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MIRFIELD URBAN DISTRICT



ANNUAL REPORT

OF THE

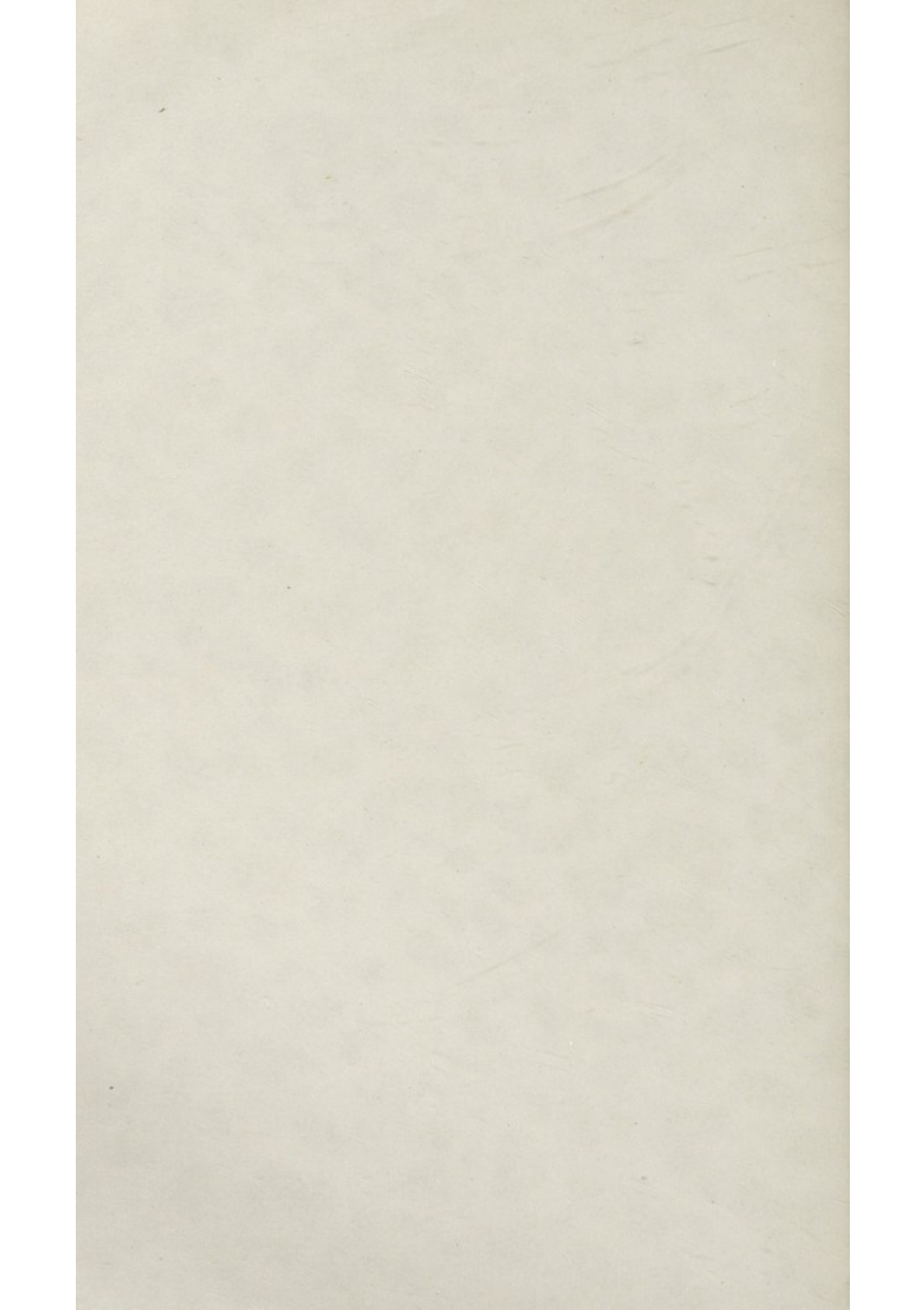
MEDICAL OFFICER OF HEALTH

For the Year

1 9 5 0

WILLIAM MASON DOUGLAS, M.B., Ch.B., D.P.H.

Medical Officer of Health



MIRFIELD URBAN DISTRICT



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Mirfield Urban District Council

1950-51

CHAIRMAN

Councillor JOHN HARDY, J.P.

DEPUTY CHAIRMAN

Councillor GEORGE WALKER TALBOT

COUNCILLORS

BARRACLOUGH, Joseph Herbert

CLARKE, George Arthur

COPLEY, Frank

DAY, Milner, J.P.

LYDALL, Frank Berti

STEAD, Percy

SYKES, James Henry

THIRKILL, Charles Almack

THORNTON, Charles Wharton

WALKER, Cecil

PUBLIC HEALTH AND HOUSING COMMITTEE

Councillor TALBOT, Chairman

Councillor HARDY, Deputy Chairman

Consists of all the Members of the Council.

October, 1951.

TO THE CHAIRMAN AND MEMBERS OF THE MIRFIELD URBAN DISTRICT
COUNCIL.

Mr. Chairman and Gentlemen,

I have the honour to submit to you my Annual Report relating to the Urban District of Mirfield and to the work of the Health Department for the year 1950.

The vital statistics for this year are in many respects so favourable that I feel it necessary to remind you that we are dealing with a comparatively small population, and that it would therefore be unwise to draw too definite conclusions or to expect that they will necessarily be maintained constantly in future years, although of course, it is my hope that they may do so. The crude death rate (12·5) is as low as any that has been recorded in Mirfield during the past twenty years, and has only been bettered on one occasion (1930), and equalled on another (1944). Furthermore the application of the comparability factor supplied by the Registrar General indicates that if the age and sex constitution of the population had been similar to that of the average throughout the country the death rate in Mirfield during the year would have been still more favourable (11·87).

The birth rate, however, was lower than that for the country as a whole and also for the administrative county, and since the Registrar General's comparability factor (0·99) indicates that there are rather more women within the reproductive age-group in Mirfield than is the average throughout the country, our declining birth rate is particularly unfavourable. On the other hand the infant mortality rate of 6 per thousand, which results from the one infant death which occurred during the year, is lower by far than any which has ever been achieved in Mirfield before ; it is a source of the greatest satisfaction to all concerned and must reflect the highest credit upon the standard of mother care in Mirfield during the year. The still birth rate (30·5) also shows a reduction from the previous year and it is hoped that future years will show an ever decreasing number of these tragedies.

For the fifth year in succession there were no cases of Diphtheria and following the anxieties of the previous year it is with thankfulness that I report that there were also no cases of Poliomyelitis. For the second year in succession Measles was prevalent throughout the district.

Details are given in the report of the Mass Radiography Survey which was carried out at the end of the year and which had a good public response in spite of inclement weather. From the details kindly supplied by the Consultant Chest Physician it is seen that two cases were diagnosed as active Pulmonary Tuberculosis requiring treatment and this is lower than the average for such Surveys. Sixteen other cases of chest disease were diagnosed.

I have been keenly interested during the year in the growth of the Old People's Welfare Movement which is doing so much good in a quiet way. Progress may at times appear to be slow, but it is an extremely difficult task to which the Old People's Welfare Committee is committed, and it is important that the foundations should be solid and the effort sustained.

It has not yet been found possible to expand our activities in the field of mental health, and in connection with mental deficiency I must remind you of the lack of facilities within the area for the training of mentally defective persons in occupation centres.

The statistics relating to the work of the Health Visitors and of the various clinics show the wide range of services available to the residents of Mirfield, and give an indication of their acceptance. There can be little doubt of the part they play in the increasing measure of good health enjoyed by all sections of the community. One outstanding service which is missing is an adequate School Dental Service, still not provided for reasons which are known to everybody—namely inadequate remuneration compared with that which can be obtained in other branches of the National Health Service.

In the field of environmental hygiene steady progress with the privy conversion scheme has continued and it is roughly estimated that only fifty privies now remain which are capable of conversion to water closets. Nevertheless this is a larger number than it should be and it is hoped that owners of property will co-operate to the full in securing conversion wherever possible. The Council make a grant for this purpose.

The adoption of the Food Byelaws and the Codes of Practice relating to the various sections of the catering industry have been a real advance. Much attention has been paid to improving conditions under which food is prepared and sold during the year, and the readiness of the trade to adopt our suggestions and requirements has been gratifying. It is through public pressure that the main progress along these lines will continue, and I am glad that people have come to understand that they have a right to expect a reasonable standard of care and cleanliness in the preparation and sale of food. Improvements have also been effected in the hygienic distribution of milk supplies and particular attention has been paid to ice cream with a corresponding increase in safety and amenity.

Comments have been made throughout the report on each section of the Health Department's activities, and I should like to pay my tribute to the loyalty of each member of the staff, and to Mr. Johnson,

the Chief Sanitary Inspector, for supplying me with that part of the report relating to the work of the Sanitary Inspectors. I have valued the co-operation which I have had at all times from the general practitioners of the area, the headmasters and school teachers, and indeed the very many voluntary and official bodies with whom I have had day to day contact.

Finally I should like to thank you, Mr. Chairman, and the members of the Council, for your unfailing support and ever ready courtesy and consideration.

I am, Mr. Chairman and Gentlemen,

Your obedient servant,

W. M. DOUGLAS,

Medical Officer of Health and
Divisional Medical Officer.

MIRFIELD URBAN DISTRICT.

Area of district in acres at 1931 census	...	...	...	3,394
Population at 1931 census	...	...	...	12,099
Number of inhabited houses at end of 1931	...	...	...	3,550
Number of families or separate occupiers at end of 1931	...	...	...	3,209

Statistical Summary of the area for 1950 in comparison with 1949.

	1949	1950
Area of district in acres	3,394	3,394
Estimated population (mid-year)	11,940	11,930
Average number of persons per acre	3.5	3.5
Estimated number of dwellinghouses (end of year)	4,200	4,240
Average number of persons per house	3	3
Rateable value at 1st April	£54,627	£55,242
Product of Penny Rate (estimate)	£214	£209
Crude Death Rate per 1,000 estimated population	13.98	12.5
Comparability Factor	0.96	0.95
Standardised Death Rate	13.4	11.87
Birth Rate per 1,000 estimated population	15.7	14.1
Comparability Factor	(not available)	0.99
Standardised Birth Rate	(not available)	13.95
Still-birth Rate per 1,000 total live and still-births	45.9	30.5
Infant Mortality Rate per 1,000 live births	21.4	6.0
Maternal Mortality Rate	Nil	Nil

POPULATION AND SOCIAL CONDITIONS.

The population of the Urban District of Mirfield at the 1931 census was 12,099, and the Registrar General's estimate of the population for the year 1950 is 11,930. This figure is used throughout this report in calculating rates.

Although there are a number of important industries established in the district, mainly textiles, wool and cotton, and malting, it cannot be said to be heavily industrialised, and there is ample open space and fine residential localities.

As in 1949 the year was one of full employment in Mirfield, and in common with the heavy woollen districts of the West Riding there is a very substantial employment of female labour ; in fact, in Mirfield there were no women registered as unemployed at the Employment Exchange, and indeed vacancies existed which could not be filled. There is no extensive employment of foreign workers in the district mainly owing to lack of accommodation, and it is estimated that only about fifty European Voluntary Workers are continuously employed. There is a steady demand for additional workers in almost every industry and there is a particular demand for female labour. Last year one firm opened a Day Nursery where the mothers employed in the factory could place their young children under the care of competent staff, while so engaged. This venture has proved so successful that it is hoped to increase the Nursery accommodation in the very near future. This same firm also runs a hostel for European Voluntary Workers.

These notes relating to employment have kindly been supplied by the Manager of the Mirfield Employment Exchange.

VITAL STATISTICS FOR THE YEAR 1950.

Live Births.

					Males	Females	Total
Legitimate	...	...	...	...	76	87	163
Illegitimate	...	...	...	...	3	2	5
Total					79	89	168

Birth rate per 1,000 estimated population : 14·1.

Births notified in the District.

Ward					Males	Females	Total
Battysford	...	...	...	...	9	6	15
Eastthorpe...	...	...	...	...	6	2	8
Hopton	...	...	...	...	1	3	4
Northorpe	...	...	...	...	4	1	5
					20	12	32
Crossley Maternity Home							373
Total							405
Births Transferable from District							277
							128
Births transferable to the District :							
(a) Staincliffe	...	...	...	...			32
(b) Other Institutions...	...	...	...	...			21
Total Net Births belonging to District							181

Stillbirths.

