Committee; 31 of these attended the Central Clinic for examination, 63 were visited and examined in their own homes.

*Training.*—Eight sessions were given to the training of health visitors who received practical instruction on the organisation and working of immunisation clinics.

The time and effort spent on this work is amply repaid by the appreciation of the students and by the very real co-operation of the newly qualified health visitors.

**Staff.**—I acknowledge with many thanks the willing help and co-operation of medical, nursing and clerical staff, and the voluntary workers, throughout the year.



## DIPHTHERIA IMMUNISATION.

Illustrating the progress of the Immunisation Scheme since its inception.  
Number of Persons in Age Groups, having had Full Course of Injections.

Age at date of Inoculation	1928-1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Total.
Under 1 year ..	193	25	56	383	102	68	210	38	75	24	..	..	..	..	..	788	3,127	3,301	2,561	3,479	3,450	Total
1-2 years ..	298	28	163	820	200	245	820	215	411	941	3,980	3,990	4,412	5,110	5,137	5,304	4,923	3,078	2,931	2,714	2,056	Total
2-3 ..	238	45	171	937	114	177	788	116	173	814	2,262	1,024	469	240	777	418	455	438	457	514	391	at end of 1952
3-4 ..	233	66	184	1,188	117	92	1,008	96	121	943	2,053	1,063	463	220	557	327	220	231	249	277	212	28,700
4-5 ..	207	75	204	1,638	114	79	1,241	64	62	865	1,940	1,043	381	257	463	288	260	196	147	193	152	Total
5-6 ..	243	148	202	2,337	163	72	1,752	46	30	1,563	1,486	1,667	451	359	556	366	323	328	290	263	321	Total
6-7 ..	273	183	236	2,522	86	53	1,818	12	10	1,450	940	1,622	302	233	467	296	229	286	215	234	320	Total
7-8 ..	139	58	184	2,546	54	27	1,239	7	6	1,174	676	1,482	197	185	392	225	165	143	141	108	144	5-10 years
8-9 ..	87	18	166	2,606	30	7	571	13	6	979	466	1,357	164	188	275	153	126	132	95	72	71	33,851
9-10 ..	67	18	172	2,647	27	9	396	6	3	926	325	1,271	157	142	259	142	110	119	70	51	65	Total
10-11 ..	77	16	132	2,955	28	14	317	19	4	892	252	1,197	130	152	250	100	90	108	79	64	61	Total
11-12 ..	45	8	160	2,846	30	7	287	17	4	921	205	1,089	109	128	249	113	67	73	60	55	37	Total
12-13 ..	37	10	122	2,930	30	7	212	19	5	839	193	1,193	96	109	185	97	80	69	55	40	48	10-15 years
13-14 ..	22	8	89	2,673	54	5	154	32	7	704	175	1,035	78	79	138	100	61	55	35	40	48	31,657
14-15 ..	12	4	53	475	83	..	17	20	..	74	148	382	8	29	34	13	49	54	31	27	38	Total
15 years and over	22	2	107	408	696	144	25	174	37	65	..	..	55	79	83	43	53	54	48	23	42	Total
Age not known	29	14	51	151	9	129	317	..	213	34	..	..	11	..	..	..	..	..	..	..	..	Total
Totals ..	2,222	726	2,452	30,062	1,937	1,135	11,172	894	1,167	13,208	15,101	19,415	7,483	7,510	9,822	8,773	10,338	8,665	7,464	8,154	7,456	175,156

## SECTION 27

## AMBULANCE SERVICE

BY

F. E. J. LARGE

*Ambulance Officer*

The table appended shows the work carried out by the Municipal Ambulance Service during the year :—

Type of Case	Number	Mileage
By Ambulance :—		
Accidents (Road) .. .. .	1,509	} 322,519
" (Emergency Calls) .. .. .	1,670	
Illness .. .. .	1,915	
Maternity .. .. .	4,018	
Tuberculosis .. .. .	83	
Hospital admissions and discharges .. .. .	20,739	
Infectious diseases .. .. .	1,188	
Mental .. .. .	154	
Lunacy .. .. .	30	
Special treatment .. .. .	24,169	
Others (incl. 614 fruitless journeys) .. .. .	1,886	
Total .. .. .	57,361	
By Sitting Case vehicles :—		
Maternity and Child Welfare .. .. .	1,276	} 379,707
Hospital treatment .. .. .	91,561	
Immunisation .. .. .	814	
Doctors and Midwives .. .. .	2,538	
Others (incl. fruitless journeys) .. .. .	1,460	
Total .. .. .	97,649	
Mortuary Service :—		
Bodies removed .. .. .	585	3,819
Grand Total .. .. .	155,595	706,045

In addition to the above, 82,363 cases were conveyed by the Hospital Car Service, the mileage covered being 381,199. Without the assistance of this service it would be impossible to cope with the demand for sitting-case transport with the existing fleet and personnel. Leeds cases numbering 5,694 were carried by the ambulances of other authorities under the co-ordination arrangements.

The following table gives a summary of the cases removed and the mileage covered by the Municipal Ambulance Service ambulances and sitting-case vehicles during the year. The figures for the five preceding years are given for comparison.



	1947	1948	1949	1950	1951	1952
Cases :—						
Ambulance ..	22,760	32,693	43,976	50,364	53,337	57,361
S.C. vehicles ..	11,657	40,143	64,181	85,855	85,125	97,649
Total ..	34,417	72,836	108,157	136,219	138,462	155,010
Mileage :—						
Ambulance ..	148,739	231,152	310,545	317,032	324,224	322,519
S.C. vehicles ..	91,989	286,811	307,601	354,849	371,446	379,707
Total ..	240,728	517,963	618,146	671,881	695,670	702,226

It will be noticed from the above table that the demand on the Service still continues to increase. This is not quite understandable as the bed states at the hospitals do not seem to have varied to any extent. It will also be noticed that the increase in mileage for the year under review is only 6,556 miles against an increase of 16,548 in the number of patents carried. This comparatively small increase in mileage is mainly accounted for by the equipping of all ambulances with radio-telephony and by the substitution of brakes for cars thereby giving the vehicles a greater seating capacity.

**Staff.**—The total staff of the Ambulance Service is 127, made up as follows :—

*Administrative :—*

Ambulance Officer .. ..	1
Assistant Ambulance Officers ..	2
Chief Clerk .. ..	1
Clerks (male) .. ..	7
Radiotelephone operators (male) ..	2
Clerks (female) .. ..	2
Telephonist (female) .. ..	1
	—
	16
	==

*Operational :—*

Midwives .. ..	8
State Enrolled Assistant Nurses ..	2
Female ambulance attendants ..	14
Shift leaders .. ..	5
Drivers .. ..	78
	—
	107
	==

*Domestic :—*

Cooks	..	..	..	..	..	2
Cleaners	..	..	..	..	..	2
						<hr/> 4

**Vehicles.—Ambulances.**—During the year authority was given to increase the strength by one, the extra vehicle being used only for dirty cases. Five new vehicles were purchased and four old vehicles were taken out of service. The present authorised ambulance strength is 31. In addition, two vehicles are used exclusively for Mortuary Service purposes.

**Sitting-Case Vehicles.**—During the year 4 new sitting-case ambulances and 6 new cars were purchased; 10 unserviceable cars were taken out of service. The present authorised strength for this type of vehicle is 24.

**Mobile Medical Unit.**—This unit was used by the Immunisation Section on 21 occasions covering 373 miles.

**Accidents.**—During the year accidents to service vehicles numbered 38 involving 31 drivers, an average of one accident per 18,580 miles. The majority of the accidents were of a trivial nature such as grazes obtained in the garage owing to parking difficulties.

**“999” Calls.**—The total number of this type of call received during the year was 4,001.

**Procedure on receipt of call.**—Firstly, despatch vehicle; secondly, notify the divisional police; thirdly, inform hospital to prepare reception.

**Telecommunication.**—All ambulances are equipped with the two-way radio telephone system which has been in operation since the beginning of the year under review. This has certainly increased the efficiency of the service to a value that cannot be assessed. The service is speeded up by the saving of time and mileage and there is a consequent saving in the cost of the service.

**Accommodation.—Central Station, Torre Road.**—The accommodation at this station for vehicles and staff continues to be totally inadequate, making control and working conditions most difficult.

**Sub-Station, Green Hill Road.**—The conditions at this station are good and excellent cover is given to the west side of the city.

**Proposed New Station, Saxton Lane.**—Final arrangements and all formalities having now been settled and the contract signed, it is to be hoped that in the near future building will commence and that the day is not too far distant when the service will be adequately housed.



## SECTION 28

### PREVENTION, CARE AND AFTER-CARE

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### HEALTH EDUCATION AND PUBLICITY

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#### **Leeds Committee for Social Hygiene and Health Publicity.—**

The following held office until the dissolution of the Committee :—  
Chairman, Dr. J. H. E. Moore ; Vice-Chairman, Alderman Mrs. D. Murphy, J.P. ; Honorary Secretaries, Dr. I. G. Davies and Dr. D. B. Bradshaw ; Honorary Treasurer, Mr. J. Peacock.

In my Report for last year I mentioned that the Committee had had difficulty in finding useful ways to exercise its functions. Accordingly the future of the Committee was considered at a special meeting held on 9th April, 1952. The Chairman, Dr. J. H. E. Moore, seconded by the Vice-Chairman, Alderman Mrs. D. Murphy, J.P., proposed resolutions to the effect that the work of the Committee had now become redundant, that the Committee should be dissolved and the Health Committee of the Leeds City Council be invited to take over the functions and assets of the Leeds Committee for Social Hygiene and Health Publicity. After due discussion, the resolutions were adopted unanimously and were accepted by the Health Committee on 18th April, 1952. The Leeds Committee for Social Hygiene and Health Publicity has, therefore, ceased to exist after a long period of very useful pioneer work.

On the instructions of the Chairman, the Secretary circulated to all members a letter summarising the work of the Committee. This letter is reprinted here as a permanent record of the valuable work which the Committee did during its long life.

“ I have much pleasure in accepting the Chairman's invitation to give the members of the Leeds Committee for Social Hygiene and Health Publicity a brief account of the activities of the Committee since its formation. You will probably be surprised to learn how much of the work of our predecessors was of a pioneer nature and how much has now been taken over by various statutory and voluntary bodies.



Venereal diseases became an important national problem during the Great War of 1914-1918 and a Royal Commission was appointed to consider the matter and published its report in 1916. While the Commission was still sitting the National Council for Combating Venereal Diseases was formed and a number of members of the Royal Commission at once joined it. The National Council for Combating Venereal Diseases was recommended by the Commissioners for recognition as a national body to undertake anti-venereal diseases propaganda work and it also received the blessing of the Local Government Board. A Branch of this Council was set up in Leeds and held its first meeting in June 1917 with Dr. Moorhouse as the Chairman and Dr. J. Johnstone Jervis as Secretary. The Leeds branch was a body with a large membership including representatives from the City Council, Boards of Guardians and a variety of official and voluntary organisations. Membership was open to all interested whilst the administrative business of the Branch was delegated to executive and finance Committees. The Branch, which was supported financially by the City Council, functioned as an autonomous local organisation and not as a sub-committee of the National body. It pursued an independent line of action and on occasion disagreed strongly with the National body and, indeed, at one time considered seceding from it. In 1925, the National body changed its title to the British Social Hygiene Council and the Leeds Committee also altered its title to the Leeds Committee for Social Hygiene though its constitution remained virtually unchanged.

In 1931, the Committee adopted its present title and altered its constitution to its present form.

The work of the Committee has altered considerably since the early days when it concerned itself almost exclusively with the prevention of venereal diseases. It had much to do in this field not only by public propaganda but by arranging special lectures by expert venereologists for Leeds doctors and medical students and also by pressing for better facilities for treatment. For example, when the Committee was first formed few of the seaports had treatment centres and there were no adequate arrangements for the treatment of prisoners in gaol.



A notable feature of the Committee's early days was the enthusiastic public response which they received. Attendance at public lectures and film demonstrations usually exceeded 100 and attendances of three or four hundred were not uncommon. Up to the end of the 1930's public interest in this topic increased further and in 1936 when there was an ambitious health week, 288 lectures and addresses were given and which were attended by '97,914 persons or nearly one-fifth of the population of the city'. The Committee had no difficulty in obtaining the services of lecturers of national repute and we find reports of lectures by Dr. Mary Scharlieb, the Rt. Hon. Arthur Greenwood, M.P., Dr. McGonigle, and so on.

Problems in the field of venereal diseases have altered out of recognition since the Committee's inception and there has for long been no demand for public instruction in this matter. Public opinion now views the problem much more realistically and the medical profession are well informed on the subject. The numbers of cases have fallen steadily since the introduction of new methods of treatment. The work which the Committee undertook in this field has been successfully completed and such advice as is now necessary is given by medical practitioners to their own patients and by social workers at the Venereal Diseases clinic.

In the early days of its work in this field, the Committee naturally became interested in police work of a kind which we now associate with the Probation Officer. The Committee had sponsored work of this kind and fostered the development of the Probation Service which has now, of course, taken over this side of the work.

At its commencement, the Committee was much concerned with the need for free treatment for expectant mothers and children suffering from venereal disease and, arising out of this aspect of the work, became interested in general health education and publicity in the maternity and child welfare field. This aspect of the work is now conducted directly by the Maternity and Child Welfare Department.



Dr. Clara Stewart, who was a founder-member of the Committee, always took a close interest in the marital problems connected with venereal diseases and frequently brought these matters to the attention of the Committee. Dr. Stewart received much encouragement from the Committee in solving these problems. This branch of the work is now undertaken, so far as venereal diseases are concerned, by the social workers at the Venereal Diseases clinic, and in its other aspects by the Marriage Guidance Council.

In tuberculosis, the Committee lent active support to the National Association for the Prevention of Tuberculosis in its opening 'crusades'. Education and publicity in this field is now a matter for the N.A.P.T. and for the staff of the Chest Clinic.

With regard to smoke abatement, the activities of the Leeds Committee for Social Hygiene and Health Publicity in this field have been taken over by the National Smoke Abatement Society and the West Riding of Yorkshire Regional Smoke Abatement Committee.

On a national scale the Central Council for Health Education, which is sponsored by the Central Government, now makes itself responsible for the issue of posters, pamphlets, brochures, and for arranging public lectures throughout the country on various health topics.

The Committee may well be proud of its long record of hard and fruitful work in many branches of health education. The soundness of its work in these many fields is attested by the establishment of national or local bodies specialising in the various branches".

**Local Activities.**—As in previous years, lecturers were provided to address youth clubs, associations and the like on various health topics. This is a valuable method of health education and my Department is always pleased to assist organisations by providing lecturers.

*Posters, Leaflets, etc.*—Copies of all posters and leaflets issued by the Central Council for Health Education have been received and where appropriate have been distributed within the city. Six former Empire Marketing Board frames have again been utilised for the display of posters.



*Hygiene.*—Publicity material bearing on the clean handling of food was issued to catering establishments in the city.

**National Activities.**—Government sponsored press and poster publicity in relation to diphtheria immunisation and other health subjects has been maintained during the year and Leeds has shared in the benefits.

During the year the Ministry of Health's display sets on various health topics have been distributed for exhibition to Corporation Departments, hospitals and Associations.

## MEDICAL SOCIAL WORK

(General)

BY

Miss I. B. PATON

*Medical Social Worker*

**Type of case dealt with.**—During the year the number of cases referred to the social workers was 262. Cases were referred by medical practitioners, almoners, probation officers, health visitors, personnel managers and other social agencies in the city; others were brought to the notice of the social workers through letters sent to the Medical Officer of Health and by Magistrates in the city. The following table gives some indication of the scope of the work.

Hospital cases :

After-care cases (geriatric)	..	..	..	71
„ „ St. James's Hospital	..	..	..	6
„ „ Leeds General Infirmary	..	..	..	4
„ „ St. Mary's Hospital	..	..	..	2
			—	83
Admissions to hospital	..	..	..	26
Housing	..	..	..	15
Matrimonial trouble	..	..	..	15
Financial help, pensions, etc.	..	..	..	13
Home circumstances	..	..	..	13
Clothing, bedding, wool, etc.	..	..	..	12
Lodgings	..	..	..	12
Aged persons living alone	..	..	..	10

Problem girls .. .. .	10
Home circumstances of patients admitted to hospital	8
Treatment required at Mental Health Clinic .. ..	8
Employment or change of employment .. ..	5
Circumstances of patients wishing admission to hospital	4
Domestic help .. .. .	3
Convalescence .. .. .	3
Spectacles .. .. .	3
Attendance at Clinics .. .. .	3
Enquiries from other areas .. .. .	3
Admission to hostels .. .. .	2
Invalid chairs .. .. .	2
Companion helps wanted .. .. .	2
Legal advice required .. .. .	2
Cases referred to Sanitary Section .. .. .	2
Home Nursing requests .. .. .	1
Treatment at hospital required .. .. .	1
Funeral assistance .. .. .	1

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The above cases have meant much work with the four offices of the National Assistance Board and the social workers are most appreciative of the help given to them by the Area Officers and their staff.

The number of after-care cases for St. James's Hospital is steadily increasing. Geriatric cases, i.e. aged people discharged from hospital, are visited as frequently as possible and the almoners informed of their present condition.

Matrimonial cases were referred to the Marriage Guidance Council where there was any hope of reconciliation; others were referred to the Magistrates' Court. All Roman Catholic cases were referred to the Roman Catholic Advice Bureau.

In January, 1952, the social workers were asked by Dr. Droller, Geriatric Consultant at St. James's Hospital, if patients waiting for admission to hospital could be visited and a questionnaire completed giving the social background and medical history. From January until the middle of December, 903 patients were visited. This work has enabled the social workers to help many aged people to obtain supplementary pensions, home nursing requisites, the help of District Nurses and domestic help.



Two cases were referred to the Education Department for help with children's clothing ; 16 cases to the British Red Cross Society for help with bedding, blankets, shoes and clothing ; 9 cases to the Leeds Council of Social Service ; 2 to the Workpeople's Hospital Fund, 2 to the S.S.A.F.A., and one to each of the following :—Women's Voluntary Services, St. George's Crypt, Disablement Resettlement Officer, Youth Employment Officer and the Blind Welfare Department. Three cases were referred to the Roman Catholic Advice Bureau.

During the year 1,399 visits were made to new cases and 698 to old cases ; 227 visits were received from new cases and 183 from old cases. The social workers paid 321 visits to hospitals, the Magistrates' Court and other social agencies. In addition 62 visits were made on behalf of the Home Help Assessor in connection with her work.

The social workers appreciate the help given to them by their colleagues in the Welfare Services, Mental Health and Children's Departments and in the voluntary organisations.

**Social Care of the Unmarried Mother.**—During 1952 the number of women and girls having an illegitimate child who sought the advice and help of the social workers was 192. Last year the number was 235. In 141 cases it was the first child, in 27 cases the second, in 7 cases the third and in one case the fourth. In 16 cases married women gave birth to an illegitimate child.

Of the 192 women and girls visited, 50 intended to return to their homes or lodgings after confinement, 7 intended to return to stay with relatives or friends and 51 were to be married ; 38 applied for admission to Wyther Hostel, 3 to Browning Housing Mother and Baby Home and one to Mount Cross Home. Seventeen were referred to the Roman Catholic Social Worker and one to the Church of England Moral Welfare Worker. Fourteen girls, including two who hoped to marry when divorce proceedings were concluded, intended to live with the putative father after leaving hospital. Of the remaining girls, 7 had a home confinement, one had a miscarriage, one was later found not to be pregnant and another left the city but returned six months later with her baby and was admitted to Wyther Hostel. With the exception of three girls who were referred by doctors, two by probation officers and two by almoners, all the girls had attended the Department's Infant Welfare Centres.



It is not possible to report on individual cases but it can be said that many of the above women and girls required a great deal of help and guidance. It is in this connection that the social worker is most grateful to Mrs. Moore, Matron of the Greater World Shelter, for accommodating four destitute girls. Thanks are also due to Miss Rose of the Employment Exchange for assisting girls in finding suitable employment.

During the year 17 girls were assisted in obtaining affiliation orders and a situation was found for another girl. Layettes were obtained for four girls.

**After-Care.**—During the year 53 girls who have been in Wyther Hostel have been visited from time-to-time.

*Barrack Road Girls' Club.*—During the winter months a dress-making class has been held each Monday evening. Thanks are again due to the Chief Education Officer for providing a dressmaking teacher. The attendance this year has been disappointing but this has been due to the home circumstances of the girls, several of whom have changed their employment or their lodgings and cannot attend the Club regularly.

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During the year the social worker has attended the monthly meetings of St. Margaret's Committee and Mount Cross Home, and meetings of two groups held at the Leeds Council of Social Service in connection with the British National Conference on Social Work to be held in London in April, 1953.

In spring and autumn, eight student health visitors received training in the fundamental principles of medical social work.

Warmest thanks are due to the Editor of the "Yorkshire Evening Post" for the gift of three large hampers of toys at Christmas. These were given to 99 children known to the social workers and health visitors. The toys were greatly appreciated.

Appreciation was made to the British Red Cross Society and to the Leeds Council of Social Service for Christmas parcels for 24 aged people living alone. These were the gift of the "Yorkshire Evening News".



**VENEREAL DISEASES**  
**MEDICAL SOCIAL WORK**

BY

GORDON HORNE, F.R.C.P.(ED.)

*Director of Venereal Diseases Department,  
The General Infirmary, Leeds*

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The nature of the work carried out in the Department for the treatment of venereal diseases has been changing markedly during the last few years. There has been a progressive fall in the total number of new patients dealt with annually since the end of the war, and this reduction has been most spectacular in the new cases of early (primary and secondary) syphilis and of gonorrhoea. There has not been a comparable reduction in the number of new cases of late syphilis, although it is likely that such an event can be confidently expected in the not too distant future. Both types of cases have their own particular medical social problems, but the emphasis nowadays tends to be on those associated with late syphilis.

Various factors have contributed to the present very satisfactory position with regard to new infections in Leeds. Pride of place must be given to penicillin, but it would seem appropriate here to pay tribute to the important part played by Miss M. D. Hearn, A.M.I.A., whose strenuous efforts during her service as medical social worker in the Department from the time of her appointment in 1944 undoubtedly contributed to her breakdown in health which necessitated her premature retiral last year. It is not possible to assess here the value of her work, but the medical and nursing staffs of the Department are well aware of its importance, and countless patients (men, women and children) must also be grateful for her efforts on their behalf—efforts that often went far beyond the obligations of her appointment.

However, in spite of the present very satisfactory outlook, it is important to avoid complacency, and only constant vigilance will ensure a continuation of the present trends. Therefore, while the volume and the nature of the medical social work has altered, problems still remain, and Miss E. G. Clarkson, S.R.N., H.V. whose previous training and experience make her particularly suited for the work, has been appointed part time Health Visitor.



A study has been made in the Department during the last few years of the problems associated with patients who default during treatment, or during the period of observation so often required after treatment has been completed. The results of this investigation have recently been published, and the conclusions are being applied in an attempt to increase the efficiency of this aspect of the work of the Department.

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### CONVALESCENT TREATMENT

BY

Miss J. CHIPPERFIELD

*Convalescent Treatment Organiser*

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The number of applications for rest convalescence showed a considerable increase in 1952 over the number for the preceding year and the number sent away showed a corresponding increase. It is evident that medical practitioners appreciate the value of convalescent treatment for their patients.

The Council's Home for Mothers and Babies was opened in February, 1952, and 199 mothers and 228 babies recommended by the Maternity and Child Welfare Clinics and by general practitioners were sent there during the year. Thanks are due to the warden and staff for the excellent way in which the Home has been run and the kindness shown to patients.

During the year 2,505 applicants were recommended by hospitals, maternity and child welfare clinics, school clinics and general practitioners; 290 applications were brought forward from 1951, making a total of 2,795. Of this number 1,907 were sent to convalescent homes, 824 applications were withdrawn and 64 were held over until 1953.



The following table gives details of the number of adults and children sent for convalescence and the average number of weeks per patient.

	Adults	Children
Number sent for convalescence ..	1,307	600
Weeks away .. .. .	2,598	1,564
Extensions (weeks) .. .. .	7	50
Total number of weeks away .. .. .	2,605	1,614
Average number of weeks per stay ..	2	2.7

The Care of Children Department has again given valuable help by caring for children in Street Lane and Spring Bank Homes to enable mothers to receive convalescent treatment in cases where no other arrangement could be made for the children. Thanks are also due to the Women's Voluntary Services for gifts of clothing to necessitous patients and to Mrs. Robinson and Mrs. Sharp, our voluntary workers, for escorting parties of children to and from the seaside convalescent homes.

During the year, 1,664 applicants for convalescence, including 397 children, were examined at the Central Clinic.

Patients were placed in 16 convalescent homes, as follows:—

Home	Adults	Babies	Child- ren	Total
Southport (Leeds Mother and Baby Home)	199	228	..	427
Blackpool .. .. .	311	..	..	311
St. Annes-on-Sea (Rockfield) .. .. .	173	..	1	174
Rhyl .. .. .	134	..	20	154
Bridlington .. .. .	149	..	3	152
St. Annes-on-Sea (Ormerod) .. .. .	..	..	124	124
Freshfield .. .. .	..	..	122	122
St. Annes-on-Sea (Blackburn Home) ..	122	..	..	122
Grange-over-Sands .. .. .	116	..	1	117
Southport (West Hill) .. .. .	68	..	..	68
Morecambe .. .. .	..	..	62	62
St. Annes-on-Sea (Seabright) .. .. .	..	..	39	39
Southport (Jewish) .. .. .	32	..	..	32
Chathill, Northumberland .. .. .	1	..	..	1
Ilkley (Semon Home) .. .. .	1	..	..	1
Godfrey Ermen Home for Blind, Southport	1	..	..	1
Total .. .. .	1,307	228	372	1,907

The following table gives monthly statistics of cases sent for convalescence.

	Adults	Mothers and Babies		Children	Total
January ..	26	..	..	31	57
February ..	42	8	8	19	77
March ..	94	22	25	29	170
April ..	100	28	34	28	190
May ..	132	20	30	32	214
June ..	124	21	25	26	196
July ..	120	26	30	41	217
August ..	138	18	18	32	206
September ..	129	26	27	30	212
October ..	125	18	19	50	212
November ..	63	12	12	29	116
December ..	15	..	..	25	40
Total ..	1,108	199	228	372	1,907



## SECTION 29

## HOME HELP SERVICE

BY

Mrs. D. W. ALFORD

*Organiser*

At December 31st, 1952, the Home Helps employed numbered:—

Whole-time (47 hours) .. .. .	61	} 132
Part-time (15-35 hours) .. .. .	36	
Co-opted (8-35 hours) (for tubercular cases)	35	

During the year 1,408 cases received help. Statistical details of these cases are shown in the following tables:—

## AMOUNT OF ASSISTANCE PROVIDED WEEKLY DURING 1952.

Type of Case	Up to 8 hours	8-12 hours	12-20 hours	20-30 hours	Over 30 hours	No. of cases
Maternity .. ..	..	..	23	44	406	473
Aged people .. ..	131	67	69	38	61	366
Emergency illness ..	16	11	26	32	161	246
Long-term illness ..	19	23	32	31	50	155
Hospital discharge ..	5	5	14	16	59	99
Tuberculosis .. ..	5	..	26	30	8	69
Totals .. ..	176	106	190	191	745	1,408

## LENGTH OF TIME ASSISTANCE PROVIDED DURING 1952.

Type of Case	Up to 2 weeks	2-4 weeks	1-3 months	3-4 months	Over 6 months	No. of cases
Maternity .. ..	409	64	..	..	..	473
Aged people .. ..	133	38	57	34	104	366
Emergency illness ..	160	64	22	..	..	246
Long-term illness ..	47	22	19	13	54	155
Hospital discharge ..	43	28	14	5	9	99
Tuberculosis .. ..	10	8	9	6	36	69
Totals .. ..	802	224	121	58	203	1,408

The above cases were brought to the notice of the Service by the following :—

Home nurses, midwives, health visitors, personnel managers, relatives, neighbours, etc.	45 per cent.
General medical practitioners .. ..	25 per cent.
Hospital doctors and almoners .. ..	25 per cent.
Welfare Services .. .. .	4 per cent.
Blind Welfare Services.. .. .	1 per cent.

*Maternity cases.*—These cases, particularly home confinements, receive priority. Home confinements often require full-time assistance and generally require more hours of help than patients discharged from hospitals and maternity homes.

*Emergency Illness.*—This term covers many types of cases—sudden operations, accidents, pneumonia and emergency care of children. Many young mothers have had the family cared for whilst they had the needed convalescence.

*Tuberculosis.*—As in previous years, relatives or close friends of the patients have been enrolled as temporary home helps and this system continues to work well.

*Aged Persons.*—This side of the Service grows apace. The provision of some help in the house often enables an old person to remain at home in reasonable comfort instead of entering a hospital or hostel. In many of these cases home help is required for a prolonged period but a part-time help will often suffice.

*General.*—Ten Home Helps underwent a fortnight's training during the year. This training was organised by the National Institute of Houseworkers and consisted of lectures and practical work.

No male Home Helps are employed and no night or living-in service operates.

There is good co-operation between the Home Help Department and other branches of the Health Service.





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## **Special Survey of Local Health Services provided under the National Health Service Act**

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**SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED  
UNDER THE NATIONAL HEALTH SERVICE ACT.**

**GENERAL**

**1. Administration.**—All matters relating to National Health services stand referred to the Health Committee which deals with co-ordination of services ; major matters of policy ; establishment and staffing and with such services (e.g. vaccination, immunisation, home nursing, home helps) as are not dealt with by one of its sub-committees. Sub-committees have been set up as follows :—

- (a) *Maternity and Child Welfare.*—Dealing with care of mothers and young children ; midwifery ; health visiting.
- (b) *Ambulance.*
- (c) *Special Services.*—Dealing with prevention of illness, care and after-care ; mental deficiency, lunacy and mental treatment.

The Medical Officer of Health is responsible to the Health Committee for the general administration of the services. In this he is assisted by a Deputy, a Chief Administrative Assistant and an Accountant. The Medical Officer of Health is also Medical Adviser to the Children's Committee and to the Welfare Services Committee. The following officers report monthly to the Health Committee or appropriate sub-committee :—

- (1) *Maternity and Child Welfare.*—Immediate responsibility for the supervision of this service falls upon the Chief Assistant Medical Officer for Maternity and Child Welfare. Working under her are the lay Supervisor of Midwives and the Superintendent Health Visitor and School Nurse.
- (2) *Vaccination and Immunisation.*—There is an Assistant Medical Officer of Health in charge.
- (3) *Ambulance Service.*—An Ambulance Officer is responsible to the Medical Officer of Health for the operational control of the service.
- (4) *Mental Health.*—A Medical Officer for Mental Health Services is in charge of clinical arrangements and a lay Administrative Officer deals with the administrative aspects of the Lunacy, Mental Treatment and Mental Deficiency Acts.



- (5) *Home Nursing Services*.—There is a Superintendent Nurse supervising the service administered by the Local Health Authority who also acts as a liaison officer with the Superintendents of the District Nursing Organisations providing the agency service.
- (6) *Home Helps*.—There is an organiser in charge.
- (7) *Convalescence*.—A Clerk-organiser is in charge.

Monthly reports are submitted by the Senior Medico-Social Worker and by the Senior Tuberculosis Social Worker to the Special Services Committee.

Though there are few formal joint arrangements with other Local Health Authorities, there is a long tradition of close and friendly co-operation with neighbouring authorities. There is an efficient co-ordination arrangement for ambulance services with all the Local Health Authorities within the geographical area of the Leeds Regional Hospital Board, details of which are already known to the Ministry. A conference of Local Health Authorities dealing with ambulance services in the region meets as and when required. This conference has proved a marked success. Arrangements exist with Bradford for the use of each other's Mother and Baby Home on a "knock-for-knock" basis. Twenty-three places are provided in Leeds Occupation Centres for West Riding mental defectives by arrangement with the West Riding County Council.

## **2. Co-ordination and Co-operation between other parts of the National Health Service.**

(a) *The Leeds Regional Hospital Board and Local Health Authorities Committee*.—This is a standing liaison committee which considers matters of broad policy affecting the Regional Hospital Board and the Local Health Authorities within the geographical area of the Board. The arrangements are at present under review and it has been suggested that instead of a single committee for the whole Region, a number of smaller area liaison committees between individual Local Health Authorities and individual or grouped Management Committees would produce a closer and more useful co-ordination. It has been suggested that integration and co-ordination would be better achieved by a liaison committee between Local Health Authority and Management Committee on local matters than between Local Health Authority and a necessarily more remote Regional Hospital Board. The formation of such a local area committee is under consideration at present. The Leeds Local Health Authority has always received courteous consideration



and helpful co-operation from the Leeds Regional Hospital Board and from the Management Committees in the Leeds city area.

The City Council has one member upon the Leeds Regional Hospital Board, three on the Board of the United Leeds Hospitals, three on Hospital Management Committee (A), and six on Hospital Management Committee (B). The City Council has eight representatives on the Executive Council and six on a Joint Sub-Committee with the Executive Council to advise on Health Centres. Six Council representatives sit on the Rehabilitation Sub-Committee of the Leeds Group (A) Hospital Management Committee and the Council is also represented on the following committees of the University of Leeds:—

Committee on Pædiatrics and Child Health.

