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MIRFIELD URBAN DISTRICT



# ANNUAL REPORT

OF THE

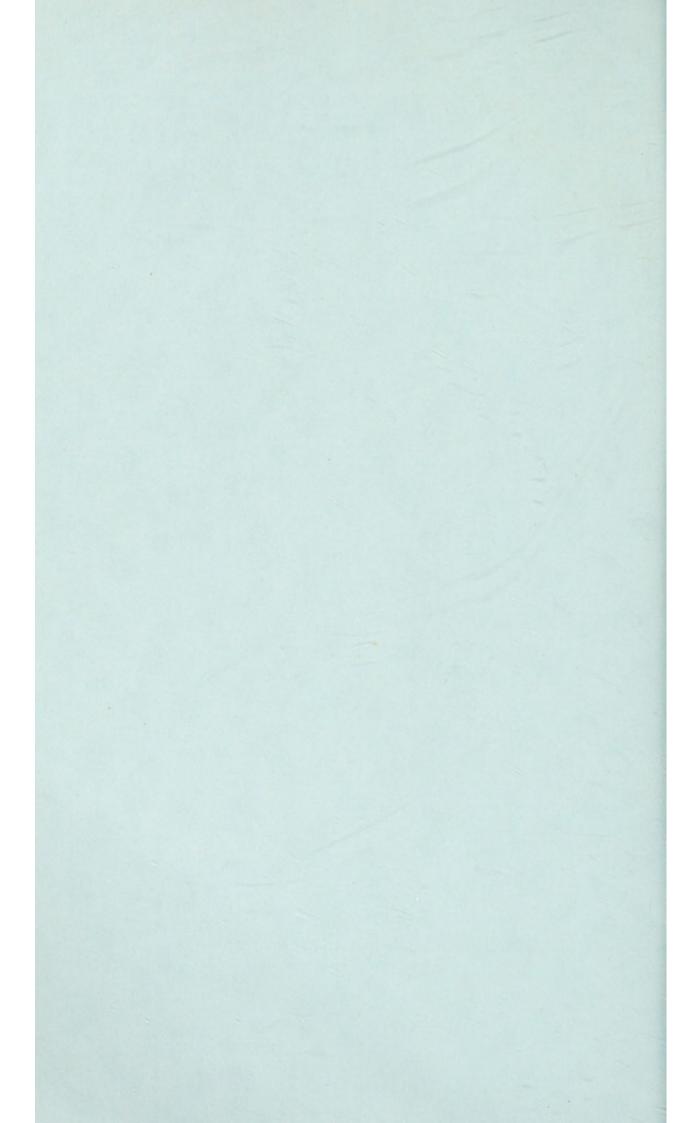
MEDICAL OFFICER OF HEALTH

For the Year

1960

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 Constitution 1960-61

# CHAIRMAN

Councillor SANDY FRETWELL, J.P.

# DEPUTY CHAIRMAN

Councillor J. W. BELL

# COUNCILLORS

BARRACLOUGH, Ernest Charles
BARRACLOUGH, Joseph Herbert
CLARKE, George A.
HARDY, John, J.P.
LYDALL, Frank B., M.B.E., J.P.
SHEARD, Ernest H.
TALBOT, George W.
WALKER, Godfrey H.
WALKER, James L. M.
WEBSTER, George

# PUBLIC HEALTH AND HOUSING COMMITTEE

Councillor LYDALL, Chairman
Councillor TALBOT, Deputy Chairman
Consists of all the Members of the Council.

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

MR. CHAIRMAN, GENTLEMEN,

I have the honour to submit to you my Annual Report relating to the Urban District of Mirfield for the year 1960. It contains information about certain aspects of health in Mirfield, about the activities of your Public Health Department, and also about the Health Services provided by the County Council in the Urban District. The Scheme of Divisional Administration facilitates the integration of these activities, and this is essential if full benefit is to be derived from the community health services.

The Registrar General's estimate of population for the year shows an increase of 180 over last year, and the preliminary Census report for 1961 indicates that the population of Mirfield has risen by 404 in the past ten years, an increase of  $3\cdot 4\%$ . This is no doubt due in large measure to immigration associated with the very active private house building which has been taking place during recent years.

I am sorry to report, however, that while there has been a slight rise in the Birth Rate to 16·1 per thousand of the population, the Infant Mortality Rate, which for years has been exceptionally low, has this year risen to its highest figure for twenty years. The eight infant deaths which occurred produce a rate per thousand births of 40·8, and this is accompanied by a higher than normal Stillbirth Rate of 24·9 per thousand live and stillbirths. It is also noteworthy that the number of premature births (18) has not been exceeded during the past ten years.

Premature birth was associated with infant death in five cases, and in only one of these was toxaemia of pregnancy a complicating factor. Toxaemia was a factor in two of the five stillbirths and in two of the thirteen premature babies who survived. There was no other single factor which accounted for this year's poor maternity statistics.

However, the general Death Rate showed a slight drop, and is at last no higher than the average for the County. Almost half the deaths took place at over 75 years of age; there was an equal balance of male and female deaths, and the commonest causes were Heart Disease (33), Vascular Lesions of the Nervous System (29), Coronary Diseases

(27) and Cancer (21).

The incidence of notifiable infectious disease was low, although there were rather more cases of Scarlet Fever (24), mainly of a mild type, than has been usual for some years. For the second year in succession no new cases of Pulmonary Tuberculosis were reported. It again became apparent, however, that many cases of Infective Jaundice were occurring in the District, and the Council made an Order for this disease to be notifiable within its boundary. This Order was confirmed by the Ministry of Health, and Infective Hepatitis therefore became a notifiable disease in Mirfield from 1st Ianuary, 1961.

The various immunisation procedures were prosecuted with vigour as the tables relating to them show. It is estimated that over 90% of all children between one and fifteen years of age have been protected against Diphtheria, and some 60% of children under five

years similarly immunised against Whooping Cough. This figure is improving now that the combined vaccine is in use. Over 80% of young people under sixteen years of age have been vaccinated against Poliomyelitis, but the uptake of vaccination between the ages of sixteen and forty years continues to be disappointing and is only of the order of 46%. Although there appears to have been a poor response to Smallpox vaccination this year, this is due to the alteration in procedure as it is now recommended that it should be carried out at eighteen months to two years of age, whereas previously it was recommended to be given in the first six months of life. The tuberculin testing scheme and vaccination of negative reactors among thirteen year old schoolchildren received a disappointing response, only 68% of parents consenting to the procedure; ninety-four children in this age group subsequently received B.C.G. vaccination.

On the environmental aspects of the report it is noteworthy that confirmation of the first Smoke Control Order was obtained from the Ministry of Housing and Local Government, and is to come into force in October, 1961. The area comprises 36 acres in the neighbourhood of Kitson Hill Estate and contains 175 dwellinghouses. The opportunity was taken to make Smoke Control Orders relating to two areas of land as yet undeveloped for housing, and work is proceeding on the next area comprising the London Park Estate and district, which it is hoped to submit later this year. At the same time there has been a noticeable diminution in smoke emissions from most industrial premises in the area, and managements in general are now co-operative and receptive to representations made to them. While this may appear to be having little effect in relation to the table showing the incidence of atmospheric pollution, it is now generally conceded that this method of recording is of little value except where there are many instruments concentrated around a single source of pollution, and changes in measurement of pollution are under active consideration at the present time.

Another step forward was made with the representation for demolition of a further fifty-seven houses of slum clearance type, seventeen of these being owned by the Council. Although the progress made to date with slum clearance has by no means been unsatisfactory, only one standard should be acceptable and that, that every unfit house should be dealt with at the earliest possible moment. As the time approaches when back-to-back property of a better type is due for consideration, owners of such property would be well advised to consider conversions with the aid of Improvement Grants.

In its general housing provision, however, Mirfield is by no means badly off, there being no substantial areas of slums and no severe overcrowding, although some moral overcrowding does exist, and it is fairly well balanced as to type. In fact with the exception of the need for more housing suitable for aged persons the only purpose of future building by the Council could be to encourage immigration from surrounding authorities.

The Warden Scheme at Greenside Estate, whereby a lady visitor supervises the well-being of elderly or disabled persons living in housing specially provided for them, has been an outstanding success. Mrs. Sessions, in fact, supervised twenty-six cases during the year and paid a total of over 5,000 visits. It is surprising how many matters she has found to deal with and there is no doubt that her presence has contributed very greatly to the well-being of these people. The decision has already been taken to inaugurate a similar scheme in connection with the old people's dwellings now in the course of erection on the London Park Estate.

Otherwise the year has been one of steady application to the routine duties set forth in the appropriate sections of the report. Their value should not be minimised because of their routine nature, as this is the backbone of environmental public health work, without which we should be in a sorry state, and it is seldom realised what problems are encountered during their performance. The refuse and salvage collection schemes have been well maintained in spite of the great difficulty which has been encountered in recent years in acquiring and maintaining a suitable staff of workmen for this task.

The other sections of the report relate to the School Health and other County Services. The statistics relating to the work carried out in the field of mental health are similar to those for last year, although the Mental Health Act, 1960, came into force in the latter part of the year and involved the inception of a new administrative scheme by the County Council. The immediate effect of this was to deprive the area of a mental health social worker, and it will be some considerable time before one can assess the merits or demerits of the new scheme. The home help service has shown a further increase both in cases assisted and in hours worked, and I can say that the establishment permitted was adequate to the needs for the service, which is a slightly different thing from saying that everybody had all the help they wanted. The home nursing services were well maintained, but great difficulties were experienced in maintaining an adequate domiciliary midwifery service. As I reported last year the situation in the Divisional Area is that whereas three midwives can cope with the overall number of home confinements they are not sufficient to allow for off duty, sickness and holidays, or to provide for adequate ante-natal instruction of the expectant mother and liaison with general practitioners. All attempts to recruit additional staff over the past twelve months have been without result and at the end of the year the position deteriorated with the resignation of one midwife from the Divisional Staff. Until all concerned realise that adequate pay and conditions of service for such appointments are just as necessary as a sense of vocation the position is hardly likely to improve, and I reiterate the view which I have expressed before that there is much to be said in areas such as this for domiciliary midwifery to be integrated with the hospital service.