					Males	Females	Total
Legitimate	...	...	...	...	2	3	5
Illegitimate	...	...	...	...	—	1	1
Total					2	4	6

Stillbirth rate per 1,000 live and still-births : 30·5.

There were 168 live births during the year which is 19 less than in 1949, giving a birth rate of 14·1 per thousand estimated population. The birth rate has shown a progressive decline since 1947 in which year there were 239 births. This decline has been general throughout the country during the same period but the decline of the birth rate in Mirfield has been somewhat more rapid, and this is the more to be regretted since, by the application of the comparability factor of 0·99 supplied by the Registrar General it would appear that if the population of Mirfield contained the same number of women within the reproductive age-group as the average for the country, the birth rate would be reduced to 13·95 per thousand estimated population. The

proportion of the births relating to the Urban District of Mirfield which took place in hospital was again 82% of the total births. This proportion appears to be practically stationary in Mirfield and is very high compared with most other districts. It appears to be due, in part at least, to housing and social factors in the area, to the availability of adequate maternity home accommodation in the area, and to the fact that, to the mother, it is cheaper to go into hospital to have her baby. Surely it is not right that this last factor should operate, and there are many cases where it is felt, from a consideration of all the circumstances, that it would be better for the mother to have her child in her own home.

There were 6 still births which gives a rate of 30·5 per thousand live and still births. This shows a considerable drop from last year, and the following table shows the conditions with which the still births were associated :—

	Number of Still births		
Premature labour	1
Rhesus incompatibility	1
No known cause	1
Abnormal presentation	1
Toxaemia of pregnancy	2

Four of the still births took place in hospital and two in domiciliary confinements. Only one of these cases attended the Local Health Authority's Ante-Natal Clinic for ante-natal care and this was the case which resulted in still birth because of Rhesus incompatibility. No doubt time and an ever increasing vigilance and the elaboration of new techniques will reduce the proportion of these tragedies in the years to come, but it is true to say, in the meantime, that adequate and comprehensive ante-natal services exist for all mothers who are prepared to utilise them to the full.

Deaths.

	Males	Females	Total
Total Deaths assigned to district ...	70	79	149
Deaths registered in the district ...			108
Deaths transferable to the district ...			41
Death Rate per 1,000 estimated population			12·5
Standardised Death Rate			11·37
Deaths from puerperal causes		Nil	

Deaths of Infants under 1 year :—

	Males	Females	Total
Legitimate	1	—	1
Illegitimate	—	—	—
	1	—	1

The 149 deaths assigned to the district result in a crude death rate of 12.5. The Registrar General's "comparability factor" for deaths is 0.95 and multiplying the crude death rate by this factor we obtain 11.87 which would represent the death rate for Mirfield if its population had the same age and sex constitution as that of the country as a whole. The death rate is lower than that for last year and approximates to the average of the country as a whole. The standardised death rate is lower than the figure both for the country and for the administrative county.

The main causes of death are once again Heart Disease, Intra Cranial Vascular Lesions and Cancer, which together account for 103 deaths and well over a half of all the deaths occurred at age 65 years and over. It is interesting to note that the largest number of deaths occurs in the age group 75 years and over whereas fifteen to twenty years ago the largest number of deaths occurred in the age group 65 to 75 years.

There was only one death of an infant under 1 year of age. This gives an infant mortality rate of 6 per thousand live births and is by far the lowest figure ever recorded in Mirfield. One hesitates to draw conclusions when dealing with small populations and from a good year, but it is nevertheless a wonderful achievement and one in which the mothers of Mirfield, the general practitioners, and the preventive medical services can all take pride. Strange it is that the one death which did occur was due to infection which is, in theory at least, preventable.

There were five premature births during the year all of whom survived and none of whom was born in hospital.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1950.

	All Ages	Under 1 year	1—4	5—14	15—24	25—44	45—64	65—74	75 and Over	Males	Females	Deaths in Institutions
Respiratory Tuberculosis ...	2						2			2		1
Syphilitic disease ...	1						1			1		1
Cancer ...	22					3	9	8	2	9	13	7
Vascular lesions of nervous system ...	25					3	6	5	11	5	20	6
Coronary disease, angina ...	24						7	11	6	14	10	2
Hypertension with heart disease ...	5						1	2	2	2	3	2
Other heart disease ...	27						3	7	17	16	11	3
Other circulatory disease ...	3							1	2	1	2	1
Influenza ...	1				1					1		
Pneumonia ...	2								2	1	1	
Bronchitis ...	9						3	3	3	7	2	2
Ulcer of stomach & duodenum	3					1		2		2	1	3
Gastritis, enteritis & diarrhoea	2	1							1	1	1	
Nephritis & Nephrosis ...	4						3	1		1	3	3
Hyperplasia of prostate ...	2								2	2		2
Other defined & ill-defined diseases ...	12					1	5		6	4	8	4
Accidents ...	5		1			1		1	2	1	4	4
TOTAL—All causes ...	149	1	1	—	1	9	40	41	56	70	79	41

PREMATURE INFANTS.

- (i) The number of premature babies notified during the year whose mothers are normally resident in the Council's area 5
- (ii) The total number of premature babies notified during the year that were born :—
- (a) at home —
- (b) in hospital or nursing home 5
- (iii) The number of those born in hospital or nursing home :—
- (a) who died within the first 24 hours —
- (b) who survived at the end of one month 5

**TABLE SHOWING BIRTH WEIGHTS, ETC.,
OF PREMATURE INFANTS.**

Institutional Confinements

Birth Weight lbs. ozs.	No. of Infants	No. of Infants who survived		
		24 hours	2-7 days	1 month
4 8	1	1	1	1
4 9	1	1	1	1
4 12	1	1	1	1
4 13	1	1	1	1
5 6	1	1	1	1
Totals	5	5	5	5

**Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rate
and Case Rate of Certain Infectious Diseases in 1950 compared with
other areas.**

	England and Wales	126 County Borough and Great Towns including London	148 Smaller Towns (Resident Pop. 25,000 to 50,000 at 1931 Census)	London Admin. County	Mirfield
Births	Rates per 1,000 Home Population				(13.9)*
Live births	15.8	17.6	16.7	17.8	14.1
Still births	0.37	0.45	0.38	0.36	0.50
Deaths					(11.9)*
All causes	11.6	12.3	11.6	11.8	12.5
Typhoid and Paratyphoid ...	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.01	0.01	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.36	0.42	0.33	0.39	0.17
Influenza	0.10	0.09	0.10	0.07	0.08
Smallpox	—	—	—	—	—
Acute poliomyelitis (including polioencephalitis)	0.02	0.02	0.02	0.01	0.00
Pneumonia	0.46	0.49	0.45	0.48	0.17
Notifications (corrected)					
Typhoid fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever	0.01	0.01	0.01	0.01	0.00
Meningococcal infection ...	0.03	0.03	0.02	0.03	0.00
Scarlet fever	1.50	1.56	1.61	1.23	0.75
Whooping cough	3.60	3.97	3.15	3.21	2.26
Diphtheria	0.02	0.03	0.02	0.03	0.00
Erysipelas	0.17	0.19	0.16	0.17	0.08
Smallpox	0.00	0.00	—	—	—
Measles	8.39	8.76	8.36	6.57	9.13
Pneumonia	0.70	0.77	0.61	0.50	0.50
Acute poliomyelitis (including polioencephalitis)	0.13	0.12	0.11	0.08	0.00
Paralytic	0.05	0.05	0.06	0.05	0.00
Non-paralytic	0.17	0.16	0.14	0.25	0.00
Food poisoning	—	—	—	—	—
Deaths	Rates per 1,000 Live Births				
All causes under 1 year of age ...	29.8‡	33.8	29.4	26.3	6.0
Enteritis and diarrhoea under 2 years of age	1.9	2.2	1.6	1.0	6.0
Notifications (corrected)	Rates per 1,000 Total (Live and Still) Births				
Puerperal fever and pyrexia ...	5.81	7.43	4.33	6.03	17.2
Maternal Mortality in England & Wales					
	Rates per 1,000 Total (Live & Still) Births		Rates per million women aged 15—44		
651 Abortion with sepsis	0.09		7		—
650, 652. Other abortion	0.05		4		—
640-649, 670-678. Complication of preg- nancy and delivery	0.54		—		—
681 Sepsis of childbirth and the puerperium	0.03		—		—
680, 682-689. Other complications of the puerperium	0.15		—		—

‡ Per 1,000 related live births.

* Figures in brackets are standardised rates

INFECTIOUS DISEASES.

For the second year in succession there was a fairly heavy incidence of measles in the district in common with the experience of neighbouring Authorities. This was not entirely expected since experience in Mirfield previously had shown that measles was more prevalent every second year. In the case of measles there is not a great deal that can be done to abort the epidemic, although very often a great deal can be done in the individual household by a timely diagnosis and by skilled advice in protecting the more susceptible members of the family.

There were 27 cases of whooping cough notified during the year and this is a most distressing disease particularly during the earlier years of life. It is believed that an immunising agent of value against whooping cough exists and it is regretted that the County Council has not exercised its powers under Part III of the National Health Service Act to make this available to the public through Public Health Departments in the same manner as for immunisation against Diphtheria. While it can at this stage be taken, I think, as fairly certain that protection against whooping cough would not be of the same order of certainty as that applicable to Diphtheria, many believe that its efficacy is such as to warrant its use on a large scale even at this stage.

The most striking thing about this section of the report, however, is in the absence, for the fifth year in succession, of any cases of Diphtheria, and in the decline throughout the country in the incidence of this disease, all branches of the medical profession should take high credit. Although the percentage of children immunised against Diphtheria remains reasonably satisfactory the number of parents coming forward for immunisation of their children within the first year of life shows a tendency to decline, and it is necessary constantly to remind individual citizens of their continuing social responsibility in securing the protection of their children against this disease. There is a tendency for mothers to neglect it in the earlier years of life and this is playing with fire. Every child should be immunised within the first year of life.

The protection of vaccination against smallpox is also not so generally accepted by the public as it ought to be. Here in Mirfield we have had no cases of smallpox since 1930, but during the year cases occurred in other parts of the country and indeed there was something of a scare in parts of the West Riding, resulting in larger numbers than usual seeking vaccination at the last moment. This is a foolish attitude to adopt because vaccination causes less physical inconvenience and is a safer procedure during the first few months of life than when it has to be performed as an emergency for the first time in later years.

Tables showing the amount of diphtheria immunisation carried out during the year and the state of diphtheria immunisation in the child population.

Period	Primary Injections		Re-inforcing
	Under 5	5-14	
Six months ending 30th June, 1950	87	16	62
Six months ending 31st December, 1950	61	14	50
Totals for 1950	148	30	112

Age at 31-12-50 <i>i.e.</i> , Born in year	Under 1 1950	1 1949	2 1948	3 1947	4 1946	5-9 1941-45	10-14 1936-40
Number immunised	10	115	167	228	125	700	614
Estimated mid-year child population, 1950	Children under 5 985					Children 5-14 1516	
Percentage of child pop. immunised	65%					86.4%	

Table showing persons vaccinated during 1950.

Age at 31st December, 1950, <i>i.e.</i> , born in year	Under 1 1950	1-4 1946-49	5-14 1936-45	15 or over before 1936	Total
Number vaccinated	34	11	15	8	68
Number re-vaccinated	—	1	3	13	17

Diphtheria immunisation and smallpox vaccination are made available free of charge by arrangements made by the County Council with the general practitioners, and through the Public Health Services. Arrangements are made to carry out vaccination and immunisation at all the Child Welfare and School Clinics in the area, and special sessions are held at schools where sufficient numbers justify it. During the past few years approach has been made to the parents of every child attending school, who has not already been immunised, in an attempt to raise the general immunity of the school population, in particular, against diphtheria.

CASES OF INFECTIOUS DISEASE
occurring in Mirfield Urban District classified according to Wards and Quarters, 1950.