Advisory Committee Departments of Pathology and Bacteriology.

The Medical Officer of Health was a member of the Radio-therapy Advisory Committee until its dissolution.

(b) *A Medical Officers of Health Liaison Committee* is in existence comprising the Medical Officers of Health of the Local Health Authorities of the Region, Medical Officers of the Regional Hospital Board and Medical Officers of the Ministry. This Committee deals with technical medical problems and has proved valuable for the discussion of medical matters common to the Regional Hospital Board and the Local Health Authority.

Two general practitioners nominated by the Local Medical Committee attend meetings of the Health Committee.

The Medical Officer of Health serves upon the Local Medical Committee, the Executive Council, a Hospital Management Committee and Technical Panels of the Regional Hospital Board. He is also a member of the Medical Advisory Committees of the two Hospital Management groups in the Leeds area. From time to time informal arrangements have been made for joint discussion between interested parties of various aspects on the working of the services. For example, meetings between general practitioners, Obstetric Consultants, the Medical Officer of Health and representatives of domiciliary midwives, proved very fruitful in co-ordinating the work of all those concerned in midwifery.

(c) *Co-operation and Care of Patients under Treatment at Hospitals.*—There is a very close link between the health visitors and the medico-social workers employed by the Authority and the Hospital Services, mainly through the hospital almoners. Under



these arrangements health visitors and social workers of the Local Authority provide necessary information about home environment, social and economic factors, and on the other hand, information required for the efficient after-care of patients discharged from hospital is passed to the Local Authority by the same means. The intention is that in this way proper provision can be made in advance for the needs of patients discharged from hospital, by the provision of medical requisites, home nursing, health visiting or home help. The same means is used to make available for patients attending as out-patients such Local Health Authority services as can assist their recovery. The Mental Health Services have a particularly close link with the hospitals in that the Medical Officer for Mental Health Services takes two weekly sessions in the psychiatric wards at St. James's Hospital. The Regional Hospital Board's Chest Physician was appointed Consultant Adviser in Tuberculosis to the Local Authority and the United Leeds Hospitals' Venereal Diseases Consultant is similarly appointed Consultant Adviser in Venereal Diseases to the Local Authority. There is also an interchange of medical officers between the Local Authority's Maternity and Child Welfare Services, the hospitals and general practitioners as follows :—

- (i) *General Practitioner working for Local Health Authority.*—  
One doctor in general practice undertakes two infant welfare sessions per week.

In addition there are seven medical practitioners doing sessional duties who are not in regular general practice.

- (ii) *Local Health Authority Staff in Hospital Service :—*

1. One assistant medical officer acts as clinical assistant to the Consultant Pædiatrician in wards and out-patient department for two sessions weekly.
2. One assistant medical officer attends the Maternity Hospital for three sessions per week working with the Pædiatrician in the care of the new-born infant.

- (iii) *Hospital and Consultant Staff working for Local Health Authority :—*

1. The Professor of Child Health and two members of his staff attend three consultative pædiatric clinics each month.
2. An Orthopædic Surgeon attends consultative orthopædic clinic once a fortnight.



3. A Consultant in Venereal Diseases attends one session each week for mothers and infants referred for further examination or blood test.
- (iv) *Chest Clinic*.—The Local Authority provides health visitors and social workers for preventive, care and after-care work in the Chest Clinic. A part-time social worker and a health visitor work in the Venereal Diseases Clinic. These arrangements are described in the appropriate sections of this report.
- (v) *General Practitioners*.—The full range of Local Authority Services is available to assist general practitioners in their work and they are encouraged to use these services to the full. A small but growing proportion of the general practitioners make use of the services of the health visitors and medico-social workers and they are encouraged to use these workers in solving their patient's problems. Reciprocal arrangements of this kind are easier to make between Hospitals and the Local Health Authority than between general practitioners and the Local Authority for obvious reasons. The Hospital service is an administrative entity with which it is possible to make standing arrangements. No comparable organisation exists for the General Practitioner Service. A "Family Consultative Service" is available at the Mental Health Department. This is an arrangement whereby general practitioners can refer patients with psychiatric difficulties for expert advice. It is much appreciated since many patients who would refuse to attend a psychiatric out-patients department are prepared to attend the "Family Consultative Service". By this means general practitioners can be given the necessary expert advice to enable them to treat minor psychiatric problems in their own practice.
- (d) *Steps taken to inform General Practitioners and the Public*.—A guide to Local Health Services has been circulated to all general practitioners and is widely distributed to the public. In addition matters of current interest are brought to the notice of general practitioners through the Bulletin issued from time to time by the Leeds Local Medical Committee. It is the practice of the Department to send circular letters to all doctors practising in the city



from time to time to inform them of alterations in the services available. The Medical Officer of Health is able by means of his membership of the Statutory Local Medical Committee to obtain the opinions of the general practitioners on various aspects of medical policy.

**3. Joint Use of Staff.**—The Senior Chest Physician is Consultant Adviser in Tuberculosis to the Local Health Authority.

The Venereologist, United Leeds Hospitals, is Consultant adviser in Venereal Diseases to the Local Health Authority.

The arrangements in connection with Mental Health are set out in the appropriate section.

Vaccination and Immunisation—Four general practitioners undertake a total of approximately 25 sessions per month.

#### **4. Voluntary Organisations.—**

*Home Nursing.*—The Home Nursing Service is provided only partly by the Local Health Authority as a direct service, but the greater part is provided by two District Nursing Associations acting as agents of the Local Health Authority. The Home Nursing arrangements are described under the appropriate paragraph.

*A Volunteer Car Pool* is available to supplement the Local Health Authority's car service in any way required, but is used mainly for the transport of handicapped children and mental defectives to and from special schools and occupation centres, and patients attending out-patient sessions at hospitals. Payment is made to the car pool on a mileage basis. These arrangements are at present under review.

*The St. John Ambulance Brigade* operates part of the Local Health Authority scheme for the loan of medical requisites. Their depot is open for the purpose on week-day evenings and on Saturday afternoons, i.e.—at times when the Local Health Authority's Depot is closed. The arrangement is much appreciated by the public.

*Babies Welcome Association.*—The President of this voluntary organisation is a member of the Maternity and Child Welfare Committee. Members of the Association attend as voluntary helpers at infant welfare and ante-natal clinics. They assist in marshalling the patients and with routine record keeping. They are also responsible for the sale of knitting wool and baby clothes, provide tea for the mothers and assist in special efforts such as "Safety First Campaigns".



In caring for the unmarried mother and her baby the City Council have close and friendly arrangements with the Leeds Diocesan Rescue Protection and Child Welfare Society, the St. Faith's Association for Moral Welfare and with Browning House. In addition to providing their own Mother and Baby Home the Local Health Authority accepts responsibility for mothers and babies accommodated in the mother and baby homes of these voluntary associations and assists financially in the provision of social welfare workers.

The Local Health Authority makes an annual grant to the Leeds Marriage Guidance Council. This body renders considerable assistance in solving the marital problems of patients attending the Maternity and Child Welfare and Mental Health Departments.

In addition to the more formal arrangements with the above voluntary organisations, the Local Health Authority enlists the help of a wide range of voluntary bodies to supplement its own resources. These bodies are often of great assistance in care and after-care work, especially where the kind of assistance needed by the patient is outside the scope of the National Health Service Act. In this connection the Leeds Association for the Care of Consumptives calls for special mention. Until the end of March 1951, when the Association terminated its agency arrangements with the Local Health Authority, the Association undertook, on an agency basis, much of the Local Health Authority's after-care work of the tuberculous. Since March, 1951, the Association has continued its work on an independent basis and the Local Health Authority continue to refer to it care and after-care cases requiring help of a kind which the Local Health Authority cannot provide, especially monetary help. In the same way the help of any other appropriate voluntary organisation is enlisted where necessary to provide care and after-care for patients of all kinds.

The Council with the approval of the Ministers concerned makes annual grants to the following national bodies :—

National Society of Childrens Nurseries,  
 Society for Constructive Birth Control,  
 National Association of Maternity and Child Welfare Centres,  
 National Baby Welfare Council,  
 British Empire Cancer Campaign,  
 National Association for the Prevention of Tuberculosis,  
 National Association for Mental Health.



## PARTICULAR SERVICES

### 5. Care of Expectant and Nursing Mothers and Children Under School Age.—

(a) *Expectant and Nursing Mothers.*—The Local Health Authority provides ante-natal and post-natal clinics but does not hold consultative clinics. Mothers requiring specialist advice are referred to consultative hospital clinics. Close liaison is maintained as far as possible with hospitals providing maternity services. Applications for hospital beds for confinement are made at the Local Health Authority ante-natal clinics and through a central booking system the mother is referred to the hospital ante-natal clinic for examination, blood test and confirmation of booking. Thereafter she is referred back to the Local Health Authority clinic, generally until the 32nd week of pregnancy when she re-attends hospital clinic until the end of pregnancy.

Every mother attending Local Health Authority ante-natal clinics who is booked for home confinement has a blood test taken. Examination is made for Rhesus factor and Kahn test as a routine. Rhesus negative cases are re-tested at the 32nd week of pregnancy and if antibodies are found, the mother is referred for consultant's opinion with the concurrence of the general practitioner.

Ante-natal exercise classes are held at a number of clinics by a physiotherapist. These classes are open to any expectant mother attending an ante-natal clinic and also to mothers having ante-natal supervision by their private doctor should the doctor wish them to attend.

The care of the unmarried mother and her child is undertaken directly by the Local Health Authority and indirectly through three voluntary agencies. Arrangements are made when necessary for admission to the Local Health Authority home or to a voluntary mother and baby home. Admission to the Local Health Authority home is usually six weeks before confinement and the mother and her baby may remain, if considered necessary, until the infant is one year old. Mothers go out to work from the home after the baby is three months old, breast feeding being continued up to three months wherever possible. Follow-up on discharge is done by the health visitor or social worker.

Instruction in mothercraft is given by the health visitors at the ante-natal clinics whenever possible by short talks to groups of mothers.



Maternity outfits are supplied to all mothers booked for home confinement with the Local Health Authority domiciliary midwife. Any other mother having her confinement at home may obtain an outfit at the Maternity and Child Welfare Centre on presenting a note from her doctor or midwife. The outfits are as recommended by the Ministry of Health.

No arrangements have been made by the Local Health Authority for assistance in general practitioners' own premises. No requests have been received from general practitioners for such services.

(b) *Child Welfare*.—Infant clinics are provided by the Local Health Authority and are staffed by full-time medical officers or part-time medical officers on a sessional basis, only one of whom is a general practitioner. No arrangement has been made for assistance to general practitioners at clinics held in their own premises, although practitioners are invited to see their patients in Local Authority clinics.

*Pædiatric Clinic*.—Any child who is not making satisfactory progress may be referred from the infant welfare clinic to the pædiatric clinic for consultant's opinion. A report of the consultant's findings is sent to the child's private doctor and the clinic doctor.

*Orthopædic Clinic*.—Children are referred from the infant welfare clinics; remedial exercises or a course of U.V.R. may be recommended. These are carried out by the physiotherapists at one central and four local clinics. Cases may also be referred by private doctors.

*Eye Defects*.—Any child under 5 years with an eye defect can be referred to the ophthalmic consultant by arrangement with the school medical service.

(c) *Care of Premature Infants*.—Four domiciliary midwives with experience in the care of premature babies are entirely employed in the special nursing of premature infants born at home, and of premature or delicate infants born in hospital requiring further nursing care on discharge from hospital.

In the case of home confinement the premature baby midwife takes over nursing care of both mother and infant after delivery. She works with the family doctor. Hospital cases are visited by the midwife in hospital before discharge so that she may have particulars of the case. The midwife continues nursing care of the infant until progress is satisfactory and she then personally transfers further supervision to the health visitor.



Premature baby equipment is provided on loan by the Local Health Authority and is taken to the case by the midwife. A specially constructed perspex, heated, transport cot is also available for premature babies born at home but who require hospital treatment.

*District Premature Baby Unit.*—Special arrangements for the nursing care of premature babies on the district were commenced in March 1950 when two midwives with special experience in the care of premature babies were appointed. It was intended that one would devote her time to premature babies born on the district, and the other to "follow-up" premature babies, and others with feeding difficulties, discharged home from hospital. It very soon became apparent that more staff would be needed to cope adequately with the demand for this service, and a third midwife was appointed, with a fourth to do relief duties. Cots and all necessary equipment is provided by the Local Authority and are loaned out where necessary.

No hard and fast rule can be laid down as to which premature baby born on the district shall remain at home, but in general, those  $3\frac{1}{2}$  lbs. and under are transferred to hospital by means of the special transport cots provided, and in the case of those over  $3\frac{1}{2}$  lbs. the general practitioner in charge of the case makes the decision. Recently a Pædiatric Ward has been opened at the Maternity Hospital, which will admit babies born on the district up to three weeks old.

There is excellent liaison between the hospital authorities and the District Premature Baby Unit. On being notified that it is intended to discharge a premature baby the "follow-up" midwife visits the hospital and sees the Sister of the ward, the mother of the baby if possible, and frequently the doctor or pædiatrician also. All details are given and the midwife then visits the home, and makes all preparations to receive the baby and mother. There is a great variation in the length of time it is necessary to visit these babies, but when their general condition is satisfactory and steady progress is being made, the case is then passed to the health visitor, who meets the premature baby nurse at the house, and receives a verbal report on the case.

(d) *Supply of Dried Milk and Welfare Foods.*—Weekly or fortnightly delivery of National Dried Milk, cod liver oil, orange juice and vitamins A and D to the clinics is arranged with the Local Food Office.



Some proprietary brands of dried milk are available at Infant Welfare Clinics where recommended by the Medical Officer—viz : Ambrosia, Cow & Gate, Ostermilk, Trufood. Other food preparations available are—Farex, Robrex, Scott's Twin-pack, Bemax, Lactogol, Lactation tablets, Virol. A central supply of full cream evaporated milk is maintained for special cases such as premature infants and is available on the recommendation of the doctor.

(e) *Dental Care*.—Every expectant mother attending Local Health Authority ante-natal clinics is offered the opportunity of dental inspection, and treatment is arranged if required. These arrangements are made through the school dental service. No routine inspection of children under five years is undertaken owing to the shortage of dental staff, but any child requiring treatment can be referred from the Infant Welfare Clinic or Day Nursery.

(f) *Day Nurseries*.—The Local Health Authority maintains fifteen day nurseries with places for 815 children. The demand for nursery accommodation continues, with waiting lists of children for admission.

Training of the Nursery Students for the National Nursery Examination Board Certificate is undertaken in co-operation with the local Education Department.

**6. Domiciliary Midwifery.**—The domiciliary midwifery service is supervised medically by the Senior Medical Officer for Maternity and Child Welfare, the day-to-day superintendence being given by a non-medical supervisor of midwives. There are 49 midwives employed, four of whom are fully occupied in the nursing care of premature babies, whether born at home or as "follow-up" care after discharge from hospital. Forty-five midwives therefore cover the majority of home confinements. These work in groups of three for relief purposes; each midwife lives in the district she serves, and 31 of the 49 midwives live in accommodation provided by the Department, the other 18 midwives own or rent privately the houses they occupy.

There are eleven independent midwives who are supervised by the non-medical supervisor of midwives in respect of their statutory requirements, their methods, equipment and records.

*Analgesics.*—All the municipal midwives are qualified to administer gas/air analgesia; there are 40 Minnitts Portable Gas/Air Machines available for use by the midwives, and where necessary arrangements are made to transport the machines to and from cases. Every expectant mother booking a municipal midwife is



given the opportunity of having analgesia at her confinement, subject to the medical certificate required by the rules of the Central Midwives Board. In 1951, at 87.5 per cent. of the home confinements attended by municipal midwives, gas/air analgesia was administered.

*Ante-natal supervision by midwives.*—The municipal midwives hold ante-natal clinics for their own booked cases, on clinic premises. These are held weekly, and the expectant mothers are seen by their booked midwife and by the pupil midwife, if the cases are those used in the training of pupil-midwives. Mothers unable for any reason to attend at the midwife's clinic are visited and examined at home.

*Link with General Practitioners.*—Since December 1949 Leeds has had its own arrangement with the local general practitioners, both those on the Obstetric Panel and the few who are not. This arrangement resulted from a joint meeting of general practitioners and municipal midwives, under the Chairmanship of the Medical Officer of Health. It was agreed that all domiciliary confinements, at which a municipal midwife was booked, shall also have a doctor booked, the management of the case is then a matter of arrangement between the midwife and the doctor. In every case, however, the doctor is asked whether he wishes (a) to be present at the confinement, (b) to deliver the patient personally. But in abnormal cases, and cases of obstetric emergency, the booked doctor would attend, and the midwife would then act as a maternity nurse.

By means of forms drawn up in agreement with general practitioners and midwives, there is an interchange of information between midwives, clinics, and general practitioners.

*Selection of Hospital Confinements.*—Where the home circumstances are in doubt and the patient has applied for a hospital bed, the municipal midwife for that area is requested to visit and give a report of the home conditions on a form provided. If the home circumstances are reasonably good, the patient is requested to arrange for a home confinement; if the midwife reports bad social conditions, a hospital booking is given.

*Refresher Courses for Midwives.*—There is a rota of attendances at Refresher Courses, and each year Courses are selected from those organised by the Royal College of Midwives, and two midwives sent to each Course selected—thus in one year (1952) eight midwives attended four different courses.



*Training of Pupil-Midwives.*—Red Court Hostel is a Part II Training School for Pupil-Midwives approved by the Central Midwives Board, and giving the whole six months training on the district. The Superintendent in charge has the Midwife Teacher's Diploma and is an examiner for the Central Midwives Board. During part of the six months training the pupil-midwives live with the District Midwife-Teachers approved by the Central Midwives Board.

**7. Health Visiting.**—For the purpose of health visiting the city is divided into 52 districts, to each of which a health visitor is allotted. With the exception of tuberculosis health visiting and school nursing, each health visitor is responsible for the full range of duties within her district and she attends clinic sessions at the clinic serving her district and is responsible to the clinic Medical Officer for the efficient conduct of the clinic. In addition to the health visitor "in charge" an additional health visitor attends at Infant Welfare sessions.

(a) It is the policy of the Council to integrate the health visiting and school nursing services. To this end the Superintendent Health Visitor is also appointed Superintendent School Nurse and all new appointments to the health visiting staff are as Health Visitor and School Nurse. The full integration of the two services is likely to be slow since a majority of the school nurses at present employed do not possess the Health Visitor's Certificate.

Tuberculosis health visiting is referred to in the appropriate paragraph.

(i) *Extent to which visiting is undertaken beyond the visiting of expectant and nursing mothers and young children.*—An important part of the work of the health visitor is still the visiting of expectant and nursing mothers and young children but there is an increasing development of the family aspects of the work. There is a close link between the Children's Officer and the health visiting services and all foster children below five years of age are regularly visited as are children under five placed for adoption. The health visitor is also responsible for the supervision of child minders in her district.

As already mentioned there is a very close link between the Health Visitors and the hospitals, mainly through the Hospital Almoners. This provides the hospital with information about the home circumstances of patients and ensures efficient supervision of



patients after leaving hospital. In addition the health visitors undertake many enquiries where patients have failed to re-attend for follow-up examinations.

As an experiment two health visitors are being used part-time in connection with the work of the Local Industrial Rehabilitation Unit of the Ministry of Labour. It is too soon yet to estimate the value of this work but it offers promise.

*Co-operation with General Practitioners.*—As mentioned above the local General Practitioners are encouraged to use the health visitor in solving their patients' problems and the Health Visitors keep in close touch with those general practitioners who are interested. This work is developing very slowly but is being given every encouragement. The doctors have been told informally to regard the health visitor as a member of their team and to use her services freely in any way which will benefit their patients.

*Recruitment of Student Health Visitors.*—This is carried out mainly by means of advertising in the nursing papers and by talks given to nurses in hospital who are about to complete their training. In the immediate post-war years when health visitors were scarce state registered nurses were employed at some of the clinics and several of these have since taken the Health Visitor's Certificate.

The Medical Officer of Health is also Professor of Preventive Medicine and Public Health at the Leeds University and this Department of the University runs a health visitors' course.

The Local Health Authority has arranged an Assisted Student Scheme under which fifteen suitable applicants are trained annually as health visitors. During their course of study they are paid at the rate of three-quarters of the minimum of the health visitor's salary and they undertake to serve the Authority for two years after passing their examination if called upon to do so. This arrangement has proved very satisfactory and a good standard of student has been recruited. Suitably qualified nurses on the staff who do not already possess the Health Visitor's Certificate are eligible to take advantage of this scheme.

*Refresher Courses.*—Each year six health visitors are chosen by rota to attend an approved refresher course at the expense of the Local Health Authority. On their return the health visitors give a talk about the course to their colleagues, followed by discussion.



**8. Home Nursing.**—The Local Health Authority directly provides Home Nursing Services in four areas of the city. The remainder of the city is provided on an agency basis by the Leeds District Nursing Association and the Whitkirk District Nursing Association. The two parts of the services are co-ordinated by means of a Joint District Nursing Committee comprised of members of the Health Committee and the Nursing Associations. Co-operation with general practitioners and hospitals is excellent and it will be seen from the following tables that by far the greater proportion of cases originated from these two sources. The classification and proportions of the main types of cases attended are set out in the following tables:—

TABLE SHOWING INCREASE IN NUMBER  
OF CASES AND VISITS COVERING 1949-1951  
ALSO CLASSIFICATION OF CASES

Classification	1949		1950		1951	
	New Cases	Visits	New Cases	Visits	New Cases	Visits
Medical ..	4,695	112,718	5,758	126,887	6,649	142,404
Surgical ..	2,433	40,924	2,149	37,015	2,499	39,075
Children under 5	1,479	9,642	1,071	7,312	1,147	7,642
Pneumonia ..	163	2,304	148	1,948	234	2,723
Tuberculosis ..	81	2,480	76	2,727	125	3,974
Maternal Complications	33	206	42	401	53	544
Ophthalmia Neonatorum ..	13	95	5	41	4	44
Infectious Diseases ..	32	306	39	364	35	344
Totals .. ..	8,929	168,675	9,288	176,695	10,746	196,750

TABLE SHOWING SOURCES OF CASES 1949-50-51

	1949	1950	1951
General Practitioners .. ..	5,911	6,926	7,974
Hospitals .. ..	2,545	1,860	2,144
All sections of the Public Health Department .. ..	192	242	434
Direct Application and/or relatives, etc. .. ..	281	260	194
Totals .. ..	8,929	9,288	10,746



There is no night service as a separate service but in an emergency and at the request of a doctor, nurses are available to attend patients during the night. The Local Health Authority have borne in mind the possibility of establishing a regular night service. The demand for a night service is not, at present, fully known. This question will be considered by the Health Committee in due course.

*Refresher Courses.*—The home nurses attend on rota refresher courses organised by the Queen's Institute of District Nursing.

*Training.*—Two of the three Nurses Homes administered by the Leeds District Nursing Association are recognised by the Queen's Institute of Training Centres. This arrangement appears to be adequate to meet the needs of the city for training facilities.

It is the policy of the Local Health Authority to de-centralise the Home Nursing Service in the sense that each home nurse should be resident in the area she serves. This policy has been fully implemented in the districts directly nursed by the Local Health Authority and in Whitkirk, and some progress has been made in the areas served by the Leeds District Nursing Association.

**9. Vaccination and Immunisation.**—The usual range of publicity by means of posters, pamphlets and the like is in use and parents whose children have not already been immunised receive a birthday card just before the child's first birthday, recommending diphtheria immunisation and vaccination. In Leeds it seems that the best response is obtained by personal advice by doctors, health visitors and nurses, with the opportunity to "talk things over". This is a method which we press to the utmost at Maternity and Child Welfare Clinics and at home visits by health visitors. In addition parents are reminded that, if they prefer, immunisation and vaccination can be carried out by their family doctor. Every effort is made to make it easy for the parents to bring their children for immunisation and to this end sessions are held at Infant Welfare Clinics, at a centrally situated clinic in the city and in the schools. During the summer months a converted ambulance is used as a mobile immunisation unit to cover remote parts of the city not well served by public transport and to serve the needs of mothers who for any reason are unable to come to a clinic session. This mobile unit has proved very valuable and in addition it serves a useful propaganda purpose. In cases of special difficulty, at times when the mobile unit is not available, staff from the immunisation clinic will visit individual homes and about 500 cases a year are immunised in this way.



Figures for 1952 are not yet available but in 1951 it was estimated that 72.8 per cent. of the children between the ages of 1 and 5 years had been immunised, and 95.7 per cent. of those between the ages of 5 and 15. There is full co-operation with the Education Authority in securing the administration of "boosting" doses on school entry. These inoculations are given mainly in the schools and the response is excellent (in 1951, 7,685 "booster" doses were given).

With regard to vaccination, it was estimated in 1951 that 42 per cent. of the infant population had been protected. Arrangements for publicity and advice are similar to those for diphtheria immunisation.

Since 1947 Leeds has taken an active part in the "field trials" of whooping cough inoculation organised by the Medical Research Council and a large scale trial is still in progress. It is clear that large scale inoculation against whooping cough outside the "trials" would invalidate the results of the trials. As a matter of settled policy, therefore, no encouragement was given to whooping cough inoculation apart from the trial series, although it is known that some general practitioners in the area were using this prophylactic. The requirements of the "field trials" have now been met and from the beginning of 1953 the Local Health Authority is making available to general practitioners approved whooping cough prophylactics and will encourage their use.

**10. Ambulance Service.**—The ambulance service is provided directly by the Local Health Authority and is supplemented, as stated in Paragraph 3 above, by the Volunteer Car Pool. The calls on the service continue to increase as is shown by the following figures :—

	1947	1948	1949	1950	1951	1952
Cases :—						
Ambulance .. ..	22,760	32,693	43,976	50,364	53,337	57,361
S.C. Vehicles .. ..	11,657	40,143	64,181	85,855	85,125	97,649
Total .. ..	34,417	72,836	108,157	136,219	138,462	155,010
Mileage :—						
Ambulances .. ..	148,739	231,152	310,545	317,032	324,224	322,519
S.C. Vehicles .. ..	91,989	286,811	307,601	354,849	371,446	379,707
Total .. ..	240,728	517,963	618,146	671,881	695,670	702,226



*Co-operation with Medical Practitioners.*—All doctors have been notified of the exact procedure for obtaining ambulance transport provided by the Local Health Authority in accordance with the National Health Service Act, 1946—and information can be obtained from the ambulance control at any time.

*Co-operation with Hospitals.*—Close contact is maintained with all hospitals in the city and difficulties and problems are dealt with on the spot. A transport system has been agreed upon and is in operation at all hospitals to guard against misuse of ambulance services.

The Leeds Ambulance Service provides a Transport Control Officer between the hours of 8.30 a.m. and 5 p.m. at the Leeds General Infirmary which is the main outpatient treatment centre for the city. Patients at this hospital are dealt with as follows:—

An out-patient arriving by ambulance or sitting-case vehicle at the hospital collects his transport card. If the patient is unable to report to the transport office himself the card is collected on his behalf by the porter conveying the patient from the vehicle to the department. Following treatment the necessity for sitting-case vehicle or ambulance transport for the next visit to the hospital must be indicated on the transport card by an authorised member of the staff of the department concerned. The card is returned to the patient only if continued transport facilities are authorised and the patient asked to hand in the card at the transport office before leaving the hospital. It is a rule that transport cannot be ordered unless a signed authorisation is received in this way.

As the card is received at the transport office it is initialled by the clerk in the column provided, an entry made in the diary for the patient's next visit to hospital, arrangements made for the patient's transport home, the patient asked to proceed to the transport waiting room, and the card filed in strict alphabetical order in the current file. Arrangements for a patient's return home are made by the Ambulance Service Control Officer as the patient reports to the transport office on his return from the clinic or treatment department.

The co-ordination with other Local Health Authorities in the area has already been mentioned. These arrangements have proved very valuable in effecting economies in ambulance transport between the Authorities concerned.



In view of the terms of the National Health Service Act and the administrative difficulties of fixing the responsibility for ordering transport for patients upon a responsible officer of a hospital, it is difficult to effect substantial economy in the use of ambulances and cars in this part of the service. The internal hospital administration is such that at present it is difficult to find one person prepared to take responsibility for all departments. Much internal delegation of responsibility inevitably takes place. The use of ambulance transport is, from its nature, less open to abuse than sitting case car transport. Careful control of the need for sitting case cars is necessary to prevent abuse but in out-patient departments, physiotherapy, remedial exercises, radiotherapy and similar departments, it is very difficult to apply.

During the year all the Authority's ambulance vehicles have been equipped with radio-telephone and it is clear that this is effecting economies in mileage and improving the efficiency of the service. It will be noted from the figures quoted in the table above that although the number of patients carried in 1952 was 4,024 more than in 1951, the ambulance mileage actually decreased.

Economies in running have also been effected by the introduction for sitting cases of specially designed vehicles of the shooting brake type each carrying eight patients instead of the "private cars" previously in use.

**11. Prevention, Care and After-Care.**—With regard to prevention, the most notable feature of the year was a large scale "field trial" of B.C.G. inoculation of school leavers carried out in conjunction with the Medical Research Council. The local response was excellent and it is hoped that it may be possible to arrange for this preventive measure to be made a prominent feature for this important age group.

The Local Health Authority's duties in relation to tuberculosis are co-ordinated as far as possible with the work of the Chest Clinic. This has been attempted by appointing the Senior Chest Physician to be Consultant Adviser in Tuberculosis to the Local Health Authority. Seconded to him, to work under his immediate supervision at the Chest Clinic, is an establishment of eleven tuberculosis health visitors and two social workers. The tuberculosis health visitors perform the normal range of duties and the social workers undertake the solution of the patient's non-medical problems. Cases requiring special consideration are referred to the Health



Committee. The cases referred concern such matters as recommendations for free milk and extra clothing for patients. It is difficult to generalise further about the work of the tuberculosis social workers since each case presents its own problems and must be dealt with on an individual basis. They assist in the care and after-care work by ensuring that the patient is making full use of services provided statutorily, e.g. under the National Health Service Act and National Assistance Act and by enlisting the aid of voluntary organisations. They regularly visit local sanatoria and link with the Almoners there in order to ensure continuity of care when the patient is discharged.

*Venereal Diseases.*—In the immediate post-war years three venereal diseases social workers were employed by the Local Health Authority and were seconded to work at the venereal diseases clinic under the supervision of the Venereologist who is also Consultant in Venereal Diseases to the Local Health Authority. The number of cases of venereal disease in Leeds has fallen markedly of recent years. In addition the newer methods of treatment have resulted in a very great fall in the number of attendances. Figures for 1952 are not yet available but in 1951 the total attendances at the V.D. Clinic had fallen by over 10,000 from the previous year. In consequence when two of the venereal diseases social workers resigned some time ago the vacancies were not filled and when the remaining Almoner retired towards the end of 1952, the opportunity was taken to review, with the Consultant Venereologist, the Local Health Authority arrangements. The duties of the Social Worker fall into two main categories:—

- (a) The follow-up of defaulters and contacts and sources ;
- (b) The ordinary run of medico-social work, e.g. domestic and occupational difficulties arising out of treatment. It was felt that duties under (a) could be adequately carried out by part-time health visitors and those under (b) by hospital almoners. They are mainly late cardio-vascular and neurological cases and their needs differ in no important way from those of non-syphilitic cases of the same type. Accordingly new arrangements were brought into being in October 1952 and so far appear to be working satisfactorily.

*Illness Generally.*—The Local Health Authority have arrangements for the loan of medical requisites for patients nursed at home, the details of which are already known to the Ministry. In this service the Local Health Authority are assisted by the St. John Ambulance Brigade as set out in Paragraph 4 above.



The Local Health Authority employ two medico-social workers who deal with a variety of cases under this heading. The major part of their work is in connection with unmarried mothers and their children and with old people. With regard to the first of these, their work is closely linked with that of the Maternity and Child Welfare Department, with the moral workers of the voluntary associations concerned and they receive much help from the Assistance Board, Ministry of Labour and Probation Officers in solving their patient's problems. In their work with old people they are closely linked with the Geriatric Physician at St. James's Hospital. They visit old people awaiting admission to hospital and assess their needs. It often happens that instead of admission to hospital, patients of this type can be given sufficient assistance through the Home Nursing Service, Home Help Service, and in other ways to enable them to continue at home.

*Convalescence.*—The Local Health Authority make arrangements for rest convalescence of patients who do not require medical or nursing care. About 2,000 patients are annually sent to convalescent homes. The average period of stay is two weeks. The Local Health Authority book beds at twelve convalescent homes belonging to a variety of organisations, but have found difficulty in providing convalescent accommodation for mothers and babies. They therefore opened premises at Southport early in 1952 which provides accommodation for thirteen mothers and thirteen babies. This convalescent home is closely linked with the Maternity and Child Welfare services. Recommendations for convalescence are received mainly from general practitioners and from the hospitals, with smaller numbers of applicants from Local Health Authority and School Clinics.

**12. Domestic Help.**—There is an establishment of 150 full-time home helps or their equivalent in part-time helpers and at present the staff employed is—full-time 61, part-time 36, temporary for tuberculosis cases, 35. Full-time home helps are issued with green overalls, felt hat and overcoat. Home Helps are provided according to need within the meaning of the National Health Service Act. The amount of home help provided in the eleven months, January 1st to November 30th, is shown in the table appended.