The health visiting and school nursing services suffered a little because of further staff changes, but a good coverage of duties was maintained and much valuable preventive and educative work was carried out. Attendances at the child welfare clinics were also satisfactory. The most noteworthy features in the section relating to the health of the school children are the high standards of physical condition found at routine inspections, the comparatively few defects found, the provision for the ascertainment and placement of children requiring special education, and the wide scope of the public health services existing to maintain and improve upon the physical and mental well-being of children of school age.

Within the Divisional area there are many voluntary bodies whose activities play a great part in the well-being of the community. Those with which the Health Department are most intimately concerned, are perhaps, the Home Accident, Old People's Welfare, and Family Planning Committees. Although tangible results are difficult to assess in each case, the Old People's Welfare Committee showed evidence of their desire to provide service rather than to secure personal kudos, by the readiness with which they handed over their very efficiently conducted chiropody service to the direct administration of a County scheme. This gave the opportunity for further expansion, particularly of a domiciliary service, and I am pleased to say that this has indeed taken place. The number of clinic sessions was increased and 214 patients received regular treatment during the year. 22 pensioners and 3 physically handicapped persons also received chiropody treatment in their own homes being unable to attend at the clinics.

I have criticised on many occasions the two tier system of local government as it affects the administration of health services in a Divisional area such as this. As time goes on it becomes evermore apparent to me that ideally legislative change should unify the entire health service, as so many of its problems, particularly those relating to mental health, old age, maternity, and research can no longer be efficiently carried out in isolation, and co-operation is never a good substitute for unification. Until this comes about no effort is too great to achieve the maximum co-operation between all concerned and I do feel that it exists in great measure here. The hospital staffs, the general practitioners, school heads and the many others with whom the staff of the public health department have day to day contact have been with few exceptions helpful, tolerant and co-operative at all times and I am most thankful to record that this is so. The many changes in the public health staff during the past few years have hampered very greatly this continuity of co-operation and has been a serious administrative problem.

I must again, as for many years now, thank Mr. Johnson, the Chief Public Health Inspector for his assistance and co-operation throughout the year and also for preparing that part of the report relating to the sanitary circumstances of the area. It is also a pleasure to record my thanks for the friendly help obtained from the other Council Departments as indeed from the Chairman and Members of the Mirfield Health Committee.

I am, Mr. Chairman and Gentlemen,

Your obedient servant,

WILLIAM MASON DOUGLAS,

Medical Officer of Health and Divisional Medical Officer.

# POPULATION AND SOCIAL CONDITIONS.

The population of the Urban District of Mirfield at the 1951 Census was 11,885, a decrease of 215 since the 1931 Census. The Registrar General's estimate of the population for the year 1960 is 12,260, and this figure is used throughout this report in calculating rates.

There are a number of important industries established in the district including woollen and cotton mills, maltsters, card makers, soap makers, oil extractors, brushmakers, cloth makers, card clothing manufacturers and building contractors. The District, however, cannot be said to be heavily industrialised, and there is ample open space and fine residential localities.

Throughout the whole of the year the employment situation maintained a most satisfactory position and to all intents and purposes the area can be regarded as one of "full employment."

At the commencement of the year, an unemployment figure of 0.4% had been attained, but this was further reduced to the point where it was barely 0.3% which compared most favourably with a Regional figure of 1.0% and the National figure of 1.3%. There is a constant demand for skilled operatives in the Textile trade and difficulty is being experienced in meeting the requirements of British Railways for permanent staff.

These notes relating to unemployment have been compiled from information kindly supplied to me by the Manager of the Mirfield Employment Exchange.

# MIRFIELD URBAN DISTRICT.

Number of inhabited houses at 1951 census   3,939     Number of families or seperate occupiers at 1951 census   3,948     Number of rooms at 1951 census   15,228     Statistical Summary of the area for 1960     In comparison with 1959   1960     Area of the district in acres   3,394   3,394     Estimated population (mid-year)   12,080   12,260     Average number of persons per acre   3.5   3.5     Estimated number of dwellinghouses (end of year)   4,682     Rateable value at 1st April   106,497     Product of Penny Rate (estimate)   418   4187	Area of district in acres at 1	951 cer	nsus			3,394
Number of families or seperate occupiers at 1951 census 3,948 Number of rooms at 1951 census 15,228  Statistical Summary of the area for 1960	Population at 1951 census					11,885
Statistical Summary of the area for 1960   1959   1960   1960   1959   1960	Number of inhabited houses	at 195	1 cens	sus		3,939
Statistical Summary of the area for 1960   1959   1960   1960   1959   1960	Number of families or seper	ate occ	upiers	at 198	ol census .	3,948
Statistical Summary of the area for 1960   1959   1960						
in comparison with 1959.         1959       1960         Area of the district in acres						
in comparison with 1959.         1959       1960         Area of the district in acres						
Area of the district in acres 3,394 3,394  Estimated population (mid-year) 12,080 12,260  Average number of persons per acre 3⋅5 3⋅5  Estimated number of dwellinghouses (end of year) 4,682 4,784  Rateable value at 1st April	Statistical Sun	nmary	of the	area	for 1960	
Area of the district in acres        3,394       3,394         Estimated population (mid-year)        12,080       12,260         Average number of persons per acre        3⋅5       3⋅5         Estimated number of dwellinghouses (end of year)       4,682       4,784         Rateable value at 1st April        £106,497       £131,265 ★107.762         Product of Penny Rate (estimate)        £418       £437 ₹ 1424         Crude Death Rate per 1,000 estimated population        12⋅6       12⋅2         Comparability Factor        1⋅04       1⋅03         Standardised Death Rate        13⋅1       12⋅6         Crude Birth Rate per 1,000 estimated population         15⋅6       16⋅0         Comparability Factor         1⋅01       1⋅01	in con	nparison	n with	1959		
Estimated population (mid-year) 12,080 12,260  Average number of persons per acre 3⋅5 3⋅5  Estimated number of dwellinghouses (end of year) 4,682 4,784  Rateable value at 1st April £106,497  Product of Penny Rate (estimate) £418  Crude Death Rate per 1,000 estimated population 12⋅6 12⋅2  Comparability Factor 1⋅04 1⋅03  Standardised Death Rate per 1,000 estimated population 13⋅1 12⋅6  Crude Birth Rate per 1,000 estimated population 15⋅6 16⋅0  Comparability Factor 1⋅01 1⋅01					1959	1960
Average number of persons per acre        3⋅5       3⋅5         Estimated number of dwellinghouses (end of year)       4,682       4,784         Rateable value at 1st April        £106,497       £131,265 ₹107.762         Product of Penny Rate (estimate)        £418       £437 ₹ 424         Crude Death Rate per 1,000 estimated population        12⋅6       12⋅2         Comparability Factor        13⋅1       12⋅6         Crude Birth Rate per 1,000 estimated population        15⋅6       16⋅0         Comparability Factor        1⋅01       1⋅01	Area of the district in acres				3,394	3,394
Estimated number of dwellinghouses (end of year) 4,682 Rateable value at 1st April £106,497 Product of Penny Rate (estimate) £418 Crude Death Rate per 1,000 estimated population 12·6 Comparability Factor 1·04 Standardised Death Rate 13·1 Crude Birth Rate per 1,000 estimated population 15·6 Crude Birth Rate per 1,000 estimated population 15·6 Comparability Factor 15·6 Comparability Factor 15·6 Comparability Factor 15·6 Comparability Factor 11·01	Estimated population (mid-	year)			12,080	12,260
Rateable value at 1st April        £106,497       £131,263	Average number of persons	per acr	е		3.5	3.5
Product of Penny Rate (estimate)        £418       £437₹ 424         Crude Death Rate per 1,000 estimated population          12·6       12·2         Comparability Factor          1·04       1·03         Standardised Death Rate         13·1       12·6         Crude Birth Rate per 1,000 estimated population         15·6       16·0         Comparability Factor        1·01       1·01	Estimated number of dwelling	nghouse	es (end	l of yea	r) 4,682	4,784
Crude Death Rate per 1,000 estimated population	Rateable value at 1st April				€106,497	£131,268 £107.762.
population                12·6         12·2           Comparability Factor             1·04         1·03           Standardised Death Rate             13·1         12·6           Crude Birth Rate per population                15·6         16·0           Comparability Factor           1·01         1·01	Product of Penny Rate (esti	imate)			£418	£137 £ 424
Comparability Factor        1 · 04       1 · 03         Standardised Death Rate         13 · 1       12 · 6         Crude Birth Rate per population       1,000 estimated       15 · 6       16 · 0         Comparability Factor        1 · 01       1 · 01	Crude Death Rate per	1,000	estim	ated		
Standardised Death Rate          13·1       12·6         Crude Birth Rate per population       1,000       estimated estimated estimated estimated population          15·6       16·0         Comparability Factor          1·01       1·01	population				$12 \cdot 6$	12 · 2
Crude Birth Rate per 1,000 estimated population 15.6         16.0           Comparability Factor 1.01         1.01	Comparability Factor				$1 \cdot 04$	1.03
population 15·6 16·0 Comparability Factor 1·01 1·01	Standardised Death Rate				$13 \cdot 1$	12.6
Comparability Factor 1.01 1.01	Crude Birth Rate per	1,000	estim	ated		
	population				15.6	16.0
Standardised Birth Rate 15.8 16.1	Comparability Factor				1.01	1.01
	Standardised Birth Rate				15.8	16.1

Nil

Nil

10.6

 $24 \cdot 9$ 

40.8

Nil

The Comparability Factors for births and deaths are supplied by the Registrar General and when the crude rates are multiplied by these factors the resulting rate is that which would apply if Mirfield had the same age and sex constitution as the country as a whole.

Still-birth Rate per 1,000 total live and still-

Maternal Mortality Rate

# VITAL STATISTICS FOR THE YEAR 1960.

Live Births.	(Registered	)		Males	Females	Total
Legitimate				 94	97	191
Illegitimate				 2	3	5
			Total	 96	100	196
				Street annual courts with		SANS AND SANS

Birth rate per 1,000 estimated population: 16.0.

Stillbirths.			Males	Females	Total
Legitimate	 		 1	4	5
Illegitimate	 		 _	-	
		Total	 1	4	5
		1000	 -		

Stillbirth rate per 1,000 total live and still-births: 24.9.