Disease	Hopton				Battysford				Eastthorpe				Northorpe				Mirfield			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Scarlet Fever ...	2	—	—	—	—	3	—	1	2	—	—	1	—	—	—	—	4	3	—	2
Measles ...	—	1	2	—	6	22	23	1	4	7	17	2	2	6	14	2	12	36	56	5
Whooping Cough ...	—	—	—	—	—	1	2	4	—	—	—	1	—	1	2	16	—	2	4	21
Pneumonia ...	1	—	—	1	—	1	—	—	—	—	—	—	—	2	—	1	1	3	—	2
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	2	—	—	1
Erysipelas ...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Dysentery ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
TOTALS ...	3	1	2	1	7	28	25	6	6	7	17	4	4	9	16	20	45	60	31	

CASES OF INFECTIOUS DISEASE
occurring in Mirfield Urban District classified according to Age Groups and Wards, 1950.

Disease	All Ages	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	Over 65 years	Hopton	Battye- ford	East- thorpe	Nor- thorpe	Removed to Hospital
Scarlet Fever ...	9	—	2	7	—	—	—	—	2	4	3	—	5
Measles ...	109	5	78	24	1	1	—	—	3	52	30	24	—
Whooping Cough ...	27	2	16	9	—	—	—	—	—	7	1	19	—
Pneumonia ...	6	—	1	2	—	—	3	—	2	1	—	3	—
Puerperal Pyrexia ...	3	—	—	—	3	—	—	—	—	—	—	3	3
Erysipelas ...	1	—	—	—	—	—	—	1	—	1	—	—	—
Dysentery ...	1	—	—	1	—	—	—	—	—	1	—	—	1
TOTALS ...	156	7	97	43	4	1	3	1	7	66	34	49	9

TUBERCULOSIS.

Working in close collaboration with the Consultant Chest Physician, an attempt was made to continue the improvement in the Tuberculosis Service in the area which was commenced the previous year, and I believe that we have met with some measure of success, although not entirely satisfied yet that it has reached its peak of efficiency. The notifications of new cases and deaths from Tuberculosis show a slight decrease over last year's figures.

Upon the ascertainment of a new case of Tuberculosis an investigation is made of the social and housing conditions and of the environment where the person concerned works. Our Social Workers trace the close contacts of the patient and endeavour to have these examined by the Chest Specialist. In a number of cases the Housing Committee have provided suitable housing accommodation for such cases upon my recommendation. Extra Nourishment in the form of milk is provided, National Assistance entitlements are gone into, and from time to time we have obtained further help either from the West Riding Distress Fund or from voluntary agencies within the area. Nevertheless I feel that there is scope for a local After-Care Committee in connection with this work.

The statistical details of Tuberculosis in Mirfield are as follows :—

	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year ...	31	14	8	18
(b) Number of Cases notified first time during the year ...	6	3	—	1
(c) Removals from other areas	1	—	—	—
(d) Number of Cases removed from the Register ...	6	2	1	3
(e) Number of Cases remaining on the Register ...	32	15	7	16

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	1	—	—	—	—
10	—	—	—	—	—	—	—	—
15	—	—	—	—	—	—	—	—
20	1	2	—	—	—	—	—	—
25	2	1	—	—	—	—	—	—
35	2	—	—	—	—	—	—	—
45	—	—	—	—	—	—	—	—
55	2	—	—	—	2	—	—	—
64 and upwards	—	—	—	—	—	—	—	—
Totals	7	3	—	1	2	—	—	—

Five notifications were received of admission of persons suffering from Tuberculosis to Sanatoria and five discharges. The following are the Institutions to which Tuberculosis patients were admitted :—

	Admissions	Discharges
Middleton-in-Wharfedale	1	2
Bradley Wood Sanatorium	—	1
Scotton Banks	—	1
Whitley Grange	—	1
Killingbeck Hospital, Leeds	4	—
Totals	5	5

Miniature Radiography Survey.

In the latter part of the year I arranged for the visit of a Mass Miniature Radiography Unit to the area and public sessions were held at Ings Grove Clinic. Although this took place during extremely inclement weather, the interest of the public in this Scheme is reflected in the satisfactory attendances at these public sessions. In all, 911 adults and 169 children were X-rayed. Of these 63 people were recalled for further examination as a result of which the following provisional diagnoses were made :—

					Males	Females	Total
Pneumokoniosis	...	...	...	...	1	—	1
Pleural thickening	...	...	...	...	1	1	2
Bronchiectasis	...	...	...	...	4	3	7
Chronic bronchitis	...	...	...	...	1	1	2
Hypertension	...	...	...	...	2	—	2
Heart ...	...	...	...	...	—	2	2
Totals	...	...	...	...	9	7	16

Where a diagnosis other than Tuberculosis was made the cases were referred to the general practitioners concerned.

					Males	Females	Total
Provisionally diagnosed active Tuberculosis					4	4	8
Provisionally diagnosed in-active Tuberculosis	...	...	...	...	6	4	10
Totals	...	...	...	...	10	8	18

Where a provisional diagnosis of Tuberculosis was made the persons concerned were invited to attend the Chest Clinic for further examination and the following information has been supplied to me regarding these further examinations :—

					Males	Females	Total
Finally diagnosed as active Pulmonary Tuberculosis	...	...	...	...	1	1	2
Finally diagnosed in-active Pulmonary Tuberculosis not requiring treatment	...	...	...	...	5	3	8
Bronchiectasis	...	...	...	...	3	1	4
Did not attend	...	...	...	...	1	—	1
No. provisionally diagnosed in Mirfield but not there resident	...	...	...	...	—	3	3
Totals	...	...	...	...	10	8	18

I have receive no information whatever concerning those provisionally diagnosed in Mirfield who would not have been invited to attend the Chest Clinic in this area.

VENEREAL DISEASE.

The responsibility for measures taken to prevent the spread of venereal disease falls upon the County Council. Owing to the highly confidential nature of this work, field investigation, contact tracing, etc., is undertaken by central office staff specially trained in this work. The medical treatment of cases is largely undertaken by medical specialists employed by the Regional Hospital Board. A very close relationship has been established between these workers, the general practitioners, and the laboratory services of the Medical Research Council. I have to record my appreciation of the co-operation which has always been forthcoming from all concerned.

Facilities for the treatment of venereal diseases are available in the neighbourhood as follows :—

Huddersfield Royal Infirmary.

Women		Men	
Monday	2.0 p.m.— 4.0 p.m. 5.0 p.m.— 7.0 p.m.	Monday	2.0 p.m.— 4.0 p.m. 5.0 p.m.— 7.0 p.m.
Wednesday	10.0 a.m.—12.0 noon 2.0 p.m.—4.0 p.m.	Wednesday	10.0 a.m.—12.0 noon 2.0 p.m.— 4.0 p.m.
Friday	2.0 p.m.—4.0 p.m. 5.0 p.m.— 7.0 p.m.	Friday	2.0 p.m.— 4.0 p.m. 5.0 p.m.— 7.0 p.m.

Royal Halifax Infirmary.

Women and Children		Men	
Tuesday	2.30 p.m.—4.30 p.m. 5.0 p.m.—7.0 p.m.	Daily	11.0 a.m.— 8.0 p.m.
		Thursday	6.0 p.m.— 8.0 p.m.

Dewsbury and District General Infirmary.

Monday	1.30 p.m.—4.0 p.m.	Monday	1.30 p.m.—4.0 p.m.
Friday	6.0 p.m.—9.0 p.m.	Thursday	10.30 a.m.—12 noon
		Friday	6.0 p.m.—9.0 p.m.

MENTAL HEALTH SERVICE.

Mental Deficiency.

Mental deficiency means " a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury." The duty of ascertaining mentally defective persons and of making provisions for their care and supervision falls to the Local Health Authority, and this work is carried out by the Divisional Medical Officer and his staff. It is at the same time one of the most harrowing and one of the most rewarding tasks which it is our lot to perform. To have to inform a mother that her child is not, and never can be, as other children, is not a task which is looked forward to with anything other than feelings of sorrow, but it is important that it should be done as soon as ever this certainty is established, and in the manner of its telling lies the means of alleviating suffering or causing undue distress. On the other hand much can be done for mentally defective persons and in the extending scope of their lives and in the hope which is engendered in their parents lies a rich reward.

By no means are all mentally defective persons unemployable or ineducable. Their classification ranges from the completely ineffective idiot to the high grades of feeble minded and moral defectives who require the minimum of supervision and control for their own protection, and provision is made for their care accordingly. There are the Mental Deficiency Institutions for those who require more care than can be provided at home. There is not yet, however, sufficient accommodation in such Institutions to accommodate all those who should be admitted. Consequently, therefore, burdens are placed both upon parents and relatives, upon the Social Workers who supervise their cases, and at times upon neighbours and other members of the public. In certain cases instruction in simple crafts and allied subjects, in social behaviour and in the management of the defective, is given in the home by specially trained instructors. Commencement in this valuable type of work was made in Spenborough during the year by the engagement of a part-time Social Worker for this task, and this Service has been greatly welcomed by those concerned. It is true to say, however, that greater benefit is obtained by those who are able to attend regularly at occupation centres. The same types of instruction are given in these centres but, of course, the defective enjoys the advantage of community life, and the performance of routine tasks in this community gives that feeling of being wanted and belonging which is so important. As you will know I have for some years now been pressing for the establishment of such a centre in the divisional area but this has not yet come to fruition owing to factors not entirely within my control. A very limited number of vacancies have been obtained for the division in the Leeds and Bradford Occupation Centres but owing to travelling difficulties it has not been possible to arrange for any Mirfield patient to be admitted and I regard the provision of an occupation centre in the divisional area as of prime importance to our Health Services.

Mental Deficiency Statistics.

	Male	Female	Total
No. of cases under Guardianship Orders 1st January, 1950... ..	—	1	1
No. of cases under Statutory Supervision 1st January, 1950	6	2	8
No. of new cases placed under Statutory Supervision during 1950	3	—	3
	9	3	12
No. of cases deceased during 1950 ...	1	—	1
No. of cases taken off Guardianship Orders and placed under Voluntary Supervision	—	1	1
Total number of cases receiving some form of supervision on 31st December, 1950	8	3	11
No. of cases awaiting admission to institu- tions	3	—	3
No. of cases receiving Home Teaching 31st December, 1950	3	2	5
No. of visits to cases under Guardianship Orders	—	1	1
No. of visits to cases under Statutory Supervision	19	3	22
No. of visits to cases under Voluntary Supervision	—	2	2
No. of visits made on behalf of institutions for special home reports	2	4	6
Total number of visits made during 1950	21	10	31
Total number of visits made by Home Teacher	29	12	41

Mental Illness.

I mentioned in my Annual Report last year that a start had been made to provide the beginnings of a more complete Mental Service for those who were mentally ill. Unfortunately this Service has not yet been greatly extended owing to lack of suitable staff. The Social Worker in Mental Health should prepare reports for transmission to the various Mental Hospitals concerning patients from our area and this would be of value in the treatment of the illness. In addition patients should be visited after discharge from Mental Hospitals so

that they may be assisted materially in their re-adjustment to normal conditions. Families should be assisted and guided both before the admission of the patient to Hospital, during his absence, and after his return home. The Mental Health Social Worker should be available to work in co-operation with the general practitioners and the psychiatrist at hospital out-patient departments.

It is hoped during the coming year to recruit a suitably trained Social Worker for this work who can devote her entire time to it and to extend the scope of the work so that general practitioners and others may seek help with many of their cases before they reach the stage of requiring hospitalisation, and also that other patients on discharge from a Mental Hospital may receive the after-care which means so much in the completion of their cure. Patients from Mirfield generally are admitted to Stanley Royd Hospital, Wakefield, or to Storthes Hall Mental Hospital, Kirkburton. Liaison and co-operation with these Hospitals has improved a little during the year but one feels that, with the services of a properly trained Mental Health Social Worker much more could still be made of the link between the home, the work and the hospital, which the Public Health Department can provide.

Mental Illness Statistics.

	Male	Female	Total
No. of cases on register at 1st January, 1950	10	5	15
No. of cases discharged from mental hospitals during 1950	2	6	8
	12	11	23
No. of cases receiving After-care at 1st January, 1950	2	—	2
No. of cases taken off After-care register during 1950	1	—	1
No. of cases receiving After-care at 31st December, 1950	1	—	1
No. of cases to be visited to ascertain desire for After-care at 31st December, 1950	11	11	22
No. of visits made to patients during 1950	6	—	6
No. of reports on home conditions requested by, and forwarded to, mental hospitals	—	1	1

During the year the Duly Authorised Officer removed 3 certified cases to Mental Hospitals from Mirfield. In addition to these 5 cases apparently availed themselves of voluntary treatment but were not admitted by the Authorised Officer.