Type of Case	Up to 2 weeks	2-4 weeks	1-3 months	3-6 months	Over 6 months	No. of cases
Maternity .. ..	378	62	..	..	..	440
Tuberculosis .. ..	9	9	7	10	30	65
Long-term illness ..	37	18	19	16	54	144
Hospital discharge ..	42	28	11	5	2	88
Emergency illness ..	135	58	22	..	..	215
Old Age Pensioners ..	125	36	58	22	96	337
Totals .. ..	726	211	117	53	182	1,289

Approximately half of the recommendations come from general practitioners or hospitals and half from the Local Health Authority health services or welfare services. Priority is given to emergency maternity cases confined at home.

In the case of tuberculous persons it is sometimes found most convenient to employ a non-resident relative or close friend as a temporary home help for the duration of the patient's needs. This gets over the difficulty of asking the regular home helps to undertake work in households where there may be a risk of infection. In the case of a relative it is required that she fulfil the ordinary conditions of service of a home help.

The provision of home helps for the chronic sick and for the aged is a difficult problem. Although their needs can often be met by a home help for one or two days a week, they require assistance over prolonged periods and constitute a heavy burden on the service.

Ten home helps underwent a fortnight's training during the year. This was organised by the National Institute of Houseworkers and consisted of lectures and practical work. The provision of a Course of Training by the Local Health Authority is under consideration. This would not need to be elaborate since considerable care is taken in selecting home helps for appointment and only those women are appointed whose own homes show that they have good practical knowledge of housecraft.

**13. Health Education.**—Full use is made of the posters and printed material provided through the Central Council for Health Education and lecturers are provided to speak on health topics at meetings of Parent-Teacher Associations, Youth Clubs, Church Associations and any other interested body. A great deal of practical Health Education is given by the health visitors in their day-to-day work. As an experiment, short films on a variety of



health topics were shown to mothers in the waiting rooms at Maternity and Child Welfare Clinics by arrangement with the local film unit of the Central Office of Information. These arrangements came to an end when the local film units were disbanded. They were popular and undoubtedly useful. The Local Health Authority is in process of acquiring apparatus to carry on the showing of these films and have acquired a back projector which enables the films to be shown without darkening the waiting room. Mention is made in Paragraph 14 below of special films on Mental Health.

Courses on Health Education are given regularly by the Central Council for Health Education and have proved popular with the staff.

The instruction of Student-Teachers in Health Education is a matter of particular importance since they are responsible in large measure for creating an informed public opinion in future generations.

A number of Teachers' Training Colleges in the West Riding are members of the Leeds University Institute of Education. Health Education is one of the subjects in the training curriculum and the Deputy Medical Officer of Health is at present External Examiner in Health Education to the Institute and is available to advise constituent Colleges on the training in Health Education.

In Leeds, Accident Prevention is dealt with by an *ad hoc* Committee of the Council and posters and other propaganda material dealing with home accidents are displayed at the Maternity and Child Welfare Clinics.

#### 14. Mental Health.

(a) *Committee responsible for Service.*—A Sub-Health (Special Services) Committee which consists of twelve elected members of the Council and three co-opted members.

(b) *Number and Qualifications of Staff employed in the Mental Health Service.*—The Medical Officer of Health delegates the clinical work to an Assistant Medical Officer for Mental Health, and the routine administration to a lay Executive Officer. The whole-time establishment is as follows:—

##### *Administrative Staff—*

Executive Officer	..	..	..	..	1
Deputy Executive Officer	..	..	..	..	1
Senior Clerk	..	..	..	..	1
Clerks and Typists	..	..	..	..	7
Telephonist	..	..	..	..	1
Caretaker-Cleaners	..	..	..	..	2
Messenger	..	..	..	..	1



*Clinical Staff—*

Consultant Psychiatrist	..	..	..	1
Psychiatric Social Worker	..	..	..	1
Mental Health Workers	..	..	..	10
				—
				12
				—

*Occupation Centres—*

Supervisors	..	..	..	..	3
Assistants	..	..	..	..	22
Manager	..	..	..	..	1
Supervisor and Joiner	..	..	..	..	1
Handicraft Instructors	..	..	..	..	3
Boot Repairing Instructor	..	..	..	..	1
Brush Makers	..	..	..	..	2
Brush Salesman	..	..	..	..	1
Firewood Foreman	..	..	..	..	1
Firewood Sawyers	..	..	..	..	3
Firewood Checker	..	..	..	..	1
Laundry Forewoman	..	..	..	..	1
Laundry Hands	..	..	..	..	5
Van Drivers	..	..	..	..	3
Boilerman	..	..	..	..	1
Gardener	..	..	..	..	1
Caretakers	..	..	..	..	3
Night Watchman	..	..	..	..	1
Cooks	..	..	..	..	6
General Helps	..	..	..	..	6
Cleaners	..	..	..	..	6
					—
					72
					—

The mental health workers have various qualifications, i.e. Psychiatric Social Workers' Diploma, State Registered Nurses, R.M.P. Certificate and many have a long and valued experience of social work among mentally ill patients and mental defectives.

One of the Supervisors of the Occupation Centres is a trained Head Teacher with many years experience; another holds the Diploma of the National Association for Mental Health; and others have been trained within the Department.

(c) *Co-ordination with Hospital Boards, etc.*—As far as possible liaison is maintained between the Regional Hospital Board, the Hospital Management Committees, the University Department of Psychiatry and other bodies. The Executive Officer serves on the Mental Health Advisory Committee of the Regional Hospital Board and the Medical Superintendents of the local mental hospitals and mental deficiency hospital act as Consultants to the Service. It is expected too that a very close contact will be established with the Child Guidance Clinic to be shortly opened by the Education Committee.



*Regional Hospital Board.*—The Local Authority undertakes supervision of mentally deficient patients on licence from the local mental deficiency colony. The Psychiatric Social Worker and mental health workers undertake the preparation of social reports on in-patients and out-patients at the Psychiatric Unit, St. James's Hospital, and for the other hospitals in the region on request, and are thus enabled to maintain contact with the patient during treatment. General after-care services are provided for all patients discharged from the hospitals where requested.

The Medical Officer undertakes sessions at St. James's Hospital and the services of the Regional Hospital Board's consultants in psychiatry and mental deficiency are available in an advisory capacity.

*General Practitioners.*—The services of the Department are available to all general practitioners in the City, for assistance in the disposal of mental deficiency and psychiatric cases and for assistance with the social problems arising in their management.

*Ministry of Labour.*—The assistance of the Disablement Resettlement Officer is frequently sought in placing recovered cases in employment. Use is made of the Ministry's Rehabilitation Centre and Remploy factory for patients requiring permanent sheltered employment.

*National Assistance Board.*—Financial assistance is sought where required for unemployable psychotic patients and mental defectives.

*Ministry of Pensions.*—The Department is in touch with the Ministry in relation to the after-care of Service cases.

*University Department of Psychiatry.*—Advice is sought and obtained on diagnostic problems and child guidance. The University Department makes use of Local Authority services in the treatment and after-care of patients treated at the Department.

*University Department of Social Studies.*—Students attend for talks and practical instruction in mental health services.

*Courts and Probation Services.*—These make use of the Local Authority's services for advice on the mental state of juvenile and adult offenders referred by the Probation Officers on cases remanded for psychiatric examination by the Court and for persons apprehended by the police who are deemed to be mentally abnormal.



*Marriage Guidance Council.*—Advice is sought on matrimonial difficulties and the Marriage Guidance Council in turn refers cases deemed to need psychiatric assistance. The Medical Officer represents the Health Department on the Executive Committee of this organisation.

*Council of Social Service.*—Advice and assistance is given on cases requiring social advice. The Council of Social Service also refers cases thought to have psychiatric problems. The Psychiatric Social Worker is on the Case Committee of this organisation.

(d) *Corporation Departments* :—

*Education Department.*—The Mental Health Service works closely with the Education Department in regard to the notification of mentally defective children of school age. The Education Department give assistance with certification of defectives, and for medical inspection and treatment of minor ailments of children attending Occupation Centres.

*Welfare Services.*—The Mental Health Service works in close touch with the Welfare Services Department which gives valuable assistance in the care and welfare of senile psychotics and sane epileptics.

*Maternity and Child Welfare.*—Cases of amentia in young children observed at Welfare Clinics are notified to the Mental Health Department. The Maternity and Child Welfare Department arranges for the admission to hostels of defectives in the community for confinements and makes use of the Mental Health Department in the disposal of cases of puerperal insanity in hostels. The Maternity and Child Welfare Department has co-operated in conjunction with the School Medical Officer in providing the use of a physiotherapist for mentally defective spastic children at the Occupation Centres.

*Care of Children Department.*—Psychiatric advice is given by the Mental Health Services Department concerning mental defect or instability in children under the care of the Children's Committee, and advice is also given on the psychiatric aspects of adoption and boarding out. The Children's Department have, of necessity, had to retain mentally defective children in their homes and hostels for long periods. This has greatly assisted the Mental Health Department owing to the lack of institution beds. The Department also co-operates in taking under its care the illegitimate children of mentally defective mothers.



*Ambulance Department.*—Transport of children to and from Occupation Centres and conveyance of patients to hospital under the Lunacy and Mental Treatment Acts is provided by the Ambulance Department.

(e) *Duties delegated to Voluntary Organisations.*—As the Department is staffed with trained personnel, no duties are delegated to voluntary organisations, but friendly relations are maintained with the National Association for Mental Health.

(f) *Whether arrangements have been initiated for the training of staff.*—Members of the staff are trained within the Department and as the service in this area is comprehensive they have the opportunity of dealing with every aspect of the work of Mental Health. Tentative suggestions have been put to the Professor of Psychiatry, Leeds University, with a view to instituting a course of training for mental health workers in the area and particularly new entrants to the service.

## **2. Account of Work Undertaken in the Community.**

(a) *Under Section 28 of the National Health Service Act, 1946.*

(i) *Preventive Health.*—Much propaganda work has been done by way of lectures, film shows and talks by Senior Officers to Rotary and Soroptimist Clubs and like organisations. Owing to the popularity of the Committee's own film, a new and longer one is under production.

(ii) *Care and after-care of the Mentally Ill.*—The after-care of the mentally ill is undertaken by the Psychiatric Social Worker with the assistance of four mental health workers and much of the actual work is carried out at the local hospital where an office has been placed at their disposal and a good co-operation exists between the medical, nursing and almoner staff of the hospital and the mental health workers.

The Psychiatric Social Worker and mental health workers prepare social reports on the in-patients and out-patients treated at St. James's Hospital and thus maintain contact with the patient throughout his treatment and are accepted as friends and advisers when he is discharged and are able to guide the relatives in their dealing with the patient. This continuity of contact with the patient does not exist when he is admitted to the other hospitals of the Regional Hospital Board and after-care work must be initiated when the patient is discharged.



One hospital in the region supplies a short case-summary for patients requiring after-care, other hospitals send formal notice of discharge. On receipt of the above the patient is visited by a mental health worker and the object of after-care is explained. The Mental Health department serves as headquarters for preventive and after-care services, where the Psychiatric Social Worker and his staff of mental health workers interview patients and the Medical Officer sees new cases and others referred by the mental health workers. A Therapeutic Evening Social Club is carried on in the same building and meets twice weekly, members are selected from the general after-care list and from patients undergoing out-patient treatment at the Regional Hospital Board and Department of Psychiatry Clinics.

Until recently a Day Centre to provide occupation therapy and rehabilitation for chronic psychotic patients was carried on in a separate building, but the diminishing need for this centre due to the development of the Ministry of Labour's scheme for rehabilitation and sheltered employment has led to its becoming redundant, and the few remaining patients have been found occupation in the industry centre for defectives.

- (iii) *After-care of Mental Defectives.*—After-care of the mentally defective is carried out to a small extent by the mental health workers but it is in practice found that a discharged defective rarely will take advantage of an offer of after-care but much assistance is rendered in the way of helping them into employment.

(b) *Under the Lunacy and Mental Treatment Acts, 1890-1930.*—All mental health workers are authorised under the Lunacy, Mental Treatment and Mental Deficiency Acts to carry out duties in connection with the admission of patients to hospital but at present only three of them actually take steps under the Lunacy and Mental Treatment Act. The anticipated training scheme will eventually permit interchange of duties and avoid excessive specialisation. It is considered in Leeds that the title "Duly Authorised Officer" should not obscure the fact that these officers are members of a mental health care and after-care scheme.



The majority of patients dealt with under the above-mentioned Acts are admitted to the Observation Unit at St. James's Hospital in the first instance. By making use of Sections 20 and 21 of the Act, the patient has the benefit of up to seventeen days observation prior to certification and it is found that a considerable number of patients are sufficiently improved to be prepared to accept voluntary treatment by the expiry of this period and a limited number are suitable for temporary treatment. Needless certification is thus avoided. A certain number of patients are dealt with by summary Reception Order, and in this case the Medical Officer is available to visit the patient at home and give the necessary certificate. The Medical Officer and mental health workers are available to assist general practitioners in finding suitable vacancies for voluntary patients.

(c) *Under the Mental Deficiency Acts, 1913-1938.*

- (i) *Arrangements for Ascertainment and Supervision.*—"Ascertainment" is carried out by the Committee's Psychiatrist and the Medical Officer of the Hospital and the School Medical Officers are also approved for the purpose of issuing medical certificates. The community care and supervision of mental defectives is carried out by the mental health workers who regularly and systematically visit the homes for the purpose of advising the parents. Supervision in this area has been very widely interpreted and full use made of the Statute in a most concrete form. Supervision is strengthened by the provision of Occupation Centres.
- (ii) *Guardianship.*—In view of the fact that financial assistance is given by the National Assistance Board fewer Guardianship Orders are made. The system of Guardianship has been confined to cases who have been on long licence from local institutions and the Local Authority's Officers have in many instances been appointed Guardians of patients without homes who have had to be placed in lodgings.
- (iii) *Arrangements for carrying out the Statutory Duty to provide Occupation Centres.*—No home teaching is undertaken as the City is adequately provided with four Occupation Centres which were already established by a voluntary organisation prior to the 1927 Act and which have been improved and brought up to date. Two are for children



of both sexes under sixteen year of age and two are for adults, one for males and one for females. The two latter Centres have attached to them a small factory and laundry respectively on a wage earning basis for those who are too high grade for an Occupation Centre but yet unable to compete with normal workers in the outside labour market.

Occupation Centres are administered on the usual lines. The Industry Centre for females takes the form of a small hand laundry and the trainees are paid wages and in addition, paid their travelling tokens and their mid-day meal. The youths attending the Industry Centre are employed in a small factory and paid wages according to their ability. The City Council feels that these two Centres, run on business lines, are achieving good purpose in providing work for the mentally handicapped who cannot suitably be placed in industry or dealt with at an Occupation Centre.

#### OBSERVATIONS

It will be observed from the foregoing that the City Mental Health Service is comprehensive. There are a number of gaps such as the provision of hostels for employable mental defectives, short stay homes and observation units, holiday or convalescent homes; provision of these will be considered when the time is opportune.

Shortage of beds and trained staff for the mental and mental deficiency hospitals of the Region constitutes a serious difficulty. While the number of beds available for early recoverable cases and mental defectives of the higher grade without physical disability is adequate, there is a grave shortage of accommodation for the lower grades of mental defective and the senile and chronic psychotic. Many low grade defectives who attend our Occupation Centres would be better cared for in an institution and their presence in the Occupation Centre serves only to give the over-burdened parents a measure of relief. For the old people who are too demented for a hostel or an eventide home, there is a serious lack of accommodation. While much can be done to help these cases by domiciliary services, there is frequently no practical alternative to their admission to geriatric wards, where their disturbed mental condition imposes hardship on the other patients, or certification and admission to already overcrowded mental hospitals.





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# Sanitary Circumstances

BY

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*Chief Sanitary Inspector.*

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With Comments on the following matters :—

**MEAT INSPECTION**  
**DISEASES OF ANIMALS**  
**MILK SUPPLIES**  
**FOOD AND DRUGS**  
**FOOD HYGIENE**  
**FACTORIES**  
**UNFIT HOUSES**  
**GENERAL SANITATION**  
**RODENT CONTROL**  
**SMOKE ABATEMENT**

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### MEAT INSPECTION

Statistical data in this section of the report has been compiled from reports submitted by Mr. D. Forbes, Supervisory Sanitary Inspector for Meat and Other Foods.

**Animals Slaughtered.**—During the year 190,204 animals were slaughtered for human consumption at the two Ministry of Food slaughterhouses in Leeds. The carcass and offal of each animal were inspected at the time of slaughter by Meat Inspectors stationed at the Abattoirs.

The following table gives an analysis of the animals slaughtered for human consumption at the two slaughterhouses :—

#### ANIMALS SLAUGHTERED AT MINISTRY OF FOOD SLAUGHTERHOUSES.

	Year	Cattle ex. Cows	Cows	Calves	Sheep	Pigs	Total
Slaughterhouse No. 1 (Public Abattoir)	1951	21,088	5,829	13,986	62,787	8,254	111,944
	1952	19,429	5,196	12,115	85,698	15,261	137,699
Slaughterhouse No. 2 (Danube Road)	1951	7,349	2,317	3,985	23,639	7,692	44,982
	1952	6,111	1,751	3,898	29,696	8,886	50,342

It will be seen that the number of bovine animals slaughtered for human consumption has decreased from 54,554 in 1951 to 48,500 in 1952. The decreases were as follows :— cattle, 2,897 ; cows, 1,199 ; calves, 1,958. There has been an increase of 28,968 in the number of sheep slaughtered for human consumption. The number of pigs slaughtered has increased by 8,201.

In addition to the above animals, 2,163 horses were slaughtered at the Public Abattoir for human food, as compared with 2,906 horses slaughtered last year. This decrease is probably due partly to horses becoming scarce and consequently dearer, and also partly to the fact that more rationed meat has been available. The type of horse being slaughtered was of a fair quality.

**Slaughterhouses.**—The licences of five slaughterhouses were renewed during the year, namely those belonging to the Leeds Industrial Co-operative Society Ltd., Danube Road ; P. H. Hutchinson, 21, Otley Road ; C. H. and J. W. Ellison, Cross Lane, Wortley ; S. U. Wilson, Marshall Street, Crossgates ; and C. Walker, Harrison's Yard, Bramley. The bulk of the slaughtering took place at the Leeds Abattoir. The slaughterhouse belonging to the Leeds Industrial Co-operative Society Ltd. continued to be used as a slaughterhouse by the Ministry of Food.



The remaining four licensed slaughterhouses have not been used during the past twelve months.

In connection with the renewal of the Leeds Industrial Co-operative Society Ltd. licence, requirements were made with regard to the drainage of the floor to the pig slaughterhouse, and with regard to limewashing of the sheep slaughterhouse and pig lairage.

The knacker's yard belonging to J. R. C. Wilkinson at 133 Carr Moor Side, Hunslet, was well conducted and accordingly its licence was renewed.

**Slaughter of Animals Acts, 1933 to 1951.**—During the year 10 new licences to slaughter or stun animals were granted by the City Council and 24 were renewed.

Special steps have been taken to ensure that the obligation to water and feed animals in the lairages has been duly complied with.

**Whole and part carcasses condemned.**—The following table shows the different species of animals and the number of whole carcasses or parts condemned for tuberculosis and other diseases :—

CARCASSES INSPECTED AND CONDEMNED.

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
NUMBER KILLED ..	25,540	6,947	16,013	115,394	24,147	2,163
NUMBER INSPECTED ..	25,540	6,947	16,013	115,394	24,147	2,163
<b>ALL DISEASES EXCEPT TUBERCULOSIS.</b>						
Whole carcasses .. .. .	3	26	86	188	85	14
Carcasses of which some part or organ was condemned .. .. .	2,818	1,187	17	3,438	1,441	202
Percentage of numbers inspected affected with diseases other than Tuberculosis .. .. .	11.05	17.46	0.64	3.14	6.32	9.99
<b>TUBERCULOSIS ONLY.</b>						
Whole carcasses .. .. .	52	181	2	2	63	3
Carcasses of which some part or organ was condemned .. .. .	1,472	2,248	8	6	1,004	..
Percentage of numbers inspected affected with tuberculosis .. .. .	5.97	34.96	0.06	0.01	4.42	0.14

**Cysticercus Bovis.**—Systematic examination of all carcasses and offals for *cysticercus bovis* has continued at both abattoirs. It has been found that this parasitic condition has again tended to decrease. No infestation was found severe enough to warrant refrigeration of a carcass for the specified period.



Most of the affected carcasses have been found to be infested with a few isolated cysts, mostly in a degenerated condition. The distribution of the cysts was follows:—heart 51, diaphragm 22, head (messenger muscles) 39. A fair percentage of the infected animals was of Irish origin.

**Detention Room for suspected carcasses and offal.**—The detention room has been found to be particularly useful during the year, but experience proved that the existing lighting arrangements were inadequate. A request has been made to the General Manager, Markets Department, to have satisfactory lighting provided in this compartment to enable efficient examination of detained carcasses and offal to take place.

**Meat and Other Foods condemned as unsound.**—The total weight of food destroyed by consent during the year was 655,274 lbs. as compared with 732,145 lbs., in the previous year. About 66·0 per cent. of the total weight condemned comprised carcasses of cattle, swine and sheep or parts of carcasses and offal found to be diseased at the time of slaughter.

Details of food destroyed are given in the following table:—

MEAT, ETC., DESTROYED BY CONSENT.

	1952.	1951.	1950.	1949.
Beef .. .. .	139,509 lbs.	197,067 lbs.	230,180 lbs.	184,630 lbs.
Veal .. .. .	3,391 ..	4,875 ..	3,873 ..	3,249 ..
Mutton .. ..	8,944 ..	4,830 ..	6,647 ..	4,630 ..
Pork .. .. .	35,061 ..	28,219 ..	21,360 ..	14,395 ..
Bacon and Ham ..	..	37 ..	332 ..	2 ..
Offals .. .. .	244,672 lbs.	269,544 ..	292,403 ..	224,010 ..
Rabbits .. ..	6,806 ..	12,214 ..	16,074 ..	7,165 ..
Poultry .. ..	1,661 ..	2,502 ..	2,149 ..	3,985 ..
Game .. .. .	401 ..	341 ..	43 ..	282 ..
Horseflesh .. ..	10,900 ..	7,480 ..	5,184 ..	14,745 ..
Horse Offals ..	2,178 ..	3,333 ..	3,167 ..	..
Fish .. .. .	50,039 ..	50,651 ..	48,271 ..	51,207 lbs.
Shellfish .. ..	13,612 ..	10,890 ..	22,258 ..	22,105 ..
Vegetables .. ..	7,734 ..	20,557 ..	34,641 ..	47,107 ..
Fruit .. .. .	32,144 ..	16,797 ..	15,148 ..	14,814 ..
Tinned goods ..	76,629 ..	80,247 ..	87,063 ..	60,135 ..
Cheese .. .. .	1,673 ..	1,441 ..	97 ..	27 ..
Edible fungi ..	10 ..	..	..	188 ..
Bread and Cereals ..	9,903 ..	3,141 lbs.	6,362 lbs.	9,118 ..
Flour .. .. .	..	555 ..	..	330 ..
Confectionery ..	3,443 lbs.	7,472 ..	8,969 lbs.	..
Sundries .. ..	6,024 ..	9,952 ..	15,642 ..	38,990 lbs.
Totals .. .. .	655,274 lbs.	732,145 lbs.	819,791 lbs.	701,114 lbs.



*Rabbits.*—There has been a considerable improvement in the condition of rabbits arriving at the Leeds Market during the year. This applies both to frozen and fresh rabbits, and in consequence the weight of rabbits condemned has dropped by about 50 per cent. as compared with the previous year.

*Fish.*—During periods of fish shortage which occurred during stormy winter months of the year, quantities of fish of very doubtful quality were consigned to the Leeds Wholesale Fish Market. Much of this fish of doubtful quality comprised cod and haddock, already filleted. Amongst the large poundage of fish condemned as unfit for human consumption was included fish which had been refrigerated for a long period and which had become unfit for human consumption by reason of the fish perishing under refrigeration.

*Tinned Goods.*—The weight of tinned goods condemned remained very high. This was again due to a large extent to the various tinned meats imported from the Continent proving unsound when opened. The causes of unfitness were similar to those found last year, namely (1) under-curing, (2) under-cooking, (3) bone taint (therefore unfit for canning), (4) light gauge tin plate used for canning which on being subjected to rough handling resulted in split seams, and (5) nail holes caused by careless packing.

*Cheese.*—Practically the whole of the cheese brought for condemnation was of the processed variety imported from the Continent. It was found to be either sour or mouldy. Unfit rationed cheese is, of course, returned through trade channels to the Ministry of Food for salvage.

*Shellfish.*—The condition of shellfish coming into the city for sale continued to receive special attention.

During the year 11 samples of mussels and one sample of cockles exposed for sale in the wholesale and retail markets were taken and submitted to the Medical School for bacteriological examination. Of the 11 samples of mussels, 3 were from layings in England, 5 from Eire and 3 from Denmark. Two samples from layings in Eire were reported as unsatisfactory, and the condition of these mussels was discussed in correspondence with the Medical Officer for the district of the layings from which the mussels were removed.

**Salmon and Freshwater Fisheries Act, 1923.**—In January some Scotch salmon were found in the market consigned to a wholesale merchant and representations were made to the Fishmongers' Company as these were out of season in England. The Company dealt with this complaint and no more salmon arrived until the opening of the season.



A consignment of Danish fish arrived without a certificate of origin. Upon the omission being pointed out, certificates for each fish were obtained from the country of origin. All other fish arriving have had a certificate wrapped round them.

**Pest Contamination.**—No complaints were received of infestation of foodstuffs in food stores and warehouses by beetles or other insect pests.

**Food and Drugs Act, Sections 9 and 10.**—No proceedings were taken during the year under these sections in connection with the sale of unsound food.

### DISEASES OF ANIMALS.

**Tuberculosis Order of 1938.**—The table hereunder, which shows the number of bovines suspected to be affected with tuberculosis and the action taken, was compiled from information supplied to the Local Authority by the Ministry of Agriculture and Fisheries.

No. of suspected animals reported or found.	No. affected with tuberculosis and slaughtered.	No. of animals found to be not amenable to the Order.
16	16	..

**Swine Fever Order of 1938.**—During the year 25 cases of suspected swine fever were notified, all of which were investigated by the Ministry of Agriculture and Fisheries. Five of these cases were confirmed.

**Regulation of Movement of Swine Order of 1950.**—Under this Order 263 licences for the disposal of 1,329 pigs from the Whitkirk Auction Mart were issued and 602 visits have been paid to pig-keeping premises to ascertain whether the recently removed store pigs were detained and isolated for the appropriate period. In addition, 68 licences have been issued to pig-keepers for the movement of pigs within the city.

**Anthrax Order of 1938.**—Nine cases of suspected anthrax were reported during the year, four cases being confirmed by the Ministry of Agriculture and Fisheries, and on post mortem examination of the carcasses of the other five animals it was found that death had ensued from causes other than anthrax.

The four confirmed cases of anthrax (three heifers and a cow) had died at farm premises in the city.

Of the five cases which were not confirmed, two of the animals, a horse and a pony had died in the lairages at the Public Abattoir, a cow had died on arrival at the Public Abattoir, one pig died at a piggery and one stirk died on a farm.

In connection with two of the confirmed cases, a notice was served on each farmer under Regulation 20 of the Milk and Dairies Regulations, 1949, prohibiting the sale of all milk produced at their farms unless it was adequately heat treated to the satisfaction of the Medical Officer of Health. With regard to the other two confirmed cases at a farm, it was not considered necessary to serve a notice under Regulation 20 of the Milk and Dairies Regulations, 1949, as the animals concerned had not been in contact with the milk herd.

Efficient disinfection was carried out at the farm premises by the Disinfection Section of the Department, using small portable flame throwers, strong disinfectant and chloride of lime, also the vehicles used in connection with these cases were efficiently disinfected.

The carcasses were disposed of by incineration at the Kidacre Street Destructor.

**Foot and Mouth Disease.**—No cases of this disease occurred in the city during the year, and the city was not affected by the various Infected Area Special Orders made by the Ministry of Agriculture and Fisheries in connection with outbreaks of this disease in the surrounding areas.

Owing to the prevalence of foot and mouth disease in the country, the Foot and Mouth Disease (Controlled Areas) Restrictions General Order of 1938 came into operation on May 4th. This Order affected the whole of the North of England and parts of Southern Scotland, whereby all movement of animals was controlled by licence. The restrictions were released on the 16th May.



During the period it was in operation 456 licences were issued for the movement of animals.

**Fowl Pest Order of 1936.**—No outbreaks of this disease occurred in the city during the year.

**Warble Fly (Dressing of Cattle) Order, 1948.**—Copies of the Order in pamphlet form were again delivered to all cattle owners in the city, together with stamped postcards for notification of infested cattle to the Department.

All cattle owners premises were visited at least once a month from the 1st April until 30th June, 1952, and the cattle inspected. The actual monthly treatment of infested animals was in many cases supervised by the Lay Inspector under the Diseases of Animals Acts. In all other cases the animals were inspected shortly after treatment. Fifteen postcards were received from cattle owners reporting that 138 cattle were infested.

It is noted that there was a slight increase on the previous year in the number of infested cattle. This may be accounted for by the fact that farmers have stated that animals purchased from neighbouring districts were found to be infested.

No prosecutions were necessary under the Order.

DETAILS OF WORK DONE						
No. of visits paid to farms .. .. .	..	..	..	..	..	168
No. of cattle inspected on farms .. .. .	..	..	..	..	..	4,651
No. of leaflets and cards distributed .. .. .	..	..	..	..	..	73
No. of cattle infested .. .. .	..	..	..	..	..	138
No. of infested cattle treated .. .. .	..	..	..	..	..	138
No. of non-infested cattle treated voluntarily .. .. .	..	..	..	..	..	1,024

**Animals (Landing from Ireland, Channel Islands and Isle of Man) Order of 1933.**—During the year 6,350 Irish cattle and 10,990 Irish sheep were received under licence on direct purchase by the Ministry of Food for immediate slaughter at the two slaughterhouses in the city. As compared with the previous year, the number of cattle increased by 317 and sheep increased by 3,408.

**The Transit of Horses Order, 1951.**—During the year vehicles were regularly examined at the Public Abattoir to see that they complied with the above-mentioned Order.

**Legal Proceedings.**—It was not found necessary to take proceedings under the various Acts and Orders under the Diseases of Animals Acts.



### MILK SUPPLIES

During the year Supervisory Inspector J. S. Lindley and the inspectors in the Food and Dairies Division have, in all, taken 2,869 samples of milk for examination.

**Dairy Inspection and Milk Sampling.**—The following visits were paid during the year by the Food and Drugs Inspectors:—

To Dairies .. .. .	664
To bottled milk stores .. .. .	35
Other visits of inquiry .. .. .	45 <sup>2</sup>

During the year 981 samples of milk were submitted to the City Analyst for bacteriological examination. The samples were taken from the following grades of milk:—

" Pasteurised " .. .. .	517
" Tuberculin Tested " (Pasteurised) .. .. .	172
" Sterilised " .. .. .	97
" Tuberculin Tested " (Farm Bottled) .. .. .	193
" Accredited " .. .. .	1
" Ungraded " .. .. .	1

Samples were taken from distributors' premises, distributing centres, in course of delivery, at local institutions and from road vehicles used for the conveyance of milk. The accompanying tables give detailed information of the results of the tests applied.

#### METHYLENE BLUE (REDUCTION) TEST.

Designation		Total Samples Taken	Result of Test			
			Satisfactory		Unsatisfactory	
			No.	Percent-age	No.	Percent-age
*Pasteurised	{ Dairies ..	317	313	98·7	4	1·3
	{ Schools ..	101	90	89·1	11	10·9
	{ Day Nurseries	84	82	97·6	2	2·4
	{ Hospitals	15	15	100·0	..	..
*Tuberculin Tested (Pasteurised)	{ Dairies ..	166	164	98·8	2	1·2
	{ Day Nurseries	6	6	100·0	..	..
†Tuberculin Tested	..	193	184	95·3	9	4·7
†Accredited	..	1	..	..	1	100·0
†Ungraded	..	1	..	..	1	100·0

\*Satisfactory samples not to decolourise Methylene Blue at 37°C. in 30 minutes.

† Satisfactory samples not to decolourise Methylene Blue at 37°C in 4½ hours, May to October, or 5½ hours, November to April.



## PHOSPHATASE TEST.

Designation		Total Samples Taken	Result of Test			
			Satisfactory		Unsatisfactory	
			No.	Percent- age	No.	Percent- age
Pasteurised	{ Dairies ..	317	307	96·8	10	3·2
	{ Schools ..	101	101	100·0	..	..
	{ Day Nurseries	84	84	100·0	..	..
	{ Hospitals	15	14	93·3	1	6·7
	{ Dairies ..	166	166	100·0	..	..
Tuberculin Tested (Pasteurised)	{ Day Nurseries	6	6	100·0	..	..

Satisfactory samples not to give colour reading of more than 2·3 Lovibond Blue Units.

## TURBIDITY TEST

Designation		Total Samples Taken	Result of Test			
			Satisfactory		Unsatisfactory	
			No.	Percent- age	No.	Percent- age
Sterilised .. ..	.. ..	97	97	100·0	..	..