Infant Mortalit	ty.		Males	Females	Total
Legitimate		 	 5	3	8
Illegitimate		 	 _	_	
		Total	 5	3	8

Infant Mortality Rate per 1,000 live births: 40.8. Neo-natal Mortality Rate per 1,000 live births: 35.7.

The Birth Rate at  $16\cdot0$  births per thousand of population is slightly higher than last year  $(15\cdot6)$ , and the number of births exceeded the number of deaths by 46. Of the 201 births only 33 were born at home, the remainder, 84%, being born in neighbouring hospitals or maternity homes. Eighteen births were premature, five were stillborn, and eight failed to survive the first year of life. Toxaemia of pregnancy was a complicating factor in two of the stillbirths and also in two of the premature births.

# CAUSES OF AND AGES AT DEATH DURING THE YEAR 1960

	All Ages	Under 1 year	14	5—14	15-24	25-44	45-64	65-74	75 and Over	Males	Females	Deaths in Institutions
Tuberculosis, respiratory					100							
Tuberculosis, other												h
Other infective & parasitic diseases	1						1				1	1
Cancer—												
(a) Stomach	3							3		2	1	1
(b) Lung,	5					1	4			4	1	
(c) Breast	1								1		1	
(d) Uterus	1						1				1	
(e) Other	9						3	1	5	5	4	2
Diabetes	1							1		1		1
Vascular Lesions of Nervous System	29	1					6	7	15	12	17	11
Coronary disease, angina	27					2	12	7	6	21	6	3
Hypertension with heart disease	3								3	2	1	
Other heart disease	33						6	2	25	11	22	10
Other circulatory disease	4							1	3	1	3	2
Pneumonia	6				1		1		4	1	5	5
Bronchitis	6						1	3	2	6		4
Nephritis & Nephrosis	2					1	1				2	- 2
Congenital malformations	1	1									1	1
Other defined & ill defined diseases	13	6					2		5	5	8	8
All other accidents	2		2							2		
Suicide	3						3			3		
TOTALS All Causes	150	8	2	_	1	4	41	25	69	76	74	51

In spite of the much larger than usual number of deaths under 1 year of age, there is a slight reduction in the general death rate which this year is  $12 \cdot 2$  per thousand population. Male and female deaths are evenly balanced, coronary disease is shown to be the commonest cause of death at under 65 years of age; it was also three-and-a-half times more common in males than in females.

CAUSES OF INFANTILE MORTALITY IN THE URBAN DISTRICT OF MIRFIELD, 1960.

In First Year	61	-	4	-	00
4th Quarter			01		61
3rd Quarter	61			-	60
2nd Quarter			-		-
1st Quarter		-	-		64
12 months					
11 months					
10 months					
9 months					
8 months					
7 months					
8 months					
g months					
4 months					
3 months					
28 days—2 months		-			-
21—28 days					
14-20 days					
7-13 days			-		-
g days					
g quàs		PINY			
4 days					
g quàs					
2 days				-	-
l day					
Under 1 day	6.1		00		10
Cause of Death	Birth injury	Accidental asphyxia	Prematurity	Congenital abnormality	TOTALS

Birth and Mortality Rates for 1960 for the West Riding Administrative County and England and Wales.

at an ab san	Aggregate of U.D's.	Aggregate of R.D's.	Adminis- trative County	England & Wales	Mirfield
Crude Birth	16.5	17 - 8	16.9	17 -1	16.0
Adjusted Birth	16.7	17 -8	17 -1	17.1	16 -1
Crude Death	12.2	9.7	11.5	11.5	12 · 2
Adjusted Death	12.9	11 -9	12.6	11.5	12.6
Tuberculosis, Respiratory	0.06	0.07	0.06	0.07	10
Tuberculosis, Other	0.01	0.01	0.01	0.01	_
Tuberculosis, All Forms	0.07	0.08	0.07	0.08	_
Cancer	2.10	1.67	1.98	2.16	1.55
Vascular Lesions of the Nervous System	1.97	1.53	1.85		2 · 37
Heart and Circulation	4.68	3.52	4.35		5 - 46
Respiratory Diseases	1.25	0.96	1.17		0.98
Maternal Mortality	0.70	0.82	0.73	0.39	-
Infant Mortality	22.5	22.4	22.5	21 - 7	40.8
Neo-Natal Mortality	15.9	15.7	15.8	15.6	35 - 7
Stillbirth	21.8	23.9	22.4	19.7	24.9

<sup>\*</sup>Figures not available.

The Infant and Neo-natal Mortality Rates are per 1,000 live births.

The Maternal Mortality and Stillbirth Rates are per 1,000 live and stillbirths.

The remaining rates are per 1,000 estimated home population.

# PREMATURE INFANTS.

Given below are details of live premature infants born at home and in hospital:—

(1) The number of premature babies notified during the year whose mothers are normally resident in the Council's area ... 18 (2) The total number of premature babies notified during the year that were born :-(a) at home 1 ... ... (b) in hospital or nursing home 17 (3) The number of those born at home :— (a) who were nursed entirely at home (b) who died during the first 24 hours (c) who survived at the end of one month (4) The number of those born in hospital or nursing home :— (a) who died within the first 24 hours 3 (b) who survived at the end of one month 13

# Table showing Birth Weights of Premature Infants.

Birth Weight	No. of	No. of In	nfants who s	urvived		
Birth Weight in pounds	Infants	24 hours	2-7 days	1 month		
Under 2½	2	_				
$2\frac{1}{2} - 3$	2	1	1	_		
$3^{2} - 3\frac{1}{2}$	1	1	1	1		
$3\frac{1}{2} - 4$	3	3	3	3		
$4^{\circ} - 4\frac{1}{2}$	1	1				
$4\frac{1}{2} - 5$	2	2	2	2		
$     \begin{array}{ccccccccccccccccccccccccccccccccc$	7	7	7	7		
Totals	18	15	14	13		

# IMMUNISATION AND VACCINATION.

Community immunisation in this country is at present directed to the prevention of diphtheria, whooping cough, tetanus, poliomyelitis, smallpox and tuberculosis. The following shows the schedule of procedure now recommended:—

Visit	Age	Vaccine	Interval
1	2—6 months	Triple (Diphtheria,	
2		tetanus, pertussis) do.	4 weeks or more
3		do.	do.
4	6—9 months	Poliomyelitis	do.
5 6		do.	do.
6	15—18 months	do.	
7	18-24 months	Smallpox vaccination	
8	School entry	Poliomyelitis (Booster)	
9		Diphtheria and tetanus (Booster)	do.
10	Thirteen years (approx.)	B.C.G.	

Diphtheria Immunisation.

A high level of protection against diphtheria has been obtained, and it will be seen that 86% of children under the age of 15 years have been immunised at one time or another. The percentage immunised under one year of age is very low and this is due to the timing procedure which we have adopted in the past for the various inoculations. During the year 200 children received primary inoculations and 173 received reinforcing injections.

Type of Injection	Age a	t Final Injec	tion	Total			
	Under 1	1—4	5—14	Total			
Primary Injection	139	57	4	200			
Re-inforcing Injection	_	_	173	173			

I give below a table showing the numbers and percentages of children who have had a course of immunisation within the last five years separated from those who had a course of immunisation previously:—

Age at 31-12-60 i.s., Born in year:	Under 1 1960	1—4 1959–1956	5—9 1955–1951	10—14 1950–1946	Under 15 Total
Last completed course of injections (whether primary or booster) A. 1956-1960	60 (30%)	513 (70%)	714 (81%)	626 (60%)	1911 (67%)
B. 1955 or earlier	_	-	117 (13%)	422 (40%)	539 (19%)

# Whooping Cough Immunisation.

Immunisation against whooping cough is available up to four years of age under the County Scheme. This is generally given in combination with diphtheria and tetanus immunisation, and it is estimated that 30% of children under one year and 56% of children between one and four years of age had received protective inoculation by the end of the year. The acceptance rate for "triple" immunisation is very satisfactory.

The following table shows the amount of Whooping Cough Immunisation carried out during the year:—

Age at final injection

Under 6 months	40
6 months to 1 year	124
1—2 years	21
2—3 years	7
3—4 years	2
	194

Whooping Cough Immunisation in relation to Child Population.

Number of children at 31st December who had completed a course of immunisation at any time before that date.

Age at 31/12/60 i.e. Born in year	Under 1	1—4	5—9	10—14	Under 15
	1960	1959-1956	1955-1951	1950-1946	Total
Number immunised	60	409	469	27	965

#### Smallpox Vaccination.

Due to change over from the procedure of giving primary vaccination during the first six months of life to its postponement to 18 months to 2 years, there has been comparatively little smallpox vaccination this year in comparison with previous experience. However, it is hoped that this is only a temporary phase and that satisfactory levels will be obtained in the future.

Table showing Persons Vaccinated and Re-vaccinated during 1960.

Age at date of vaccination	Under 1	1	2-4	5—15	15 or over	Total
Number Vaccinated	11	35	6	-	6	58
Number Re-Vaccinated	_	-	_	3	20	23

# Poliomyelitis Vaccination.

After the rush of work last year in organising the extension of the scheme to the under 40's and ensuring that as many as possible received third injections, this year was somewhat quieter. However, uptake of vaccination was well maintained in children under 15 years and it is estimated that over 80% of such children have been vaccinated. The older groups still show some apathy, however, and it is estimated that only about 46% of the 16—40 age group have been vaccinated.

Ages	Under 1 1960	1—4 1959-1956	5—9 1955-1951	10—14 1950-1946	Expect- ant Mothers	16—26 1945-1935	26—40 1935-1921	Total
Vaccinated during 1960	20	130	4	2	5	37	195	393

In addition to the above, 347 children and 332 adults received a third injection.

The following table shows the number in Mirfield who had received two injections by the end of the year.

1960	1959-1956	1955-1951	1950-1944	Others	Total
20 (5%)	567 (78%)	732 (82%)	1132 (84%)	1006	3457

# Vaccination Against Tuberculosis.

Vaccination against tuberculosis is available to certain contacts of cases of tuberculosis, especially young infants, and also to school-children of 13 years of age. The former are carried out by the Chest Physicians at the general hospitals, and the details of our school programme are given in the section relating to School Health for the sake of convenience.

CASES OF INFECTIOUS DISEASE

occurring in Mirfield Urban District classified according to Age Groups and Wards and Quarters, 1960.