DOMICILIARY NURSING SERVICE.

Home Nursing Service.

There is no need to emphasise the value of the Home Nursing Service to the community in Mirfield. The number of visits paid and the wide variety of cases which they have attended gives some indication of the part the Nurses play in the life of the community. Medical skill is often set at naught if it does not go hand in hand with adequate skilled nursing. I feel that Mirfield is well served in this respect and I feel sure that the General Practitioners would be the first to pay tribute to the good work undertaken by the Home Nurses. It is, of course, mainly a curative service, although the opportunities for education in health exist if they are sought and now that the Home Nurses stand beside their colleagues in the mainly preventive services there is greater opportunity to further this work also.

The following information relates to the home nursing work done by the District Nurse Midwives during the year :—

(a) Number of cases being attended on 1st January, 1950	...	16
(b) Number of new cases attended during the year	...	139
(c) Number of day visits paid during the year	...	3053
(d) Number of night visits paid during the year	...	66
(e) Number of cases being attended on 31st December, 1950	...	24

The cases visited by the Home Nurses are classified as follows :—

Medical (129 cases)

Bronchitis and Asthma	...	2	Senility	...	16
Cardiac	...	14	Skin condition	...	1
Cerebral	...	18	Tuberculosis	...	1
Constipation	...	7	Threadworm	...	6
Dis. & Art. Sclerosis	...	2	Carcinoma Breast	...	1
Diabetes	...	2	" Colon & Rectum	...	1
Fractures	...	2	" Uterus & Cervix	...	3
Gynaecological	...	16	" Other sites	...	9
Intestinal	...	3	Gastric & Duodenal Ulcers	...	1
Infectious Disease	...	1	X-Ray Prep.	...	2
Urinary condition	...	2	Acute Abdominal	...	2
Pneumonia & Pleurisy	...	7	Miscellaneous	...	7
Rheumatism & Arthritis	...	3			

Surgical (26 cases)

Burns & Scalds	...	3	Post-operative	...	13
Circumcision	...	3	Varicose Ulcers	...	3
Colotomy	...	1	Miscellaneous	...	1
Minor accidents	...	2			

Midwifery.

The amount of domiciliary midwifery undertaken by the Midwives was again small due to the high proportion of confinements which took place in hospital, but once again great importance was attached to the ante-natal visits paid by the Nurses to the homes of expectant mothers regardless of whether the confinement was to take place at home or not. The Midwives also attended at the Ante-Natal Clinic and consequently they come to know their patients intimately before the confinement takes place, and they have the chance of discussing the individual cases with the doctor attending the Clinic.

Both of the District Nurse Midwives are trained in the administration of Gas and Air Analgesia but during the year only seven patients availed themselves of this Service. The Midwives now possess a further means of alleviating anxiety and pain in child birth in the permission which has been given them to make use of the drug Pethidine.

Details are given of the midwifery work done by the District Midwives during the year :—

(a) Labours conducted—

(i) As midwife	...	...	...	...	26
(ii) As maternity nurse	...	...	...	...	4
					—
Total	...	...	...	...	30
					—

(b) Ante-natal visits	...	...	...	...	303
(c) Post-natal visits	...	...	...	...	676

The midwives sought medical aid on 11 occasions, details of which are given below :—

Number of Medical Aid Notices issued because of complications arising in/during—

(i) Pregnancy	1
(ii) Labour	10
(iii) Lying-in	Nil
(iv) The child	Nil

Pregnancy.

Abortion	1
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Labour.

Ruptured perineum	7
Post-partum haemorrhage	2
Malpresentation	1

ANTE-NATAL CLINICS.

It is gratifying that approximately 70% of all expectant mothers continued to attend our Ante-Natal Clinic, many of them in addition to the ante-natal care which they receive from the general practitioners. This dual care is to be encouraged. It is right that the general practitioner should know the condition of his patient before her confinement in case his services should be required, or in the event of him undertaking the delivery in person. On the other hand our Clinics have something to offer which the general practitioner or the hospital clinic are not so well adapted to provide. Much of the time in the Ante-Natal Clinic is devoted to pre-natal preparation of the patient for child birth and for breast feeding after the confinement. In many cases exercises designed to procure relaxation and hence to facilitate delivery of the infant are practised in the home under the supervision of the visiting midwife who has received instruction in the technique. Many patients appreciate the opportunity to discuss home affairs and their social conditions with the staff in attendance at the clinics who have contact with all the other branches of preventive medicine by which so much can often be achieved. In all cases of abnormality the patient is referred to her general practitioner or to the consultant of the hospital clinic where she is to be confined. In addition routine examination for determination of the blood group, rhesus factor, together with special examination of the blood is made in all cases and some degree of anaemia is in evidence in approximately 90% of the patients. Appropriate treatment was ordered in each case. During the year ten expectant mothers were provided with the services of a domestic help from the commencement of the confinement.

Ante-Natal.

No. of women who attended during the year	...	...	138
No. of women attending for the first time	...	...	84
Total No. of attendances	...	...	693

Post-Natal.

No. of women who attended during the year	...	...	82
No. of women attending for first time	...	...	78
Total No. of attendances	...	...	82

CHILD WELFARE SERVICES.

Health Visiting.

We have been fortunate during the year in maintaining the number and quality of our Health Visiting staff in spite of many changes and inadequate numbers of nurses qualifying for the Health Visitor's Certificate. There is scarcely any aspect of preventive medicine in which the modern Health Visitor has not received training and I believe that now more than ever before their worth is recognised by all sections of the community.

The duties of the modern Health Visitor cover an enormous field. She is concerned with the visiting of expectant mothers, and of infants in their own homes, with attendances at Ante-Natal Clinics, Post-Natal Clinics, and Infant Welfare Clinics. She is concerned with problem families, and with advising on any health problem within the household particularly in connection with the Home Help Service. She also has duties in relation to the aged and to the school child, and in the latter connection she carries out cleanliness inspections at schools, routine testing of eyes, treatment of minor ailments, and attendance at school medical inspections, very often following up the results of this work into the homes of the children.

It is true to say, however, that her work in connection with infant welfare remains of prime importance. So far as is possible the home of each child is visited as soon as possible after its birth and thereafter at weekly intervals until the age of three months, at fortnightly intervals between three and six months and at monthly intervals thereafter. After the first year of life endeavour is made to visit the home of all pre-school children at least once in every six months. The value of this work can not be over estimated and taken in conjunction with the work of the Infant Welfare Clinic must have a very great effect upon the health, mental and physical condition, of present and future generations. While there can be little doubt that the Infant Welfare Services have played their part in the reduction of the infant mortality rates over the years it is not in these figures alone that one should look for the value of the Service, but rather in the increasing measure of good health enjoyed by almost every section of the community and in which the Health Visitor and the Maternity and Child Welfare Services have played a notable part.

In the figures given of the visits paid by the Health Visitors during the year there has been a vast increase in the number of visits paid in connection with the Home Help Service, the Tuberculosis Service, Aged Persons Welfare and Care and After-Care of illness. This gives some indication of the expanding scope of the Health Visitors' duties in Mirfield.

Number of visits paid during year :—

				1949	1950
(a)	To expectant mothers :—				
	(i)	First visits	... ..	53	14
	(ii)	Total visits	... ..	82	33
(b)	To children under 1 year of age :—				
	(i)	First visits	... ..	179	169
	(ii)	Total visits	... ..	2,142	2,854
(c)	To children between the ages of one and five years :—				
	(i)	Total visits	... ..	1,483	1,116
(d)	To other classes :—				
	(i)	Total visits	... ..	64	755

Infant Welfare Clinics.

The Child Welfare Clinic which is held weekly at Ings Grove House continued to be well attended and taken in conjunction with the great amount of domestic visitation carried out it will be apparent that the influence of the Preventive Medical Services on the care and upbringing of the children must be very considerable. What is most gratifying is the readiness of the mothers to seek the expert guidance which is offered. The Clinic premises at Ings Grove are far from satisfactory and it is hoped that during the coming year work will be put in hand to bring the premises into line with the quality of the service.

Medical consultations are available at the Child Welfare Clinic and the parent of each child attending for the first time is asked to have a discussion with the doctor on the child's condition and its general management. The trouble is, of course, that quite often those in most need of such instruction fail to attend.

Immunisation against Diphtheria is also carried out at this Clinic, and baby foods and dietary supplements are offered for sale. I have to record my appreciation of the efforts of the Voluntary Workers of this Clinic, who never fail to attend, and who do much to ensure its continued success.

The following figures show the attendances, etc., during the year :

Attendances of infants under 1 year	... ..	1,499
Attendances of infants 1 to 5 years	... ..	256
Total attendances	... ..	1,755
Number of medical consultations	... ..	592
Number of sessions held during year	... ..	50
Average attendance per session	... ..	35

Number of children under five years of age who first attended at the clinic during the year and who, on the date of their first attendance were :—

(a) Under 1 year of age	...	...	...	...	...	115
(b) Over 1 year of age	...	...	...	...	...	15

Number of children under 5 years of age who attended at the clinic during the year, and who, at the end of the year were :—

(a) Under 1 year of age	...	...	...	...	...	90
(b) Over 1 year of age	...	...	...	...	...	40

CONVALESCENT HOME TREATMENT.

Under Section 28 of the National Health Service Act, 1946, the County Council is empowered to provide convalescent home treatment. General practitioners recommend those who are in need of this service but during the year only two Mirfield residents were admitted to Convalescent Homes. Details of these two patients are given below :

West Hill Convalescent Home, Southport	...	...	1
Blackburn Convalescent Home, St. Annes-on-Sea	...	...	1

Admission was arranged to hasten recovery from :

Hyperpiesia	...	...	...	...	...	...	1
General debility following operation	...	...	...	...	...	...	1

HOME HELP SERVICE.

During this year the Home Help Service got thoroughly into its stride and recruitment of suitable staff became somewhat easier. Our permitted divisional establishment of Home Helps at the beginning of the year was the equivalent of 10, and later increased to 14, full-time Home Helps working 44 hours each per week. In fact, we employed 25 part-time Home Helps and the duties on which they were engaged are listed below :—

Keep the house clean and tidy.
Cook and prepare meals for the family.
Care for any children there may be, and see that those attending school do so punctually and are clean and tidy.
Undertake the week's family washing and also wash daily for the infant and mother if necessary.

It must not be thought that the running of this service follows the lines of a Domestic Help Agency because each case to which a Home Help is supplied receives frequent visitation by the Public Health Nurses and the case is treated as a public health problem and advice and help given in many other directions. Each case is allocated the minimum number of hours of domestic help per week which, from a consideration of all the circumstances, it is felt they can manage with. Anomalies exist in the method of charging for the services of a home help to the recipient and it is quite possible that a household will pay as much for a few hours help as another family in exactly similar financial circumstances have to pay for full-time help. This is unsatisfactory from a number of points of view and should receive attention. Nevertheless the Home Help Service in Mirfield works very well on the whole and is greatly appreciated by those in need perhaps particularly so by the aged and infirm who require some measure of help in order to continue living in their own homes in reasonable comfort.

The following figures show the number and types of cases provided with Home Help in the Mirfield area during the year :—

Number of cases provided with Home Help during the							
year	...	...	...	...	...	...	40
Reason for provision :—							
(i) Ill	...	...	...	...	...	...	18
(ii) Lying-in	...	...	...	...	...	...	7
(iii) Aged-infirm	...	...	...	...	...	...	5
(iv) Aged-ill	...	...	...	...	...	...	10

SCHOOL HEALTH SERVICE.

During the year more school medical work was done in Mirfield than probably ever before mainly due to the increased staff available and to the arrangements which we were able to make with the head teachers and the Divisional Education Officer. For the first time for many years every child attending school has been examined at that stage in his career at which the regulations prescribe medical examination, that is to say, on entering primary school, on leaving primary school, and on leaving secondary or grammar school. The facilities for the treatment of various defects have been extended by the addition of ultra violet light therapy, the extension of the physiotherapy service, the provision for speech therapy, and the increased work of the eye and chiropody services.