**Dairies and Milk Sellers.**—The following tables show the number of registered dairies and milk sellers in the city.

## DISTRIBUTORS OF MILK AND DAIRY PREMISES.

	Dairies	Distributors of milk
No. on the register on 31st December, 1951 ..	49	52
No. added to the register during the year .. ..	8	8
No. removed from the register during the year ..	4	4
No. on the register on 31st December, 1952 .. ..	53	56

## DISTRIBUTORS OF BOTTLED MILK ONLY.

No. of distributors of milk on the register at 31st December, 1951.. .. .	588
No. added to the register during the year .. .. .	219
No. removed from the register at 31st December, 1952 ..	57
No. of distributors of milk on the register at 31st December, 1952 .. .. .	750
No. of shops from which bottled milk only is sold, at 31st December, 1952 .. .. .	978

**Sale of Sterilised Milk.**—There has been a further considerable increase in the sale of sterilised milk in the city during the year and a considerable increase in the number of shops which are now registered for the sale of bottled milk only.

## GRADED MILK LICENCES.

Description of Licences.	Number in force on 31st December		
	1950	1951	1952
To use the designation "Tuberculin Tested"—			
1. To sell by retail .. .. .	101	115	128
To use the designation "Accredited"—			
1. To sell by retail .. .. .	..	1	1
To use the designation "Pasteurised"—			
1. Pasteurisers' Licences .. .. .	7	7	6
2. To sell by retail .. .. .	128	141	157
To use the designation "Sterilised"—			
1. Sterilisers' Licences .. .. .	1	2	2
2. To sell by retail .. .. .	550	718	930

**Biological Tests.**—During the year 600 samples of milk were submitted to the City Bacteriologist for biological examination for the presence of tubercle bacilli. The results are shown in the following table :—

Designation	Total Samples Taken	Result of Test			
		Positive		Negative	
		No.	Percentage	No.	Percentage
Tuberculin Tested .. .. .	123	2	1.6	121	98.4
Accredited .. .. .	69	2	2.9	67	97.1
Pasteurised .. .. .	5	..	..	5	100.0
Tuberculin Tested (Pasteurised) .. .. .	2	..	..	2	100.0
Ungraded .. .. .	401	3	0.7	398	99.3
Total .. .. .	600	7	1.2	593	98.8



**Milk and Dairies Regulations, 1949.—Regulation 20.**—During the year it was found necessary to serve three notices under the above Regulations.

Of the 600 samples of milk taken for biological examination, seven were found to contain tubercle bacilli. In six of these cases the samples were taken at large retail dairies in the city, where the milk concerned would be pasteurised before use. As the milk was produced at farms outside the city, details of these cases were forwarded to the Medical Officer of Health of the district concerned, and to the Divisional Inspector, Ministry of Agriculture and Fisheries (Animal Health Division) for investigation. The remaining sample was taken from a bottle of "Tuberculin Tested" (Farm Bottled) milk, produced at a farm outside the city, and supplied to one of the large dairies in the city where it had been sampled. Notice under Regulation 20 was served on the farmer requiring all milk produced at his farm to be adequately heat treated. Following a full investigation by the Ministry of Agriculture and Fisheries Veterinary Inspector the notice was withdrawn.

The remaining two notices under Regulation 20 were served on farmers producing milk for retail sale in the city. At one farm a cow and at the other a heifer had died from anthrax. The carcasses were removed from the farms and disposed of by incineration at the Kidacre Street Destructor, and the premises were disinfected by the Disinfection staff of the department. After a suitable time had elapsed the notices requiring the adequate heat treatment of all the milk produced at these farms were withdrawn.

**Legal Proceedings.**—*Milk and Dairies Regulations, 1949, Article 26 (1)*—A large firm of retail distributors of milk were summoned for filling a dirty milk bottle with "Tuberculin Tested" (Pasteurised) milk. The firm was found guilty and fined £5 and ordered to pay £2 17s. 6d. costs. Later in the year this same firm were again summoned for a similar offence and were found guilty and fined £20 and ordered to pay 5s. costs.

*Milk and Dairies Regulations, 1949, Article 29(1)*.—A milk roundsman was summoned for transferring milk from a churn to a handcan on the public highway, and his employer was summoned for aiding and abetting the offence. The roundsman was found guilty and fined £1 and the employer was also found guilty and fined £2.



A milk roundsman employed by a large firm of retail distributors of milk was summoned for transferring milk from one churn to another on a motor vehicle. The firm was also summoned for aiding and abetting the offence. The roundsman was found guilty and given a conditional discharge on payment of 4s. costs, and the firm was found guilty of aiding and abetting and fined £5.

*Milk and Dairies Regulations, 1949, Article 30 (a).*—A distributor of milk was summoned for depositing crates of milk on the highway. He was found guilty and fined £1.

### FOOD AND DRUGS

Supervisory Inspector J. S. Lindley and the inspectors in the Food and Dairies Division took 2,275 formal and 13 informal samples of milk, 281 formal and 36 informal samples of other foods and drinks, and 8 formal and one informal samples of drugs.

Administrative action was taken in all cases where the samples were found to be adulterated or deficient. Minor cases of adulteration or deficiency were dealt with by a warning letter to the firm or person responsible. Serious cases were dealt with by prosecution and the results of summonses issued under the Food and Drugs Act, 1938, during the year are shown in the tables on pages 162 to 164.

**Extraneous matter in Food.**—There has been a further increase in the number of complaints made to the Department with regard to extraneous matter in food. It is thought that the publicity given in the Press to certain Departmental prosecutions with regard to extraneous matter in food has led to increased public awareness of the action that may be taken through this Department.

During the year the following extraneous matter has been found in food:—

- \*Brass screw in a fancy cake
- \*Glass in milk
- Pins in a cornish pastie
- \*Mouse dirt in a ham sandwich
- \*Metal tack in a curd cheese tart
- \*Brush hairs in fruit cake
- Vegetable fibres in a loaf of bread



- \*Nail in a bilberry tart
- \*Fibre in a bread roll
- \*Golden spider beetle in a bottle of medicine
- \*Rodent droppings in rice
- \*Nail in slab cake
- Piece of string in tea-cake
- Nail in a vanilla slice
- Dirty dough in bread
- Felt material embedded in bread
- Maggot in a jar of apricots
- Part of a flour beetle in a loaf of bread
- Moth in a loaf of brown bread
- \*Piece of glass in a pork pie
- \*Nail in a chocolate truffle
- Beetle in a block of dates
- Sausage roll stained with ink
- \*Glass in an eccles cake
- Flaxen fibres in biscuits
- Stone in a scone
- Bovine hairs in a steak and kidney pie
- Glass in a jar of pineapple chunks
- \*Part of a comb in a sliced white loaf
- Part of a beetle in an apple pie
- \*Piece of metal in a toffee
- Worm in a jug of milk supplied in a café
- Insects in whipped cream walnuts
- Screw in a large cob loaf
- \*Piece of metal in a small brown loaf
- \*Brass nut in a cornish pastie
- Hairy matter in a bottle of black beer
- Grease in loaf of bread
- Piece of wood in a buttered scone
- \*Wire nail in a scone
- \*Maggots in a box of chocolates.

\* Denotes Legal Proceedings taken.

In some cases the person who purchased the article is unwilling to give evidence and then it is impossible for the Department to institute proceedings. In other cases where the extraneous matter was of a minor kind, a visit by the inspector to the premises and a warning letter have been considered suitable action.





#### SAMPLING BEER

*Sanitary Inspector taking a sample of beer under Section 68 of the Food and Drugs Act, 1938, with the intention of submitting it to be analysed by the Public Analyst. Sample is being divided into three parts to be sealed :—one part to be delivered to the seller, one part to be analysed, one part to be retained for future comparison.*

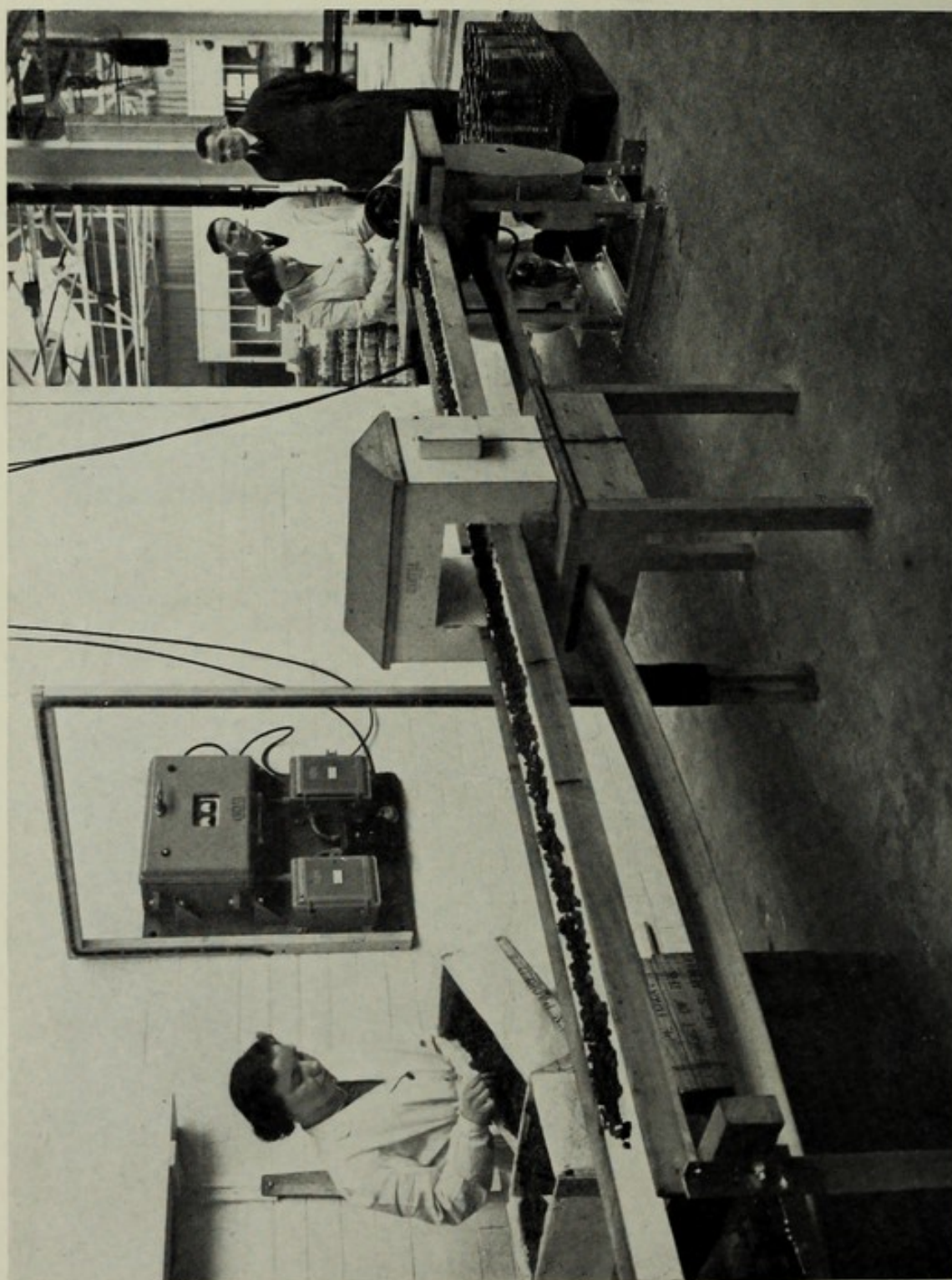


#### SAMPLING FERTILISER

*Sanitary Inspector taking formal sample of fish meal fertiliser under Section 12, Fertiliser and Feeding Stuffs Act, 1926.*

*Note :—Sampling spear being used to obtain a proper representative sample to be well mixed on heavy glazed paper by trowel before division into three portions in sampling jars.*





INDUSTRIAL ELECTRONIC METAL DETECTOR  
*Dried fruits being tested by automatic electronic inspection device, which detects the presence of any particle of metal, ferrous or non-ferrous. In use in the Sunglow Factory of Wm. Moorhouse & Sons, Ltd., Leeds.*



Visits to a large number of manufacturing firms in the city have brought to light the fact that imported dried fruits, received by these firms on allocation from the Ministry of Food, have been frequently found to contain extraneous matter such as nails, wire and stones.

The standard method of handling dried fruit in these premises is to wash the fruit in a machine utilising the principle of counter currents. The washing process is usually followed by passing the fruit through a machine with a magnetised plate which extracts ferrous metals. Then follows the process of hand picking on either white topped tables or white moving belts. Even these three processes in conjunction have on occasion been found inadequate and some of our food handlers have supplemented these processes by an industrial Electronic metal detector, illustrated opposite.

**Fertilisers and Feeding Stuffs Act, 1926.**—During the year 20 samples of fertilisers (18 formal and 2 informal) and 2 samples of feeding stuffs (both informal) were taken under the above-mentioned Act and submitted to the Agricultural Analyst for examination. Eight formal samples of fertiliser were classified as unsatisfactory, and in all these cases the matter was dealt with by correspondence until a satisfactory conclusion was reached. All other samples were found to be quite satisfactory.

**Rag Flock and Other Filling Materials Act, 1951.**—During the year the licences of two premises used for the manufacture of rag flock and of three premises used for the storage of rag flock were renewed.

During the year 24 additional premises, where rag flock and other filling materials are used were registered. The total number of registered premises in the city is now 56.

Twenty-four samples of filling materials were taken under the Rag Flock and Other Filling Materials Act, 1951, and submitted for analysis to the prescribed analyst. One sample of woollen felt mixture, one sample of rag flock and two samples of jute wadding failed to pass the prescribed tests.

In connection with the unsatisfactory samples of woollen felt mixture, rag flock and one of jute wadding, warning letters were sent.

With regard to the second sample of jute wadding, proceedings were taken and details follow :—



On October 15th, 1952, the Inspector appointed under the Rag Flock and Other Materials Act, 1951, visited a perambulator factory and took a sample from 17 rolls of jute wadding which had been manufactured and supplied to them under warranty by a firm outside the city, and the sample was dealt with in accordance with the provisions of the Act. One part of the sample was submitted to the prescribed analyst for analysis and he reported that the sample failed to comply with the Regulations in that it contained chlorine amounting to 184 parts per 100,000 and soluble impurities averaged 2.2 per cent.

On October 29th the Inspector interviewed a director of the firm of manufacturers and informed him of the findings of the prescribed analyst. The director stated that he could give no explanation as to why the sample failed to pass the prescribed tests. He further stated that they took every reasonable precaution and that fortnightly samples were submitted for analysis under the British Standards Institution Scheme and on every occasion these had been satisfactory.

It should be noted that a previous sample taken from another perambulator manufacturer in the city and manufactured by this same firm had also failed to pass the prescribed tests. The manufacturers were given verbal warning in connection with this first unsatisfactory sample of jute wadding.

In view of the second unsatisfactory sample it was decided to institute legal proceedings against the manufacturers for supplying jute wadding which was not clean, under Section 22 (3) of the Rag Flock and Other Filling Materials Act, 1951.

The case was heard before the Stipendiary Magistrate on 12th December, 1952. The defendants pleaded not guilty and the defence was to the effect that the jute wadding had suffered local contamination whilst on the pram manufacturers' premises and that this contamination was caused by sodium chloride used in a hide and skin market nearby. In support of this defence they alleged that they had submitted to two independent analysts parts of the portion of the sample left with the pram manufacturer. The results of these analyses showed chlorine 47 parts per 100,000 in one case and 30 parts per 100,000 in the other case. The Defence therefore asked for the third part of the sample to be analysed by the Government Analyst. The Court ordered this to be done and the case was adjourned to await the result.



On 29th January, 1953, the Stipendiary Magistrate resumed the hearing. The Government Analyst reported that the sample contained 156 parts per 100,000 of chlorine and 2 per cent. of soluble impurities. The Stipendiary Magistrate found the case proved and fined the company £1 with costs of £8 7s. He stated that in imposing so small a fine he had taken into consideration that this was a large and reputable firm specialising in that type of work, using modern machinery and taking every precaution, including sending samples for analysis fortnightly, to prevent the occurrence of such unsatisfactory products.

**Pharmacy and Poisons Act, 1933 (Part II).**—The administrative year for the purpose of the above-mentioned Act is the period 1st May to 30th April. The following table gives a detailed summary of the work done during the year ended 30th April, 1952.

Persons on the List on 30th April, 1952 .. .. .	477
Persons added to the List during the year .. .. .	37
Persons removed from the List during the year .. .. .	32
Persons on the List on 30th April, 1953 .. .. .	482
Premises on the List on 30th April, 1952 .. .. .	625
Premises added to the List during the year .. .. .	37
Premises removed from the List during the year .. .. .	45
Premises on the List on 30th April, 1953 .. .. .	617
Visits paid to :—	
1. Listed Premises in connection with new applications .. .. .	37
2. Listed Premises in connection with unpaid fees .. .. .	14
3. Listed Premises for routine inspection .. .. .	21
4. Unlisted Premises .. .. .	5
Contraventions :—	
Persons found to be selling Part II Poisons on Unlisted Premises .. .. .	..
Listed Sellers found with incorrectly labelled Part II Poisons in stock .. .. .	..
Contraventions dealt with :—	
Persons ceasing to sell Part II Poisons from Unlisted Premises .. .. .	..
Persons selling Part II Poisons from Unlisted Premises who subsequently applied for listing .. .. .	..
Listed Sellers who have corrected labels found to be not in accordance with requirements as to labelling .. .. .	..

**Pharmacy and Medicines Act, 1941.**—No contraventions came to the notice of the Department during the year.



SUMMONSES ISSUED DURING 1952 UNDER THE FOOD AND  
DRUGS ACT, 1938.

No. of Sample	Article.	Adulteration or Deficiency.	Result of Hearing.
94/L	Milk	8.5% of added water ..	Fined £9 and ordered to pay £5 5s. 6d costs. Producer.
104/L	Milk	7.0% of added water ..	
106/L	Milk	9.0% of added water ..	
196/L	Rice	Contained rodent droppings	Fined £5 and ordered to pay £1 1s. costs. Retailer.
336/L	Milk	2.5% of added water ..	Fined £10 and ordered to pay £9 19s. 6d. costs. Producer.
337/L	Milk	2.5% of added water ..	
338/L	Milk	4.0% of added water ..	
339/L	Milk	4.0% of added water ..	
341/L	Milk	6.0% of added water ..	
342/L	Milk	2.0% of added water ..	
343/L	Milk	3.0% of added water ..	
344/L	Milk	4.0% of added water ..	Fined £10 and ordered to pay £6 6s. costs. Producer.
796/L	Milk	5.5% of added water ..	
797/L	Milk	2.5% of added water ..	
804/L	Milk	5.0% of added water ..	
805/L	Milk	6.5% of added water ..	
822/L	Milk	5.5% of added water ..	Fined £5 and ordered to pay £1 1s. costs. Manufacturer.
823/L	Milk	2.5% of added water ..	
802/L	Sausage	20.0% deficient in meat content	Fined £6 and ordered to pay £4 10s. 6d. costs. Producer.
982/L	Milk	4.2% of added water ..	
983/L	Milk	2.6% of added water ..	
984/L	Milk	1.0% of added water ..	
986/L	Milk	2.2% of added water ..	Fined £16 and ordered to pay £5 9s. costs. Producer.
1349/L	Milk	5.5% of added water ..	
1350/L	Milk	5.0% of added water ..	
1354/L	Milk	3.5% of added water ..	
1355/L	Milk	1.5% of added water ..	

SUMMONSES ISSUED DURING 1952 UNDER THE FOOD AND  
DRUGS ACT, 1938—continued

No. of Sample	Article	Adulteration or Deficiency	Result of Hearing
174/F	Milk	7.2% of added water ..	Fined £11 and ordered to pay £1 5s. costs. Producer.
175/F	Milk	7.4% of added water ..	
185/F	Milk	5.2% of added water ..	
186/F	Milk	6.8% of added water ..	
178/F	Fruit Cake	Contained curled mass of fibres resembling brush hairs	Given an absolute discharge on payment of 12s. 6d. costs. Bakers.
201/F	Ham Sand- wich	Contained three mouse drop- pings	Given an absolute discharge on payment of £1 11s. costs. Retailer.
273/F	Milk	5.5% of added water ..	Fined £20 and ordered to pay £3 7s. costs. Producer.
274/F	Milk	4.0% of added water ..	
291/F	Milk	4.5% of added water ..	
292/F	Milk	5.5% of added water ..	
423/F	Milk	7.0% of added water ..	Fined £5 and ordered to pay £5 16s. 6d. costs. Producer.
424/F	Milk	11.0% of added water ..	
428/F	Milk	6.0% of added water ..	
429/F	Milk	6.0% of added water ..	
465/F	Milk	4.0% of added water ..	Fined £5 and ordered to pay £4 4s. costs. Producer.
466/F	Milk	2.0% of added water ..	
467/F	Milk	3.5% of added water ..	
468/F	Milk	2.0% of added water ..	
534/F	Milk	13.0% deficient in fat	Fined £5 and ordered to pay £2 6s. costs. Producer.
542/F	Milk	8.0% deficient in fat	
597/F	Milk	19.0% of added water ..	Fined £6 and ordered to pay £4 8s. costs. Producer.
598/F	Milk	3.4% of added water ..	
600/F	Milk	2.2% of added water ..	



SUMMONSES ISSUED DURING 1952 UNDER THE FOOD AND  
DRUGS ACT, 1938—continued.

No. of Sample	Article	Adulteration or Deficiency	Result of Hearing
607/F	Milk	12.5% of added water ..	Fined £25 10s. and ordered to pay £4 10s. costs. Producer.
608/F	Milk	15.5% of added water ..	
612/F	Milk	7.5% of added water ..	
613/F	Milk	8.5% of added water ..	
1041/F	Milk	5.3% of added water ..	Fined £4 and ordered to pay £1 1s. costs. Producer retailer.

SUMMONSES ISSUED DURING 1952, UNDER THE FOOD AND  
DRUGS ACT, 1938.

Article	Extraneous Matter	Result of Hearing
Fancy Cake ..	Contained a brass grub screw $\frac{1}{2}$ in. long	Fined £3 and ordered to pay £2 11s. 6d. costs. Baker.
Curd Cheese Tart	Contained a metal tack $\frac{11}{16}$ in. long	Given a conditional discharge for 12 months and ordered to pay £1 5s. costs. Baker.
Bottle of Milk ..	Contained glass ..	Fined £5. Retail distributor of milk.
Slab Cake ..	Contained a nail $1\frac{1}{4}$ in. long	Fined £3 and ordered to pay £2 7s. 4d. costs. Baker.
Bilberry Tart ..	Contained a nail $1\frac{1}{2}$ in. long	Fined £5. Baker.
Bread Roll .. (Vienna Roll)	Contained fibre ..	Fined £4 and ordered to pay 12s. 6d. costs. Baker.
Bottle of Medicine	Contained a Golden Spider Beetle	Given an absolute discharge and ordered to pay 11s. 6d. costs. Retail chemists.
Pork Pie.. ..	Contained a piece of glass $\frac{1}{8}$ in. long	Given an absolute discharge and ordered to pay £1 12s. 6d. costs. Manufacturer.
Chocolate Truffle	Contained a nail ..	Given an absolute discharge and ordered to pay £1 10s. 4d. costs. Manufacturer.
Eccles Cake ..	Contained a piece of glass $\frac{9}{16}$ in. $\times$ $\frac{1}{4}$ in.	Fined £5 and ordered to pay £1 3s. 6d. costs. Baker.

SUMMONSES ISSUED DURING 1952, UNDER THE FOOD AND  
DRUGS ACT, 1938,

Article	Extraneous Matter	Result of Hearing
Sliced White Loaf	Contained a piece of metal $1\frac{1}{4}$ in. long	Given an absolute discharge and ordered to pay £1 5s. costs. Wholesale Bakers.
Sliced White Loaf	Contained part of a comb	Fined £2 10s. and ordered to pay £2 10s. costs. Wholesale Bakers.
Toffee .. ..	Contained a piece of metal $\frac{3}{4}$ in. long	Fined £1 and ordered to pay 2s. 6d. costs. Manufacturer.
Small Brown Loaf	Contained a piece of metal $\frac{5}{16}$ in. long	Fined £1 and ordered to pay 7s. 6d. costs. Wholesale Bakers.
Cornish Pastie ..	Contained a brass nut..	Given an absolute discharge and ordered to pay 14s. costs. Baker.
Scone .. ..	Contained a wire nail..	Fined £1 and ordered to pay 10s. costs. Baker.
Box of Chocolates	Contained three maggots	Given an absolute discharge and ordered to pay 4s. costs. Retailer.

### FOOD HYGIENE

In 1952 7,925 visits were paid to premises used for the sale, storage, manufacture or preparation of foodstuffs intended for human consumption. By far the greater part of these visits have been quite naturally to the more common food premises such as fried fish shops, bakehouses, ice-cream factories, cafés and canteens, and butchers' shops. The city does contain, however, an astonishing variety of food trades, ranging from a fish canning factory to a bakehouse producing unleavened bread, and from a business specialising in the manufacture of horseradish sauce to one which packs baking powder. All these premises carrying on trades usual or unusual must conform to the provisions of the Food and Drugs Act, 1938, and to the Byelaws in force in the city for the handling, wrapping and delivery of food sold or intended for sale for human consumption, and all require, and obtain, regular visits by sanitary inspectors. Even so, the number of premises and the diversity of trades is such that with the present staff it is impossible to visit every one as frequently as is desirable, and inspectors are bound to concentrate their work to some extent upon those trades where unhygienic practices are most likely to be found.



Certain premises where particular processes are carried on must be registered with the Local Authority under the provisions of the Food and Drugs Act, 1938. Examples of these include the manufacture or sale of ice-cream, the preparation of sausages, and the preservation of foodstuffs by certain specified processes. This system, with its attendant power of refusal or cancellation of registration, does undoubtedly strengthen the Local Authority's hand in dealing with these premises, and it is undeniable that an extension of the system to further types of premises would be of great value. It would, for instance, give a much stricter control over the establishment of cafés, canteens, bakehouses, butchers' shops, etc., and would ensure that new premises would be such as to satisfy the Local Authority before they are put into use. It should be noted that the report of the Catering Trades Working Party issued in 1951 recommended the compulsory registration of catering establishments.

The several codes of practice issued by the Department continue to prove their usefulness, and there is no doubt that traders generally do try to conform to these wherever possible. Further codes (for bakehouses, the sale of bread and confectionery, and for the sale of greengrocery) are in course of preparation, and it is hoped eventually to have a series to cover all the usual food handling trades. It is important to realise however, that these codes do not have the force of law, and are at best an indication of the minimum conditions which are regarded by this Department as reasonable in these trades. However, the standard of cleanliness in food establishments visited by inspectors has in general been satisfactory. There is still room for improvement in certain respects, and in this connection the public could help very considerably by refusing to tolerate some of the things one occasionally sees. Such practices as licking fingers to handle wrapping paper, using the hands for dealing with food when other equipment is available, picking up articles of food dropped on the floor and dusting them off, are all very obvious, and if the shopping public would refuse to tolerate these practices they would soon cease.

There does not now appear to be the same difficulty in obtaining licences for building work and it should be possible in the near future to proceed with many desirable alterations which have been held up for this reason. As an example of this, a large firm of fishmongers and poulterers in the city has, at last, after several years, succeeded in obtaining a licence to provide a closed shop front and make other alterations in their premises. It is hoped that this will be the forerunner of similar action by other firms in the city.



**Transport of Meat, etc.**—This has continued to be carried out in a fairly satisfactory manner, the main fault was the practice of stacking meat on the floor of the vehicle ; this, however, cannot very well be altered under the circumstances obtaining in the present abattoir. The loading of vehicles across a busy thoroughfare also caused considerable inconvenience to the public travelling to and from the main bus station.

Horseflesh was still carried on horsedrawn flat carts ; the covering of the meat, however, was carried out in a more satisfactory manner than previously.

Further improvements have been carried out in the abattoir, electric motors have been fitted to the hand winches and electric saws provided for sawing the beast carcasses into sides. The old construction and limited capacity of the abattoir makes it impossible for it to be kept in a satisfactory condition, and only the provision of a new abattoir will enable slaughtering of animals in the city to be carried out in a satisfactory manner.

**Transport of fish.**—Boxes used for conveyance of fish from the ports to the inland markets have been a source of trouble during the year due to :—

- (1) The dirty condition of the boxes found on arrival in Leeds.
- (2) The improper use made of them whilst in the possession of the retail fish merchant.

We have reason to complain to the Authorities at the ports on the condition of the boxes arriving from Grimsby, Hull, Yarmouth, Lowestoft, Aberdeen and Glasgow. Some boxes have been found to be used over and over again without proper cleansing and in consequence have become impregnated with filth and slime. Upon representation being made to port dealers and the port sanitary inspectors by the Department, some improvement has been noted. Those fish boxes with the inside painted with plastic paint are disappearing and the old type of plain wood box seems to be coming in general use again.

The retail fish merchant has been one of the chief offenders in causing fish boxes to become filthy, some of them have been using empty fish boxes as refuse receptacles, and have put all their rubbish into them. There has been difficulty in tracing the culprits, as dirty used fish boxes have been dumped anywhere in the market and not taken back to the wholesaler, or else the wholesaler has not reported them in case their trade was lost.



**Cafes, Canteens etc.**—During this year 1,385 visits were paid to cafes, canteens, snack bars and other places where meals and light refreshments are sold or prepared for sale for human consumption. This figure includes those visits paid in accordance with an arrangement with the Leeds Food Office whereby permits for the acquisition of rationed foodstuffs for use in the preparation of meals for sale to the public are not issued until the premises concerned have been inspected and certified as suitable for the purpose by this Department. This arrangement ensures that new cafes and similar places are in a satisfactory condition and that they conform to the provisions of the Food and Drugs Act, 1938, before they are opened to the public. It also satisfies the recommendation of the majority of the members of the Catering Trades Working Party that premises should be inspected before they are brought into use as catering establishments.

The gradual reduction in the number of foodstuffs affected by rationing, with the prospect of its total abandonment in the near future, makes it imperative that some system to replace the link between the Ministry of Food and this Local Authority be devised so that the control which it has given over the establishment of new premises is not lost. The ideal would be, of course, the introduction of registration of cafes and canteens under the provisions of Section 14 of the Food and Drugs Act, 1938.

Applications for catering licences now appear to be falling off and it is apparent that saturation point in the number of cafes is being reached. With regard to existing cafes and restaurants the routine work of the Department which is carried out from day to day continues to secure improvements and alterations, not only in the premises concerned, but what is probably more important, in the habits and customs of the persons who work in them. This applies also to canteens in factories and workplaces. Inspectors in the Factories Division of the Department inspect these as a matter of routine while visiting factories. Conditions in these places have been found to be reasonably satisfactory, but structurally the finish of canteen kitchens is not as elaborate as those where food intended for sale to the general public is prepared. Generally speaking, the managements of firms are ready to fall in with suggestions for improvements which may be made to them, and a great deal of work has been done in this direction. In this connection the Health Department has a useful link with H.M. Factory Canteen Advisor, who is invariably most helpful in co-operating with the Department.



**Ice-cream Premises.**—During the year 847 visits were paid to the premises in the city which are used for the manufacture, storage or sale of ice-cream.

**Fish-Frying Premises.**—The number of visits paid to registered fish-frying premises was 1,305. Sixteen applicants were granted registration subject to the carrying out of works. In 7 instances applicants were required to appear before the Committee, and all these applications were granted subsequently subject in each case to the carrying out of proposed works of improvement.

An appeal was lodged by one of the occupiers of premises whose application for registration had been refused in 1951. The proceedings were protracted and included a visit to the premises by the Stipendiary Magistrate himself. At the second adjourned hearing the appellant's solicitors stated that their client was in negotiation for suitable alternative premises for the carrying on of his business. After expressing the opinion that the Corporation should show great leniency towards the appellant by way of giving him time to complete the negotiations, the Stipendiary Magistrate dismissed the appeal. Use of the premises as a fried fish shop ceased a little more than four months after the appeal was dismissed and in due course the suggested alternative premises were adapted, registered, and brought into use.

**Other Registered Food-Preparing Premises.**—During the year 584 visits were paid to other registered food preparing premises such as those used for the preparation or manufacture of sausages, pork products, meat pies, jams, pickles and sauces. Where the premises failed to comply with Section 13 of the Food and Drugs Act, notices were used to effect their remedy.

It was necessary to serve 298 informal notices in respect of premises contravening the law and in 5 instances statutory notices had to be served.

Statistical figures with regard to registration of premises under Section 14 of the Food and Drugs Act, 1938, are set out in the following table :—



## REGISTRATION

Number of premises registered for the manufacture of ice-cream during 1952 .. .. .	1
Number of premises registered for storage of ice-cream during 1952 .. .. .	3
Number of premises registered for the sale of ice-cream during 1952 .. .. .	90
Number of premises registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale .. .. . (16 fried fish shops, 29 manufacturers of sausages, potted meat, meat pies, etc.)	45
Number of notifications of change of occupier received :—	
ice-cream premises .. .. .	50
food-preparing places .. .. .	57
Number of premises removed from register :—	
Ice-cream premises (manufacture) .. .. .	6
Ice-cream premises (storage) .. .. .	1
Ice-cream premises (sale) .. .. .	99
Food preparation premises .. .. .	26
Number of premises on the register 31st December, 1952 :—	
(a) used for manufacture of ice-cream .. .. .	64
(b) used for the sale of ice-cream .. .. .	1,124
(c) used for the storage of ice-cream intended for sale .. .. .	9
(d) used for the manufacture of sausages, or preparation of preserved food .. .. .	657

**Ice-cream Sampling.**—During the year 77 samples of ice-cream were taken for bacteriological examination from the places of manufacture or from local vendors. All the laboratory results were communicated to the ice-cream manufacturers and vendors. When the result showed an unsatisfactory ice-cream, a special follow-up visit was made by the district sanitary inspector to advise on improved methods. Most frequently the cause of bad results has been found to be inadequate cleansing of plant and inefficient sterilisation.