Remov'd	Hospital		1		1				1
	4	1	-	1	1	1	1	1	1
Quarters	63	6	1	10	1	1	1	60	22
Qua	c3	10	1	9	4	1	-	-	20
	1	7	1	00	1	-	-	1	17
Nor	thorpe	00	1	9	63	1	1	1	18
Toot.	thorpe	00	1	C1	1	1	1	1	9
Honton Bottere	ford	13	1	13	1	1	1	60	30
Honton	Tobour	63	1	60	1	1	1	1	9
Over	years	1	1	1	1	1	1	1	1
45	years	1	1	1	1	1	1	1	61
25	years	1	1	1	03	1	1	1	60
15	years	1	1	1	1	1	1	-	I
10 5	years	7	1	23	-	1	1	1	33
Under 1	years	19	1	1	1	1	1	5	55
Under	year	1	1	1	1	1	1	1	
A 11	Ages	26	1	24	4	1	1	00	09
		:	1	:	1	:	1	:	:
		:	1	:	:		:	:	LS
Disages	Discase	Sa)	Food Poisoning	Scarlet Fever	Dysentery	Puerperal Pyrexia	Erysipelas	Whooping Cough	TOTALS
		Measles	Food	Scarle	Dyser	Puerp	Erysi	Whoo	

There is little remarkable about the notifiable infectious disease returns for the year except perhaps that there were rather more than usual cases of scarlet fever notified. This, however, was generally of a mild type.

As it was apparent that many cases of Infective Hepatitis were occurring in the district for the second year in succession the Council made an Order under Section 147 of the Public Health Act making this disease compulsorily notifiable in Mirfield. This received the approval of the Ministry of Health and Infective Hepatitis becomes notifiable locally from the 1st January, 1961.

Anthrax also became a disease notifiable to Medical Officers of Health from 1st December, 1960, by Order of the Ministry of Health.

# TUBERCULOSIS.

For the second year in succession no new cases of pulmonary tuberculosis were notified during the year, and there were only two cases of non-pulmonary tuberculosis notified, but the work done in the continuous supervision by the Public Health Staff and by the Consultant Chest Physician of patients remaining on the register continued as usual. 127 home visits were paid by Nurse Smith in connection with the treatment and contact tracing of tuberculous patients, and by her continued attendance at the Chest Clinic at Dewsbury General Hospital she also maintains the close and happy liaison which it is essential to maintain between the therapeutic and preventive aspects.

We are continuing our efforts to protect younger children by tuberculin testing of five and eight year olds at school and by the B.C.G. vaccination programme among the thirteen year olds.

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

		Pulm	nonary	Non-Pu	ılmonary
		Male	Female		Female
(a)	Number of Cases on Register at commencement of year	20	10	4	7
(b)	Number of Cases notified first time during the year		_	1	1
(c)	Removals from other areas	_	_		_
(d)	Number of Cases removed from the Register	4	2	1	2
(e)	Number of Cases remaining on the Register	16	8	4	6

		New	Cases	Deaths				
Age Periods	Respin	ratory		n- ratory	Respin	atory	Non- Respirator	
	M.	F.	M.	F.	M.	F.	M.	F.
0			_	-		_		
1	-			-		-	_	-
5	-	-	_	_	_	_	_	
10	-		-	_	-	_		
15	_	-	-	-	_	-	-	-
20			-	-	-	_	-	
25	-		-	1	_	_		
35	_		1			_	-	-
45	-	-	-		-	-	-	-
55 64 and	-	_		_		_	-	-
upwards	_	-	-		-		-	-
Totals	_		1	1		_		

One notification was received of admission of persons suffering from Tuberculosis to Sanatoria and there were no discharges.

The following are the institutions to which tuberculosis patients were admitted:—

Whitley Grange Hospital		 Admission 1	Discharges —
	Totals	 1	
		DOUGHE MERCH	and the same

#### MENTAL HEALTH SERVICES.

The Mental Health Act, 1960, came fully into force in November of this year. This seeks to retain those afflicted by mental illness or by sub-normality within the community to the maximum extent possible. It places on Local Health Authorities the duties of providing for the care, training and rehabilitation of such patients other than in hospitals, and it brings into being a new class of Mental Welfare Officer with duties covering the whole field of mental health. Apart from legislative changes in connection with the admission and discharge of patients from hospital the emphasis is on informality rather than on certification as in the past.

The Mental Welfare Officer's tasks are to help both general practitioners and hospital staff with admissions, discharges, and background reports, and by attendance at out-patient clinics and hospitals to learn of the patients' needs so that after care can be more effective. They supervise the well-being of patients in their own homes and are available to give help and guidance wherever a mental health problem exists.

The statistics given below show the situation with regard to sub-normality in Mirfield during this year. With the opening of the County Training Centre at Lincoln House, Heckmondwike, in January, all the patients who formerly attended the Dewsbury Centre have now been transferred and are conveyed thence by special transport. There are no figures available for mental illness this year due to the prolonged absence through illness of Mrs. De La Cour, the Social Worker, who formerly carried out these duties in this and neighbouring areas. Shortly after her return to duty she received promotion to a senior post in another area, so that for the last few months of the year no special officer was available within the Division.

Under the new scheme the Divisional establishment is for one full-time and one part-time Mental Welfare Officer, but where they are to come from and what their degree of training will be is at this stage by no means clear. The scheme also provides for a Schior Mental Welfare Officer to be allocated to each large hospital catchment area. Of this hierarchy I am suspicious and critical, fearing that it may lead to further separation between the field worker and the hospital staffs in the care of the patient. Time, however, may and I hope will, prove this fear to be groundless.

# Mental Deficiency Statistics.

1.	Number of defectives on register:		Males	Females	Total
	(a) at home		10	13	23
	(b) in institutions		7	6	13
			17	19	36
2.	Number of defectives under supervisat home:	ion			
	(a) Statutory Supervision		8	10	18
	(b) Voluntary Supervision		2	3	5
	(c) On Licence from Institutions		-	_	_
	Total under supervision		10	13	23
3.	(a) Number of defectives in gain employment	nful 	1	5	6
	(b) Number attending Lincoln House Occupation Centre		4	3	7
	(c) Number awaiting admission to Institutions		_	_	-0-
	Totals		5	8	13
4.	Placed under supervision in 1960		_	2	2
5.	Placed under guardianship in 1960		-	_	_
6.	Admitted to Institutions in 1960		_	_	_
7.	Admitted to Occupation Centres 196	0	4	3	7
8.	Visits paid during 1960 :-				
	(a) To cases on Licence		_	_	_
	(b) To Cases under Statutory Supvision	per-	14	26	40
	(c) To cases under Voluntary Su	per-	10		
	vision		13	17	30
	(d) For Home reports for instituti	ions	_	3	3
	Total Vis	rito	27	46	73

### HOME NURSING SERVICE.

The domiciliary nursing service has again been freely sought although there were fewer visits paid this year than last and the number of cases attended slightly fewer also. The bulk of the work as will be seen from the figures below, is in connection with the home nursing care of the aged and chronic sick, but with the earlier discharge of patients from hospital there is also an increasing amount of nursing required to complete treatment. Co-operation between the district nurses and general practitioners and liaison with other members of the public health staffs has been excellent. Suitable equipment, sometimes of a very specialised nature, has been readily available when required.

l. No. of cases visited du	ning 100					
(a) Medical cases						103
(b) Surgical						103
(c) Infectious diseases						-
(d) Tuberculosis		***	***			_
(e) Maternal complicat	tions					
	Total					200
						-
2. Age Groups of cases vi	isited—					
0-5 years						
5—65 years						82
Over 65 years						117
	Total					206
. No. of visits paid during	ng 1960	to				
(a) Medical cases				***		3,928
(b) Surgical cases			144			2,373
(c) Infectious diseases		•••				-
(d) Tuberculosis (e) Maternal complicat	ions					
(c) material compileat	10115					
	Total v	isits pa	id		***	6,301
			iid			6,301
			iid		***	6,301
No. of visits paid to ea			id			6,301
. No. of visits paid to ea 0—5 years 5—65 years		group-				116
No. of visits paid to ea		group-				

# DOMICILIARY MIDWIFERY AND ANTE-NATAL CLINICS.

Because of the decline in attendances at the ante-natal clinic this was discontinued in June of this year. Occasional cases for whom it is more convenient can attend for examination or advice at the infant welfare clinic. With frequent changes in staff and inability to recruit midwives for domiciliary practice it is extremely difficult to maintain what should be regarded as a satisfactory service in relation to ante-natal care and instruction, liaison with general practitioners, and continuity of care of the patient. To this extent the present service is unsatisfactory, but this is not in any way to disparage the efforts of the midwives who have given of their best under trying circumstances during the year.

	Details o	f Deliveri	es				1	
Dr. Not Booked			Dr. Booked			Total No. of		
Present	Not Present	Pres	ent	Not Pres		Cases		
-	_	4		29		33		
(a) Ante	natal visits				266	-		
	natal visits				481			
	of cases receiv				1			
	of cases receiv							
	of cases receiv				ne 15			
	of cases receiv							
(g) No. (	of cases receiv	ing Trile	ne and	Pethidin	e 1			
	wives sought	medica	l aid o	n 7 occ	asions,	details	s of	
which are give	en below :—							
(i)	Pregnancy	211			_			
1111	3 (3(3)));		***		. 2			
(iii)	Lying-in							
	The child				2			
Labour.								
Ruptured Per							1	
Obstructed La	abour						1	
Lying-in.							1	
							2	
Post-Partum	Haemorrhage						2	
The Child.							1	
				***			1	
Skin condition								
	on classes we						1 16	
such clinics we	ere held at wh	ich 12 pa	tients m	ade 40 a				
Ante-Natal.						59	1960	
No. of women						5	5	
No. of women		r the firs	t time				5	
Total No. of a	attendances				1	7	27	
Post-Natal.								
No. of women	who attende	d during	the year	r		1	Nil.	
No. of women	attending for	r first tir	ne	***		1	Nil.	
Total No. of a	attendances	***			***	1	Nil.	