A glance at the table of special examinations and the recommendations for special educational treatment will indicate the value of the public health services in dealing with handicapped children of all classes, and this work is a field in which the Medical Officer of Health is more favourably placed than any other individual, or indeed, any other service. Unhappily our recommendations in respect of these unfortunate children are not always carried out because of shortage of accommodation, but even then we have been able to give a great deal of help to the child who has remained at home even though he would be more suitably placed in a special establishment dealing with his particular problem. Shortage of accommodation for educationally sub-normal children is particularly acute, both locally and nationally, and because of this shortage we are making neither the best of those of inferior ability, nor are we enabling those of greater ability to take the fullest advantage of the educational facilities available.

During the year an attempt was made to carry out a survey of the hearing of children in schools in the divisional area. Because of staff shortages and the time consumed on this work it was only possible to commence the survey on a very restricted front, and by the end of the year the findings had not been completed. A full report on the survey is given within this section. I am not yet able to furnish any conclusions from this report other than that there appears to be quite a large number of children who would benefit from further testing and from a complete otological examination by an appropriate consultant. One feels, however, that there may be a few children attending school in the area whose education could be facilitated if the condition of their hearing power were more fully investigated.

Total number of children examined at Routine Medical Inspections.

Entrants	...	...	...	...	...	...	301
Intermediates	...	...	...	...	...	...	234
Leavers	...	...	...	...	...	...	89
Total							624

Total number of children who have been re-examined for follow-up defects 298

Standards of physical development classified into age groups :—

Age Group	Nutrition A Above Average	Nutrition B Average	Nutrition C Poor
Entrants	164	135	2
Intermediates	108	123	3
Leavers	41	47	1
Totals	313	305	6

Percentages.

Age Group	Nutrition A Above Average	Nutrition B Average	Nutrition C Poor
Entrants	54·5	44·8	0·7
Intermediates	46·2	52·6	1·2
Leavers	46·1	52·8	1·1
Totals	50·2	48·9	0·9

During the year 144 free issues of dietary supplements in the form of iron tonics were made to school children of poor physical development where recommended by the School Medical Officer.

The following table shows the number and type of defects discovered at the Routine School Medical Inspections :—

Defects Table.

Defects	Recommended for Treatment	Recommended for Observation	Total
Skin	15	—	15
Ears—Hearing	3	2	5
Otitis Media	3	2	5
Other	—	1	1
Nose and Throat	36	20	56
Speech	3	2	5
Cervical Glands	1	13	14
Heart and Circulation	5	16	21
Lungs	—	9	9
Orthopaedic	39	28	67
Other Defects	9	21	30
Total	114	114	228

Special Examinations.

In accordance with the requirements of the Education Act, 1944 a number of children have been referred by the Education Authority which has necessitated the arrangement of special examinations. During the year seven children were examined for the first time and nine other children were re-examined. The following recommendations regarding their education were made :—

Education in an ordinary school	8
Education in an open-air school	3
Education in a school for Educationally subnormal Pupils	1
Education in a school for the deaf	1
Home Tuition	1
Reported to Local Authority for the purpose of the Mental Deficiency Acts	2

During the year the following admissions to special schools were made :—

Open-Air School	1
Special School for Educationally subnormal Pupils	1

Eyes

The services of a Consultant Ophthalmologist were available to Mirfield school children during 1950, and a clinic was arranged as the need arose. All the children had their eyes tested by the school nurse either at special inspections or at routine school medical inspections. The Consultant Ophthalmologist held 21 clinics at Ings Grove during the year.

Number of children examined for the first time	...	76
Number of re-examinations	... ..	85
Total number of attendances	... ..	180
Number of sessions held during the year	... ..	21
Number for whom spectacles were prescribed	... ..	64
Number referred for orthoptic treatment...	... ..	2
Number referred for operation	... ..	1
Recommended special schooling	... ..	1

Minor Ailments.

Minor ailments are treated by the nurses both at the clinic and in the schools. The following table gives details of such treatments during 1950 :—

Minor Ailment	No. treated
Skin :	
Ringworm—body	1
Scabies	1
Impetigo	5
Other skin diseases	44
Eye Disease	25
(External and other, but excluding squint, errors of refraction and cases admitted to hospital).	
Ear Defects :	
Otitis media	2
Otorrhea	21
Other	3
Miscellaneous	1,100
(e.g., minor injuries, bruises, sores, chilblains, etc.)	
Total	1,202
Total number of attendances at Authority's Minor Ailment Clinics	1,302

SPEECH THERAPY.

It was possible during the year to commence the work of Speech Therapy at Ings Grove Clinic. Cases were referred mainly from School Medical Inspections and by the Headteachers of schools within the divisional area. This is valuable work in the extreme to the individual patient and one has only to study the all round improvement which speech therapy brings, particularly psychologically, to those afflicted with defective speech, to realise its value. The figures given do not relate to Mirfield children entirely but also to those who attended this Clinic from neighbouring areas often at considerable inconvenience.

Total number of sessions held during year	...	...	76	
				Stammers Speech Defects
Number of new cases admitted for treatment during the year	...	...	14	15
Total number of cases treated	...	...	11	4
Number of cases discharged during year :				
(a) Speech normal	...	...	1	2
(b) Unsuitable for treatment	...	—	—	9
(c) Left School...	...	...	1	—
(d) By reason of non-attendance	...	1	—	—
Number of cases awaiting treatment	...	31		8
Number of visits made to schools	2			
Number of home visits	...	1		

ULTRA VIOLET LIGHT CLINIC.

An Ultra Violet Light was installed at Ings Grove during the year and clinics commenced in October. The following are the details of attendances and types of cases treated :—

No. of sessions held weekly	...	...	...	2
No. of cases treated	...	...	...	38
No. of treatments	...	...	...	315
Average No. of attendances per case	...	...	...	8
Average length of course of treatment	...	...	...	6 weeks
No. on register at end of year	...	...	...	19
Details of cases treated :				
Anaemia and general debility	...	...	...	5
Chest complaints : (a) Bronchitis	...	...	...	5
(b) Frequent catarrh and colds	...	...	...	7
Enlarged cervical glands	...	...	...	2
Orthopaedic : (a) Knock Knee	...	...	...	3
(b) Poor Muscular development	...	...	...	1
Blepharitis	...	...	...	4
Skin Diseases : Infantile Eczema	...	...	...	1
Prematurity...	...	...	...	2
Pre-tonsillectomy	...	...	...	6
Post-operative	...	...	...	2
				<hr/> 38 <hr/>

Orthopaedic Treatment.

The special orthopaedic clinic which was held for schoolchildren at Staincliffe General Hospital was discontinued at the end of last year, and Mirfield children who were in need of the advice of a consultant had to be referred to the ordinary out-patient department at that hospital. This arrangement was not as suitable as the special clinic for schoolchildren, but proved adequate to our needs.

During the year five new cases were referred, of which only three required treatment, and these together with cases attending for re-examination made twenty-six attendances.

Physiotherapy.

The Physiotherapist conducted her clinic at Ings Grove House, Mirfield, throughout the year, and a total of 43 half-day sessions was held. There were 21 children on the register at the beginning of the year, and 36 were referred for treatment during the year. The following table shows the types and number of defects referred :—

Defect	Number
Asthma	2
Bronchitis	1
Breathing Exercises	2
Flat foot	18
Posture	10
Effects of Infantile Paralysis	1
Sprengel's shoulder	2
	<hr/> 36 <hr/>
Total number of attendances	522
Total number of treatments	530
Number discharged	34

Chiropody.

51 half-day sessions were held by the Chiropodist at Ings Grove Clinic during 1950. A total of 172 cases was seen by the Chiropodist, and at the year end there were still 27 cases on the waiting list to be seen. The 172 cases seen made 646 attendances and the following table gives the types and numbers of conditions treated :—

Defects	Number	Defects	Number
Hallux Valgus	21	Chilblains	18
Hallux Rigidus	1	Under/overlapping Toes... ..	40
Pes Cavis	3	Pes Planus	30
Hammer Toes	15	Tinea Pedis	16
Corns	68	Verrucae Pedis	36
Nail Conditions	15	Bursitis	7

Cleanliness Inspections.

Three routine inspections were carried out at each school by the school nurses and a total of 3,149 inspections and re-inspections was carried out. In 158 instances the condition was reported to be unsatisfactory. The condition of some of the children was unsatisfactory on more than one occasion. It should be pointed out that in the majority of cases the degree of infestation is extremely light.

The remedial procedure adopted on the discovery of these defects is to notify the parents informally in the first instance, visiting if necessary to give advice on the methods of dealing with infestation. If cure is not effected the nurse visits the home and interviews the parents, and finally, if it is evident that insufficient care is being exercised, the Statutory Notice under the Education Act, 1944, is sent requiring the child to be cleansed to the satisfaction of the Medical Officer or of the person appointed by him for that purpose within 48 hours.

GROUP TESTING OF THE HEARING OF SCHOOL CHILDREN USING THE GRAMOPHONE AUDIOMETER.

A West Electric Gramophone Audiometer (Mains Model) was received in June, 1950, and it was decided to carry out surveys of the hearing of school children by this means commencing in the Autumn term of the school year.

Using this instrument it is possible to test the hearing of 20 children at the same time and it is possible to estimate the degree of hearing loss in decibels. Where there is a difference in auditory acuity between the right and left ears the amount which a child can hear in the better ear generally determines the suitability of the child for education by ordinary methods. It may, however, be highly important to ascertain hearing loss in one ear as a possible guide towards future selection of employment, as an indication of established or incipient disease, or by the correction of the defect to increase the happiness of the child and in some instances to improve its educational attainment.

In the present survey it was realised that the other commitments of the staff available, *i.e.*, doctors and health visitors, and the difficulties in co-ordinating testing into school curricula, together with the difficulty in providing suitable accommodation for testing, would restrict the extent to which it would be possible to proceed. It was decided, therefore, to test, if possible, all the children in one age group and thereafter, to carry out as many examinations as possible without regard to the completion of other age groups in the meantime. It was decided to test all the children attending school between the ages of 11 and 12 years at the 31st December, 1950. The reasons for selection of this particular age group were as follows :—

1. Children of this age are concentrated in a small number of schools.
2. They are commencing the second stage of their school career, and, therefore, any recommendations which it was felt desirable to make could be carried out at the commencement of a new school life.
3. At this age they are more quick to apprehend the requirements of the test than younger children.

It was decided that all children with a hearing loss greater than 9 decibels in one ear would receive further testing by pure tone audiometer, and those who did not perform satisfactorily on this instrument would be referred to an Otologist for further examination and advice. The results of this testing are summarised below.

Group	Group Testing				Double Failures									
	No. tested in Test 1 (A)	Failure in Test 1		% Failure Test 1 (A)	Tested Test 2 (B)		% of Total Tested (B)	No. of Failure in One Ear	18 db. or over	15-17 db	12-14 db.	9-11 db.	Total double Failures for P.T. Audiometer	Total % of Double failures
		One Ear	Both Ears		Failed in Both Ears									
11 yrs.	541	88	61	27.54	149	24	4.43	44	14	8	7	15	68	12.56
12+ yrs.	213	16	7	10.79	23	2	0.93	4	2	—	2	—	6	2.81
8 yrs.	58	26	16	72.41	42	9	15.51	10	2	2	3	3	19	32.75
Totals	812	130	84	26.35	214	35	4.31	58	18	10	12	18	93	11.45

These show that 12.56% of the 11 year age group require further re-testing by the pure tone audiometer and 11.45% of the entire group require such re-testing. It has not been possible at the time of writing to have this carried out owing to non availability of a pure tone audiometer. It is felt that it would not be proper to refer all these children to the otologist without further screening by pure tone testing.

The difficulties which were encountered in the testing were (a) Unsuitable premises. The majority of the schools were unable to provide suitable premises because of background noise, lack of space or non availability of proper electrical connections.

Nevertheless it was not felt practicable to carry out this testing other than at school.

(b) Considerable time had to be spent in arranging visits to schools so as not to interfere unduly with the school curriculum.

(c) In surveying the whole of a particular group absenteeism leads to a great waste of time, necessitating re-visiting, etc.

(d) In testing the 8 year group, difficulty was experienced in effecting comprehension of the requirements of the test and in a number of cases it was felt that the child failed on hearing because of the concentration required to write the appropriate number.

(e) There appeared to be little doubt that "bright children" did themselves more justice on this type of test than the duller children with slower cerebration.