The results of the methylene blue test which follow show an appreciable improvement upon the results of sampling in the previous year, but until samples of provisional grades 3 and 4 have disappeared, the hygienic conditions of ice-cream manufacture will not be regarded as satisfactory.



## METHYLENE BLUE TEST

Grade	No. of Samples	Percentage	Remarks
1	37	48.0	Good
2	19	24.7	Satisfactory
3	13	16.9	Unsatisfactory
4	8	10.4	Very unsatisfactory

**Legal Proceedings.**—*Food and Drugs Act, 1938, Section 13.*—

(a) A suburban grocer's shop was found to be dirty and otherwise unsatisfactorily maintained, and as a result of the prosecution which followed in respect of six offences the defendant was fined £30, and ordered to pay £1 is. costs. (b) Two manufacturers of ice-cream cones were prosecuted because they had failed to provide washing facilities as required by paragraph (i); one defendant was fined £10 and the other £5. (c) A factory canteen was found to be in a dirty condition and overrun with mice, and a prosecution followed. A fine of £25 was imposed upon the catering firm who ran the canteen, and the occupiers of the factory were fined £75. (d) The occupiers of a grocery store and a warehouse in connection with it were prosecuted because of the very unsatisfactory condition of their premises as regards cleanliness. The two defendants were each convicted on thirteen charges, and the fines imposed amounted to £52 in all. (e) Very unsatisfactory conditions found to exist at a Kosher restaurant kitchen in regard to both premises and equipment resulted in the prosecution of the proprietors, and fines amounting to £50 were imposed.

*Byelaws under Section 15, Food and Drugs Act, 1938.*—(a) An ice-cream vendor and an employee were prosecuted for selling loose ice-cream from a barrow without taking all necessary steps to protect the commodity from contamination. The vendor was fined £5 and the employee was given a conditional discharge. (b) A vendor of fruit drinks from an open air stall at a busy tram terminus was prosecuted on two counts (i) failure to take all necessary steps to protect the drinks from contamination, and (ii) name and address not displayed on the stall. He was given a conditional discharge and ordered to pay 4s. costs.

*Ice-Cream (Heat Treatment, etc.) Regulations, 1947.*—An ice-cream vendor was prosecuted for selling loose ice-cream from an open horse-drawn vehicle without ensuring that the ice-cream was protected from dirt, dust or other contamination. He was fined 20s.



## FACTORIES

This Section includes reports on workplaces, offices and shops.

Mr. J. H. Wyatt, the Supervisory Sanitary Inspector for Factories reports details of the work of the Factories Division in the four tables on pages 174 and 175, the first three being extracted from the return which is made annually to the Minister of Labour and National Service in accordance with the provisions of Section 128 (3) of the Factories Act, 1937.

The establishment of the Division which deals with the inspection of factories, workplaces and shops in the city is normally four male and two female inspectors, together with a student probationer inspector. For six months of the year under review, however, this establishment was reduced to two male and two female inspectors by emergency transfers to other divisions and by the untimely death after an operation of Mr. Harry Grimshaw Teal, an old and much valued member of the staff. The two women inspectors pay a few visits to factories, but most of their time is devoted to visiting restaurants and cafes.

A detailed report upon the work of the divisions, under various sub-headings, follows.

**Factories.**—The Factories Division of the Sanitation Department deals with all those matters in the Factories Acts, 1937 and 1948, which are the responsibility of the District Council, with the single exception of the provision of means of escape in case of fire. This is dealt with by the Building Surveyor's Section of the City Engineer's Department, and no details of the work done in this connection are therefore available. The staff of sanitary inspectors who visit factories to enforce the relevant parts of the Factories Acts are specially authorised for this work by resolution of the Council under the provisions of Section 128 of the Factories Act, 1937, and have the same powers of entry, inspection, and taking legal proceedings as have Her Majesty's Inspectors.

The principle powers administered by District Councils are set out in Part I of the Factories Act, 1937. There is however a division of duties between H.M. Inspectors and the District Council's staff in that the first named inspectors deal with the provision of adequate lighting in all factories, and with the cleanliness, the prevention of overcrowding, the maintenance of a reasonable temperature,



the provision of adequate ventilation, and the drainage of floors of factories where mechanical power is used, while the District Council's Inspectors deal with these items only in factories where no mechanical power is employed. The Local Authority does, however, enforce the provisions of the Act concerning sanitary conveniences in all factories, whether or not mechanical power is used. As was pointed out in last year's report upon the work of the Section, this division of duties undoubtedly gives rise to considerable overlapping, and in my opinion the whole of Part I of the 1937 Act together with at least the part of the Act dealing with washing facilities, should be dealt with by the District Council. The sanitary inspector is, by virtue of his experience and training, admirably fitted to enforce these matters, leaving H. M. Inspectors more freedom to deal with the very important parts of the Act which control safety and employment.

In the report upon the previous year's work, I mentioned that there was no provision in the Act whereby reports could be sent to H.M. Inspectors by the District Council about unsatisfactory conditions in factories which should be dealt with by H.M. Inspectors. Since this appeared in the report an arrangement has now been made with the Inspectors for the Leeds (North) and Leeds (South) Divisions whereby verbal reports of bad conditions found by District Council staff will be accepted and dealt with. I quote this as an example of the good relations which prevail between H.M. Inspectors and the sanitary inspectors of my Factories Division. H.M. Inspectors are unfailingly helpful in any difficulties which arise in connection with factories.

There is an apparent discrepancy in the second of the Ministry's tables (of cases in which defects were found) on page 174 in that there are 25 reports from H.M. Inspectors about the lack of cleanliness in workrooms, but only 15 cases of rooms found not clean by sanitary inspectors. This is accounted for by the fact that H.M. Inspectors have adopted the practice of passing on reports about the lack of cleanliness in food factories which they have visited to be dealt with by the Local Authority under Section 13 of the Food and Drugs Act, 1938. Most of these reports refer to premises in which mechanical power is employed and which could not, therefore, be dealt with by District Councils' under Section 1 of the Factories Act, 1937. The remedies for the dirty conditions reported are therefore listed among the "walls, ceilings etc. cleansed"



shown on line 103 of the table on page 195. This is a further demonstration of the fact that while the Local Authority have power to deal with dirty conditions in food factories, they have no similar powers to deal with such conditions in other types of factories if mechanical power is used. The 15 cases mentioned in table 2 where dirty conditions were found by District Council Inspectors were in all cases in non-mechanical factories other than food premises.

**INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH  
(INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS)**

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority .. .. .	553	60	13	..
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. .	3,115	1,662	198	..
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .. .. .	2	12	..	..
<b>Total .. .. .</b>	<b>3,670</b>	<b>1,734</b>	<b>211</b>	<b>..</b>

**CASES IN WHICH DEFECTS WERE FOUND**

Particulars	No. of Cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S. 1) ..	15	13	..	25	..
Overcrowding (S. 2) .. ..	..	..	..	..	..
Unreasonable temperature (S. 3)	2	2	..	2	..
Inadequate ventilation (S. 4) ..	..	..	..	..	..
Ineffective drainage of floors (S. 6) .. .. ..	1	1	..	..	..
Sanitary Conveniences (S. 7)—					
(a) Insufficient .. ..	19	24	..	7	..
(b) Unsuitable or defective ..	271	270	..	60	..
(c) Not separate for sexes ..	24	10	..	4	..
Other offences against the Act (not including offences relating to Out-work) .. ..	13	..	13	..	..
Total .. ..	345	320	13	98	..

OUTWORK  
Sections 110 and 111

Nature of Work	SECTION 110			SECTION 111		
	No. of out-workers in August list required by Sect. 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel :— Making, etc., Cleaning and Washing ..	440	..	..	..	..	..
The making of boxes or other receptacles or parts thereof made wholly or partially of paper ..	52	..	..	..	..	..
Carding, etc. of buttons ..	3	..	..	..	..	..
Textile weaving ..	84	..	..	..	..	..
Total .. ..	579	..	..	..	..	..

OTHER MATTERS

	Number of		
	Lists.	Outworkers.	
Homework :—		C.	W.
List of Outworkers (S. 110) :—			
Lists received twice in the year .. ..	366	423	1,249
,, once in the year .. ..	6	2	19
Addresses of } received from other Authorities ..		102	
outworkers } forwarded to other Authorities ..		102	
Notices to occupiers as to keeping or sending lists ..		358	
Prosecutions .. ..		..	
Inspection of Homeworkers' premises .. ..		380	
Homework in unwholesome premises :—			
Instances .. ..		..	
Notices (S. 111) .. ..		..	
Prosecutions .. ..		..	
Homework in infected premises —			
Instances .. ..		3	
Orders made } Public Health Act, 1936 (S. 153) ..		..	
Prosecutions } ..		..	
[Infectious cases—3 measles]			
Matters notified to H.M. Inspectors of Factories :—			
Failure to affix Abstract of the Factories Act, 1937 (S. 128) .. ..		13	
Action taken in matters referred by { Notified by H.M. Inspector ..		98	
H.M. Inspectors .. .. { Reports (of action taken) sent to H.M. Inspectors ..		89	
Total number of factories on Register .. ..		3,668	
The above includes 253 bakehouses.			



The number of bakehouses shown at the foot of the table dealing with Other Matters refers only to bakehouses registered as factories and does not include the very large number of smaller bakehouses which are operated by families or as one-man businesses.

The re-writing of the Register of Factories which, in accordance with Section 8 (3) of the Factories Act, 1937, must be kept by the District Council, continued during the year and is at last within sight of completion. This work has proved to be a very difficult and slow job, but has of course taken very much longer than was anticipated owing to the shortage of clerical assistance. It has involved the checking, cross checking and re-arrangement of some 4,000 entries, but when it is completed on the loose leaf principle it should eliminate the need for re-writing in full at intervals.

The register contains the addresses of 553 non-mechanical factories and 3,115 mechanical factories. During the year 1,734 visits were paid to these and 345 contraventions of the Factories Act were found, including those referred to in the 98 reports received from H.M. Inspectors. 320 of these defects were remedied, and 211 written notices were issued to deal with these. A good proportion of the work done was, in fact, carried out by the several occupiers immediately upon request.

The item of 271 conveniences which were regarded as unsuitable or defective includes 11 trough-water closets in two factories. This type of closet is now regarded as most unsatisfactory for use in factories, and the Corporation have assisted in the conversion of these by a contribution of 75 per cent. of an agreed cost.

A certain amount of difficulty has been encountered during the year in dealing with sanitary conveniences which are jointly used by tenants in buildings let off as more than one factory, but which do not constitute tenement factories. In these cases, in accordance with Section 102 of the 1937 Act, the owner of the building is fully responsible for the maintenance and cleansing of the conveniences and the provision of artificial lighting, but owners in general do not appear to appreciate this and the provisions of the Act have had to be explained in detail on several occasions when cleansing of such conveniences has been called for. The lighting of such conveniences is also usually most awkward because the electricity supply must come through the meter of one of the firms who share the conveniences. The solution has generally been by agreement—sometimes with the inspector acting as arbitrator—between the tenants and the owner for an apportionment of the lighting costs.



No requests were received during the year for approval by the Council of drinking water supplies obtained otherwise than from a public main, and in fact no factories are known which are not connected to the public water supplies.

There are now no basement bakehouses in the city which have certificates of suitability and no inspections under Section 54 of the Act were necessary.

With the resumption of building on a larger scale, and particularly since the freeing of house building under certain limits from licence control, complaints are reaching the Department about nuisances from temporary conveniences provided for workmen on building sites. Until water-closets are fixed in the buildings under construction it appears to be the practice to provide latrines, and if these are sited near to existing houses, as often happens, complaints are quickly made to this office. It is not usually practicable to require the installation of temporary water-closets, and the Department's policy has in general been directed towards securing a sufficient number of chemical closets, with a regular service for emptying, sited as far from existing property as possible so as to cause as little annoyance as possible. To try to prevent complaints being received arrangements have also been made with H.M. Inspectors for all new building sites notified to them to be passed on to the Department, and these are visited by inspectors as soon as notification is received.

During the year 380 visits were paid to premises where outwork was carried on, but no instance of work being done under unsatisfactory conditions was found. It was not therefore necessary to invoke the provisions of Section III of the Factories Act, 1937. 3 cases of notifiable infectious disease (all of measles) occurred in outworkers' premises during the year, but no steps were taken to prevent work being sent out to these premises. The number of outworkers returned on the August lists has fallen from 1,006 to 579, but this great reduction is due principally to the arrangement mentioned in last year's report whereby the separate branches of a firm of multiple tailors with headquarters in Leeds now send their lists of outworkers direct to the Local Council in whose area they may be situated. The number of addresses of outworkers forwarded from Leeds to other Authorities has therefore fallen from last year's record number of 487 to 102—a great relief to the clerical officers responsible for this work.



The sanitary inspector's work in factories is not of course confined to the provisions of the Factories Acts, but includes also the abatement of sundry nuisances under the Public Health Act, 1936. For example the Department receives complaints from time to time of nuisance caused by the use of strong smelling materials in various manufacturing processes. The most common single cause of these complaints is undoubtedly the use of cellulose or synthetic paints for spraying, but complaints about two other substances have been noted during the year—first a "T.C.P." type of smell from a chemical works manufacturing a dye stuff stripper, and second, an offensive smell caused by the drying of yeast for animal foodstuffs. Generally speaking informal action taken to deal with these nuisances has been reasonably successful. In some instances the nuisances have arisen from factories under the control of H.M. Inspector of Alkali, etc. Works, and in these cases our liaison with the Inspector has proved most useful. His help in dealing with some very difficult problems is greatly appreciated. Complaints are occasionally received about dust and fluff nuisances from factories, and one of particular difficulty received during the year concerned the emission of grit from cupolas used in a grey iron foundry. Attempts to cure this nuisance are still being made, in co-operation with the management, and the most recent reports indicate that some improvement has been effected.

Inspectors also deal with complaints about the structure of factory buildings—leaking roofs, broken and leaking eaves-spouts and fallpipes and similar matters—and with nuisances arising from such things as accumulations of refuse and other matters which may be dealt with under the Public Health Act.

The Department also continues to receive increasing numbers of complaints of noise. All these complaints are investigated, but inspectors are bound to point out to complainants that there are no powers under the Public Health Act to deal with such nuisances. Informal representations to offenders generally meet with some success but this is by no means an invariable rule.

The Department has an agreement with the Town Planning Section of the City Engineer's Department whereby a list of all changes in the occupation of factories in the city is passed to them, and they in turn ask for the Department's opinion on whether particular trades or processes are such as to bring the buildings in



which they are carried on within the definition of "special industrial building" contained in the Town and Country Planning (Use Classes) Order, 1948. A number of visits have been paid in this connection to premises where such processes are carried on.

While visiting factories in the course of their duties inspectors make inspections of canteens and mess rooms provided for employees. The general standard of these premises has been found to be reasonable, but in one case during the year conditions of the canteen as regards cleanliness were regarded as most unsatisfactory, and legal proceedings were therefore instituted. The firms concerned in this were fined a total of £100.

**Workplaces.**—The number of inspections of workplaces during the year was 382. The majority of these are of office accommodation, the definition of workplace in the Public Health Act, 1936, being such as to include offices. All this work is therefore done under powers contained in the Public Health Act and 15 notices were issued during the year requiring defects or contraventions of the Act to be remedied.

A summary of this work is as follows:—

Rooms ventilated	..	..	..	..	..	1
Overcrowding abated	..	..	..	..	..	1
Rooms cleansed	..	..	..	..	..	4
Sufficient conveniences provided	..	..	..	..	..	2
Other defects remedied	..	..	..	..	..	9

**Shops.**—Shops inspected during 1952 totalled 937. Inspections are in these cases made under the provisions of the Shops Act, 1950, and the Public Health Act, 1936, and defects found were dealt with by the service of 54 notices under these Acts. The works done in response to these notices were as follows:—

Ventilation provided	..	..	..	..	..	5
Reasonable temperature secured	..	..	..	..	..	1
Sufficient conveniences provided	..	..	..	..	..	5
Washing facilities provided	..	..	..	..	..	9
Meals facilities provided	..	..	..	..	..	2
Other defects remedied	..	..	..	..	..	26

No application for exemption from the provisions of Section 38 of the Shops Act, 1950, was made during the year



## UNFIT HOUSES

Mr. H. P. Gill, Supervisory Inspector, Housing Division, reports as follows:—

**Number of Houses.**—The total number of houses and flats in the city on 31st December, 1952, was 158,630 made up of 58,399 back-to-back houses and 100,231 through houses and flats.

**New Houses.**—The number of permanent new houses and flats completed during the year was 1,536. No temporary houses were erected during the year, but 29 houses or flats were converted into 81 self-contained flats.

**Housing Shortage.**—The number of applications for houses standing on the registers at the Housing Department on the 31st December, 1952, was 30,331 of which 23,302 were regarded as inadequately housed.

**Overcrowding.**—There is a small improvement in the degree of overcrowding, the percentage on Corporation estates having fallen from 2·33 to 2·14 whilst 117 more cases have been relieved than last year.

### HOUSING ACT, 1936, PART IV.—OVERCROWDING. January 1st to December 31st, 1952

	1951	1952
Number of cases of overcrowding discovered in houses owned by the Corporation .. .. .	104	63
Number of cases of overcrowding in houses owned by the Corporation which have been relieved .. .. .	118	93
Number of overcrowding cases relieved during the year in course of slum clearance operation .. .. .	..	4
Number of cases of overcrowding relieved during the year in course of action under S.S.11 and 12 .. .. .	40	17
A. No. of dwellings known to be overcrowded at the end of the year .. .. .	3,016	3,096
B. No. of new cases of overcrowding reported during the year .. .. .	755	712
C. No. of cases of overcrowding relieved during the year ..	515	632
D. Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding .. .. .	37	17

There are 28,270 occupied dwellings on the municipal estates in the city and the average percentage of overcrowding during the year was 2·14.



233 families that were living in overcrowded privately owned houses have been rehoused ; all of these families have been accommodated in municipal dwellings.

There have been no applications for licences to permit temporary overcrowding during the year.

31 new cases of overcrowding were reported to the Housing Department.

The number of certificates of permitted numbers issued during the year was 172 making a total of 89,302 certificates issued since the Act became operative.

**Unfit Houses.**—During the year 20,883 dwelling houses were surveyed and examined and 8,064 nuisances and housing defects were remedied. Houses numbering 5,268 found to be defective in one respect or another under the Public Health Act, 1936, were repaired in response to notices served under this Act.

The number of houses inspected under the Housing Act, 1936, and found not to be in all respects reasonably fit for human habitation was 145.

84 were repaired in response to notices served under this Act.

When private owners failed to remedy urgent housing defects or serious nuisances after the service of statutory notices, the Department carried out the necessary work as a matter of urgency. Such work in default was carried out to 12 houses under the Housing Acts at a cost of £449 os. 11d. and to 48 houses under the Public Health Act at a cost of £149 4s. 1½d., these amounts being recovered from the owners of the properties concerned.

**Demolition of Insanitary Houses.**—Whilst the condition of the houses in the pre-war Slum Clearance Areas has continued to worsen, the number of structurally dangerous houses discovered has shown a further decline, which has led to a reduction in the number of Demolition Orders made. The number of such Orders was 99. In addition 9 Closing Orders were made on parts of buildings.

The number of houses demolished in pursuance of Demolition Orders was 243. Of the 185 occupied houses in this total, the tenants of 159 houses were rehoused by the Housing Department. A further 27 houses comprising a post-war Clearance Area and 3 houses in pre-war Clearance Areas were demolished. In addition, 8 houses were demolished by owners in anticipation of action under the Demolition Section of the Housing Act, 1936, and 5 houses situated in the Leeds (Woodhouse Lane Parking Place) Area and 12 derelict houses belonging to the Corporation were pulled down.



The owners of 9 houses, which were the subject of Demolition Orders, were notified that the demolition of the premises should not be commenced until they had been disinfested. This work was done by the Disinfestation Section of the Department on the vacation of the houses.

No Demolition Orders were made in the case of 15 houses represented as unfit for habitation. In 4 instances an offer to reconstruct the premises was accepted from the owners, and in one case an offer of works of repair was agreed and carried out. In the remaining 10 cases, one house was demolished before the Demolition Order could be made, and a change of use was agreed to in respect of 9 houses. Offers to render fit two premises represented for Closing Orders were accepted, the work having been completed in one case, and work at the other house is in hand.

The table below gives a summary of action under Sections 11 and 12 of the Housing Act, 1936.

	1950	1951	1952
No. of houses represented for demolition .. ..	183	214	111
No. of Demolition Orders made .. ..	193	214	99
No. of families concerned .. ..	158	159	79
No. of persons concerned .. ..	521	538	265
No. of dwellings represented for closing .. ..	28	12	14
No. of Closing Orders made .. ..	27	14	9
No. of families concerned .. ..	26	13	10
No. of persons concerned .. ..	84	47	37
No. of undertakings accepted from owners ..	1	1	17
No. of houses demolished (S.11) .. ..	119	114	243
No. of houses and rooms closed (S.12) .. ..	9	22	6
No. of families re-housed by Corporation at 31st Dec.	94	181	98
No. of families awaiting re-housing at 31st Dec. ..	126	67	58
No. of families who found own accommodation ..	13	29	7
No. of families required to find own accommodation	5	1	..
No. of families where orders for possession obtained ..	1	..	..
No. of houses referred for opinion but not represented	263	270	330
No. of dwellings represented which stood in Slum Areas .. ..	183	150	89
No. of houses represented which were dangerous ..	122	120	63
No. of families which re-occupied houses where Demolition or Closing Orders were operative ..	3	2	..
Analysis of houses on which Demolition or Closing Orders were made which were occupied by more than one family or were derelict or unoccupied.			
No. of families	No. of houses	Derelict	Unoccupied
4	1	25	—
2	5	—	—





TEMPERANCE STREET (KIRKSTALL) UNHEALTHY AREA

*This photograph illustrates Temperance Street, which is a cul-de-sac. The houses, which comprise mainly one living room and one bedroom, are blank wall in type and suffer from serious dampness and are in a state of general disrepair. There is a shortage of sanitary accommodation.*

*Official representation—8.9.52 Clearance Area—12.9.52 Compulsory Purchase Order—4.3.53*



BROWN'S YARD UNHEALTHY AREA

*View through the bow-way which forms the only entrance to this narrow enclosed yard, illustrating the congestion of the houses on the site. The houses are small in size and in a state of general decay. For type of closet accommodation, see over.*

*Official representation—12.5.52 Clearance Area—28.5.52 Compulsory Purchase Order—18.7.52*





#### BROWN'S YARD UNHEALTHY AREA

*Entrance to block of two offensive trough water closets and ashbin standing. Situated under an occupied bedroom of 11, Brown's Yard. These closets are unlighted and badly ventilated and are used by the occupants of six houses.*

**Clearance Areas.**—No objections were received against the Compulsory Purchase Orders in respect of four small Clearance Areas in Upper Carr Place. An Inspector from the Ministry of Housing and Local Government visited and inspected these Areas which were subsequently confirmed by the Minister as represented.

Three small Areas, totalling 82 houses, were represented during the year. The condition and type of the houses in these areas is well shown in the photographs opposite pages 182 and 183. The progress of the work done under clearance area procedure since the end of the war is shown in the table on page 184.

Since the war, action to abolish unfit houses has been mainly accomplished by action against individual houses. The worst of the structurally dangerous houses have now been dealt with by this method. All the houses in many large areas of the older parts of the city are of a similar type and condition and in the same state of decay and fall far short of a reasonable standard of fitness. It is clear therefore that greater use will have to be made of clearance area procedure in dealing with these areas. In view of the large number of unfit houses in the city, it is necessary that a greater allocation of Corporation houses should be made for rehousing the tenants of these unfit houses.



## SUMMARY OF ACTION UNDER SECTION 25 OF THE HOUSING ACT, 1936

AREA	Date of Representation	No. of Houses		Population	Date of Inquiry	Date when Order Confirmed	Houses	Other Buildings	No. of houses Demolished
		Pink	Grey						
Skinner Lane Areas I and II	19.9.49	27	..	74	..	29.5.51	27	1	27
Upper Carr Place Areas I, II, III and IV ..	16.7.51	30	..	83	..	26.11.52	30	12	..
Brown's Yard (North St.) Area	12.5.52	32	..	131	..	..	..	..	..
Temperance St. (Kirkstall) Area	8.9.52	21	..	62	..	..	..	..	..
Burton Street (Dewsbury Road) Area ..	20.10.52	29	..	76	..	..	..	..	..

# HOUSING ACT, 1936

Table showing the number of houses examined by the Medical Officer of Health as part of the general survey of the city during the year ended December 31st, 1952, and the numbers represented or otherwise dealt with, pursuant to the Public Health Act and Housing Acts, with the corresponding figures for 1950 and 1951.

	1950	1951	1952
Number of new houses erected during the year .. ..	1,311	1,020	1,536
(i) By the Local Authority .. ..	1,190	836	1,090
(ii) By other bodies and persons .. ..	121	184	446
<i>Inspection of dwelling-houses during the year.</i>			
(1) Total number of dwelling-houses inspected for housing defects under Public Health or Housing Acts and the number of inspections made .. ..	20,846	22,516	20,883
(2) Number of dwelling-houses (included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidation Regulations, 1925, and the number of inspections made .. ..	760	698	591
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. ..	209	217	195
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .. ..	205	160	160
<i>Remedy of Defects during the year without Service of Formal Notices.</i>			
Number of defective dwelling-houses rendered fit in consequence of informal action .. ..	4,696	3,983	4,060
<i>Action under Statutory Powers during the year.</i>			
A.—Proceedings under Section 9 of the Housing Act, 1936.			
(1) Number of dwelling-houses in respect of which notices were served requiring repairs .. ..	118	106	99
(2) Number of dwelling-houses which were rendered fit after service of Formal Notices :—			
(a) By owners .. ..	58	45	43
(b) By Local Authority in default of owners .. ..	22	16	12
B.—Proceedings under the Public Health Acts.			
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .. ..	2,111	2,040	1,938
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—			
(a) By owners .. ..	1,353	1,513	1,237
(b) By Local Authority in default of owners .. ..	37	53	48
C.—Proceedings under Sections 11 and 12 of the Housing Act, 1936.			
(1) Number of dwelling-houses in respect of which			
(a) Demolition Orders were made .. ..	193	214	99
(b) Closing Orders were made .. ..	27	15	9
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders .. ..	119	114	243



## GENERAL SANITATION

**Water.**—During the year 433 samples of drinking water were taken by the Department for bacteriological examination and 2 samples for chemical examination. Of these samples, 425 were taken from the Corporation's main supply by sampling from domestic taps, 6 were taken from springs and 2 were of well water. Only 8 of the 425 samples of town's water were unsatisfactory due to minor causes and subsequent samples from the same domestic taps proved satisfactory.

**Water Supply.**—(*Report of Mr. Kenneth L. Forster, General Manager and Engineer of the Waterworks Department.*)

The water supply of the city and its several parts during the year 1952 has been (a) satisfactory in quality and (b) satisfactory in quantity.

Bacteriological examinations of raw water arriving at Headingley Filtration Works were made during the year, and the water going into supply after filtration and chlorination was also classified and the following table shows the results of these examinations.

### SUMMARY OF BACTERIOLOGICAL EXAMINATIONS

Raw Water Arriving at Headingley Filtration Works				No. of samples	Average Count
Presumptive Coliform in 100 ml.	..	..	..	357	142
Typical B.Coli in 100 ml.	..	..	..	357	97
Cl. Welchii in 40 ml.	..	..	..	96	5
Agar plate count 48 hours at 37°C. Colonies per 1 ml.	..	..	..	55	27
Agar plate count 72 hours at 22°C. Colonies per 1 ml.	..	..	..	55	145
WATER GOING INTO SUPPLY AFTER FILTRATION AND CHLORINATION					
No. of samples	Ministry of Health Classification				
	Class 1	Class 2	Class 3	Class 4	
1,898	99.2%	0.55%	0.1%	0.15%	

During the year 203 samples of town's water from the public supply were subject to chemical analysis and the table on page 187 summarises the results of these analyses.



SUMMARY OF ANALYSES OF THE PUBLIC WATER SUPPLY FOR THE  
YEAR ENDED DECEMBER 31ST 1952. SUMMARY BASED ON 203  
ANALYSES OF SAMPLES OF WATER FROM THE PUBLIC SUPPLY

	Parts per million except where otherwise stated		
	Average	Maximum	Minimum
Turbidity (Silica scale) .. .. .	Less than 2	Less than 2	Less than 2
Colour—Hazen Units .. .. .	18	38	5
pH. .. .. .	7.1	7.7	6.7
Free Carbon Dioxide .. .. .	1.6	4.4	0.8
Alkalinity (as Ca CO <sub>3</sub> ) .. .. .	20.0	29.0	16.0
Total Hardness (as Ca CO <sub>3</sub> ) .. .. .	55.0	71.0	45.0
Permanent Hardness (as Ca CO <sub>3</sub> ) .. .. .	35.0	51.0	20.0
Oxygen absorbed from Permanganate— 4 hours at 27°C. .. .. .	1.85	3.0	0.7
Nitrogen present as free and saline Ammonia .. .. .	0.008	0.160	Nil
Nitrogen present as 'Albuminoid' Ammonia .. .. .	0.060	0.132	0.014
Nitrogen present as Nitrites (N) .. .. .	Nil	Nil	Nil
Nitrogen present as Nitrates (N) .. .. .	0.40	0.60	0.15
Chlorine present as Chloride (Cl) .. .. .	12.5	17.0	10.0
Sulphate (as SO <sub>4</sub> ) .. .. .	28.7	29.9	26.0
Silica (as SiO <sub>2</sub> ) .. .. .	6.5	8.0	4.0
Fluorine (as F) .. .. .	Nil	Trace	Nil
Calcium (as Ca) .. .. .	12.7	15.6	12.2
Magnesium (as Mg) .. .. .	5.7	6.5	5.4
Iron (as Fe) .. .. .	Nil/trace	0.05	Nil
Manganese (as Mn) .. .. .	Nil	Nil	Nil
Lead (as Pb) .. .. .	Nil	Nil	Nil
Total solids dried at 180°C. .. .. .	102	110	92
Electric conductivity—Micro-ohms/ CM <sub>3</sub> at 20°C. .. .. .	128	140	117
Residual chlorine .. .. .	0.10	0.7	Nil

*Plumbo-solvency.*—Water leaving the storage reservoir at Eccup is treated with lime at the rate of 5 p.p.m. approximately, with the object of producing in the treated water going into supply after filtration and chlorination, a pH between 7.0 and 7.4 and an alkalinity of 20 p.p.m. CaCO<sub>3</sub> approximately

Determinations are made daily of pH and weekly of alkalinity for samples of water from all mains leaving the filtration works and an examination to determine the presence of traces of lead is included in the analysis of all samples of water which have been drawn through lead pipe. In no case during 1952 has a measurable quantity been found.



On occasions when pH and/or alkalinity have fallen below the standard aimed at, samples of water going to supply have been tested for plumbo-solvent action; all samples tested have been satisfactory in this respect.

*Action in respect of any form of contamination.*—Additional chlorination has been maintained at Woodhouse Reservoir and all samples taken in this area of supply have remained satisfactory.

Following a burst 24 in. main near the 'Bus Station in October, in addition to the normal sterilisation procedure after repair, water supplying the main was chloraminated to maintain a chloramine residual of 0.5 p.p.m. for 48 hours downstream of the repair, after which a return was made to the normal marginal chlorination. No unsatisfactory samples were obtained in this area of supply.

In December, following two unsatisfactory samples from Bramley Reservoir, the reservoir was treated with Chloros to give a free chlorine residual of 0.1 p.p.m. No further unsatisfactory samples have since been found.

*Particulars of the number of dwelling-houses and the number of the population supplied from public water mains.*—(a) Number of dwelling-houses within the Statutory Area of supply—164,936. (b) Population supplied from public water mains: (i) direct to houses—509,756, (ii) by means of stand-pipes—none. The number of cistern water-closets in use at the 31st March, 1953 was 191,624.

**Sewage Disposal.**—The Sewerage Engineer states that there is still delay in obtaining parts for replacements and 9 per cent. of the bacteria beds are still out of action awaiting repairs.

The final effluent quality is slightly worse than 1951.

The average analyses figures of the final effluent at Knostrop Sewage Works from 1st April, 1952, to 24th March, 1953, are:—

Oxygen absorbed in 4 hours	..	2.51	parts per 100,000
Suspended Solids	.. .. .	3.8	„ „ „

These figures are the average of 52 samples.