# HEALTH VISITING AND CHILD WELFARE.

Only part of the scope of the health visitors' duties are shown by the statistical returns of their visits, etc., during the year. There has had to be a considerable reduction in the amount of domiciliary visitation of infants this year because of the pressure of other work. Because of the very large numbers attending the infant welfare clinic it was decided to hold an extra weekly session and this has been well attended. Another pleasing development in the work of the health visitor has been the provision of background reports for hospitals with special regard to geriatric cases. As there is always a waiting list for the admission of such cases this is of great assistance in assessing priority. The whole bias of the work of the health visitor is, however, towards education and although 60 parentcraft talks or lectures were given at school during the year this is but a small part of the health education work which she actually carries out.

Number of visits pa	id by hea	lth vis	itors d	uring y	ear :-		
(a) To expectant m					195	9	1960
(i) First visits					3	80	2
(ii) Total visits					3	7	3
(b) To children und							
(i) First visits					19	3	203
(ii) Total visits					1,68	86	881
(c) To children bety				lfive			
years :—		0					
(i) Total visits					58	86	879
(d) To other classes							
(i) Total visits					1,44	.0	976
(e) No. of attendan							230
(f) No. of parenter	aft lecture	es			6	6	60
(g) No. of visits to					, minor	ailme	nts.
cleanliness su							304
(h) No. of home vis	sits in con	nection	with :	school-	children		
					10	0	47
Number of children	n who fir	st atte	ended t	the Chi	ild Wel	fare	
clinic during the	year and	who a	at the	date of	f their	first	
attendance were u							150
Number of children							
were born in :—	will deter	on the contract of	aums	the year	ar arra	,,,,,,	
1960							125
1959							27
1958-1955							78
1000-1000							
	Total						230
	2000						-0.0
							-
Number of attendan	ces durin	g the v	ear ma	de by cl	hildren	who	-
Number of attendan				de by c	hildren	who	-
at the date of att	endance v	vere :-		de by c			
at the date of atte	endance v	vere :-					1721
at the date of atte Under 1 year 1, but under 2	endance v	vere :-					1721 209
at the date of atte	endance v	vere :-					1721
at the date of atte Under 1 year 1, but under 2	endance v	vere :-					1721 209 63
at the date of atte Under 1 year 1, but under 2	endance v	vere :-					1721 209
at the date of atte Under 1 year 1, but under 2	endance v   Total	vere :-					1721 209 63

During the year 597 tins of National Dried Milk, 5193 bottles of Orange Juice, 719 bottles of Cod Liver Oil and 536 packets of Vitamin Tablets were issued.

#### HOME HELP SERVICE.

There was an increased demand of between 10 and 15% for this service during the year and it was fortunate that this could be met from an increased establishment and the recruitment of suitable staff. Nobody has gone without for very long when the need for such help was obvious, and although a service of this type is extremely difficult to administer, no major problems have arisen. Once again a glance at the figures reveals the benefit which aged and chronic sick persons are receiving from this service. They constitute 90% of the cases.

Reason for Provision	No. of Cases	Hours worked	Percentage	
Maternity	2	135	0.7	
Tuberculosis Aged Chronic Sick	_	_	_	
Over 65	85	16,581	90.6	
Under 65	4	601	3.3	
Others	8	993	5.4	
Totals	99	18,310	100	

# CONVALESCENT HOME TREATMENT.

During the year there were two requests for the County Council to provide convalescent home treatment under Section 28 of the National Health Service Act, 1946. One patient went to the Blackburn & District Convalescent Home at St. Annes-on-Sea, and the other to the Metcalfe Smith Home in Harrogate, for periods of two weeks.

#### CHIROPODY SERVICE.

Following authorisation by the Ministry of Health for Local Health Authorities to establish schemes for chiropody for persons of pensionable age, expectant mothers and physically handicapped persons, the County Council adopted a scheme which could provide for either a direct service provided by the County Council or for making use of voluntary organisations on an agency basis. Within this Divisional area voluntary Committees both in Spenborough and in Mirfield had, under the guidance of the Health Department, established comprehensive and efficiently run chiropody clinics for elderly persons. It appeared to me, however, that administration would be easier and expansion of the service more rapid, if these schemes came under my direct administration, and the voluntary Committees concerned readily agreed to this. Consequently from the 1st February a direct chiropody service for the classes of persons mentioned commenced in the Divisional area.

The figures given below indicate that approximately 13% of persons of pensionable age in the district received chiropody treatment during the year. Twenty-five received treatment at home of whom three were physically handicapped persons. There was no demand at all for treatment by expectant mothers. The number of clinic sessions was increased to three per week and this had provided for six treatments per person per year to be given at a sessional attendance of nine patients per session. These figures are as laid down in the County's scheme and I do not think they are entirely satisfactory. Many persons need more than six treatments per year and the attendance of nine persons per session leads to an atmosphere of flurry especially where there are no voluntary workers to assist patients with stockings and footwear. It would be preferable to reduce the number attending at each session to eight at the most.

Fully qualified chiropodists are engaged on a sessional fee basis and I think it would be much preferable to have full-time staff and this incidentally would be more economical. However, this would, of course, imply the payment of a salary sufficient to make recruitment possible. The average cost per treatment in the clinics worked out at 4s. 10d. (excluding cost of premises, heat and light) and the domiciliary treatments at 12s. 6d. each. So far the service provided is adequate to existing demand but there is a steady stream of new patients and it appears likely that further expansion will be necessary in due course.

	960		***			121
No. of patients treated						214
Total treatments given						973
	me-					
(a) Pensioners						22
(b) Physically handicapped						3
(c) Expectant mothers						
No. of treatments given at he	ome to	0-				
(a) Pensioners	***					73
(b) Physically handicapped						8
(c) Expectant mothers						-
	No. of patients treated Total treatments given No. of patients treated at ho (a) Pensioners (b) Physically handicapped (c) Expectant mothers No. of treatments given at ho (a) Pensioners (b) Physically handicapped	Total treatments given  No. of patients treated at home—  (a) Pensioners  (b) Physically handicapped  (c) Expectant mothers  No. of treatments given at home to  (a) Pensioners  (b) Physically handicapped	No. of patients treated	No. of patients treated  Total treatments given  No. of patients treated at home—  (a) Pensioners  (b) Physically handicapped  (c) Expectant mothers  No. of treatments given at home to—  (a) Pensioners  (b) Physically handicapped  (c) Expectant mothers  No. of treatments given at home to—  (a) Pensioners  (b) Physically handicapped	No. of patients treated  Total treatments given  No. of patients treated at home—  (a) Pensioners  (b) Physically handicapped  (c) Expectant mothers  No. of treatments given at home to—  (a) Pensioners  (b) Physically handicapped  (c) Expectant mothers	No. of patients treated  Total treatments given  No. of patients treated at home—  (a) Pensioners  (b) Physically handicapped  (c) Expectant mothers  No. of treatments given at home to—  (a) Pensioners  (b) Physically handicapped  (c) Expectant mothers  No. of treatments given at home to—  (a) Pensioners  (b) Physically handicapped

## SCHOOL HEALTH SERVICE.

The pattern of the School Health Service continued much as in previous years, as it was not thought opportune both on account of the pressure of other activities and in the absence of the prospect of continuity of staff, to replace the system of routine medical inspection with other and more time consuming methods.

The outstanding feature of the routine inspections has been that out of 574 children examined all were found to be in satisfactory physical condition, and although 160 defects were noted for observation most of these were of a minor or transitory nature. All children at school have eye tests each year and those whose vision is worse than 6/9 in one eye are referred to the consultant ophthalmologist for further examination. As a result of this procedure 29 children were supplied with spectacles for the first time.

The speech therapy clinic was resumed in September after having been without a speech therapist for the greater part of the year, but fortunately the dental clinic had no such problems as the very considerable volume of dental inspection and treatment shows. The clinic is open for two and a half days per week only.

As a result of special medical examinations carried out nine children were recommended for special educational treatment and one was referred to the child guidance clinic because of maladjustment and home difficulties.

The tuberculin testing of school entrants and eight year olds showed only one positive reactor out of 292 tests given, whereas at thirteen years of age 23% of the children tested gave positive reactions. The reluctance of parents to consent to the B.C.G. scheme of vaccination against tuberculosis which can now be offered to children over ten years of age is difficult to understand as the procedure has been found to be safe and effective.

The head infestation with lice and nits was lower than it has ever been before—a tribute no doubt to improved hygiene in the homes as well as to the vigilance of the school nurses.

The remainder of the services including the health education lectures given in the secondary modern school functioned satisfactorily as in previous years.

Classification of the Physical Condition of Children Examined at Routine Medical Inspections.

Age Groups Inspected	Number of	Satis	factory	Unsatisfactory		
(By Years of Birth)	Pupils Inspected	Number	Percentage	Number	Percentage	
1956 and later	_	_	100.00	_	_	
1955	97	97	100.00		_	
1954	61	61	100.00		THE RESERVE	
1953	19	19	100.00	-	_	
1952	83	83	100.00			
1951	41	41	100.00	-	-	
1950			_		_	
1949	-	-	-		_	
1948	89	89	100.00			
1947	64	64	100.00			
1946	32	32	100.00	_		
1945 and earlier	88	88	100.00	-	-	
TOTAL	574	574	100.00	_		

Total number of children who have been re-examined for

of iron tonics were made to school children where recommended by

the School Medical Officer.

The following table shows the type of defects discovered at the routine School medical inspections :-

Defects Table.