(f) Lacking an audiometric team able to devote their entire time to this work, difficulty was experienced in making present staff available for group testing while fitting this into other work which could not be neglected.

(g) Allowance had constantly to be made in very varying conditions of testing, for background noise. This is a factor which is personal to the examiner and could only be made accurately by a person with very considerable experience in this work.

Although this survey is very far from being complete in itself, it is felt that valuable results might proceed from widespread application of tests throughout the County. In particular, it would be interesting and valuable to know to what extent apparent hearing defect is related to backwardness at school, or to what extent backwardness at school is related to hearing defect. Probably throughout the County sufficient number of ascertained educationally subnormal children are known, to make such a survey worth while.

It is felt that if this were to proceed on a County basis, by which alone substantial results could be achieved, the employment of three audiometric teams would be a necessity.

The section of the report which follows, relating to the Sanitary Circumstances of the area and the work of the Sanitary Inspectors, has been compiled by Mr. H. H. Johnson, Chief Sanitary Inspector.

SANITARY CIRCUMSTANCES OF THE AREA.

Sanitary Conveniences.

Closet Accommodation, December 31st, 1950 :

Number of Privies	227
„ Privy Middens	140
„ Water Closets	4,225
„ Waste Water Closets	43
„ Pail or Tub Closets	38
„ Privies discontinued	10

Number of Water Closets provided during the year is as follows :

By conversion of Privies to Water Closets	10
By provision of extra closet accommodation to existing property where insufficient	19
By provision to new property	78
By conversion of Waste Water Closets to W.C's.	2
By conversion of Tub Closets to W.C's.	Nil
Total	109

Number of Dry Ashpits	19
Number of Dust Bins	3,859

Ward	Privies	W.C.	Waste W.C.	Tub Closets	Bins
Eastthorpe Ward ...	36	1055	10	5	957
Hopton Ward ...	52	633	23	21	747
Battysford Ward ...	64	1451	10	10	1116
Northorpe Ward ...	75	1072	—	2	1039
Totals ...	227	4211	43	38	3859

SANITARY INSPECTION OF THE DISTRICT.

Details of Inspections made.

The term 'inspection' refers to the primary visit made to the premises. A 're-inspection' is a visit made after a notice has been given for the remedying of a defect, to ascertain the action taken to comply with the notice.

Total number of inspections made	1768
Total number of re-inspections made	664

					Primary Inspections	re- Inspections
Dwelling Houses.						
Ordinary	...	...	...	...	261	250
Municipal Houses	...	...	...	...	18	5
Municipal Applications	...	...	...	...	161	
Housing Act, 1936 Overcrowded	...	...	...	...	13	
Housing Act, 1936	...	...	...	...	61	
Re Notifiable Diseases	...	...	...	...	20	2
Sanitary Conveniences.						
Water Closets	...	...	...	...	24	17
Privies	...	...	...	...	72	7
Tub	...	...	...	...	2	
Cesspools	...	...	...	...	1	
Septic Tanks	...	...	...	...	3	
Refuse Storage.						
Ashplaces	...	...	...	...	6	
Ashbins	...	...	...	...	35	3
Drains.						
Inspections	...	...	...	...	68	15
Chemical Test	...	...	...	...	19	
Smoke Test	...	...	...	...	13	
Colour Test	...	...	...	...	7	
Water Test	...	...	...	...	1	
Sewers.						
Sewers	...	...	...	...	9	
Factories.						
Factories (with mechanical power)	...	...	...	...	10	
Factories (without mechanical power)	...	...	...	...	3	
Factories (means of escape)	...	...	...	...	13	
Food Storage, Preparation, etc.						
Bakehouses	...	...	...	...	8	
Butchers' Shops	...	...	...	...	20	12
Dairies Milk Shops, Milk Stores	...	...	...	...	11	
Fish Friers	...	...	...	...	2	
Food Stores	...	...	...	...	132	22
Shops	...	...	...	...	121	
Canteens	...	...	...	...	11	
Slaughter Houses	...	...	...	...	243	
Ice Cream Premises	...	...	...	...	39	
Miscellaneous.						
Accumulations	...	...	...	...	9	
Animals, Poultry	...	...	...	...	6	
Canal Boats	...	...	...	...	1	
Nuisances Found	...	...	...	...	101	
Piggeries	...	...	...	...	9	
Rats and Mice	...	...	...	...	79	

Miscellaneous (continued)					Primary Inspections	re- Inspections
Sanitary Inspections	...	...	...	...	5	329
Schools	...	...	...	...	6	
Smoke Observations	...	...	...	...	4	
Special Visits	...	...	...	...	104	
Tips	...	...	...	...	13	
Urinals	...	...	...	...	1	
Dangerous Structures	...	...	...	...	—
Entertainment Houses	...	...	...	...	5	
Wells	...	...	...	...	8	
Vermin	...	...	...	...	10	2

NOTICES SERVED.

Informal Notices Served	...	...	...	...	...	56
Informal Notices complied with	...	...	...	...	...	57
Statutory Notices Served	...	...	...	...	...	24
Statutory Notices complied with	...	...	...	...	...	17
Notices Outstanding at end of 1950	...	...	...	...	...	24
Verbal Notices given and complied with for the Remedy of Defects, etc.	...	...	...	...	...	17
Letters sent	...	...	...	...	...	144
Complaints received	...	...	...	...	...	103
Complaints confirmed	...	...	...	...	...	86

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED.

Houses.

Houses made fit	...	...	...	...	...	72
Cleansed or Limed	...	...	...	...	...	1
Vermin Infested	...	...	...	...	...	7
Overcrowding Abated	...	...	...	...	...	2
Damp Proof Course Provided	...	...	...	...	...	—
Washing Accommodation Improved	...	...	...	...	...	—
Roofs Repaired	...	...	...	...	...	28
Eaves, Spouting, Rain Water Fall Pipe Repaired	...	...	...	...	...	13
Rain Water Pipe Disconnected	...	...	...	...	...	1
External Walls Repaired	...	...	...	...	...	13
Internal Walls Repaired	...	...	...	...	...	54
Floors Repaired	...	...	...	...	...	2
Doors Repaired	...	...	...	...	...	5
Lighting Improved	...	...	...	...	...	1
Fire-places Repaired	...	...	...	...	...	5
Wells Abolished	...	...	...	...	...	—
Yards Paved	...	...	...	...	...	2
Yards Cleansed	...	...	...	...	...	—
Dangerous Structures Removed	...	...	...	...	...	—
Coal Stores Improved	...	...	...	...	...	2
Ventilation Improved	...	...	...	...	...	12
Food Stores Improved	...	...	...	...	...	6

Drains.

Opened for Inspection	...	...	...	...	...	2
Repaired	...	...	...	...	...	6
Reconstructed	...	...	...	...	...	—
Cleansed by Owner	...	...	...	...	...	12
Ventilated	4

Accumulations.

Manure	2
Other	3

Animals, Poultry, etc.

Nuisances Abated	5
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Ash-bins and Ash-places.

Bins Renewed	141
Ash-places Repaired	2
Ash-places Abolished	1

Water Closets.

Cleansed or Limed	...	...	...	...	...	11
Reconstructed	...	...	...	...	...	4
Repaired	...	...	...	...	...	17
Additional W.C.'s. Provided	...	...	...	...	...	3
Privies Repaired	...	...	...	...	...	3

Sinks.

New Sinks Provided	15
Waste Pipe Trapped	13
Waste Pipe Repaired	1

Piggeries.

Swine Removed	1
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SHOPS ACT, 1934.

Regular visits have been made under the Shops Act, 1934, during the year. No contraventions of the Act have been found.

SMOKE ABATEMENT AND ATMOSPHERIC POLLUTION.

Four observations were made during the year, and in one case emission of black smoke noted. The attention of the premises concerned was drawn to the contravention.

It has to be remembered that under existing legislation the emission of black smoke for a period not exceeding three minutes each half hour does not constitute an offence and a factory may emit smoke more or less continuously in moderate quantities.

I have observed informally the emission of smoke from factories in the area throughout the year. I am of the opinion that generally some improvement has taken place during the past year.

Atmospheric pollution is not confined to the emissions from industrial premises within the boundaries of the District but can of course be due to some external source. During the year the Council was concerned as to the possibility of increased pollution from a chemical works in an adjoining district. Representatives of the Council met officials of the firm concerned, members of the adjoining authority and officials of the Ministry of Town and Country Planning and expressed their concern on this matter in an endeavour to limit further extension of the works. As further evidence of their concern it was resolved that three recording stations for measurement of soot deposit and pollution by sulphur dioxide (lead peroxide instruments) be established in the area. It is hoped to commence recording from these stations early next year.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS AND REGULATIONS.

All premises and occupations within the district which can be controlled by byelaws are already so controlled. There are no lodging-houses or underground sleeping rooms and four van dwellings only in the district.

WATER.

The district receives the bulk of its supplies from Huddersfield Corporation. The supply is constant and direct to the houses.

The supply is not satisfactory; repeated complaints of discoloured water and lack of pressure are made to this department. The attention of the undertakers has been directed to these matters and the supply is under close observation.

In addition to the supply from the Huddersfield Corporation there are three wells and two springs serving ten houses. One private reservoir serving sixteen houses was discontinued during the year and a piped supply from the Dewsbury and Heckmondwike main was provided to these houses by the owner. Ten samples of water were submitted to the laboratory for bacteriological examination and three samples for chemical examination.

PLUMBO-SOLVENCY OF WATER SUPPLIES.

Two samples of water from the Huddersfield Corporation mains supply were submitted for examination as follows :—

SUPPLY Date Sample Collected	Address at which collected	RESULT OF EXAMINATION		P.H. Value
		Approx. Length of Lead Service Pipe	Lead Content (grains per gallon)	
Huddersfield Corporation After standing in pipe for a measured period of $\frac{1}{2}$ hour 28-2-50	Council Offices, Mirfield	35 ft.	Nil	6·6
Do. 14-12-50	do.	35 ft.	Nil	6·4
After standing in pipe all night 28-2-50	Council Offices, Mirfield	35 ft.	Nil	6·6
Do. 14-12-50	do.	35 ft.	Nil	6·8

DRAINAGE AND SEWERAGE.

Except in isolated cases the district is provided with sewers. No other extension has been made during the year, with the exception of sewers to the housing estate, Kitson Hill Road.

RIVERS AND STREAMS.

The River Calder runs through Mirfield and is in a polluted state when it enters the district. During the year the trade effluent from one industrial concern was connected to the sewer.

HOUSING.

During the year 30 permanent houses were completed. The rate of house building is disappointing and it is hoped that quicker progress will be made during the coming year. In an endeavour to achieve this means the Council are investigating the possibilities of erecting a number of steel framed houses. The demand for housing accommodation still remains an acute problem but I am of the opinion that the worst cases of overcrowding and insanitary housing have been dealt with. Provided that a steady flow of new houses can be maintained during the next two years I feel that the housing crisis will have passed in this district. During the year the inspection of applicants under the Council's Point Scheme took up much of the Sanitary Inspector's time. The Scheme continues to work satisfactorily.

The condition of the older houses in the district is still a cause of much concern. The heavy cost of repairs in relation to income from such property is undoubtedly resulting in the neglect of many minor repairs which leads to the more rapid deterioration of the property concerned. A glance at the condition of the paintwork of much of this type of property illustrates this point and this neglect leads in due course to complaints of defective spouting and woodwork of doors and windows. This state of affairs is not confined to Mirfield and as I have previously stated it is my opinion that the problem should receive urgent consideration at National level. No application has been submitted for an Improvement Grant under Part II, Housing Act 1949.

OVERCROWDING.

Two cases of overcrowding were abated during the year and seven new cases were found. The position of the Statutory Overcrowding cases in the area is however very satisfactory; only twenty cases are known to exist. Many acute cases of moral overcrowding however still exist and the figures do not include those families who are living with parents and friends and are without a house of their own.

Overcrowding Particulars.

(1)	(a)	Number of Dwelling Houses Overcrowded at the end of the year	...	...	...	...	20
	(b)	Number of Families dwelling therein	...	...	...	...	20
	(c)	Number of persons dwelling therein	...	...	...	...	94
(2)		Number of New Cases of Overcrowding reported during the year	...	...	...	...	7
(3)	(a)	Number of Cases of Overcrowding relieved during the year	...	...	...	...	2
	(b)	Number of Persons concerned in such cases	...	...	...	...	10

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Regular inspections have been made at all dairy premises in the district and the provisions of the Milk and Dairies Regulations 1949 as applicable to dairies and distributors have been enforced. The common practice of depositing milk bottles and crates on footpaths has been discontinued, apart from isolated instances which are dealt with as they arise.