**Public Cleansing.**—The Director of Public Cleansing gives the following particulars of refuse collection and disposal:—

	Tons.
Household refuse and nightsoil collected during 1952.	138,109
(a) Dealt with at destructors .. .. .	84,569
(b) Dealt with at tips and for agricultural purposes	53,540



The quantity of refuse dust extracted during mechanical separation :—

	Tons.
(a) Sold to farmers for agricultural purposes . .	16,715
(b) Used as covering at refuse tips . . . .	14,755

**Dustbins and Ashpits.**—The number of dustbins provided by the Cleansing Department and delivered to dwelling-houses in Leeds during the year was 14,372. The total number provided since the inception of the scheme in December, 1946, was 76,972.

During the year 207 ashpits were abolished and the Corporation approved grants-in-aid amounting to £1,422 3s. 10d. in connection with the abolition of these ashpits and the provision of 829 dustbins in lieu.

During the year many ashpits serving old back-to-back houses in pre-war slum clearance areas have been abolished under this grant-in-aid scheme owing to the unavoidable delay in slum clearance, and the photographs opposite page 190 illustrate the type of improvement effected.

**Keeping of Animals.**—The number of pig-keepers in the city increased to 258. The number of pigs kept was 5,860 being an increase as compared with the previous year.

Many complaints of alleged nuisance were received and 1,344 visits of inspection were made to pig-styes ; the keeping of poultry and other animals was investigated in 2,455 cases.

The revocation of Defence Regulation 62B in July, 1951, removed the suspension of restrictions on keeping of pigs within distance of dwelling-houses imposed by the City of Leeds Byelaws with respect to the keeping of swine, and the Local Authority, after considerable discussion, gave instructions that steps were to be taken to enforce these Byelaws. The Byelaws prohibit the keeping of any pigs whatsoever within a distance of 60 feet of dwelling-houses. The photograph opposite page 191 illustrates a case where pigs were being kept within prohibited Byelaw distance of dwelling-houses where there had for several summers been considerable nuisance caused by smells and flies. As a result of the re-enforcement of the Byelaws many piggeries have been closed on receipt of informal intimation of the contravention. In other cases the service of statutory notice was authorised by the Local Authority before the illegal pig keeping ceased.



**Ringworm Investigation.**—In conjunction with the Department of Dermatology at the Leeds General Infirmary, the investigation into cases of ringworm in children where it was thought that the ringworm was of feline or canine origin has continued during the year. The suspected animals, 40 cats and 24 dogs, were collected and examined in a dark room under ultra-violet radiation with a Wood's Glass at the Stanley Road Disinfecting Station. Of the animals examined 13 cats and 4 dogs were found to be infected. Each case is investigated by the district sanitary inspector to ascertain any possible source of infection.

**Closet Accommodation.**—During the year 42 privies and 2 pail closets were abolished. The Corporation made contributions of £858 4s. 7d. in respect of 38 of these privies and the 2 pail closets.

During the year 26 trough closets were converted into pedestal water-closets. These closets served 35 dwelling-houses and two factories. Grants amounting to £547 16s. 2d. were paid to the owners of the properties concerned, being three-quarters of the cost of conversion to pedestal water-closets.

A large number of informal notices was served on owners of property in connection with closet accommodation and in 182 cases statutory notices had to be served. In the owners' default the water-closets appurtenant to 6 houses were repaired at a cost of £16 18s. 7d. and these amounts were recovered from the owners concerned.

**Removal of Offensive or Noxious Matters.**—Contraventions of the Byelaws relating to the removal of offensive or noxious matters occurred in 26 cases and were dealt with.

**Offensive Trades.**—The number of premises in the city where offensive trades are carried on is 113. During the year 42 visits of inspection were made.

**Common Lodging-Houses.**—During the year 421 routine visits were made to common lodging-houses. By reason of the dilapidated and generally unsatisfactory condition of the common lodging-house at number 7, New Lane, Meadow Lane, the application by the keeper for renewal of registration of the lodging-house was refused by the Health Committee at their meeting in December, 1952. No appeal was lodged against the City Council's refusal, and the lodging-house was closed as soon as the non-casual lodgers has found other accommodation.

**Houses-let-in-Lodgings.**—The total number of visits paid to houses of this type was 1,347. Informal action was taken in 33 cases, whilst 76 statutory notices had to be served in respect of offences against the relevant Byelaws or contraventions of the Public Health Act, 1936.



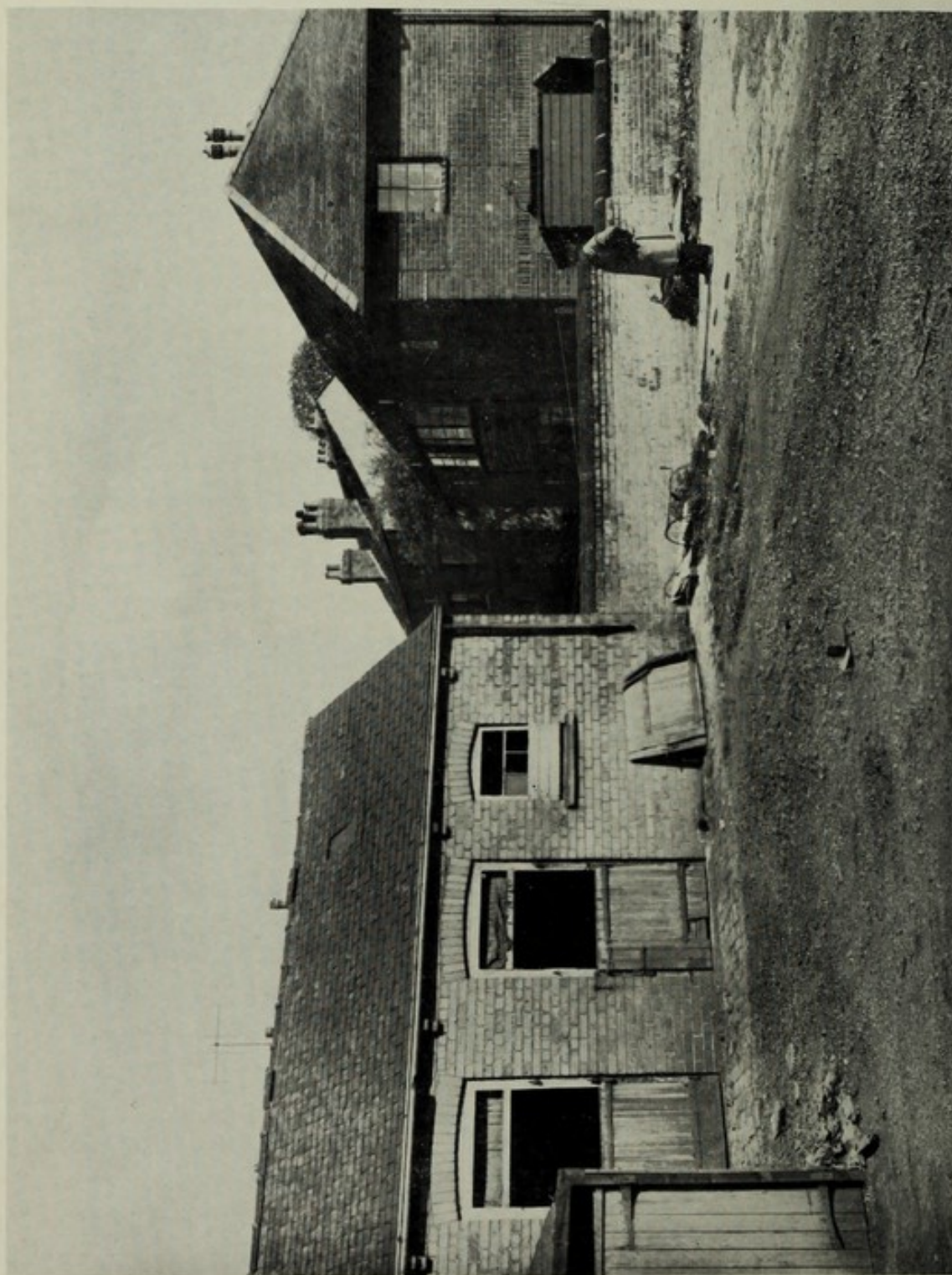


*These two ashpits served eight houses. The structures were dangerous, the roofs leaked and the wetted foul contents escaped through broken brickwork to foul the footways. Ashpits abolished as shown below.*



*Abolition was effected by the owners with the aid of a two-thirds grant from the Local Authority. New dustbins, one per house, provided at the Local Authority's expense. Total demolition provides a good standing for bins open to sunlight and air.*





PIGGERIES AT PARK VIEW FARM, HALTON MOOR ROAD  
*Old stable building used for pig-keeping situate less than 60 feet from the dwelling houses shown. Complaints have been received repeatedly during the operation of Defence Regulation 62B of nuisance from smell and flies. Informal Notice 15th October, 1952.*



**Cellar Dwellings and Underground Sleeping Rooms.**—During the year 154 visits were paid to underground sleeping rooms.

**Tents and Vans.**—One application was received under Section 269 of the Public Health Act, 1936, for a licence to erect or station and use moveable dwellings.

The application related to land appurtenant to a detached house known as "Woodlands," 51, Cardigan Lane, and a licence was granted subject to conditions, one of which was that not more than eight movable dwellings be allowed on the site at one time.

Vigilance was exercised to ensure that no unauthorised land was used as a camping ground and 2,391 visits of inspection were made to tents, vans or sheds.

**Canal Boats.**—The number of canal boats on the register at the end of the year was 124; periodical visits of inspection were made to wharves and locks and a complete inspection was made of 331 boats.

**Public Conveniences.**—Repairs to the six principal conveniences with attendants were carried out at a total cost of £196 13s. 3d. The repairs carried out to the unattended conveniences amounted to £464 9s. of which over half was expenditure in connection with repairs necessitated by wilful damage.

**Public Sewers.**—During the year 313 public sewers, affecting 1,048 houses or other premises, were cleansed at a cost to the Department of £575 7s. 9d. Works of repair or maintenance were carried out to 59 defective public sewers, affecting 223 houses or other premises, and the cost of this work, amounting to £767 7s. 10d. was recovered from the owners of the premises served by the sewers.

**Drains.**—It was necessary to carry out 2,024 drain tests, 250 of these being new drains relaid in place of those found defective. A large number of informal notices was served on owners of property for drainage repairs and in 533 cases it was necessary to serve statutory notices under Section 39 of the Public Health Act, 1936. The drains or other appliances of 42 houses were repaired or renewed by the Department in default as a matter of urgency at a cost of £132 5s. 6d. which was recovered from the owners concerned.

**Removal of Persons in need of care and attention (Section 47, National Assistance Act, 1948).**—Thirty-one cases of persons alleged to be living in insanitary surroundings were brought to the notice of the Department.

In five cases certificates were issued by the Medical Officer of Health under Section 47 of the National Assistance Act, 1948, and the persons concerned were admitted to hospital.



DETAILS OF CASES IN RESPECT OF WHICH CERTIFICATES WERE  
ISSUED UNDER THE PROVISIONS OF THE NATIONAL ASSISTANCE  
ACTS, 1948-1951

Case	Sex	Age	Circumstances of Case	Action Taken	Outcome of Case
No. 1	M	89	Reported by Welfare Services Officer. Person aged, infirm, physically incapacitated; living in insanitary surroundings; unable to devote to himself, and not receiving from other persons, proper care and attention.	Certificate issued under Section 1 of the National Assistance (Amendment) Act, 1951.	Case admitted to hospital.
Nos. 2 and 3	M F	83 85	Reported by Welfare Services Officer: Man and wife both aged, infirm, living in insanitary surroundings; unable to devote to themselves, and not receiving from other persons, proper care and attention.	Certificates issued under Section 47 of the National Assistance Act, 1948.	Both cases received into the care of the Welfare Services Committee at South Lodge and later admitted to hospital.
No. 4	M	74	Reported by Welfare Services Officer. Person aged, infirm, living in insanitary surroundings; unable to devote to himself, and not receiving from other persons, proper care and attention.	Certificate issued under Section 47 of the National Assistance Act, 1948.	Case admitted to hospital.
No. 5	M	74	Reported by Welfare Services Officer. Person aged, infirm, living in insanitary surroundings; unable to devote to himself, and not receiving from other persons, proper care and attention.	Certificate issued under Section 47 of the National Assistance Act, 1948.	Case received into the care of the Welfare Services Committee at South Lodge.

Of the remaining 26 cases, 13 were found not to come within the provisions of Section 47, 10 were admitted to hospital by arrangement with the Regional Hospital Board; one person was received into the care of the Welfare Services Committee at South Lodge; one person was admitted to the Home for Aged Jews, and one person died before any action could be taken.



**Articles exchanged for Rags.**—The number of offences against Section 154 of the Public Health Act, 1936, which places restrictions on articles exchanged for rags, diminished during the year. Three rag and bone dealers were warned in this connection. Five persons were prosecuted for offences; one was fined £2, one was fined £1 and three were fined 10s.

**Examination of Plans.**—The arrangement whereby plans of new work submitted to the Building Surveyor's Office are forwarded to this Department for comment continues to prove very useful. The system enables a check to be kept upon new work and ensures, for example, that new conveniences in factories and other premises are designed to comply with the Sanitary Accommodation Regulations, and that work in food premises conforms to the provisions of the Food and Drugs Acts. One further very great advantage of this system is that it enables the Department to pass comment upon the proposed height of new chimneys which are to be built, and in this way provides a type of "prior approval" of such proposals.

**District Inspection and Investigation of Complaints.**—The total number of houses surveyed and examined was 20,883. The number of complaints investigated during the year was 7,915 and 9,352 nuisances and housing defects were remedied.

The tables on the following pages give details of the work done by sanitary inspectors in 1952.

**Notices.**—The number of informal notices served in relation to Public Health Act matters was 4,205 and statutory notices served in this connection numbered 1,859.

**Legal Proceedings.**—*Public Health Act, 1936.*—

(a) The owner of a dwelling-house was prosecuted for non-compliance with an abatement notice served in respect of a nuisance arising from dilapidated plaster of bedrooms walls. The Court made a nuisance order requiring execution of the necessary works within six weeks.

(b) The owner of a dwelling-house was prosecuted for non-compliance with an abatement notice served in respect of nuisances arising from defective roof, floor and step to the outbuilt pantry, and defective plaster of bedroom ceiling and attic walls. The Court made a nuisance order requiring execution of the necessary works within one month, and imposed a fine of 20s.

(c) The owner of a dwelling-house was prosecuted for non-compliance with an abatement notice served in respect of a nuisance arising from broken sash-cords to windows. The defendant was fined £3 and ordered to pay Court costs.



## WORK DONE BY SANITARY INSPECTORS, 1952.

ANALYSIS OF INSPECTIONS		North Div.	South Div.	East Div.	West Div.	Factories Div.	Housing Div.	(a) Canal Boats & Common Lodging Houses (b) Rodent	Food and Dairies	Total
<b>DWELLINGS.</b>										
1.	Houses fit in all respects .. ..	131	21	50	37	..	..	..	..	1
2.	Houses unfit and capable of repair ..	35	39	36	35	..	..	..	..	1
3.	Houses unfit and incapable of repair ..	26	9	18	6	..	699	..	..	1
4.	Underground dwellings and parts of buildings ..	83	5	7	..	..	59	..	..	1
5.	Houses for drainage .. ..	2,628	3,028	3,064	1,974	..	1	(a) 2	..	10,4
6.	Houses for ashes accommodation .. ..	724	2,865	1,266	939	..	32	..	..	5,4
7.	Houses for closet accommodation .. ..	675	1,202	1,534	170	..	..	..	..	3,1
8.	Houses for complaints and defects .. ..	2,017	2,254	1,846	1,798	..	..	..	..	7,1
9.	Houses for infectious diseases .. ..	166	35	7	20	..	..	..	..	1
10.	Houses for overcrowding .. ..	153	148	164	95	..	..	..	..	1
11.	Houses for filthy conditions .. ..	51	47	85	59	..	1	..	..	1
12.	Houses for verminous conditions .. ..	86	104	83	93	..	..	(a) 1	..	1
13.	Housing re-inspections .. ..	5,206	5,803	5,709	2,318	..	2,537	(a) 31	..	21,1
14.	Houses let in lodgings .. ..	287	2	4	122	..	..	..	..	1
15.	Separate dwellings within houses let in lodgings .. ..	720	..	18	194	..	..	..	..	1
16.	Common lodging houses .. ..	16	..	..	..	..	..	(a) 405	..	1
17.	Canal boats .. ..	..	1	..	..	..	..	(a) 330	..	1
18.	Sites for tents, vans, sheds, etc. .. ..	..	..	2	4	..	..	(a) 129	..	1
19.	Tents, vans or sheds .. ..	1	1	6	2	..	56	(a) 2,325	..	2,1
20.	Other visits not included above .. ..	327	544	564	429	..	2,278	(a) 484	..	4,1
<b>FOOD AND DRUGS PREMISES</b>										
21.	Dairies .. ..	..	..	..	..	..	..	..	664	1
22.	Bottled Milk Stores .. ..	..	..	..	..	..	..	..	35	1
23.	Ice-cream .. ..	160	274	342	71	..	..	..	..	1,1
24.	Fried Fish .. ..	207	493	331	272	2	..	..	..	1,1
25.	Pickles and sauces .. ..	5	6	19	..	4	..	..	..	1
26.	Sausages and pork products .. ..	91	88	160	45	29	..	..	..	1
27.	Other registered premises .. ..	24	16	18	55	24	..	..	..	1
28.	Bakehouses .. ..	227	245	313	188	122	..	..	32	1,1
29.	Butchers .. ..	97	131	301	97	3	..	..	210	1
30.	Provision merchants .. ..	109	125	239	121	53	..	..	223	1
31.	Restaurants, cafes, kitchens .. ..	9	2	4	..	1,370	..	..	..	1,1
32.	M.O.F. Depots .. ..	1	..	3	..	..	..	..	5	1
33.	Other food premises .. ..	108	185	235	101	208	..	..	131	1
34.	Visits for enquiry .. ..	46	99	141	3	256	..	..	208	1
<b>TRADES AND BUSINESSES.</b>										
35.	Factories with mechanical power .. ..	..	8	4	..	1,650	..	..	..	1,1
36.	Factories without mechanical power .. ..	..	2	..	..	58	..	..	..	1
37.	Other premises, constructional works, etc. ..	..	..	1	..	11	..	..	..	1
38.	Workplaces .. ..	..	3	1	..	378	..	..	..	1
39.	Shops .. ..	10	7	128	2	685	..	..	105	1
40.	Outworkers .. ..	..	..	1	..	379	..	..	..	1
41.	Offensive trades .. ..	..	23	10	8	1	..	..	..	1
42.	Visits for enquiry .. ..	..	4	2	..	483	..	..	..	1
<b>SMOKE ABATEMENT.</b>										
43.	Smoke observations .. ..	93	39	15	41	229	..	..	..	1
44.	Grit deposit records .. ..	..	..	..	14	205	..	..	..	1
45.	Boiler plant .. ..	..	35	2	9	37	..	..	..	1
46.	Visits for enquiry .. ..	..	39	3	19	268	..	..	..	1
<b>GENERAL.</b>										
47.	Rodent infestations .. ..	762	646	381	490	132	..	23,516	..	25,1
48.	Railway stations .. ..	..	..	..	..	..	..	..	..	1
49.	Farms .. ..	1	30	15	2	..	..	..	225	1
50.	Cowsheds .. ..	..	..	3	..	..	..	..	..	1
51.	Stables .. ..	22	14	56	10	..	..	..	..	1
52.	Cattle Market .. ..	4	1	4	16	..	..	..	54	1
53.	Pig Styes .. ..	70	269	156	158	..	..	..	691	1,1
54.	Poultry and other animals .. ..	29	25	222	16	..	..	..	2,163	2,1
55.	Water supply .. ..	130	94	103	64	..	..	..	..	1
56.	Infirm and diseased persons .. ..	6	7	12	12	..	..	..	..	1
57.	Watercourses, ditches .. ..	68	11	29	24	2	..	..	..	1
58.	Culverts .. ..	..	5	12	..	..	..	..	..	1

\* Includes 14,404 for sewer baiting



## WORK DONE BY SANITARY INSPECTORS, 1952.—contd.

ANALYSIS OF WORK DONE		North Div.	South Div.	East Div.	West Div.	Factories Div.	Housing Div.	(a) Canal Boats & Common Lodging Houses (b) Rodent	Food and Dairies	Total
1.	Other nuisances .. .. .	220	10	16	18	4	..	..	..	268
1.	Public conveniences .. .. .	551	226	510	414	1,190	..	..	..	2,891
1.	Visits for enquiry .. .. .	138	450	298	250	15	..	..	12	1,163
1.	No access visits .. .. .	1,170	786	1,187	1,048	226	145	(a) 6	116	4,684
1.	Other visits (not included above) .. .. .	72	43	113	99	133	19	..	820	1,299
<b>REPAIRS AND IMPROVEMENTS.</b>										
1.	Roofs, valley gutters, flashings, etc. .. .. .	240	342	384	181	..	..	..	..	1,147
1.	Chimney stacks, flues, pots, etc. .. .. .	96	98	130	57	..	..	(a) 1	..	382
1.	Eaves spouts .. .. .	249	211	131	89	..	..	..	..	680
1.	Fallpipes .. .. .	334	155	123	85	4	..	(a) 1	..	702
1.	Walls, brickwork, pointing .. .. .	125	157	109	107	..	..	..	..	498
1.	Damp-proof courses provided .. .. .	2	2	3	6	..	..	..	..	13
1.	Dampness otherwise remedied .. .. .	19	45	71	25	..	..	..	..	160
1.	Wallplaster .. .. .	46	106	78	66	..	..	..	..	296
1.	Ceilings .. .. .	11	39	54	43	..	..	..	..	147
1.	Floors .. .. .	20	38	27	19	..	..	..	..	104
1.	Windows, frames, cords, etc. .. .. .	55	120	101	59	..	..	..	..	335
1.	Doors, door-frames .. .. .	24	17	18	14	..	..	(a) 1	..	74
1.	Ovens, fire-ranges, grates, etc. .. .. .	49	110	70	56	..	..	..	..	285
1.	Washing boilers, setpots, etc. .. .. .	2	7	9	3	..	..	..	..	21
1.	Sinks, lavatory basins, etc. .. .. .	20	26	54	20	..	..	..	..	120
1.	Waste pipes .. .. .	49	59	64	42	..	..	..	..	214
1.	Water supply provided .. .. .	9	17	11	1	1	..	..	..	39
1.	Food stores .. .. .	..	4	5	..	..	..	..	..	9
1.	Pavings, yards and passages .. .. .	24	23	35	7	..	..	..	..	89
1.	Repairs to water closets .. .. .	163	208	232	96	..	..	..	..	699
1.	New water closets provided .. .. .	2	21	28	6	..	..	..	..	57
1.	New pail closets provided .. .. .	..	4	1	..	..	..	..	..	5
1.	Trough closets abolished .. .. .	1	8	6	..	11	..	..	..	26
1.	Privy closets abolished .. .. .	..	19	23	..	..	..	..	..	42
1.	Pail closets abolished .. .. .	..	..	2	..	..	..	..	..	2
1.	Dustbins provided .. .. .	33	227	70	29	1	..	..	..	360
1.	Ashpits repaired .. .. .	2	3	1	2	..	..	..	..	8
1.	Sunken ashpits abolished .. .. .	..	2	..	2	..	..	..	..	4
1.	Other ashpits abolished .. .. .	6	72	18	85	..	..	..	..	181
1.	Other repairs to houses .. .. .	13	14	50	5	..	..	..	..	82
1.	Vermineous houses disinfested .. .. .	..	3	1	2	..	..	(a) 1	..	7
1.	Dirty houses cleansed .. .. .	5	16	44	1	..	..	..	..	66
1.	Closets cleansed or limewashed .. .. .	2	6	23	3	..	..	..	..	34
1.	Underground dwellings made fit or closed .. .. .	..	..	2	..	..	..	..	..	2
1.	Other improvements to common lodging-houses .. .. .	..	..	..	..	..	..	(a) 4	..	4
1.	Other improvements to houses let in lodgings .. .. .	..	..	..	..	..	..	..	..	..
1.	Improvements to canal boats .. .. .	..	..	..	..	..	..	..	..	..
1.	Improvements to caravan sites .. .. .	..	..	..	..	..	..	..	..	..
<b>FOOD PREMISES.</b>										
1.	Walls, ceilings, floors, etc., repaired .. .. .	4	91	54	10	32	..	..	..	191
1.	Walls, ceilings, floors, etc., cleansed .. .. .	17	131	102	6	78	..	..	..	334
1.	Ventilation provided or improved .. .. .	..	52	36	7	3	..	..	..	98
1.	Articles, apparatus, clothing cleansed .. .. .	..	24	44	6	8	..	..	..	82
1.	Washing facilities provided .. .. .	1	30	47	14	6	..	..	..	98
1.	Washing facilities maintained .. .. .	1	1	33	2	2	..	..	..	39
1.	Other improvements .. .. .	3	89	76	13	28	..	..	..	209
<b>TRADES AND BUSINESSES.</b>										
<b>FACTORIES.</b>										
1.	Rooms cleansed .. .. .	..	..	..	..	13	..	..	..	13
1.	Rooms ventilated .. .. .	..	..	..	..	..	..	..	..	..
1.	Reasonable temperature secured .. .. .	..	..	..	..	2	..	..	..	2
1.	Overcrowding abated .. .. .	..	..	..	..	..	..	..	..	..
1.	Floors drained .. .. .	..	..	..	..	1	..	..	..	1
1.	Insufficient conveniences remedied .. .. .	..	..	..	..	24	..	..	..	24
1.	Unsuitable/defective conveniences remedied .. .. .	..	..	..	..	272	..	..	..	272
1.	Conveniences made separate for sexes .. .. .	..	..	..	..	10	..	..	..	10
1.	Other offences remedied .. .. .	..	..	..	..	37	..	..	..	37
1.	Absence of abstract noted .. .. .	..	..	..	..	13	..	..	..	13



## WORK DONE BY SANITARY INSPECTORS, 1952.—contd.

ANALYSIS OF WORK DONE	North Div.	South Div.	East Div.	West Div.	Fact- ories Div.	Hous- ing Div.	(a) Canal Boats & Common Lodging Houses (b) Rodent	Food and Dairies	Total
<b>TRADES AND BUSINESSES (continued)</b>									
<b>WORKPLACES.</b>									
119. Rooms ventilated .. .. .	..	..	..	..	1	..	..	..	..
120. Overcrowding abated .. .. .	..	..	..	..	1	..	..	..	..
121. Rooms cleansed .. .. .	..	..	1	..	3	..	..	..	..
122. Sufficient conveniences provided .. .. .	..	..	..	..	2	..	..	..	..
123. Other defects remedied .. .. .	..	..	..	..	9	..	..	..	..
<b>SHOPS.</b>									
124. Ventilated .. .. .	..	..	4	..	1	..	..	..	..
125. Reasonable temperature secured .. .. .	..	..	..	..	1	..	..	..	..
126. Sufficient conveniences provided .. .. .	..	..	..	..	5	..	..	..	..
127. Lighting provided .. .. .	..	..	..	..	..	..	..	..	..
128. Washing facilities provided .. .. .	..	..	1	3	5	..	..	..	..
129. Meals facilities provided .. .. .	..	..	..	..	2	..	..	..	..
130. Other defects remedied .. .. .	..	..	4	..	22	..	..	..	2
<b>OFFENSIVE TRADES.</b>									
131. Byelaw offences remedied .. .. .	..	1	1	..	..	..	..	..	..
132. Other improvements secured .. .. .	..	3	..	..	..	..	..	..	..
<b>SMOKE ABATEMENT.</b>									
133. Furnaces newly provided .. .. .	..	..	..	..	..	..	..	..	..
134. Furnaces altered, repaired or renewed .. .. .	..	2	..	..	2	..	..	..	..
135. Chimneys newly erected .. .. .	..	..	..	..	1	..	..	..	..
136. Chimneys extended or improved .. .. .	..	..	..	..	4	..	..	..	..
137. Firms adopting smokeless fuel .. .. .	..	1	..	..	1	..	..	..	..
<b>GENERAL.</b>									
138. Rodents caught, killed or poisoned .. .. .	12	11	13	..	10	..	*(b) 6,641	..	6,68
139. Premises cleared of rodents .. .. .	..	15	22	..	..	..	(b) 42	..	..
140. Premises rendered rodent-proof .. .. .	1	9	14	..	..	..	(b) 53	..	..
141. Farm improvements .. .. .	..	..	1	..	..	..	..	..	..
142. Watercourses cleansed .. .. .	..	1	2	..	..	..	..	..	..
143. Culverts cleansed or maintained .. .. .	..	3	2	..	..	..	..	..	..
144. Poultry-house improvements .. .. .	1	..	2	..	..	..	..	..	..
145. Pig-stye improvements .. .. .	1	29	5	..	..	..	..	..	..
146. Offensive matter removed .. .. .	1	6	9	1	1	..	..	..	..
147. Manure removed .. .. .	..	3	6	1	..	..	..	..	..
148. Manure-steds built or repaired .. .. .	1	1	16	..	..	..	..	..	..
149. Public convenience repairs and painting .. .. .	6	13	86	2	15	..	..	..	11
150. Other nuisances abated .. .. .	4	13	6	5	8	..	..	..	..
<b>DRAINAGE.</b>									
151. Drains repaired .. .. .	36	50	45	63	13	..	(a) 1	..	20
152. Drains relaid .. .. .	19	30	35	9	15	..	..	..	10
153. New drains laid .. .. .	12	45	27	3	4	..	..	..	1
154. Drains cleansed .. .. .	242	152	257	75	50	..	(a) 2	..	71
155. Public sewers maintained .. .. .	13	24	19	2	4	..	..	..	..
156. Public sewers cleansed .. .. .	62	62	69	21	10	..	..	..	25
157. Ball and water tests .. .. .	35	101	75	5	34	..	..	..	..
158. Other tests .. .. .	465	470	411	353	74	..	(a) 1	..	1,7
159. Gullies renewed or provided .. .. .	43	56	27	12	8	..	..	..	..
160. Soilpipes and ventilating pipes .. .. .	33	22	27	11	6	..	..	..	..
161. Inspection Chambers .. .. .	6	21	11	7	2	..	..	..	..
162. Cesspools repaired or provided .. .. .	..	1	..	2	..	..	..	..	..
163. Cesspools emptied .. .. .	..	3	..	..	..	..	..	..	..
164. Cesspools abolished .. .. .	1	..	..	..	..	..	..	..	..

\*Includes estimated kill of 3,325

## RODENT CONTROL.

Mr. W. Pickles, Sanitary Inspector in charge of Rodent Control has reported details of the work of the rodent operatives for inclusion in this section of the report.

**Complaints.**—During the year 1,195 complaints of rodent infestation were received, the number of rat infested premises found being 833, and the number of mice infested premises was 362.

The following table shows the number of complaints of rats and mice received during the various months and analysed according to types of premises affected.

1952	Rats					Mice				
	B	PD	LA	A	Total	B	PD	LA	A	Total
Jan. ..	13	54	3	..	70	11	22	4	..	37
Feb. ..	11	48	1	..	60	11	24	1	..	36
Mar. ..	18	63	2	2	85	13	20	5	..	38
April ..	16	66	..	..	82	13	7	1	..	21
May ..	13	77	1	..	91	12	11	2	..	25
June ..	21	50	1	..	72	10	4	3	..	17
July ..	19	54	3	..	76	21	8	4	..	33
Aug. ..	17	43	2	..	62	16	15	—	..	31
Sept. ..	18	54	3	..	75	11	17	5	..	33
Oct. ..	16	47	3	..	66	13	12	4	..	29
Nov. ..	17	32	2	..	51	15	17	—	..	32
Dec. ..	8	34	1	..	43	11	16	3	..	30
Totals ..	187	622	22	2	833	157	173	32	..	362

B—Business Premises  
 PD—Private Dwellings  
 LA—Local Authority only  
 A—Agricultural or Horticultural Premises

**Inspections.**—The number of inspections and visits made in connection with alleged or suspected rodent infestation was 25,910. This figure includes 14,404 inspections of Leeds Corporation sewer manholes.

**Sewer Baiting.**—This work continued throughout the year and sewers on new housing estates were brought into the scheme and test baited to ascertain the nature, if any, of any rat infestation.



Maintenance treatments have been proceeded with in the case of those manholes where takes have been recorded and adjoining manholes.

**Treatment.**—During the year 750 new infestations were treated. 281 premises were found to be seriously infested with mice and were treated accordingly ; 520 premises in which there was some degree of new rat infestation were found and treated.

At a number of properties the occupiers carried out their own treatments. Advice and instructions were given as to the best methods of procedure.

Treatments were also carried out on certain lands for the extermination of rabbits and moles, with satisfactory results.

**General.**—Under the Prevention of Damage by Pests Act, 1949, the number of informal notices served for treatment was 28 and 56 notices were served for structural proofing works.

During the year 76 premises were proofed against rodents and in this regard I would like to comment on the good co-operation that has been given by owners and occupiers of premises. All major rat proofing works carried out by private contractors have been supervised by the Department in order to ensure that they were carried out in a satisfactory manner. Proofing works of a minor nature have been carried out by the Rodent Control Staff as it has been found by experience that in some cases to wait until a contractor was available for small jobs has resulted in some measure of delay in clearing the premises of rodents.