Defects	Recommended for Treatment	Recommended for Observation	Totals
Skin	12	8	20
Ears:	9		0
(a) Hearing	2 3	4	6
(b) Otitis Media	3	13	16
(c) Other Nose and Throat	-	32	1.00
	,	32	39
Speech		11	11
Lymphatic Glands Heart and	_	11	11
Circulation	2	15	17
	3	19	22
Lungs Developmental :	3	139	22
(a) Hernia	1	1	2
(b) Other	9	13	15
Orthopaedic :	-	10	10
(a) Posture	5	1	6
(b) Feet	8	7	15
(c) Other	8	21	29
Nervous System :		21	20
(a) Epilepsy	_	2	2
(b) Other	1	5	6
Psychological			9
(a) Development	1	1	2
(b) Stability	_	î	2
Abdomen	_	2	2
Totals	55	160	215

# 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 13 children were examined involving 15 examinations altogether. The following recommendations for special education were made:—

Education in a Day School for Education	onally	Subnor	mal	
Pupils				2
Education in a School for Physically Hand	icappe	d Pupil	s	1
Education in a School for the Deaf				1
Education in an Open Air School for Delica	te Chi	ldren		1
Education in a Hostel for Maladjusted Chil	ldren			1
Special Education in an ordinary school				3
Referred to the Child Guidance Clinic				1
Reported to Local Authority for the purpo Deficiency Acts—	oses of	the Me	ntal	
Section 57 (3) (incapable of receiving ed Section 57(5) (require supervision after				1
During the year the following admission made:—	ons to	special	schools	were
Open Air School for Delicate Children				1
During the year the following discharge made :—	s from	special	schools	were
School for Physically Handicapped pupils				1
Open Air School for Delicate Children				2

The following table shows the number of children from Mirfield receiving, and those awaiting, education in special schools at 31st December, 1960:—

Type of School	No. of children receiving special education	No. of children awaiting special education
Residential School for Educationally Sub- normal Pupils	,	
Day School for Educationally Subnormal	1	
Pupils	6	2
School for the Blind	1	-
School for the Partially Sighted	1	-
School for the Deaf	2	1
Open Air School for Delicate Children	1	
School for the Physically Handicapped	3	1

# CONSULTANT EYE CLINIC.

The following statistics give details of	f the case	es exam	ined :-	
Number of children examined for the	e first tir	ne		43
Number of re-examinations				88
Total number of attendances				131
Number of sessions held during the y	7ear			12
Number for whom spectacles were pr	rescribed	for firs	st time	29
Number for whom spectacles were pr	rescribed	l subsec	quently	32
Number referred for other treatment				4
Number referred for operative treatn	nent			_

# MINOR AILMENTS CLINIC.

Minor ailments are treated by the nurses both at the clinics and in the schools. The following table gives details of such treatments during 1960:—

Minor Ailment						No. tr	eated
Skin:							
Ringwormb	ody						-
Scabies							-
Impetigo							_
Other skin dis	seases						_
Eye Disease:							
(External and	other	, but e	xcludir	ng squin	t, err	ors of	
refraction and							_
Ear Defects :							
Otitis media							_
Otorrhoea							_
Other							
Miscellaneous							17
(e.g., minor in	juries,	bruises	s, sores	, chilbla	ins, e	etc.)	
				Total			17
Total number of	atten	dances	at Au	ithority'	s Mi	nor	COUNTRIES
Ailment Clinic							20
							SCHOOL SURVEY

# ULTRA VIOLET LIGHT CLINIC.

Total No. o	of sessi-	ons hel	d				60
No. of sessi							. 2
No. of case			~				40
No. of trea							
							338
Average nu	mber o	of atten	dances	per ses	sion		1.5
Average ler	igth of	course	of trea	tment		essions)	9
No. on regi	ster at	end of	year				4
Details of c	ases tr	eated:					
General De	bility						10
Recurrent :	Bronch	itis					18
Frequent C	olds						3
Cattarrh							5
Tonsillitis							1
Acne							1
Debility fol	llowing	whoop	ing co	ugh			1
Swollen Gla	ands						1
							40

# CONSULTANT PAEDIATRIC CLINIC.

Dr. M. F. G. Buchanan of the Department of Child Health, Leeds University, attended Elm Bank Clinic in a consultant capacity and during the year fifteen sessions were held. Cases were referred to him both from the Assistant County Medical Officers and from General Practitioners in the area.

I give below details of attendances and the types of cases seen :— No. of sessions held during the year 15 No. of individual patients seen: 1 (a) Pre-school children (b) School children ... 40 ... ... Total number of attendances 67 Types of cases seen: (a) Heart and Circulatory System (b) Respiratory System, including E.N.T. defects (c) Psychological ... 3 ... ... (d) Epilepsy 4 1 (e) Congenital Deformities ... ... (f) Incontinence 20 1 (g) Migraine ... (h) Rheumatism ... ... 1 Total ... 41

## CHILD GUIDANCE CLINIC.

No. of new cases seen during year	Boys 15	Girls 6	Total 21
No. of cases continuing attendance from last year	3		3
No. of cases discharged or admitted for residential treatment	15	6	21
No. of cases continuing treatment in 1961	3		3
Intelligence assessments carried out by			
Psychologist	-	4	4

## PHYSIOTHERAPY CLINIC.

The Physiotherapist continues to attend in Mirfield for one half-day session each week and during the year 45 half-day sessions were held. The following table shows details of attendances and types and numbers of defects referred:—

No. of children on	registe	er 1st	January	, 1960			20
No. of children refe	erred f	or trea	atment				22
Total number of at	tenda	nces					326
Total number of tr	eatme	nts	***				326
No. of children disc	charge	d					28
No. of children on Defect	registe	er 31st	Decem	ber, 19		 No.	14
Asthma						5	
Postural						9	
Foot Deform	ities					16	
Bronchitis						5	
Obesity						1	
Knock Knee						6	
						42	
					The same	man and the same of the same o	

## SPEECH THERAPY CLINIC.

No. of half-day sessions held during	year			***	18
No. of new cases treated during year					5
No. of cases attending for treatment	from	previou	s year		13
Total number of cases treated					18
No. of cases awaiting treatment at er	nd of	year			4
No. of visits made to schools					
No. of home visits					-
Analysis of Cases Treated:			Boys	(	Girls
Stammerers			5		2
Defects of Articulation—					
(a) Dyslalia			4		5
(b) Sigmatism			1		_
(c) Rhinolalia, due to Nasal Obs	tructi	on	-		1
Retarded Speech Development			2		-
Analysis of Cases Discharged:					
Discharges during year			1		_
Speech normal			1		- 117.
DENTAL TREATMENT OF	SCH	OOL CE	IILDRI	EN.	
No. of children inspected					726
No. of children found to require treat	ment				566
No. of children offered treatment					514
No. of children treated					459
No. of attendances					1172
No. of extractions—temporary					687
No. of extractions—permanent					159
No. of general anaesthetics					334
No. of fillings—temporary				***	36
No. of fillings—permanent					757
No. of other operations—temporary					4
No. of other operations—permanent					89

## CHIROPODY CLINIC.

49 half-day sessions were held by the Chiropodist at Mirfield Clinic during 1960. A total of 187 cases was seen by the Chiropodist. The 187 cases seen made 618 attendances and the following table gives the types and numbers of conditions treated:—

Defects.		No.	Defects.		No.
Hallux Valgus	 	46	Under/Overlapping	Toes	 56
Nail Conditions	 	10	Corns and Callus		 18
Weak Foot	 	3	Verrucae		 48
Hallux Rigidus	 	6	Septic Conditions		 3
Chilblains	 	20	Tinea Pedis		 2

## B.C.G. SCHEME.

The following is a statistical summary of the results of the scheme for the year:—

for the year:—					
No. of thirteen year olds or	schoo	ol regist	er		 181
No. offered testing and vac	cinatio	n			 181
No. found to have been va-	ccinate	d previ	iously		 1
No. of acceptances					 122
Percentage of acceptances					 68%
No. of children tested					 122
Result of Heaf test :—					
(a) Heaf Positive					 28
(b) Heaf Negative					 94
Percentages :—					
(a) Heaf Positive					 23%
(b) Heaf Negative					 77%
No. of children vaccinated					 94
No. of final conversion Tes	ts give	n at Tv	velve N	lonths	 91
No. of conversions at twelve	e mon	ths			 79

# TUBERCULIN JELLY TESTING OF SCHOOL ENTRANTS AND EIGHT-YEAR OLDS.

Tuberculin jelly testing of school entrants and eight year olds continued as a routine measure throughout the year. A letter of explanation and consent form was sent by the teachers with the Form N.P. to the children in these groups when they were due for medical examination at school. These were returned to the school and the school nurse applied the tuberculin and control jelly to those children whose parents had consented to this procedure being carried out, three days before the school medical inspection was due to be held. The School Medical Officers read these results when the children were presented for medical inspection and the implications were explained to the parents. Where the jelly test proved to be positive, the children were invited to the school clinic for a further skin test and, where this again proved to be positive, the tuberculosis visitor was informed and she arranged for follow-up of the child and contacts at the chest clinic.

I give below the results of the jelly tests for the year ended 31st December, 1960:—

December, 1900 .—						
New Entrar	nts			Boys	Girl	S
Number offered jelly testing				97	86	
Number of acceptances				91	83	
Percentage of acceptances				94%	96.5	%
Result of Jelly Test:						
(a) positive				1		
And the second s			***	90	9	3
(b) negative			200	90	C	
Result of Final Heaf Test:						
(a) positive	***			1	1	*
(b) negative				_	-	-
(c) percentage of new ent	trants po	ositive		1.1%	-	-
7/8 Year O	lds			Boys	Gi	irls
Number offered jelly testing				56		32
Number of acceptances				53		56
Percentage of acceptances				97%	ç	90%
				70		, ,
Result of Jelly test:						
(a) positive						
(b) negative			1.11	53		56
Result of Final Heaf Test:						
(a) positive						_
(b) negative					-	-
(c) percentage of 7/8 year				_		_
Total number of children X						2
Total number of Contacts X						7
Number of New Cases of Tu						Nil
*Case brought forward from	1959.					

### CLEANLINESS INSPECTIONS.

Three routine inspections were carried out at each school by the school nurses and a total of 4,202 inspections and re-inspections were carried out. In 57 instances infestation was detected and this involved 42 individual children, the condition of some of the children being 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. No Statutory Notices were issued during the year.