Number of Distributors registered in the area	...	...	15
Number of Dairies registered in the area	...	...	4

All dairies were made to comply with the regulations and retailers of milk were interviewed and the requirements of the regulations governing the distribution of milk, explained.

MILK (SPECIAL DESIGNATIONS) REGULATIONS 1949.

The licences issued by the Council under the above Regulations are as follows :—

Tuberculin Tested Dealers	9
Tuberculin Tested Supplementary	6
Pasteurised Dealers	9
Pasteurised Supplementary	9
Sterilised Dealers	3
Sterilised Supplementary	1

There were no contraventions of the Regulations during the year.

BACTERIOLOGICAL EXAMINATION OF MILK.

The Department continued throughout the year regular sampling of milk retailed in the district. During the year 24 samples of ordinary milk and 28 samples of designated milks were submitted to the Public Health Laboratory, Wakefield, for bacteriological examination. The results were as follows :—

TOTAL	GRADE	INSIDE DISTRICT		OUTSIDE DISTRICT	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
24	Ordinary	20	3	1	—
5	Tuberculin Tested	4	1	—	—
6	Tuberculin Tested (Pasteurised)	3	—	3	—
9	Accredited	8	—	1	—
6	Pasteurised	3	—	3	—
2	Sterilised	2	—	—	—
52		40	4	8	—

The results of the samples submitted for bacteriological examination show that of the 52 samples of milk from retailers 48 or 92·3% were reported to be satisfactory. It is significant that the greatest percentage of unsatisfactory samples was from ungraded milk.

In addition to the above, 11 samples were submitted for evidence of tuberculosis and 8 were reported to be negative, and 3 positive.

The value of regular sampling particularly for biological examination is shown in the three positive samples which were detected during the year. In each case the offending animal was traced and removed from the herd.

It is regretted that the close supervision which has in the past been exercised by your Inspectors at all dairy farms is not being continued by the Ministry of Agriculture and Fisheries.

The regular sampling for bacteriological examination of the milk supplies in the area therefore becomes the sole check which the Council can make to ensure that the standard of cleanliness of the milk supply does not deteriorate.

FOOD AND DRUGS ACT, 1938.

The West Riding County Council, acting as Food and Drugs Authority for the area, submitted during the year 45 samples for analysis under the Act.

Number of Samples taken under the Food and Drugs Act, 1938.

Milk		Other Foods	
Genuine	Adulterated	Genuine	Adulterated
31	1	14	—
Number of proceedings—Nil		Cautions issued—One	

FOOD BYELAWS.

The Council adopted the Model Byelaws of the Ministry of Food in respect of the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air, which came into operation on the 1st day of May, 1950.

The Byelaws were distributed by your Inspectors to all the food premises concerned in the area. The various establishments are as follows :—

	No. of Premises	No. of Contraventions
General Grocery	46	11
Restaurants, Cafe's, Canteens, &c. ...	17	3
Confectionery	11	10
Bakehouses	5	—
Fruit & Vegetables	16	3
Wet Fish	9	2
Fish Frying	14	1
Butchers	20	3
Premises used for preparation of sausages, &c.	6	1

In each case the premises were inspected and an explanation of the Byelaws given to the responsible person. Contraventions of the Byelaws were pointed out and only in a few cases have second warnings been necessary. The contraventions found were mainly instances of unwrapped foodstuffs and of confectionery being displayed on open counters where they were liable to contamination by the public.

I feel that the implementation of the Byelaws is largely a matter of education, and that by close co-operation of the various trades the desired results can be achieved.

REGISTRATION OF FOOD PREMISES.

(a) Ice Cream.

Sixteen Premises are Registered for the sale of Ice Cream (pre-packed).

Two Premises are Registered for the Sale and Manufacture of Ice Cream. (Cold Mix).

Visits have been made to all registered premises during the year. Two premises only manufacture ice cream and both are manufacturing the complete Cold Mix and comply with the requirements of the Ice Cream (Heat Treatment) Regulations 1947.

During the year the approved 'Code of Standards,' in respect of the sale of ice cream from stalls, barrows, vehicles, etc., was enforced. A marked improvement has been noted in the type and construction of the vehicles now retailing ice cream in the area. I feel that this was an important contribution to the safeguarding of the public health and has been appreciated and noted by the public.

It will be observed from the following table that regular samples of ice cream were taken during the year. In two cases the samples were reported to fall into Grade IV. These samples were both from a manufacturer outside the area. The results were communicated to the Health Department of the Local Authority concerned who investigated the methods of production and the plant. Further 'follow up samples' were reported to be satisfactory.

No. of samples taken for testing by means of methylene blue reduction test	...	...	...	...	...	25
No. of samples placed in provisional Grade I	...	...	...	...	...	12
No. of samples placed in provisional Grade II	...	...	...	...	...	6
No. of samples placed in provisional Grade III	...	...	...	...	...	5
No. of samples placed in provisional Grade IV	...	...	...	...	...	2

Grading is determined by the time taken to bring about reduction of methylene blue in the test. It gives an indication of cleanliness, but only a rough indication of bacterial content, and none whatever of the type of bacteria.

Ice Cream (Heat Treatment) Regulations, 1947 suggest that over a six monthly period, 50% of a vendor's samples should fall into Grade I, 80% into Grades I and II, and not more than 20% into Grade III, and none into Grade IV.

(b) Register of Food (Preparation and Manufacture Premises).

Twelve premises are registered for the preparation or manufacture of food products.

Fourteen are registered for the preservation of fish by cooking.

During the year a complete survey was carried out of the food premises registered as above. As a result of the survey two registrations were cancelled and notices were served on a number of premises to carry out works to comply with the requirements of the Act and of the Food Byelaws. The work of supervision of the premises to bring them up to modern hygienic standards is continuing.

BAKEHOUSES.

Regular inspections have been made at the six bakehouses in the area. There have been no serious contraventions of the Act during the year and the standard of cleanliness maintained has been satisfactory.

One underground bakehouse was closed during the year.

SLAUGHTER-HOUSES.

The number of licensed slaughter-houses in the district is seven.

Slaughtering for this district is carried out at the Spenborough Abattoir under the control of the Ministry of Food.

One bacon factory in the district is licensed for the slaughter of pigs and during the year regular post-mortem inspections of carcasses were carried out.

Details of inspection and condemnations during the year are shown as follows :—

No. of Inspections	CONDEMNATIONS			
	Tuberculosis	Weight	Other Causes	Weight
6545		lbs.		lbs.
	44 pig carcasses and organs	8112	7 carcasses and organs	993
	197 pig heads	2364	34 pig livers	136
	146 pig plucks	1022	20 pr. pig lungs	60
	2 pig mesenteries	8	7 pig plucks	49
	3 forequarters	189	4 pig forequarters	348
			1 pig leg	32

CONDEMNATIONS OF UNSOUND FOOD.

The following items were surrendered and condemned as unfit for human consumption during the year :—

1 lb.	4 oz. tinned	Pineapple
	7 oz. "	Brisling
2 lbs.	"	Apricot Jam
	15 oz. "	Stringless Beans
3 lbs.	2½ oz. "	Processed Peas
4 lbs.	"	Baked Beans
1 lb.	"	Beef & Vegetable Broth
3 lbs.	14½ oz. "	Mixed Vegetable Soup
8 lbs.	11½ oz. "	Luncheon meat
4 doz.	"	Eggs in Shell
13 lbs.	8 oz. tinned	Jellied Veal
9 lbs.	12 oz. "	Tongue
	12 oz. "	Braised Kidneys
33 lbs.	"	Milk
3 lbs.	6 oz. "	Sardines
4 lbs.	"	Ham
12½ cwts.	"	Stale Bread and Cakes
1 Box	"	Fish Cakes

1 lb.		tinned	Peaches
3 lbs.	12 oz.	„	Pears
2 lbs.		„	Salmon
33 lbs.			Pork Sausages
	13½ oz.	„	Strained Carrots
	8 oz.	„	Crawfish
4 lbs.	11 oz.	„	Tomatoes
2 lbs.	4 oz.	„	Pork Brawn
2 lbs.	11½ oz.	„	Sliced Apples
2 lbs.	11½ oz.	„	Strawberries
	12 oz.	„	Beef Loaf

RODENT CONTROL.

RATS AND MICE DESTRUCTION ACT, 1919.

INFESTATION ORDER, 1943.

Once more throughout the year much time and attention has been spent on this important work. A 10% Test Baiting of the sewers in the area was carried out and the infestation was found to be of such proportions that the Ministry of Agriculture and Fisheries required a full treatment of the sewers to be done. A full treatment was therefore carried out involving prebaiting at some 270 manholes, takes being recorded at 53 manholes. In addition, 41 treatments were carried out at 31 private premises and 10 business premises.

The Prevention of Damage by Pests Act 1949 came into operation on the 31st March, 1950. The Act places an obligation on the Local Authority to ensure that as far as practicable its area is kept free from rats and mice. District Councils are now directly responsible for the administration of the Act. Under the 1919 Act the vesting was in the County Council with the right of delegation to District Councils.

The Act 'inter alia' provides for the submission of reports to the Ministry and the making of grants to Local Authorities of one-half of the irrecoverable expenditure incurred by them in the performance of their functions under Part I of the Act.

The Prevention of Damage by Pests (Threshing and Dismantling of Ricks) Regulations 1950 came into operation on the 24th day of July, 1950. The attention of all occupiers of agricultural holdings was drawn to the provisions of the Regulations.

Additional responsibilities are placed on Local Authorities to ensure that the provisions of the Act are carried out in their area. The procedure recommended by the Ministry of Agriculture and Fisheries is being carried out. I am indebted to my Assistant Mr. J. Brown and to Mr. F. F. W. Popplewell, Foreman, who have carried out this work most efficiently.

SCAVENGING.

The Scavenging of the District has generally been satisfactory. A weekly collection of refuse is maintained with the exception of holiday periods. A new Dennis 10 cu. yd. Refuse Collecting Vehicle was delivered in August. The work of the Department was reorganised and two vehicles now operate with fixed gangs on fixed rounds on Refuse Collection only. One vehicle is used for collection of privies and ashpits and a more frequent collection of these is now being made. The Department is now in a position to meet the increased calls, placed upon it by reason of the housing development in the district.

Details of the work carried out by the Department during the year are set out below :—

Wagon No.	Loads to tip	Bins	Privies	Ashpits	Pail Closets	Trade Refuse
1	984	102,890	6	5	33	127
2	658	23,701	2017	1270	2528	374
3	496	50,952	—	—	—	—
4	29	1,965	6	6	33	9

All refuse was disposed of by controlled tipping and was carried out at Messrs. Garforths' Brickyard, Taylor Hall Lane.

COLLECTION AND DISPOSAL OF REFUSE.

EXPENDITURE				£	s.	d.	£	s.	d.	£	s.	d.
Wages	...	...	...	3915	5	8						
National Insurance	...	...	...	147	13	11						
Superannuation	...	...	...	59	19	2						
							4122	18	9			
Vehicle replacements and repairs							168	2	8			
Vehicle—Licence and Insurance							171	7	6			
Petrol and Oil	...	...	...				420	0	3			
Advertising	...	...	...				3	15	6			
Insurance	...	...	...				14	4	11			
Rents	...	...	...				50	0	0			
Protective Clothing	...	...	...				31	5	0			
Hired Labour	...	...	...				1	14	6			
Sundries	...	...	...				12	17	3			
Salvage	...	...	...				31	11	3			
										5027	17	7
Loan Charges :												
Sinking Fund	...	...	...	155	0	0						
Interest	...	...	...	15	1	0						
							170	1	0			
										5197	18	7
INCOME												
Trade Refuse	...	...	...				45	8	0			
Rents	...	...	...				23	11	8			
Hire of Wagon	...	...	...				23	9	6			
Salvage	...	...	...				843	1	2			
										935	10	4
NET COST				...			£4262	8	3			

SALVAGE, 1950-1951.