It has been stated that the complete extermination of rats is an impossibility, but, with the untiring efforts of Rodent Control workers, huge rat populations are a thing of bygone days. A sparse and diffuse rat population is the more difficult to deal with and much time and labour is spent for a small kill, but the good work must go on if food supplies and human habitations are to be protected.

With the advent of the new "Wafarin Poison" the difficulty of clearing premises of mice has somewhat eased. "Wafarin" has less effect on human beings and animals than an ordinary poison and it can therefore be used in a variety of premises with comparative safety.

The estimated kill of rodents for the year was 6,687 of which 3,362 actual bodies were recovered.



## SMOKE ABATEMENT

BY

W. F. SAXTON

*Deputy Chief Sanitary Inspector*

This year the information obtained by the appliances in use at the seven atmospheric pollution stations in the city area indicate a gratifying reduction in the degree of pollution of the atmosphere by both solids in suspension and sulphur.

The average reduction per station of solid impurities is approximately 95 tons per square mile and the sulphur pollution recorded is the lowest for some years.

The information should be considered with some degree of cautious optimism bearing in mind the factors which cause variation in recorded deposit. During the year the rainwater collected in the deposit gauges was approximately 60 per cent. of that collected in 1951 hence an allowance must be made for the lighter impurities in suspension not washed from the atmosphere because of the reduced rainfall. The most marked reductions in recorded deposit occurred at the two stations, Armley Park and Burley Park, in the vicinity of the Kirkstall Power Station. This is due in all probability to the gradual disuse of the shorter chimney stacks and the consequent discharge of the smoke from the new smoke stack 350 feet high and the introduction of new precipitation plant for the flue gases.

It has been decided that the hitherto temporary station at Burley Park should become a permanent station and in common with all other stations is now equipped with a Standard Deposit Gauge and a Lead Peroxide Instrument.

**Estimation of Atmospheric Sulphur Pollution by the Lead Peroxide Method.**—The table on page 202 gives the estimation of sulphur compounds in the atmosphere in the years 1951 and 1952. The station showing the highest monthly average during 1952 was City Centre (2.91) and the lowest Headingley (1.95). Comparison with 1951 shows that decreases in sulphur pollution were recorded at each station. The monthly average of all stations is shown in graph form opposite page 204.

**Deposit Gauges.**—The table on page 203 shows the monthly deposit of solids from the atmosphere in tons per square mile for the years 1951 and 1952. The station with the highest monthly average during 1952 was Burley Park (35.91) and the lowest Temple-newsam (10.53). As previously indicated decreases were recorded at all seven stations.



The table on page 204 shows the records from 1926 to 1952 of the deposit of solids from the atmosphere in tons per square mile.

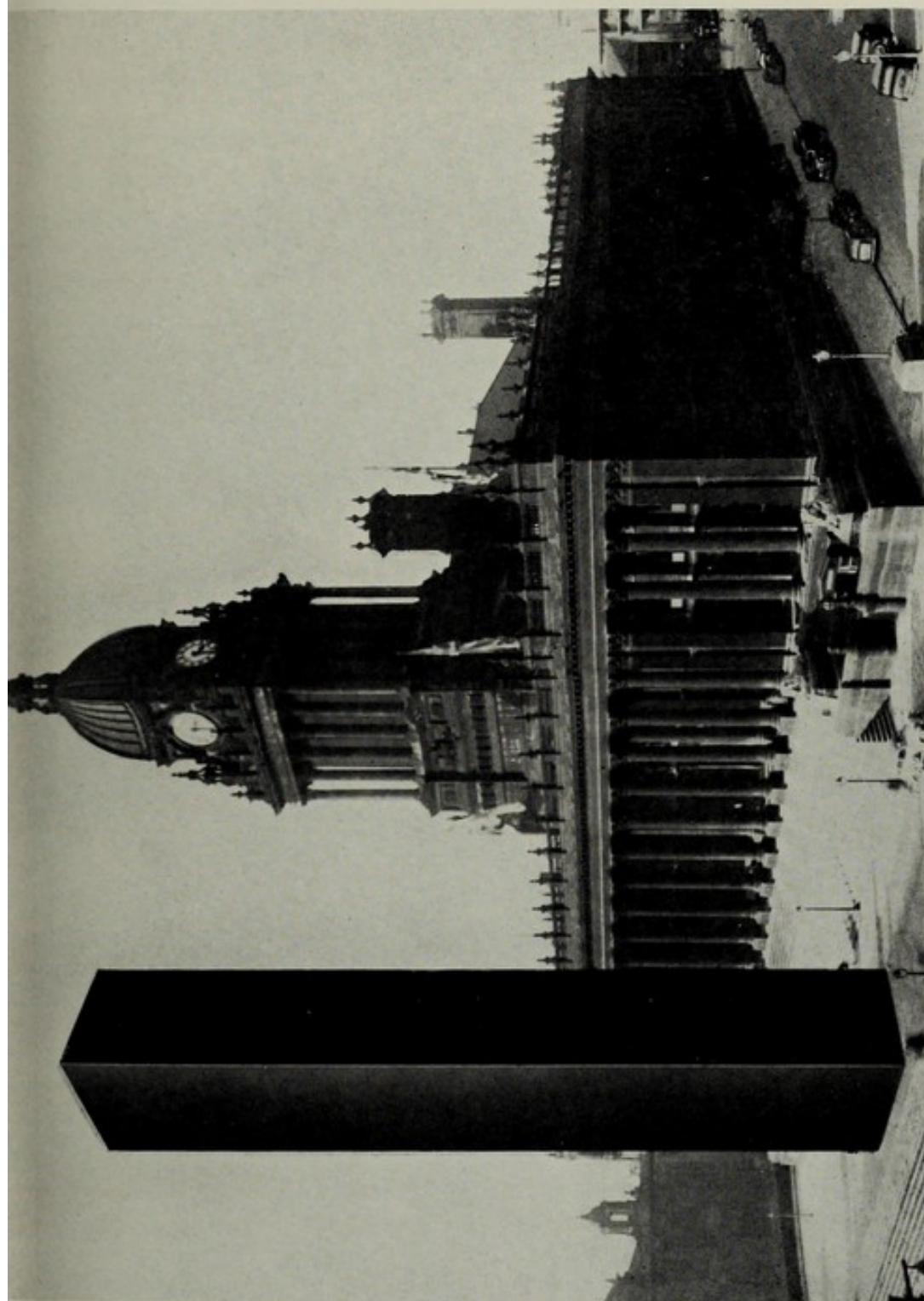
**Concentration of Smoke and Sulphur Dioxide by the Volumetric Method.**—The Smoke Filter and Volumetric Sulphur Dioxide apparatus which was installed in the laboratory at Market Buildings in August, 1950, has continued in use. Similar apparatus, not under the Department's control, is in use in premises approximately a mile to the North West of the City Centre and the information recorded at both sources is quoted for purposes of comparison.

1952	SMOKE				SULPHUR DIOXIDE			
	Milligrammes per 100 cubic metres				Milligrammes per 100 cubic metres			
	Monthly Average		Highest Daily Average		Monthly Average		Highest Daily Average	
	City Centre	North West	City Centre	North West	City Centre	North West	City Centre	North West
January ..	74.0	38.1	132.4	96.1	24.5	12.3	42.9	28.0
February ..	64.0	42.7	126.0	145.1	19.7	10.5	43.5	61.2
March ..	19.0	44.0	69.0	104.6	14.6	5.4	22.5	13.6
April ..	16.0	30.2	64.0	63.2	14.2	6.9	28.3	20.2
May ..	40.0	17.7	87.0	44.8	10.9	5.0	18.5	10.9
June ..	10.0	15.8	20.0	32.2	11.3	4.3	19.2	6.2
July ..	12.0	18.0	25.0	38.4	10.0	3.7	18.9	7.0
August ..	14.0	19.5	27.0	47.5	10.0	4.1	21.3	10.7
September ..	22.0	32.9	33.0	96.3	8.7	7.7	14.2	20.0
October ..	32.0	48.6	54.0	117.0	18.2	12.9	36.3	27.3
November ..	39.0	63.2	82.0	180.6	21.4	15.7	57.5	44.4
December ..	68.0	103.3	144.0	419.1	26.2	41.2	60.5	216.6

The analysis of the matter collected in the Deposit Gauges and of the Lead Peroxide Cylinders was carried out in the laboratory of the Public Analyst, Mr. C. H. Manley, M.A., F.R.I.C.

The work of the sanitary inspectors in connection with smoke abatement during 1952 was as follows:—

Smoke Observations .. .. .	417
Grit deposit records .. .. .	219
Boiler plant inspections .. .. .	83
Visits for enquiry .. .. .	329
Furnaces altered, repaired or renewed .. .. .	4
Furnaces newly provided .. .. .	—
Chimneys newly erected .. .. .	1
Chimneys extended or improved .. .. .	4
Firms adopting smokeless fuel .. .. .	2
Notices served .. .. .	16



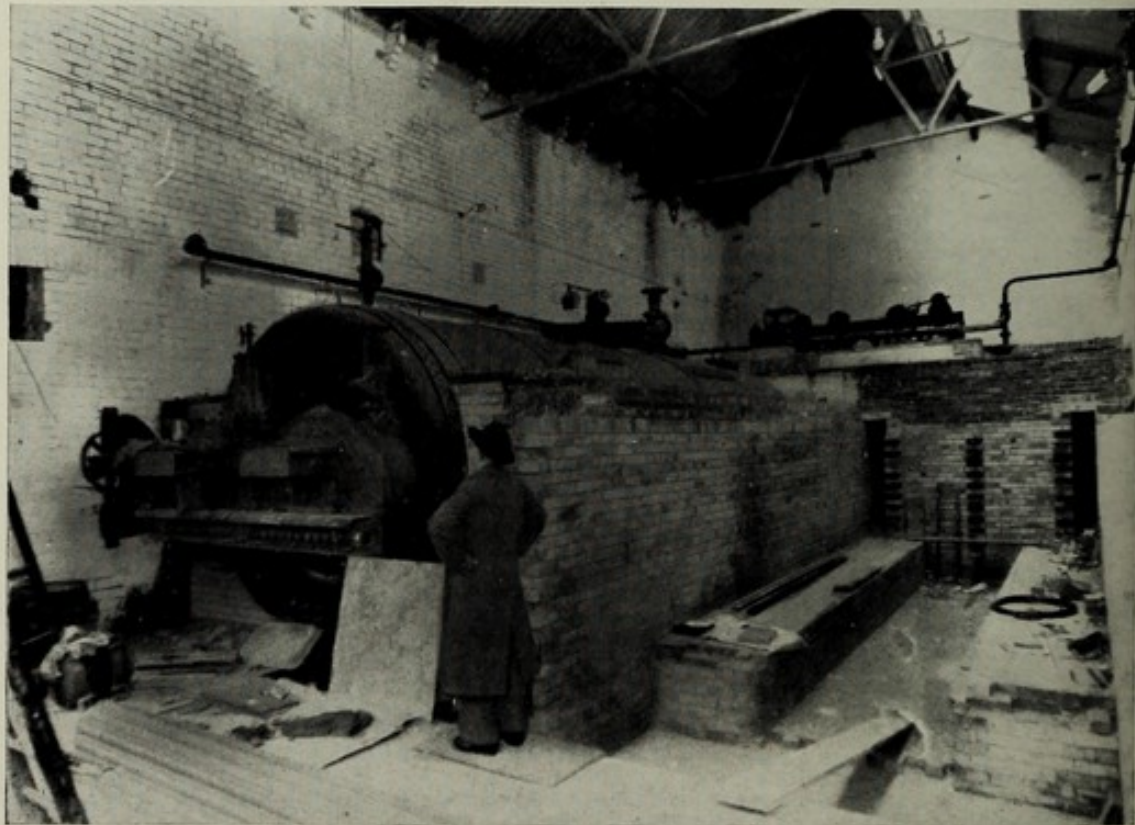
THE LEEDS TOWN HALL WITH A COLUMN OF SOOT STANDING ON THE FORECOURT  
*This column is 20 feet square and 166 feet high, and is calculated on the weight of soot as measured 12 lbs. per cubic foot. It represents the 356 tons of solids deposited from the atmosphere on 1 square mile of the City Centre during 1952.*





#### BOILER PLANT OVERLOADED

*This photograph illustrates the density of smoke emissions from one factory chimney in Leeds. This chimney was a frequent offender against the smoke Byelaws, and legal proceedings were instituted against the firm in question. As a result of this, the new boiler and economiser illustrated below has been installed.*



#### ADDITIONAL PLANT TO ABATE NUISANCE

*This shows the installation of a new 30 foot dish-ended Lancashire boiler to be fitted with John Thompson Triumph Mechanical Stokers, and with a Green's Economiser. Flues are being built for a second boiler and the two are to be connected to a new 120-foot brick stack which has been built.*



Every complaint received of smoke or grit nuisance was at once investigated officially. When the nuisance was a serious one and complaints were widespread the complaint was drawn to the special attention of the Sub-Health (Sanitation, Food and Drugs) Committee.

In addition to the chimneys about which complaints were made all sanitary inspectors in their districts had instructions to observe any chimney which was seen to be emitting black smoke in such quantities as to be a nuisance. During the year 417 such smoke observations were taken. In addition to these visual observations 219 grit deposit records were taken and 83 inspections of boiler plant were made and 329 other visits and enquiries with regard to these smoke complaints were also made.

On each occasion when an inspector observed a chimney emitting smoke in such quantities as to be a nuisance a formal notice was at once handed to the offending firm. All serious smoke offences were reported to the Sub-Health (Sanitation, Food and Drugs) Committee as a matter of routine for the authorisation of service of statutory notice. In very many cases steps were taken at once by firms so approached in order to prevent a recurrence of the smoke nuisance and in these cases statutory notice was not served unless a second offence had been observed. In the vast majority of cases as soon as a smoke offence had been notified to the firm concerned they took all necessary steps to reduce smoke emissions to a more reasonable level. Only in one or two exceptional cases have smoke offences continued for a long period and these cases have been reported to the Sub-Health (Sanitation, Food and Drugs) Committee for consideration of the institution of legal proceedings. The photograph opposite shows one chimney that was a persistent offender during the year. In one such case where legal proceedings were authorised they were held in abeyance because at that stage the firm submitted plans for the erection of a new boiler which was necessary to obviate smoke nuisance and in this case the boiler is now in course of erection as shown in the lower photograph opposite.

In summary all complaints of smoke nuisance were investigated at once, routine observation was kept on chimneys throughout the city and offenders were dealt with by inspection, by advice or by notice and, in fact, a vigorous policy was pursued with regard to smoke abatement in the city.



ESTIMATION OF ATMOSPHERIC SULPHUR POLLUTION BY LEAD PEROXIDE METHOD.  
(Weight of  $\text{SO}_3$  calculated per 100 square centimetres of exposed fabric in milligrammes per day.)

Period.	STATIONS.											
	Headingley		City Centre		Hunslet		Temple Newsam		Armley Park		St. James's Hospital	
	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952
January ..	3.80	2.00	5.80	3.90	4.60	2.30	3.50	2.10	3.60	2.30	4.60	2.70
February ..	2.93	2.60	3.78	3.40	3.43	3.50	3.27	2.20	3.42	3.40	4.34	2.50
March ..	2.05	2.10	3.87	2.90	3.32	2.50	2.13	2.00	3.03	3.20	3.00	2.60
April ..	1.41	1.63	2.37	1.84	1.95	1.88	1.43	1.66	2.40	2.10	2.11	2.16
May ..	0.94	1.53	1.62	1.82	2.00	1.36	0.82	1.33	2.06	1.28	1.29	1.52
June ..	0.88	1.00	1.40	1.59	1.35	1.02	1.01	1.53	1.13	1.19	1.12	1.76
July ..	1.32	0.78	1.80	1.45	1.28	1.24	1.28	1.30	1.14	1.08	1.59	1.21
August ..	1.36	1.00	1.91	1.94	1.30	1.25	1.59	1.44	1.30	1.38	1.47	1.80
September ..	1.46	1.58	1.76	1.97	1.59	1.48	1.48	1.05	1.80	1.73	1.90	1.46
October ..	3.00	2.58	4.00	4.20	3.60	3.32	2.80	2.62	4.10	3.72	3.60	3.08
November ..	2.40	2.50	4.00	3.40	3.30	3.30	3.00	2.54	3.40	3.77	3.50	3.07
December ..	3.10	4.08	5.50	6.56	3.30	5.19	3.60	4.01	4.00	5.48	3.70	5.72
Monthly Average	2.05	1.95	3.15	2.91	2.58	2.36	2.16	1.98	2.61	2.55	2.68	2.46

DEPOSIT GAUGES  
MONTHLY DEPOSIT IN ENGLISH IONS PER SQUARE MILE.  
YEARS 1951 AND 1952.

Period.	STATIONS													
	Headingley		City Centre		Hunslet		Templenewsam		Armley Park		St. James's Hospital		Burley Park	
	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952
January ..	31.15	16.02	49.97	42.07	26.74	17.74	14.79	12.96	49.62	22.32	28.87	20.48	96.10	62.54
February ..	33.48	10.93	42.93	34.87	18.48	18.21	12.14	8.73	63.47	23.20	24.87	15.21	118.32	25.43
March ..	23.20	13.84	50.00	25.41	22.79	17.35	17.40	8.52	56.72	31.48	22.17	17.65	62.20	30.48
April ..	13.68	15.91	28.45	26.60	20.36	14.85	11.07	10.76	40.66	21.06	17.03	14.63	38.42	31.60
May ..	12.66	14.66	28.85	27.53	15.95	15.29	10.14	10.59	69.79	28.99	11.18	12.76	48.09	32.55
June ..	9.52	11.80	19.42	28.38	16.18	18.04	10.45	12.48	38.59	21.43	*	15.74	26.04	35.86
July ..	24.28	9.64	30.26	23.80	28.68	15.89	17.43	10.90	57.31	27.32	*	13.92	66.04	34.95
August ..	30.66	9.31	29.10	20.19	17.12	13.79	16.23	9.14	36.11	30.94	17.90	13.11	46.17	39.01
September ..	15.37	7.47	28.60	24.97	15.54	16.88	10.49	8.90	29.78	54.14	15.99	30.83	37.99	24.35
October ..	13.09	*	23.56	31.71	16.63	19.35	10.49	13.52	38.69	44.75	16.65	20.34	32.10	33.66
November ..	20.95	7.50	37.84	21.61	16.91	9.40	14.13	7.22	27.97	21.98	21.88	9.72	51.43	13.10
December ..	*	17.92	34.99	49.44	14.16	22.64	17.56	12.62	24.15	43.24	22.46	*	91.43	67.46
Total deposit for year ..	228.04	135.00	403.97	356.58	229.99	199.43	162.32	126.34	532.86	370.85	199.00	184.39	714.33	430.99
Monthly average	20.73	12.27	33.66	29.71	19.16	16.62	13.52	10.53	44.40	30.90	19.90	16.76	59.52	35.91

\*Gauge Bottle broken



DEPOSIT GAUGES RECORDS, 1926-1952.  
ENGLISH TONS PER SQUARE MILE PER ANNUM.

Year	STATIONS							
	Headingley	City Centre	York Road	Hunslet	Temple- newsam	Armley Park	St. James's Hospital	Burley Park
1926	98.02	307.7	*288.1	362.8	..	..	..	..
1927	*133.5	354.5	391.9	501.2	..	..	..	..
1928	141.9	349.5	319.2	304.3	†61.2	..	..	..
1929	*108.4	321.0	302.6	305.4	†80.4	..	..	..
1930	123.9	344.3	299.5	290.5	101.8	..	..	..
1931	126.5	336.2	*266.9	268.5	109.3	..	..	..
1932	105.8	320.7	264.7	255.6	87.5	..	..	..
1933	107.86	305.0	277.83	*276.32	*81.59	..	..	..
1934	124.28	341.7	284.74	294.49	86.24	..	..	..
1935	*131.92	358.88	321.25	*317.55	†108.67	..	..	..
1936	136.95	381.40	301.89	290.13	*118.20	..	..	..
1937	135.93	*331.53	325.35	301.71	*123.39	..	..	..
1938	*119.80	359.51	289.56	*231.39	133.37	..	..	..
1939	155.32	314.96	255.15	*234.74	122.67	..	..	..
1940	†180.30	†143.29	†247.36	†279.58	†243.33	..	..	..
1941	†188.31	†285.51	§129.75	*301.31	164.21	..	..	..
1942	†138.21	*371.14	..	*235.37	*159.03	..	..	..
1943	186.93	389.03	..	271.82	171.43	..	..	..
1944	175.37	374.50	..	277.14	†114.80	..	..	..
1945	*151.29	*288.44	..	*262.11	*139.27	..	..	..
1946	*146.50	326.26	..	*267.10	*166.64	..	..	..
1947	121.94	288.76	..	*209.66	149.12	..	..	..
1948	162.78	338.02	..	213.49	*134.68	..	..	..
1949	181.24	411.91	..	225.68	164.28	..	..	..
1950	195.36	378.57	..	206.31	147.62	..	..	..
1951	*228.04	403.97	..	229.99	162.32	..	..	..
1952	*135.00	356.58	..	199.43	126.34	..	..	..
						\$176.12	\$87.27	630.62
						*367.06	*183.13	664.56
						327.56	211.20	714.33
						414.14	220.55	430.99
						494.91	205.88	
						532.86	†199.00	
						370.85	*184.39	

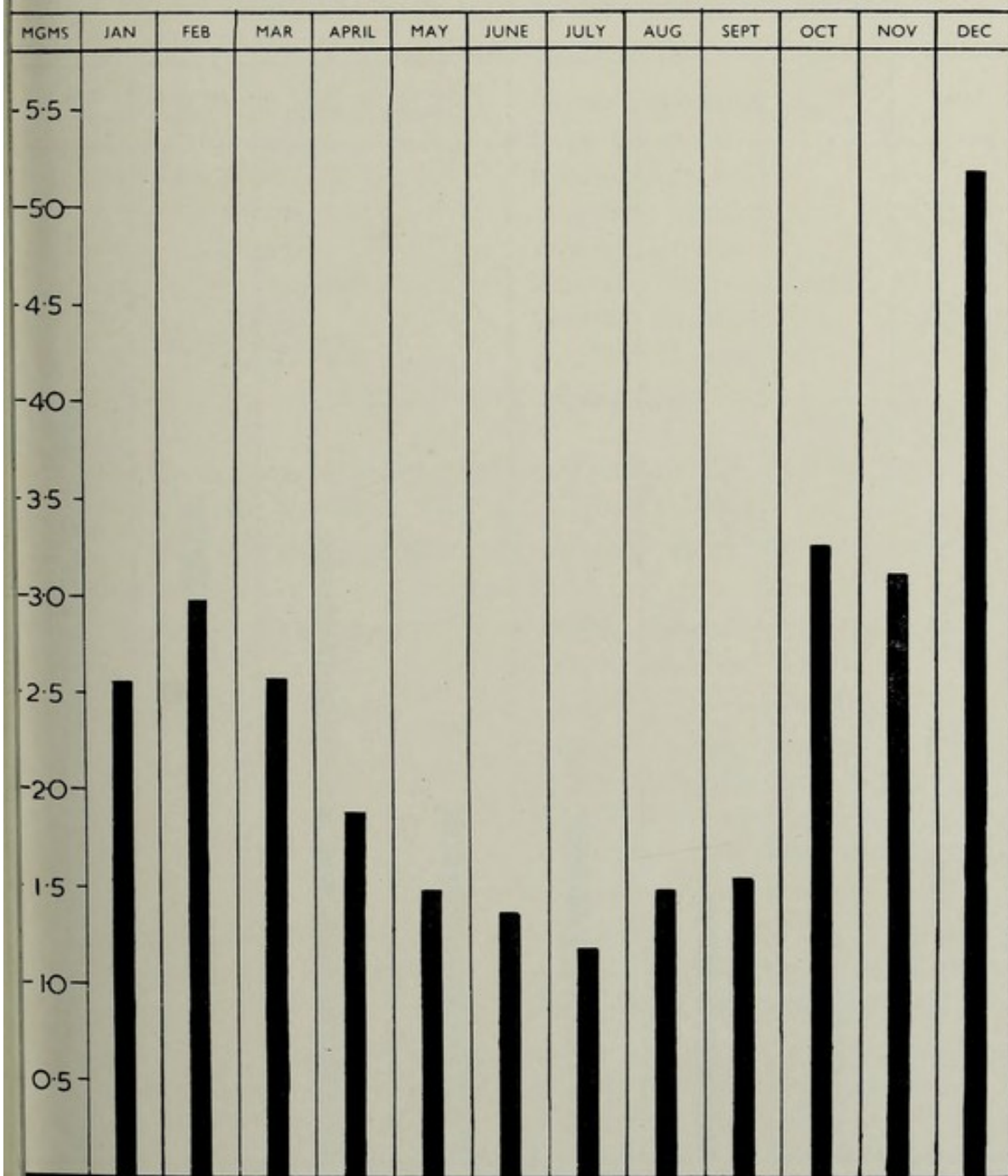
|| 9 months  
\* 8 months

\* 11 months  
† 7 months

† 10 months  
§ 5 months

## SULPHUR EMISSION—1952

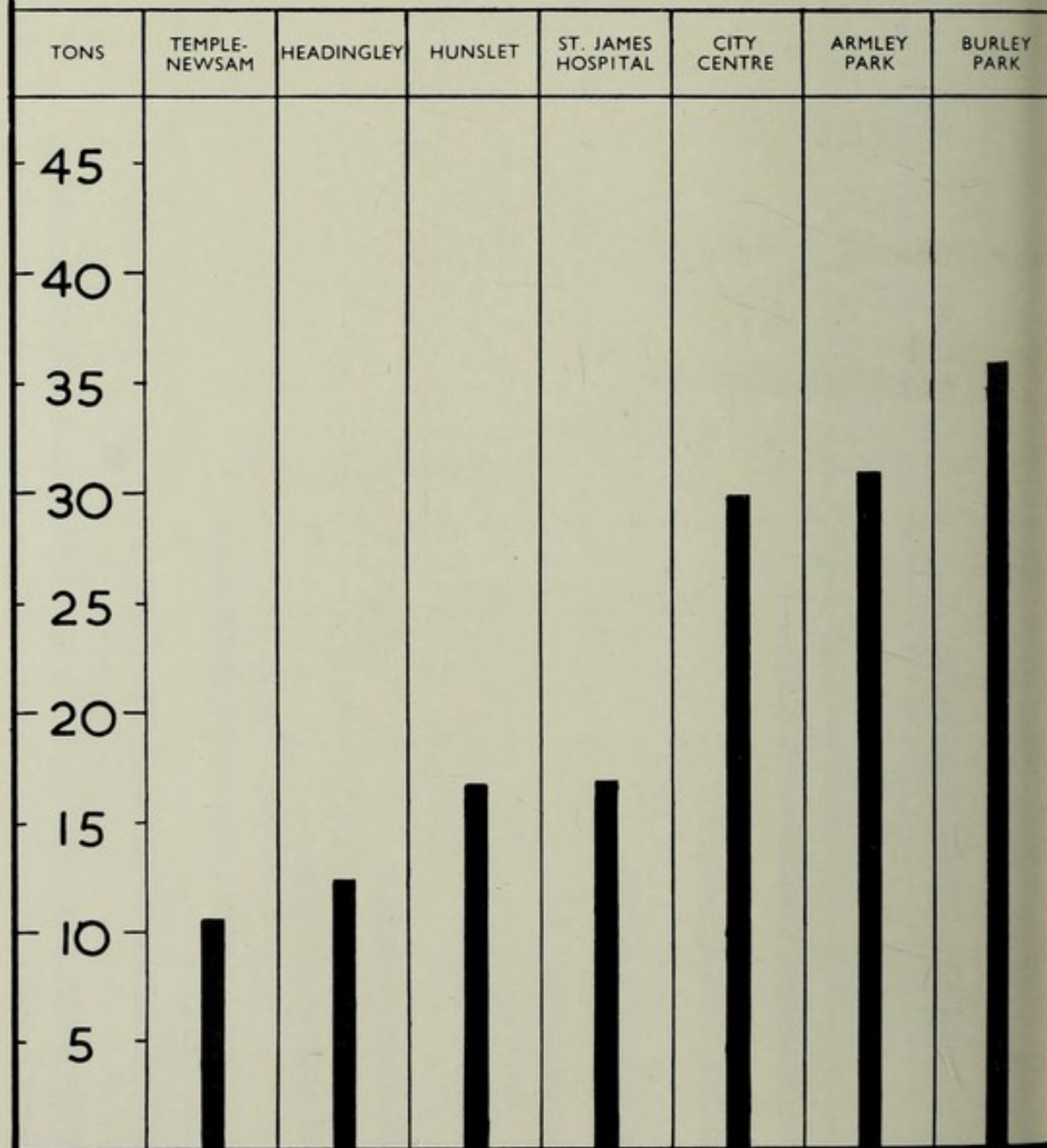
AMOUNT OF SO<sub>2</sub> IN MILLIGRAMMES PER DAY PER 100 SQUARE CENTIMETRES  
MONTHLY AVERAGE OF ALL STATIONS





## SOLID DEPOSIT—1952

AVERAGE MONTHLY DEPOSIT IN TONS PER SQUARE MILE



# STAFF.

The following Sanitary Inspectors continued to serve in Supervisory posts.

Mr. W. F. Saxton .. .. Deputy Chief Sanitary Inspector.

Mr. J. H. Wyatt	..	..	Factories Division.
Mr. D. Forbes	..	..	Meat Division.
Mr. H. P. Gill	..	..	Housing Division.
Mr. W. Givens	..	..	Northern Division.
Mr. C. Busfield	..	..	Eastern Division.
Mr. J. S. Lindley*	..	..	Milk and Dairies Division.
Mr. D. Bowers	..	..	Western Division.
Mr. A. O. Wheatley	..	..	Southern Division.

\* Retired 20th December, 1952.

Mr. H. Long was promoted from Sanitary Inspector to Supervisory Inspector, Milk and Dairies Division.

The following members of the staff obtained examination successes :—

Inspector J. Bowland	Smoke Inspectors Certificate of Royal Sanitary Institute.
Inspector S. T. Aaron	Sanitary Science Certificate of Royal Sanitary Institute. Part 1—Environmental Hygiene and Part 2—Meat and Foods of Sanitary Inspectors Association Diploma Examination.
Inspector J. Norton	} Intermediate Boiler House Practice Certificate of the City and Guilds of London Institute.
Inspector J. P. Baldwin	

Several illustrated lantern lectures on the "Environmental Health Services of Leeds" were given to various institutions, clubs and societies by the Chief Sanitary Inspector, who also delivered a paper on "The Prior Approval of Fuel Burning Appliances" at the Annual Conference of The National Smoke Abatement Society which was held at Portsmouth in September 1952.





MUNICIPAL LABORATORY

BY

C. E. MANN, M.A., M.S., Ph.D.

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## Report of the City Analyst

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**MUNICIPAL LABORATORY**

BY

C. H. MANLEY, M.A., F.R.I.C. *City Analyst*

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This report is significant, not only because it is the twenty-fifth written by the present holder of the office, but also because by the time it is in print twenty-five years will have elapsed since the first full-time public analyst for the city commenced duty on 1st June, 1928, in newly equipped laboratories at No. 1, Swinegate. The present City Analyst is actually the third to be appointed in Leeds, having been preceded by two part-time officials, viz., Thomas Fairley, who was President of the Society of Public Analysts in 1902-03 and Benjamin A. Burrell, who died in 1927, the consultant practice of T. Fairley & Partner, originally in East Parade, being now carried on at 35, Park Square by Mr. Burrell's former Chief Assistant, Mr. J. Firth, F.R.I.C.

For some years prior to 1952 it was apparent that, with the growth in the work undertaken, larger premises were needed to accommodate the increased staff and laboratory equipment, apart from the fact that it was known that the Transport Committee, from whom the offices were rented, would sooner or later be requiring these for their own purposes.

Eventually, with the vacating of certain offices at No. 12, Market Buildings, it was found possible to adapt these to present needs, and at the same time to absorb into the Department the already existing bacteriological laboratory. In addition to this and chemical and physical laboratories and a balance room, provision was made for a dark-room and a store room, work being duly commenced in the re-modelled premises at the end of March, the remove having been effected with the minimum of interruption and with the accompaniment of no major casualty to either instruments or apparatus.

It is of interest to note that of the original members of the Health Committee responsible for the inauguration of the original laboratories, two, viz., Alderman David Beevers and Mr. George Brett (Chairman in 1928 and Lord Mayor 1947-49) are still with us.

The following is a summary of the analyses made during 1952 :—

Samples submitted by Public Health Department :—

Food and Drug samples .. .. .	2,164
Fertilisers and Feeding Stuffs .. .. .	22
Rain gauges .. .. .	83
Sulphur dioxide tests (Lead peroxide method)	72
Atmospheric volumetric and smoke tests ..	598
Milks for Bacteriological examination ..	981
Ice-cream for Bacteriological examination	77
Miscellaneous samples.. .. .	129
	<hr/>
	4,576

Samples submitted by other Departments :—

Central Purchasing Department .. .. .	10
City Engineer .. .. .	4
Cleansing Department.. .. .	10
Leeds Group 'B' Hospital Management Committee .. .. .	13
Police Headquarters .. .. .	81
Waterworks .. .. .	16
Weights and Measures .. .. .	1
	<hr/>
	135
	<hr/>
Total .. .. .	4,711
	<hr/>

### FOOD AND DRUGS

The table on pages 221 to 224 summarises the samples taken under the Food and Drugs Act, 1938, and the Defence (Sale of Food) Regulations, 1943.