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

# SANITARY CIRCUMSTANCES OF THE AREA.

## Sanitary Conveniences.

The position existing at the year endir	ng 196	) is as	follo	ws :
Number of Privies				43
,, Privy Middens				26
" Water Closets				5,462
,, Waste Water Closets				8
,, Pail Closets				53
Number of Water Closets provided dur follows:	ing the	year i	is as	
By conversion of Privies to Water Clos	ets			-
By provision of extra closet accommoda	tion to	existi	ng	
property				71
By provision to new property				133
By conversion of Waste Closets to W.C'.	s.			4
By conversion of Pail Closets to W.C's.				_
	Total			208
No. of W.C's discontinued				8
Conversion of Privies to Chemical Closet	S			2
No. of Privies discontinued				3
No. of Chemical Closets Provided				2
No of Chemical Closets discontinued				_
Number of Dry Ashpits				2
Number of Dust Bins				5,122

Ward	Privies	W.C.	Waste W.C.	Pail Closets	Bins
Eastthorpe Ward	2	1337	_	3	1251
Hopton Ward	23	797	_	41	908
Battyeford Ward	9	1976	8	6	1632
Northorpe Ward	9	1352	-	3	1331
Totals	43	5462	8	53	5122

## SANITARY INSPECTIONS OF THE DISTRICT.

# Details of inspections made

Total number	of ins	pection	s made	9			3631
Dwelling Houses.							
Ordinary							262
Municipal Ho	uses						77
Municipal Ap		ons					213
Housing Act,			owded				3
Housing Act,							287
Re Notifiable							40
Improvement	Grant	-Disci	retiona	rv			10
Improvement							396
Rent Act, 195							1
Land Charges							325
Houses—Dirt		ested an	d Tres				-17
Houses—Dire	y, Ime	steu an	id Tie	iteu			1.1
Canttony Convents	n						
Sanitary Convenie							
Water Closets							4
Privies							21
Tipplers							8
Pail Closets			• • • •			***	15
Refuse Storage.							
Ashbins							36
Ashplaces				***			Herring.
Drains.							
Drains Inspec	ted						20
Drains Tested							16
Diams restee	· con	,,,,					10
Factories.							
Factories (wit	h mec	hanical	power	)			35
Factories (wit					***	***	2
Villa			1			100000	

Food Storage, Preparati	on, etc.							
Food Hygiene Reg	ulations							128
Food Premises								165
Fish Frying							14	
Cafes and Cantee							20	
Bakehouses							7	
Confectionery an	d Sweets						2	
Grocery							6	
Grocery and Gre	engrocery						14	
Greengrocery on							3	
Wet Fish and Gr		у					2	2
Butchers							33	}
Registered Prepa	aration Re	ooms					32	
Other Preparatio	n Rooms						19	)
Licensed Premise	es						9	)
Ice Cream Premi	ses						4	
Slaughter Houses								464
Meat and Food Ins	pections							463
Smoke Abatement and	Atmospha	rio Dolla	itton					
		ile Foll	ation.					
Atmospheric Pollut	10n						103	
Boiler Houses							1	
Smoke Observation	ıs				***		7	
Clean Air Act							67	
Rodent Control.								
Inspections							220	)
Shops.								
	Act						63	
Inspections—Shops	ACL			***			00	
Missellenesse								
Miscellaneous.								
Inspections							162	
	MORYON	onn	unn					
	NOTICES	SER	VED.					
Informal Notices outsta	nding at e	end of					1	
1959							7	30
Informal Notices Served	during	1960					23	
Informal Notices compl			1960				-	19
Informal Notices outsta						1000		11
Statutory Notices Outst							21	
Statutory Notices serve							11	3
Statutory Notices comp							-	3
Statutory Notices outst								
Verbal Notices for the r								6
Letters sent	January OI		,					10
Complaints received								132
Complaints confirmed								125

## SUMMARY OF SANITARY IMPROVEMENTS EFFECTED.

Hou	ses.						
	Houses made fit						12
	Roofs Repaired						5
	Eaves, Spouting, Rain W	ater I	all Pip	es Rep	aired		4
	Chimneys Repaired						1
	External Walls Repaired						1
	Internal Walls Repaired						9
	Floors Repaired						3
	Doors Repaired						]
	Fire-places Repaired						4
	Ventilation Improved						8
	Ceilings Repaired						6
	Coal stores improved						2
	Foodstores improved						2
	Yards Paved				***		1
	Yards Cleansed						1
Drai	ns.						
	Repaired & Re-construct	ed					2
	Cleansed by Owner						5
	I.C. Constructed						37
	Ventilated						36
	New drain constructed						37
	Open for inspection						37
Acci	imulations.						
	Manure						2
	Other						3
Anir	nals, Poultry, etc.						
rami.	Nuisances Abated						2
							-
Ash-	bins and Ash-places.	,					100
	Bins provided and renew	ed					199
	Ash-places Abolished Dustbins Abolished						2
					***		12
Clos		,					
	Reconstructed & Repaire						6
	Tippler closets converted						4
Cinl	New external W.C's prov	raea	***				2
Sink							0
	New Sinks Provided	····	d	***		***	2
	Waste Pipe Trapped & R	c Dall'e	· · · ·				3

## SHOPS ACT, 1950.

63 inspections have been made under the Shops Act, 1934, during the year. No contraventions of the Act were found.

## CLEAN AIR ACT, 1956.

During the year a number of Smoke Observations were made of industrial premises in the area. It was found necessary to draw the attention of 3 factories to infringements of the Dark Smoke (Permitted Periods) Regulations, 1958.

## SMOKE CONTROL AREAS.

The first Smoke Control Area, the subject of the Mirfield No. 1 Smoke Control Order, 1959, which was made on 25th November, 1959, and submitted to the Ministry of Housing and Local Government on 31st December, 1959, was the subject of a Public Enquiry on 4th May, 1960. The Order was confirmed by the Minister on 4th November, 1960, subject to the following modifications:—

- (a) the date of operation shall be postponed to 1st October, 1961, to allow time for works of conversion, and
- (b) fireplaces in buildings, or parts of buildings separately occupied without gas supply, shall be exempted from the operation of the order on condition that only authorised fuels as declared by regulations made under the Clean Air Act, 1956, and kindling sticks and paper shall be used in the fireplaces.

During 1960 the Council declared two other areas as Smoke Control Areas, and, as both areas were largely undeveloped it was agreed by the Ministry of Housing and Local Government that the preliminary stages need not be carried out. Accordingly on 30th November, 1960, the Council made the Mirfield No. 2 Smoke Control Order, 1960. The area comprises 41 acres of undeveloped land, of which 24 acres are to be developed for residential purposes in the near future, and is adjacent to the first Smoke Control Area at Foxroyd Lane, and with Kitson Hill Road to the North and the rear of the property in Nab Lane as boundaries. The Order was submitted to the Minister for confirmation on 1st December, 1960.

On 30th November, 1960, the Council also made the Mirfield No. 3 Smoke Control Order, 1960. The area comprised 41 acres and included the Estate of  $3\frac{1}{2}$  acres at West Royd in course of development.

The area originally planned as the No. 2 Area will now be the No. 4 Area, and the preliminary work on this area is now proceeding.

The preparation of these areas involves a considerable amount of time and has thrown a great strain on the resources of the Department.

The atmospheric pollution stations were maintained during the year. The records show that no serious increase in pollution is taking place in the area and the deposits follow a similar pattern as is observed nationally.

The readings of the stations are set out in the following table.

		KITSON HILL	TT		HOPTON LANE	INE		EASTTHORPE	RPE
Момти	Mg. Sos /Day	Rainfall ins.	Total Solids Tons/Sq. M.	Mg. SO3 /Day	Rainfall ins.	Total Solids Tons/Sq. M.	Mg. SO3 /Day	Rainfall ins.	Total Solids Tons/Sq. M.
January	1.88	4.41	9.32	1.97	4.10	9.34	1.69	5.22	14.35
February	1.85	1.34	7.37	2.24	1.26	8.94	2.59	1.77	11.92
March	2.05	1.38	9.15	1.93	1.18	7.78	1.51	1.81	13.24
April	86.0	0.78	7.87	1.15	0.87	10.44	1.04	1.02	6.06
May	1.09	1.54	10.14	1.18	1.42	13.62	1.00	1.62	5.20
June	09.0	0.51	15.30	0.84	0.51	15.08	0.63	0.59	7.80
July	0.64	3.15	16.86	0.62	3.03	14.91	0.28	2.64	27.17
August	. 0.87	5.08	12.77	0.64	5.16	9.31	0.64	5.08	13.30
September	1.29	2.60	7.21	1.04	2.76	12.56	0.74	2.95	8.63
October	1.14	5.20	11.39	1.60	5.63	9.51	0.93	5.36	10.43
November	1.93	4.71	9.81	1.23	4.81	8.51	0.93	5.44	20.35
December	1.62	2.64	11.75	2.17	3.03	14.12	1.25	3.11	14.95
Monthly Average	1.33	2.77	10.74	1.38	2.81	11.18	1.09	3.05	12.88
A 1055 GO	1.00	9.03	11.16	1.67	06.6	11.69	1.36	2.29	13.51

# 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 five van dwellings only in the district.

## CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960.

The above Act came into operation on the 29th August, 1960. The Act confers on Local Authorities effective powers for controlling caravan sites. Planning permission is first required, and in granting permission consideration will be given as to whether it is possible for the proposed site to be made suitable for caravan use. The second stage is to issue the site licence, when conditions regulating the use of the site are set out by the Local Authority having regard to the Model Standards prescribed by the Ministry.

#### WATER.

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

Several complaints of the dirty condition of the water in the mains were received during the year. On investigation it was found that the mains in question were "dead ends" and required flushing or the trouble had arisen from disturbance in the mains due to "bursts." The water pressure has improved generally throughout the area. Isolated faults in pressure have been reported, but have again been accounted for by bursts and fractures in the mains.

The whole district is now on a piped supply from the mains. We may, I think, consider this to be another important step in

Public Health progress in the district.

#### PLUMBO-SOLVENCY OF WATER SUPPLIES.

Four samples of water from the Huddersfield Corporation mains were submitted for examination. Details are as follows:—

			RESULT EXAMINA	
Supply Date Sample Collected	Address at which collected	Approx. Length of Lead Service Pipe	Lead Content (grains per gallon)	P.H. Value
Huddersfield Corporation				
	Council Offices,			
After standing in pipe all	Mirfield		0.01	
night— 7- 4-60	do.	35'	021	6.3
19- 5-60	do.	35'	1/25th	6.8
29- 9-60 26-10-60	do. do.	35′ 35′	9/50th 1/20th	6.4
26-10-60	do.	99	1/2001	0.1
After standing in pipe for				
measured period of ½ hour-				
7- 4-60	do.	35′	Nil	6.3
19- 5-60	do.	35'	Nil	6.3
29- 9-60	do.	35'	Nil	6-4
26-10-60	do.	35'	Nil	6 - 7

#### DRAINAGE AND SEWERAGE.

Except in isolated cases the district is provided with sewers.