The results of the salvage effort during the year are set out below. The returns are again most encouraging and the income of over £800 assists materially in the economic running of the Department. During the early part of the year the public were apathetic towards waste paper recovery and it appeared that nationally interest was falling. My contention however that the demand for waste paper would continue was borne out later in the year. In October it became known that there was a serious shortage of this material and since that time the paper mills and the Board of Trade have endeavoured to ' whip up ' enthusiasm for this work. It is not however easy to regain the enthusiasm of the public and the employees for this work. I am satisfied however that good progress is being made and look forward to a record result in the coming year.

I take this opportunity of thanking all those householders and business houses who have throughout the year regularly salvaged their waste paper and appeal for their continued support during the next twelve months.

SALVAGE RETURNS.

1949-50			1950-51		
Tonnage			Tonnage		
T.	C.	Q.	T.	C.	Q.
177	18	—	164	10	3
Income			Income		
£	s.	d.	£	s.	d.
802	11	8	842	1	2

INCOME FROM SALE OF SALVAGED MATERIALS.

				Tonnage			Income		
				T.	C.	Q.	£	s.	d.
Paper	...	...	...	88	15	2	629	16	5
Scrap Metal	...	...	...	8	9	—	23	4	9
Tins	...	...	...	3	13	—	5	9	6
Rags	...	...	...		9	2	9	15	0
Kitchen Waste	...	...	...	63	3	3	173	15	6
				164	10	3	£842	1	2

INCOME FROM SALE OF SALVAGED MATERIALS—1940-50.

					Tonnage			Income		
					T.	C.	Q.	£	s.	d.
1940	...	...	...	...	177	9	1	525	17	4
1941	...	...	...	...	171	7	2	595	13	2
1942	...	...	...	...	227	16	—	1023	15	5
1943	...	...	...	...	210	11	3	857	8	10
1944	...	...	...	...	176	19	—	677	18	8
1945	...	...	...	...	168	15	2	621	16	10
1946	...	...	...	...	175	4	—	665	10	5
1947	...	...	...	...	175	6	3	775	14	1
1948	...	...	...	...	189	17	3	895	17	11
1949	...	...	...	...	177	18	—	802	11	8
1950	...	...	...	...	164	10	3	842	1	2
					2015	15	5	£8284	5	6

The above are the results of the salvage efforts in the area during the past years and indicate the benefits accruing to the nation and to the district by this means.

APPENDICES

- A. Vital Statistics of the Mirfield Urban District for 1941-1950.
- B. Infantile and Maternal Mortality Rates of Mirfield for the past twenty years.
- C. Notifications of Infectious Disease in Mirfield Urban District, 1931-1950.
- D. Adoptive Acts in force in the District.
Bye-Laws in force in the District.
- E. Staff of the Health Department.

APPENDIX A

VITAL STATISTICS OF THE MIRFIELD URBAN DISTRICT FOR 1941-1950.

Year	Population estimated to middle of each year	Births		Net Deaths belonging to the District		
		No.	Rate	Under 1 year		At all ages
				No.	Rate per 1,000 Births	No.
1941	11,560	112	9.7	11	97.3	154
1942	11,280	158	14.0	11	69.6	153
1943	11,040	161	14.6	4	24.8	157
1944	11,170	193	17.3	6	31.1	140
1945	11,070	197	17.8	5	25.4	140
1946	11,480	154	13.4	5	32.0	163
1947	11,690	239	20.4	8	33.5	192
1948	11,950	205	17.2	6	29.2	170
1949	11,940	187	15.6	4	21.3	167
1950	11,930	168	14.1	1	6.0	149

APPENDIX B

**INTANTILE AND MATERNAL MORTALITY RATES OF MIRFIELD
FOR THE PAST 20 YEARS.**

Year	Births	Infant Deaths	Maternal Deaths	Infant Mortality Rate	Maternal Mortality Rate
1931	158	8	—	51·0	—
1932	153	14	—	91·0	—
1933	152	10	1	66·0	6·6
1934	176	8	2	67·0	11·4
1935	169	7	—	41·4	—
1936	144	7	—	48·6	—
1937	142	7	1	49·3	6·8
1938	146	6	1	41·1	6·5
1939	121	7	—	57·8	—
1940	132	6	—	45·1	—
1941	112	11	—	97·3	—
1942	158	11	—	69·6	—
1943	161	4	—	24·8	—
1944	193	6	1	31·1	5·2
1945	197	5	—	25·4	—
1946	154	5	—	32·0	—
1947	239	8	—	33·5	—
1948	205	6	—	29·2	—
1949	187	4	—	21·3	—
1950	168	1	—	6·0	—

APPENDIX C

NOTIFICATIONS OF INFECTIOUS DISEASE in Mirfield Urban District, 1931-1950.

Year	Smallpox	Polioencephalitis and Polioencephalitis	Enteric Fever	Scarlet Fever	Diphtheria	Pneumonia	Cerebro-Spinal Fever	Erysipelas	Malaria	Puerperal Fever	Puerperal Pyrexia	Ophthalmia Neonatorum	Respiratory Tuberculosis	Other Tuberculosis	Measles	Whooping Cough	Encephalitis Lethargica	Dysentery	Other Diseases	Totals
1931	—	—	1	20	—	10	1	3	—	2	—	2	11	3	—	—	—	—	—	53
1932	—	—	—	33	23	12	1	6	—	—	—	—	6	—	—	—	—	—	—	81
1933	—	—	—	45	59	7	2	9	—	—	—	1	4	1	—	—	—	—	—	121
1934	—	—	—	38	50	1	—	9	—	—	2	1	4	2	—	—	—	—	—	108
1935	—	1	—	28	17	5	1	6	—	—	2	3	5	5	—	—	—	—	—	72
1936	—	—	—	14	11	2	—	4	—	1	2	1	6	6	—	—	—	1	—	48
1937	—	—	—	17	3	3	—	2	—	—	2	3	6	3	—	—	—	—	—	37
1938	—	—	1	31	3	6	—	4	—	—	—	1	4	6	—	—	—	—	—	58
1939	—	—	—	5	4	4	—	2	—	—	—	—	8	—	1	3	—	—	—	27
1940	—	—	—	13	22	3	4	2	—	—	—	—	7	3	237	2	—	—	—	293
1941	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1942	—	—	—	109	20	4	—	5	—	—	5	—	5	3	33	11	—	—	—	195
1943	—	1	—	60	23	5	1	3	—	—	—	—	2	3	233	7	—	1	—	339
1944	—	—	—	22	4	—	1	2	—	—	1	—	6	2	12	5	—	—	—	55
1945	—	—	—	26	7	—	1	—	—	—	—	1	4	2	110	6	—	—	—	157
1946	—	—	—	17	—	1	—	1	—	—	—	—	6	1	18	5	—	—	—	49
1947	—	6	—	2	—	1	—	—	1	—	—	2	6	5	172	5	—	—	—	200
1948	—	—	—	16	—	1	—	—	—	1	—	—	6	3	43	20	—	1	—	97
1949	—	11	1	6	—	1	—	4	—	1	—	—	11	3	140	26	—	—	1	202
1950	—	—	—	9	—	6	—	1	—	—	3	—	10	1	109	27	—	1	—	167

ADOPTIVE ACTS, ETC., IN FORCE IN THE DISTRICT

Act	Date of Operation
Public Health Acts Amendment Act, 1890—	
Part III	1st July, 1891
Private Street Works Act, 1892	1st June, 1899
Public Health Acts Amendment Act, 1907—	
Sections 27 and 33 and the whole of Part III	28th September, 1909
Part VI	17th January, 1921
Sections 15 to 23 inclusive	24th August, 1926
Public Health Act, 1925 :—	
Sections 13 to 19 (inclusive), 23 to 33 (inclusive), 35, 36 to 43 (inclusive) and Part IV	18th October, 1926
Sections 21, 22, 44 and Part V	1st February, 1927
Part VI	8th September, 1925
Furnished Houses (Rent Control) Act, 1946	18th March, 1949

BYE-LAWS IN FORCE IN THE DISTRICT

Cleansing of Footways	1874
Scavenging	1874
Hackney Carriages	1881
Offensive Trades	1922
Public Parks and Recreation Grounds	1928
Smoke Abatement	1929
Slaughter-houses	1932
New Streets	1932
Buildings	1939
Sale of Food	1949

STAFF OF THE HEALTH DEPARTMENT

Medical Staff.

WILLIAM M. DOUGLAS, M.B., Ch.B., D.P.H.
Medical Officer of Health.
Divisional Medical Officer.

Sanitary Inspector's Staff.

H. H. JOHNSON, M.S.I.A., Certificates of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. Chief Sanitary Inspector. Cleansing Officer.
J. BROWN, Certificate of the Royal Sanitary Institute and the Sanitary Inspectors Examination Joint Board. Additional Sanitary Inspector.
Mrs. J. DRANSFIELD, Clerk. (Commenced 23rd October, 1950).

Divisional Public Health Staff (Division 17, comprising Spenborough and Mirfield Urban Districts).

Medical Staff.

ELEANOR M. WHITEHEAD, M.B., Ch.B., Assistant County Medical Officer.
NORMA M. WHALLEY, M.B., Ch.B., D.C.H., Assistant County Medical Officer. (Commenced March, 1950).

Clerical Staff.

Mr. P. MARSHALL, Chief Clerk.
Miss M. R. FURNESS.
Miss D. M. HODGSON.
Mr. L. HOLDSWORTH.
Miss M. POPPLEWELL.
Mrs. V. THEWLIS.

Health Visitors (Part-time School Nurses).

Miss D. DAY, S.R.N., S.C.M., H.V. Cert. of R.S.I., Senior Health Visitor.
Miss D. SCHOFIELD, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Mrs. M. E. DICKENS, S.R.N., S.C.M. (Left 31st October, 1950).
Mrs. M. RAYNER, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Miss E. G. MITCHELL, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Miss N. BLAGDEN, S.R.N., S.C.M., H.V. Cert. of R.S.I. (Left 30th June, 1950).
Miss M. HARTLEY, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Miss M. GREENOUGH, S.R.N., S.C.M., H.V. Cert. of R.S.I. (Commenced 3rd July, 1950).
Miss L. WILLOUGHBY, S.R.N., S.C.M., H.V. Cert. of R.S.I. (Commenced 3rd July, 1950).

Assistant Health Visitors (Temp. School and Clinic Nurses).

Mrs. G. MARSHALL, S.R.N.

Mrs. J. P. WOOD, S.R.N.

Mrs. R. COATES, S.R.N.

Midwives.

Miss E. J. POTTS, S.C.M.

Mrs. D. M. GOMERSALL, S.R.N., S.C.M.

Mrs. E. JOHNSON, S.C.M.

Mrs. B. RYDER, S.C.M. (Left March, 1950).

Mrs. G. D. WATSON, S.C.M. (Left June, 1950).

Miss L. M. THOMPSON, S.C.M. (Commenced August, 1950).

District Nurse Midwives.

Miss M. LAYCOCK, S.R.N., S.C.M.

Miss B. D. SHARP, S.R.N., S.C.M.

District Nurses.

Miss F. E. GAMBLE, S.R.N., Queen's Nurse.

Miss F. METCALFE, S.R.N., C.M.B., Queen's Nurse.

Miss E. BIRD, S.R.N., S.C.M., Queen's Nurse.

Miss E. PHILLIPS, S.R.N., Queen's Nurse.

Mrs. E. SAYLES, S.R.N., S.C.M.

Dental Staff.

Mr. H. TAYLOR, L.D.S.

Miss K. COLLETT, Dental Attendant.

Moorend Day Nursery.

Mrs. W. M. BROOKE, S.R.N., Matron.

Miss K. ARMITAGE, S.E.A.N., Deputy Matron.

Miss M. A. LAWTON, Warden.

Miss P. J. COOPER, Nursery Nurse.

Miss R. BROOKE, Nursery Assistant.

Miss J. SMAJE, Nursery Assistant.

Part-time Staff.

Mr. B. D. VAINES, M.Ch.S., Chiropodist.

Miss D. RENDER, M.C.S.P., Physiotherapist.

Mr. L. WITTELS, M.D. (Vienna), D.O., Consultant
Ophthalmologist.

Mrs. M. M. BLAKE, M.A. Oxon., L.C.S.T. Speech Therapist.

Mrs. G. JONES, Home Teacher of Mental Defectives.