The percentage of adulteration was 5.7 as against the figure of 4.2 for 1951.

The tables on pages 162 to 164 list the summonses issued respecting those adulterated samples in respect of which legal proceedings were instituted.



## FOOD (2,605) :—

**Milk.**—The average composition of the 2,288 samples analysed was as follows, the corresponding figures for 1951 and 1939 being given for comparison :—

		1952	1951	1939	Minimum require- ment
Non-fatty solids .. ..	..	8.67%	8.74%	8.78%	8.50%
Fat .. ..	..	3.60%	3.71%	3.71%	3.00%
<hr/>					
Total solids .. ..	..	12.27%	12.45%	12.49%	11.50%
<hr/>					

The adulteration figure was 4.9 per cent. as against 2.8 per cent. for 1951 and 3.4 per cent. in 1950. Whilst, therefore, the record low figure for 1951 has been neither repeated nor improved upon, the figure for 1952 compares well with those previously recorded hitherto by other large cities.

Of the 113 unsatisfactory samples 79 contained added water, 26 were fat deficient, 6 were both watered and fat deficient and 2 contained extraneous matter in the form of small pieces of cotton wool. The greatest proportion of added water found was 19 per cent. (No. 597/F) and the greatest fat deficiency 23.0 per cent. (No. 713/L).

Legal proceedings were instituted in 13 cases involving in all 51 samples and convictions obtained in every instance, the total fines imposed being £133 10s. and the total costs ordered £62 17s.

It will be observed that the number of adulterated samples involved is approximately four times the number of defendants, a fact which in Leeds, as in other cities, tends to make the milk adulteration figure appear greater than what it actually is, seeing that, once an unsatisfactory supply involving several churns has been discovered, it is usually necessary to repeat the sampling and analysis until the quality has returned to normal. It is also significant that, in the case of watered milk arriving from the farm at the large distributing dairy, the producer states, with almost sickening regularity, that he does not seal his churns, despite the fact that this would act as a safeguard to the milk once it has left



the farm. The farmer who tampers with his milk of course knows only too well that, not only is he responsible for its quality, but also that there would be no doubt whatsoever in the case of sealed churns containing watered milk that the source of the added water was one place only, namely the farm!

The following samples other than milk were found unsatisfactory :—

**Apricots.**—(No. 546/L) (*Informal*).—These were packed in Holland in a glass jar and sweetened with sugar. A maggot was found on one of the surface fruits. (Complaint by private purchaser. Retailers warned.)

**Beer.** (1)—(No. 941/F) (*Informal*).—This was a sample of black beer, submitted as the result of a complaint, the complainant suspecting that it contained human hair. Examination of the foreign matter proved this to consist of jute fibres which had probably originated from the sack containing the malted barley from which the black beer was made, the detached fibres having got through the grid through which the malt liquor passed prior to its concentration.

**Bread.**—(10 *informal samples*) (*complaints*).—These contained extraneous matter of various kinds, such as dough blackened by ordinary dirt or by mineral oil.

**Banana curd.**—(No. 221/F and No. 959/F) (*Formal*).—These two samples satisfied the legal requirements demanded of a fruit flavour curd but they were incorrectly described, as they contained no banana but only an imitation flavouring. (Manufacturers warned.)

**Fruit cake.**—(No. 178/F) (*Informal*) (*Complaint*).—This contained a curled mass of vegetable fibres which might have originally formed part of a brush. Proceedings were taken under Section 3 of the Food and Drugs Act, 1938, against the bakers, who were found guilty and given an absolute discharge on payment of 12s. 6d. costs.

**Ham sandwich.**—(No. 201/F) (*Informal*) (*Complaint*).—The presence of three mouse droppings on the ham in this sandwich was confirmed and proceedings instituted against the retailer, who was given an absolute discharge on payment of £1 11s. costs.

**Horseradish powder.**—(No. 1089/F) (*Formal*).—This sample, weighing about 1½ oz., was of satisfactory composition so far as the powder itself was concerned, but unsatisfactory in that it contained a sharp triangular piece of glass, each side of which measured



approximately half an inch. Quite obviously no legal proceedings could be contemplated in a case of this kind as there was no certainty that similar pieces of glass would be found also in the portion left with the vendor and in that retained by the sampling officer, if indeed there would be any glass found at all in these. In this case, therefore, the position was quite different from that of the apricots, fruit cake, and ham sandwich. Under the circumstances the despatch of a warning letter to the retailer concerned was the most that could be done.

**Ice-cream cornet.**—(No. 1055/L) (*Informal*).—A complaint was made about the extensive patches of dark material found near the point of the cone. As microscopical examination only revealed brown and black structureless fragments, it was impossible to state with certainty the nature of the patches, but a likely explanation was that the cone had undergone partial charring in the course of its manufacture.

**Black mustard.**—(No. 407/L) (*Informal*).—This contained only 25.0 per cent. black mustard, the remaining 75.0 per cent. being black mustard husk. No immediate action was taken by the sampling officer concerned regarding this matter, which originated as a complaint, doubtless because of the fact that attempts to make a paste of the product with water with a view to employing it as a condiment were unsuccessful owing to its coarse nature. (Its pungency, judged by its volatile oil content, actually equalled that of ordinary table mustard.) Six months later a formal sample was submitted more as a drug than as a food and was reported upon accordingly.

**Mustard sauce.**—(No. 775/F) (*Formal*).—The sale of this pre-packed article contravened both the Food and Drugs Act, 1938, and the Labelling of Food Order, 1950, as any mustard present was lacking in pungency, there being no mustard oil detectable, and because mustard was wrongly placed first on the list of ingredients, the major constituent being vinegar. No action was taken as it was discovered that the manufacturers in the meantime had gone out of business.

**Peach melba spread.**—(No. 295/F) (*Formal*).—The case of this article was similar to those of the banana curd already mentioned, but was even worse in that the present product neither contained peach nor even tasted of it. At the best it could only be stated to possess a fruit flavour. A warning letter was accordingly despatched to the manufacturers.



**Pork pie.**—(No. 592/L) (*Informal*) (*Complaint*).—This was one of two pork pies bought by a woman customer, who on taking a bite from it encountered a foreign substance, which laboratory examination proved to be a piece of glass measuring  $4/10\text{th} \times 1/10\text{th}$  inch. At the Court proceedings instituted against the manufacturers, who were stated to make many thousands of pies per week, the defending solicitor said that no intelligible explanation could be offered for the presence of this solitary and totally unwelcome stranger. In view of the firm's previous fine record an absolute discharge was granted upon the payment of £1 8s. 6d. costs.

**Rice.**—(No. 196/L) (*Informal*) (*Complaint*).—This was found to contain two rat droppings, the vendor concerned being prosecuted, found guilty and fined £5 in addition to being ordered to pay £1 1s. costs. In a second case (No. 212/L) (*Informal*) involving a complaint concerning a packet of rice, the foreign bodies found consisted of a small wooden chip, two small seeds, several small stones, and a small quantity of sugar, a warning letter regarding these being sent to the retailer.

**Beef sausage meat.**—(No. 1058/F) (*Formal*).—This contained only 44 per cent. meat instead of an expected minimum of 50.0 per cent. The actual meat content was therefore only 88.0 per cent. of the required amount, equal to a 12.0 per cent. deficiency. In view of the fact that the deficiency was not serious no legal action was taken.

**Pork sausages.**—(No. 53/L) (*Formal*).—This sample contained permitted sulphur dioxide preservative to the extent of 60 parts per million without declaration of its presence at the time of sale. The manufacturer was sent a warning letter.

(No. 802/L) (*Formal*).—This sample contained only 48.0 per cent. meat instead of a considered minimum of 60.0 per cent. based upon analyses of official samples submitted by the Leeds inspectors since 5th November, 1950, when the Ministry of Food amended the Control and Maximum Prices Order relating to meat products so as to increase the required minimum meat content of pork sausages from 50.0 to 65.0 per cent. In the absence of a standards order made under the Defence (Sale of Food) Regulations, 1943, successful application was made to the Court to have regard to the above 60.0 per cent. minimum, a conviction with costs following a plea of guilty on the part of the manufacturers.



**Shredded beef suet.**—(No. 541/L) (*Formal*).—This contained only 81.0 per cent. fat instead of the minimum 83.0 per cent. required by the Food Standards (Shredded Suet) Order, 1944. The manufacturers received a warning letter.

**Tomato creme soup.**—(No. 1266/L) (*Formal*).—This contained not more than 3.0 per cent. fat as against the 3.5 per cent. minimum recognised by the Ministry of Food in its Codes of Practice for canned cream soups (C.P.4/2) (The Advertising, Labelling and Composition of Food. H.M.S.O. 1949). A warning letter was addressed to the manufacturers.

**Sweets—"Buttanuts".**—(No. 777/F) (*Formal*).—This product which appeared to consist of a cluster of small nuts, was a pre-packed article declared to consist of puffed cereal, sugar, glucose, fruit juices, vegetable fat, flavouring and colouring. The ingredients were stated in the correct order, the sale thus conforming with the requirements of the Labelling of Food Order, 1950, but exception was taken to the misleading description which suggested that the article contained both butter and nuts, neither of which was present. The misleading description in respect of the nuts was furthermore coupled with a misleading appearance. A warning letter was accordingly sent to the manufacturers.

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Of the genuine samples mention may be made of the following :—  
 Chico (No. 24/L), a mixture of glucose, chicory and coffee extracts.  
 Chocolate cup (No. 79/F), a mixture of cocoa, sugar, cereals and flavouring.  
 Dandelion Coffee (3) (Nos. 719/F, 1166/L, and 1373/L) consisting of roasted dandelion root only and therefore free from caffeine. In view of the High Court decision in 1950 respecting "non-brewed vinegar" the problem arose as to whether the description "dandelion coffee" could still be justified. On investigation it was found that Section 18 of the Merchandise Marks Act, 1887 (under which the non-brewed vinegar case was taken) exempts descriptions lawfully applied to goods before the passing of the Act from Section 2 (1) (d) of the Act, and it has been ascertained that dandelion coffee was well established on the market before 1887, the year 1872 being actually quoted as the date of its introduction. A formal sample submitted as Dandelion Coffee Essence (No. 1197/L) was accordingly also classified as genuine. Farola (No. 800/L) 100.0 per cent. fine semolina. Halva (No. 1086/F), a sweetmeat consisting mainly of sesame seeds and sugar. Iced Lollies (No. 950/L), a frozen coloured



"ice" containing 6.0 per cent. sugar and 0.2 per cent. acid calculated as citric acid. Morfat Whipping (No. 1056/F) containing 26.0 per cent. fat as against 23.0 per cent.—25.0 per cent. declared, the remainder being skimmed milk. Soroma (No. 1241/L) consisting of a mixture of potato and wheat starches in addition to an emulsifier, colouring and flavouring.

#### DRUGS (9).

Seven out of the nine samples submitted for analysis were of satisfactory composition, one of these being a Linctus (No. 1162/F) (Informal) which was a water-white medicine which had been prescribed and dispensed by a pharmacist for a six-year old boy suffering from a cough. As the child had spat out the first dose owing to its alleged objectionable taste, the father enquired if any harmful ingredient was present. Analysis proved that the medicine was similar to the "Syrup of Codeine and Creosote" of the B.P.C. 1949 Formulary. No harmful ingredient was present and the amount of codeine in each prescribed teaspoonful was within reason for a child of six years. The presence of the creosote (a wood tar product) however had rendered the medicine unpalatable, and the child's reaction to it was understandable.

The two samples of unsatisfactory composition were:—

**Black mustard.**—(No. 1198/L) (*Formal*).—This was an official follow-up sample to the informal sample which had been the subject of a complaint earlier in the year. It was found to consist of 30.0 per cent. black mustard seeds and 70.0 per cent. black mustard husk, and should have been sold as "mustard bran," with which it is identical in composition. Genuine black mustard consists of the dried ripe seeds of the black mustard plant, and this has a higher mustard oil content than mustard bran. It is not easy to obtain, but a cautious pharmacist when able to supply only mustard bran when asked for black mustard, is careful to make this clear, although it was stated by one pharmacist that when the public asked for black mustard for a plaster or a poultice they really meant mustard bran.

**Indian Brandee.**—(No. 1372/L) (*Formal*).—In addition to syrup reinforced with rhubarb, ginger and capsicum, this preparation was stated to contain 25.0 per cent. Sweet Spirit of Nitre, whereas in actual fact it contained none. The indications were, however, that this substance had been present originally, but that it had disappeared with keeping. No action was taken, as there was found to be no further stock in the shop.



## OTHER ANALYSES

**Fertilisers and Feeding Stuffs (22).**—20 fertilisers and 2 feeding stuffs were analysed. Of these, six of the fertilisers failed to conform completely to the warranties, but in three of the cases the faults were good ones in that the upper limits of variation had been somewhat exceeded, and in a fourth case the phosphorus had been invoiced as calcium phosphate instead of as phosphoric acid (phosphorus pentoxide). The two feeding stuffs were of satisfactory composition, but the vendors had failed to supply the required statutory statements concerning the percentages of oil, albuminoids and fibre.

**Miscellaneous samples (129).**—These included 113 specimens of dust collected in the vicinity of a factory making boot protectors, 4 waters, 1 insecticide, 2 dried milks, 1 fat extender, 2 synthetic creams, 1 icing substance, 2 pieces of charred material, 1 piece of glass found in a cake, some glass found in a pineapple chunks jar, and particles thought to be glass, but which turned out to be crystals of cream of tartar which had formed in canned South African grapes.

**Atmospheric pollution.**—The work has been continued throughout the year, observations having been made at the same seven stations as in 1951 in connection with the deposit gauges and the sulphur candles, for which the average results obtained are recorded in the following table, the 1951 figures being given alongside for the purpose of comparison:—

SITE	RAIN GAUGES		LEAD- PEROXIDE METHOD	
	Average monthly deposit in tons per sq. mile		Average daily sulphur pollution as mgrms. of SO <sub>2</sub> per 100 sq. cms. of fabric exposed.	
	1952	1951	1952	1951
Headingley .. ..	12·3	20·7	1·9	2·1
Market Buildings .. ..	29·7	33·7	2·9	3·2
Hunslet .. ..	16·6	19·2	2·4	2·6
Temple Newsam .. ..	10·5	13·5	2·0	2·2
Armley Park .. ..	31·0	44·4	2·6	2·6
St. James's Hospital .. ..	16·7	19·9	2·5	2·6
Burley Park .. ..	35·9	59·5	..	..

The figures are a definite all-round improvement on those for 1951 and it is pleasing to find Headingley restored to the position due to it as a residential area.

In addition daily measurements of smoke by filter paper discs and of sulphur dioxide by a volumetric process have been made with the apparatus installed in the Bacteriological Laboratory of this Department.

The table summarises the results obtained:—

1952	SMOKE		SULPHUR DIOXIDE	
	Milligrams per cubic metre		Volumes per million volumes of air	
	Daily Average	Highest Daily Value	Daily Average	Highest Daily Value
January .. ..	0.74	1.32	0.245	0.429
February .. ..	0.64	1.26	0.197	0.435
March .. ..	0.19	0.69	0.146	0.225
April .. ..	0.16	0.64	0.142	0.283
May .. ..	0.40	0.87	0.109	0.185
June .. ..	0.10	0.20	0.113	0.192
July .. ..	0.12	0.25	0.100	0.189
August .. ..	0.14	0.27	0.100	0.213
September ..	0.22	0.33	0.087	0.142
October .. ..	0.32	0.54	0.182	0.363
November ..	0.39	0.82	0.214	0.575
December ..	0.68	1.44	0.262	0.605
Mean .. ..	0.34	..	0.158	..

**Bacteriological work.**—With the merging of the bacteriological laboratory into the department, the submission of raw, pasteurised and sterilised milks to the official tests required by the Milk (Special Designations) Regulations, 1949, was taken over as from the 1st January, as well as the examinations of ice-creams by the Methylene blue and (where considered necessary) the B.Coli and count tests. By means of these tests it is possible to ascertain whether or not (a) raw and pasteurised milks and ice-creams have been produced under such conditions as to render them safe for human consumption; (b) pasteurised and sterilised milks have been sufficiently heat treated.



In all, 981 milks and 77 ice-creams were examined with the results tabulated herewith:—

## MILK

Designation	Number examined	Unsatisfactory by		Percentage reported unsatisfactory
		Methylene Blue test	Turbidity test	
†T.T. Raw .. ..	193	8	..	4.1
Accredited .. ..	1	1	..	100.0
Raw .. .. .	2	*1	..	100.0
Sterilised .. ..	97	..	Nil	Nil

†Satisfactory samples not to decolourise Methylene Blue at 37°C in  $4\frac{1}{2}$  hours, May to October, or  $5\frac{1}{2}$  hours, November to April.

\*Methylene Blue test only applied in one case—milks satisfactory as regards count but unsatisfactory as regards B.Coli (present in 0.1 ml.)

Designation	Number exam- ined	Unsatisfactory by		Number reported unsatisfac- tory	Per cent. reported unsatisfac- tory	
		Methylene Blue test	Phos- phatase test			
Pasteurised (516)	Dairies ..	316	4	12	*15	4.7
	Schools ..	101	11	..	11	10.9
	Day Nurseries	84	2	..	2	2.4
	Hospitals	15	..	1	1	6.7
T.T Past- eurised (172)	Dairies ..	166	2	1	3	1.8
	Day Nurseries..	6	..	..	..	Nil

Samples complying with the phosphate test must not give a colour reading of more than 2.3 Lovibond Blue Units.

\* 1 only failed both tests.

It will be seen that the highest proportion of unsatisfactory samples consisted of pasteurised milk taken at schools, this being probably due to their not having been stored at a sufficiently low temperature to prevent growth of bacteria capable of causing decolourisation of methylene blue: they had all been sufficiently heat treated.

Of the 12 dairy pasteurised milks which failed the phosphatase test 5 were from one pasteuriser and 3 each from two others.

### ICE-CREAMS

#### METHYLENE BLUE TEST

Grade	Time taken to reduce Methylene Blue at 37°C	Number	Percentage	Quality
1.	4½ hours or more .. ..	37	48.0	Good
2.	2½ to 4 hours .. ..	19	24.7	Satisfactory
3.	½ to 2 hours .. ..	13	16.9	Unsatisfactory
4.	*Nil .. ..	8	10.4	Very unsatisfactory
		77	100.0	

(Test recommended by Medical Research Council, Public Health Laboratory Service Report. March, 1947.)

\*Colour disappears during a pre-incubation period of 17 hours at 20°C

#### BACTERIAL COUNT AND COLIFORM TESTS ON GRADE 4 SAMPLES

Inspector's No.	Laboratory No.	Organisms per ml.	Quality indicated	B. Coli	Quality indicated
109	12	Not determined	..	Not determined	..
110	13	"	..	"	..
114	16	180,000	Unsatisfactory	Present	Very unsatisfactory
115	17	370,000	"	in	"
136	38	180,000	"	1.1000 ml.	"
143	45	160,000	"	in	"
144	46	165,000	"	each	"
148	50	13,000	Satisfactory	case	"

The combined percentage of good and satisfactory samples (72.7 per cent.) shows an improvement on the 1951 figure of 64.3 per cent. (98 samples).



**Samples submitted by other Departments.**—In the course of his work the City Analyst is not infrequently consulted by the heads of one or other of the various Corporation Departments. Analyses were carried out during the year for six such Departments, as well as for one of the Hospital Management Committees, which required advice regarding soaps (5), milks (3), fruit juices (2), and floor polishes (3). For the Central Purchasing Department 6 detergents, 3 ice-creams, and 1 malt and cod liver oil were examined, and for the City Engineer samples of slag, firebrick, quicklime and lime mortar. 10 samples of concentrated kitchen waste were evaluated for the Cleansing Department, and 81 alleged intoxicating liquors tested for alcoholic content for the Chief Constable. The monthly analyses of the city water supply have been continued, and four special enquiries dealt with. Finally, one sample of sweets was analysed for the Weights and Measures Department and reported upon.

In conclusion, it is a particular pleasure to express to my Deputy, Mr. R. A. Dalley, F.R.I.C., and the other members of my staff my sincere thanks for their invaluable help and loyal co-operation during a year of upheaval and fresh activities, and I would also like to pay tribute to the efficient way in which the Works Department adapted the premises to the present needs.

FOOD AND DRUGS ACT, 1938.  
SAMPLES SUBMITTED TO THE CITY ANALYST DURING 1952.

Article.	No. examined.			No. adulterated.			Per-centage adultera-tion.
	Formal	Informal	Total	Formal	Informal	Total	
FOODS (2,605)							
Almonds, ground ..	2	..	2	..	..	..	..
Apples, liquid .. ..	I	..	I	..	..	..	..
Apricots .. ..	..	I	I	..	I	I	100·0
Apricots with sugar ..	I	..	I	..	..	..	..
Arrowroot .. ..	I	..	I	..	..	..	..
Baking powder .. ..	I	..	I	..	..	..	..
Banana curd .. ..	2	..	2	2	..	2	100·0
Banana pieces .. ..	I	..	I	..	..	..	..
Beef dripping .. ..	2	..	2	..	..	..	..
Beer .. ..	18	I	19	..	I	I	5·3
Bilberries, dried .. ..	I	..	I	..	..	..	..
Bread .. ..	..	11	11	..	10	10	90·9
Butter .. ..	I	..	I	..	..	..	..
Cake mixture .. ..	I	..	I	..	..	..	..
Cake & Pudding Mixture	I	..	I	..	..	..	..
Cake, fancy .. ..	..	I	I	..	..	..	..
Cake, fruit .. ..	..	I	I	..	I	I	100·0
Cake, sponge .. ..	..	I	I	..	..	..	..
Calves feet jelly .. ..	I	..	I	..	..	..	..
Caraway seeds .. ..	I	..	I	..	..	..	..
Celery salt .. ..	I	..	I	..	..	..	..
Cheese, processed .. ..	I	..	I	..	..	..	..
Cheese spread .. ..	..	I	I	..	..	..	..
Cherries, glaze .. ..	I	..	I	..	..	..	..
Chico .. ..	I	..	I	..	..	..	..
Chocolate cup .. ..	I	..	I	..	..	..	..
Chocolate, drinking ..	I	..	I	..	..	..	..
Chocolate spread .. ..	I	..	I	..	..	..	..
Chocolate vermicelli ..	I	..	I	..	..	..	..
Christmas pudding .. ..	2	..	2	..	..	..	..
Cider vinegar .. ..	I	..	I	..	..	..	..
Cinnamon, ground .. ..	I	..	I	..	..	..	..
Cocoa .. ..	2	..	2	..	..	..	..
Coconut, desiccated .. ..	I	..	I	..	..	..	..
Coconut, sugared .. ..	I	..	I	..	..	..	..
Coffee .. ..	I	..	I	..	..	..	..
Coffee, Dandelion .. ..	2	I	3	..	..	..	..
do. Essence .. ..	I	..	I	..	..	..	..
Carried forward ..	55	18	73	2	13	15	..



## FOOD AND DRUGS ACT, 1938

SAMPLES SUBMITTED TO THE CITY ANALYST DURING 1952—continued

Article.	No. examined.			No. adulterated.			Per-centage adultera-tion.
	Formal	Informal	Total	Formal	Informal	Total	
Brought forward ..	55	18	73	2	13	15	..
Coffee & Chicory Essence	1	..	1	..	..	..	..
Cornflour .. ..	1	..	1	..	..	..	..
Currie powder .. ..	1	..	1	..	..	..	..
Curry powder .. ..	2	1	3	1	1	2	66·7
Cydrax .. ..	1	..	1	..	..	..	..
Dates, stoned .. ..	..	1	1	..	..	..	..
Dessert, butterscotch ..	1	..	1	..	..	..	..
Dessert powder, sweetened	1	..	1	..	..	..	..
Egg, dried .. ..	1	..	1	..	..	..	..
Essence of anchovies ..	1	..	1	..	..	..	..
Farola .. ..	1	..	1	..	..	..	..
Fish cakes .. ..	3	..	3	..	..	..	..
Fish paste, crab .. ..	1	..	1	..	..	..	..
Fish paste .. ..	2	..	2	..	..	..	..
Flour, bun .. ..	1	..	1	..	..	..	..
Flour, coconut cake ..	1	..	1	..	..	..	..
Flour, self-raising ..	3	1	4	..	..	..	..
Flour, snow cake ..	1	..	1	..	..	..	..
Fondant .. ..	1	..	1	..	..	..	..
Gelatine .. ..	1	..	1	..	..	..	..
Ginger, ground .. ..	1	..	1	..	..	..	..
Ginger, preserved ..	1	..	1	..	..	..	..
Golden glucose spread ..	1	..	1	..	..	..	..
Golden raising powder	1	..	1	..	..	..	..
Granultd. gravy improver	1	..	1	..	..	..	..
Grape juice .. ..	1	..	1	..	..	..	..
Halva .. ..	1	..	1	..	..	..	..
Ham sandwich .. ..	..	1	1	..	1	1	100·0
Heather honey .. ..	1	..	1	..	..	..	..
Honey .. ..	1	..	1	..	..	..	..
Horseradish powder ..	1	..	1	1	..	1	100·0
Ice cream .. ..	12	..	12	..	..	..	..
Ice cream cornet, part ..	..	1	1	..	1	1	100·0
Jam .. ..	7	1	8	..	..	..	..
Jelly .. ..	2	..	2	..	..	..	..
Jelly crystals .. ..	2	..	2	..	..	..	..
Jelly powder .. ..	1	..	1	..	..	..	..
Lard .. ..	1	..	1	..	..	..	..
Carried forward ..	115	24	139	4	16	20	..

## FOOD AND DRUGS ACT, 1938

SAMPLES SUBMITTED TO THE CITY ANALYST DURING 1952—continued

Article.	No. examined.			No. adulterated.			Per centage adultera- tion.
	Formal	Informal	Total	Formal	Informal	Total	
Brought forward ..	115	24	139	4	16	20	..
Lemon, butter and orange spread .. ..	1	..	1	..	..	..	..
Lemon cheese .. ..	1	..	1	..	..	..	..
Lemon curd .. ..	2	..	2	..	..	..	..
Lime cordial .. ..	1	..	1	..	..	..	..
Lollies, iced .. ..	1	..	1	..	..	..	..
Lollypop syrup .. ..	1	..	1	..	..	..	..
Macaroni .. ..	1	..	1	..	..	..	..
Marmalade .. ..	3	..	3	..	..	..	..
Marshmallow creme ..	1	..	1	..	..	..	..
Meat paste, beef .. ..	1	..	1	..	..	..	..
Meat paste .. ..	2	..	2	..	..	..	..
Meringue powder .. ..	1	..	1	..	..	..	..
Milk .. ..	2,275	13	2,288	111	2	113	4·9
Milk, evaporated .. ..	1	..	1	..	..	..	..
Milk, malted .. ..	1	..	1	..	..	..	..
Mincemeat .. ..	2	..	2	..	..	..	..
Mincemeat, fruit .. ..	1	..	1	..	..	..	..
Morfat whipping .. ..	1	..	1	..	..	..	..
Mustard, black .. ..	..	1	1	..	1	1	100·0
Mustard sauce .. ..	1	..	1	1	..	1	100·0
Non-brewed condiment ..	3	..	3	..	..	..	..
Nutmeg, ground .. ..	2	..	2	..	..	..	..
Olive oil .. ..	1	..	1	..	..	..	..
Orange crush .. ..	1	..	1	..	..	..	..
Paprika .. ..	1	..	1	..	..	..	..
Parsley .. ..	3	..	3	..	..	..	..
Parsley & Thyme stuffing	1	..	1	..	..	..	..
Paste, beef .. ..	1	..	1	..	..	..	..
Pastry mix .. ..	1	..	1	..	..	..	..
Peach melba spread .. ..	1	..	1	1	..	1	100·0
Peas, dried .. ..	4	..	4	..	..	..	..
Peas, garden .. ..	1	..	1	..	..	..	..
Peas, processed .. ..	1	..	1	..	..	..	..
Peanut butter .. ..	1	..	1	..	..	..	..
Pearl barley .. ..	2	..	2	..	..	..	..
Peel, cut, drained .. ..	1	..	1	..	..	..	..
Peel, mixed cut .. ..	1	..	1	..	..	..	..
Carried forward ..	2,439	38	2,477	117	19	136	..



## FOOD AND DRUGS ACT, 1938.

SAMPLES SUBMITTED TO THE CITY ANALYST DURING 1952—continued.

Article.	No. examined			No. adulterated.			Per-centage adultera-tion
	Formal	Informal	Total	Formal	Informal	Total	
Brought forward ..	2,439	38	2,477	117	19	136	..
Pepper, cayenne ..	1	..	1	..	..	..	..
Pepper, white ..	6	1	7	..	..	..	..
Pepper, flavoured compound ..	1	..	1	..	..	..	..
Pineapple in syrup ..	1	..	1	..	..	..	..
Polony ..	1	..	1	..	..	..	..
Pork pie ..	..	1	1	..	1	1	100·0
Portello ..	..	1	1	..	..	..	..
Pudding, mixed fruit ..	1	..	1	..	..	..	..
Rice ..	1	2	3	..	2	2	66·7
Rice, flaked ..	1	..	1	..	..	..	..
Rice, ground ..	3	..	3	..	..	..	..
Rice toasties ..	..	1	1	..	..	..	..
Saccharin ..	1	..	1	..	..	..	..
Sage ..	1	..	1	..	..	..	..
Sage & onion stuffing ..	2	..	2	..	..	..	..
Salad cream ..	2	..	2	..	..	..	..
Salmon paste ..	1	..	1	..	..	..	..
Salmon & tomato paste ..	1	..	1	..	..	..	..
Sausage, beef ..	21	..	21	..	..	..	..
Sausage meat, beef ..	5	..	5	1	..	1	20·0
Sausage meat, beef and mutton ..	1	..	1	..	..	..	..
Sausage, pork ..	21	1	22	2	..	2	9·1
Sausage roll ..	..	1	1	..	1	1	100·0
Semolina ..	2	..	2	..	..	..	..
Sherbet ..	1	..	1	..	..	..	..
Sherbits ..	1	..	1	..	..	..	..
Shredded beef suet ..	3	..	3	1	..	1	33·3
Soroma ..	1	..	1	..	..	..	..
Sponge pudding mixture, sugar sweetened ..	1	..	1	..	..	..	..
Sponge mixture ..	1	..	1	..	..	..	..
Soup, chicken noodle ..	1	..	1	..	..	..	..
Soup, cream of mushroom ..	1	..	1	..	..	..	..
Soup, green pea (powder) ..	1	..	1	..	..	..	..
Soup, tomato creme ..	1	..	1	1	..	1	100·0
Spaghetti ..	1	..	1	..	..	..	..
Carried forward ..	2,526	46	2,572	122	23	145	..

## FOOD AND DRUGS ACT, 1938.

SAMPLES SUBMITTED TO THE CITY ANALYST DURING 1952—continued.

Article.	No. examined.			No. adulterated.			Per-centage adultera-tion
	Formal	Informal	Total	Formal	Informal	Total	
Brought forward ..	2,526	46	2,572	122	23	145	..
Steak pie .. ..	..	I	I	..	..	..	..
Sweets, buttanuts ..	I	..	I	I	..	I	100·0
Sweets, glace fruit drops ..	..	I	I	..	..	..	..
Sweets, sugarkist ..	I	..	I	..	..	..	..
Sweetened Scotch short-bread mixture ..	I	..	I	..	..	..	..
Synthetic cream ..	I	I	2	..	..	..	..
Synthetic cream powder ..	I	..	I	..	..	..	..
Table creams ..	I	..	I	..	..	..	..
Tapioca ..	I	..	I	..	..	..	..
Tapioca dessert ..	I	..	I	..	..	..	..
Tarts ..	2	..	2	..	..	..	..
Tea ..	4	..	4	..	..	..	..
Thyme ..	I	..	I	..	..	..	..
Tomato catsup ..	I	..	I	..	..	..	..
Tomato chutney ..	I	..	I	..	..	..	..
Tomato juice cocktail ..	I	..	I	..	..	..	..
Tomato ketchup ..	I	..	I	..	..	..	..
Tomato sauce ..	I	..	I	..	..	..	..
Tripe bits ..	I	..	I	..	..	..	..
Vegetable salad ..	I	..	I	..	..	..	..
Vi-cocoa ..	I	..	I	..	..	..	..
Vinegar, malt ..	4	..	4	..	..	..	..
Wine, ginger ..	I	..	I	..	..	..	..
Wine, orange flavour ..	I	..	I	..	..	..	..
Yorkshire pudding mixture ..	I	..	I	..	..	..	..
DRUGS (9)							
Black mustard ..	I	..	I	I	..	I	100·0
Borax ..	I	..	I	..	..	..	..
Castor oil ..	I	..	I	..	..	..	..
Glycerin ..	I	..	I	..	..	..	..
Indian Brandee ..	I	..	I	I	..	I	100·0
Lemon, glycerin & honey mixture ..	I	..	I	..	..	..	..
Linctus ..	..	I	I	..	..	..	..
Nerve tonic tablets ..	I	..	I	..	..	..	..
Parrish's food ..	I	..	I	..	..	..	..
TOTAL FOOD AND DRUGS ..	2,564	50	2,614	125	23	148	5·7