#### RIVERS AND STREAMS.

The River Calder runs through Mirfield and is in a polluted state when it enters the district. Considerable improvement has been made in the disposal of trade effluent from the majority of factories in the area which now enters the sewer, and as a result is improving the condition of the Calder.

#### HOUSING.

During the year 45 houses were completed by the Council. In addition 87 private houses were completed by private enterprise. This rate of building is most encouraging and has materially improved

the housing situation in the district.

The fifth year Slum Clearance Programme was completed during the year. 32 houses were represented as unfit, comprising 28 houses in Clearance Areas, and 4 Individual Demolitions. In addition 17 Council owned properties were certified by the Medical Officer of Health as being unfit for human habitation.

This work is proceeding most satisfactorily and in accordance with the Council's programme of approximately 40 houses per annum.

#### RENT ACT, 1957.

The number of applications for Certificates of Disrepair under the Act has virtually ceased. The spate of applications received when the Act became operative was due to the fact that rents were increased and tenants took immediate advantage of the Act to apply for Certificates, and I feel that the public are not fully aware that they may apply for Certificates of Disrepair at any time, and not necessarily at the time the rent is first increased. 34 Certificates have been granted since the Act came into force and only 3 of these have been revoked.

## HOUSE PURCHASE AND HOUSING ACT, 1959. IMPROVEMENT GRANTS.

This Act came into force during 1959, making available Standard Grants under which house owners can obtain, as a right, half the cost, up to a maximum of £155, of installing five basic improvements; the existing Discretionary Grant remaining for more extensive improvements. During the year 39 applications for Standard Grants were approved, amounting to £4,850, as against 26 grants amounting to £3,200 in 1959; and two applications for Discretionary Grants were approved amounting to £550, as against 12 grants amounting to £2,235 the previous year. The work involved has thrown additional strain on the Department, but is felt to be well worth while.

#### OVERCROWDING.

The position of the statutory cases in the area is very satisfactory; only two cases are known to exist. Many 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 home of their own.

## Overcrowding Particulars.

(1)	(a)	Number of dwelling houses overcrowded at the	
		end of the year	2
	(b)	Number of families dwelling therein	2
		Number of persons dwelling therein	91
(2)		Number of new cases of overcrowding reported	-
. /		during the year	Nil
(3)	(a)	Number of cases of overcrowding relieved during	
	, ,	the year	Nil
	(b)	Number of persons concerned in such cases	Nil

### 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 Dairy (General) Regulations, 1959, 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 ... ... 46 Number of Dairies registered in the area ... ... 3

## MILK (SPECIAL DESIGNATIONS) REGULATIONS 1949.

The licences issued by the Council under the above Regulations in 1960 are as follows:—

Tuberculin Tested (Dealers)		***	 	11
Tuberculin Tested (Supplementa	ary)		 	6
Pasteurised (Dealers)			 	11
Pasteurised (Supplementary)			 	6
Sterilised (Dealers)			 	16
Sterilised (Supplementary)			 	5

There were no contraventions of the Regulations during the year.

The Milk (Special Designations) (Specified Area) (No. 3) Order, 1953, became operative in the District as from 1st January, 1954. It is now an offence to sell undesignated milk in the district and has abolished the use of the hand delivery churn and sale of loose milk. All milk is now delivered in sealed bottles.

## THE MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1960.

The above Regulations came into operation on the first day of October, 1960. As from 1st January, 1961, the Licences issued by the Local Authority under the 1949 Regulations will be issued by the Food and Drugs Authority, in this case the West Riding County Council.

The registration of Distributors of Milk and of Dairies still remains, however, with the Local Authority. In my opinion it would be advantageous for the whole of these dealers to be dealt with by one authority.

## FOOD AND DRUGS ACT, 1955.

The West Riding County Council, acting as Food and Drugs Authority for the area, submitted during the year 32 samples for analysis under the Act.

## Number of Samples taken under the Food and Drugs Act, 1955.

Mil	k	D	rugs	Othe	er Foods
Genuine	Adulterated	Genuine	Adulterated	Genuine	Adulterated
18		3	_	11	-

Number of proceedings-Nil

Cautions issued-Nil

## FOOD HYGIENE.

I am pleased to report that in general the handling and wrapping of food in the district has been satisfactory.

Follow-up work in connection with the Food Hygiene Regulations has been continued and the response from the Food Traders in the district has been good. In general the equipment and construction of the food premises in the area is good, but so much depends on the personal cleanliness of the food handler himself, and regular visitation of all premises is essential in order to educate and advise the individual on this important aspect of Food Hygiene.

The following table shows the progress which has been made during the year at the various food premises :—

Works carried Out	Fried Fish & Chipped Cafes & Potatoes Canteens	Cafes & Canteens	Bake- houses	Confec- tionery and Sweets	Grocery	Grocery & Green Grocery	Green- Grocery Only	Wet Fish & Green- Grocery	Butchers	Reg'd Prep. Rooms	Licensed Premises	Total
lean lines of Fourinment	1				1					1	1	1
Prevention of Contamination	1	1	-	1	61	00	1	1	1	1	1	00
Personal Cleanliness	1	1	-	1	1	1	1	1	1	1	1	-
Sanitary Conveniences	1	1	1	1	-	1	1	1	1	1	2	- 1
Wash-hand basins	00 00	01 01	11	11	4 4	23 4		11	21 01		11	17
Nailbrushes, etc.		1 01	1	1		4 63		1	03		1	15
First Aid Materials	1	1	1	1	1	1	1	1	1	1	1	00
Accommodation for Clothing	1	-	1	1	1	1	1	1	1	1	1	-
Facilities for Washing Food	1	1	1	1	1	1	1	1	ı	1	1	1
Fauinment	1	1	-	-		1	1	1	1	1	1	1
ncture	1	1	-	1	1	1	1	1	63	1	¥	10
Cleanliness & Decoration	61	-	1	1	4	1	1	-	67	1	1	11
Temperature at which Food						-			1	1	-	1
Refuse Accommodation	1	2	1	1	1	1	1	1	1	1	1	61
No. of Premises end of 1959	6	17	8	12	19	28	67	œ	15	10	18	146
No. of Premises closed during												
1960	1	01 -	1	1.	1	50	1	67	1	1	1	00 0
No. of New Premises in 1960	1 5		1	- ;		13	10	1 .	13	1:	1 .	
No. of Premises end of 1960	6	91	00	13	19	25	23	9	CI CI	10	18	141
Verbal Notices complied with	67	- 0	1	1	60 0	60	1	10	010	-	1-	13
Letters compiled with		4			0		1	4	4		1	TO
I Notices Complied with		co =	1-	1-	9	3	1	01	4	1	1 0	23
Total Notices Complied with Total Notices Outstanding	01 01	co 4	-	-	9	e	-	03	4		- 1	- 1

#### REGISTRATION OF FOOD PREMISES.

## (a) Ice Cream.

Forty-six 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.

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

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

Nine are registered for the preservation of fish by cooking.

All the premises now comply with the requirements of the Food & Drugs Act and have been well maintained during the year.

#### BAKEHOUSES.

Regular inspections have been made at the eight bakehouses in the area. Throughout the year the general standard of cleanliness has been satisfactory.

#### SLAUGHTERHOUSES.

There is one licensed slaughterhouse only in the district. The Public Abattoir at Spenborough is available to any traders wishing to carry out their own slaughtering.

During the year regular post mortem inspections of all animals slaughtered at the Bacon Factory were carried out. Details of inspections and condemnations are as follows:—

No. of Animals		CONDEM	NATIONS	
Slaugh- tered	Tuberculosis	Weight lbs.	Other causes	Weight lbs.
Pigs 13,146	2 carcases and organs 508 heads 5 stomachs and intestines 62 plucks	196 6,096 50 434	12 carcases and organs 12 heads 2 stomachs and intestines 885 Livers 616 prs. lungs 6 kidneys 6 flares 6 parts of carcases	1,675 144 20 3,540 1,848 3 18 138
13,146		6,776		7,386

## CARCASES INSPECTED AND CONDEMNED.

	Bovines	Calves	Sheep	Pigs
Number Slaughtered	Nil	Nil	Nil	13,146
Number Inspected	Nil	Nil	Nil	13,146
All Diseases except Tuberculosis and Cysticerci.				
Whole Carcases condemned Carcases of which some part or organ was	Nil	Nil	Nil	12
condemned	Nil	Nil	Nil	1,158
with diseases other than Tuberculosis & Cysticerci	Nil	Nil	Nil	8 · 82%
Tuberculosis Only.				
Whole carcases condemned	Nil	Nil	Nil	2
Carcases of which some part or organ was condemned Percentage of the number inspected affected	Nil	Nil	Nil	508
with Tuberculosis	Nil	Nil	Nil	3.86%
Cysticerci Only.				
Whole carcases condemned	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned	Nil	Nil	Nil	Nil
Percentage of the number inspected affected with Cysticerci	Nil	Nil	Nil	Nil

## CONDEMNATIONS OF UNSOUND FOOD.

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

1811 lbs. Canned Corned Beef

521 lbs. Canned Pork Luncheon Meat

46½ lb. Canned Ox Tongues

32 lbs. Canned Pork & Beef Luncheon Meat.

171 lbs. Canned Cooked Ham

 $4\frac{3}{4}$  lbs. Canned Chopped Pork

3 lbs. Canned Beefsteak Pudding

lb. Canned Steak and Vegetables.

 $13\frac{1}{2}$  lbs. Canned Bilberries

 $10\frac{3}{4}$  lbs. Canned Peeled Tomatoes

3 lbs. Canned Slices Pineapples

2 lbs. Canned Peaches

61 lbs Canned Processed Peas

16 cwts. 1 qr. 6 lbs. Forequarters of Bacon

4½ lbs. Bacon

2 lbs. Prepared Chicken

# RODENT CONTROL. PREVENTION OF DAMAGE BY PESTS ACT 1949.

Treatments of the Council's sewers were carried out during the year in accordance with the requirements of the Ministry, and survey and treatments of the Council's refuse tip at Northorpe Old Sewerage Works were carried out during the year. In addition 42 treatments were carried out at 23 private premises and 19 business premises.

The Prevention of Damage by Pests Act, 1949, 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 directly responsible for the administration of the Act. The Act provides for the submission of reports to the Ministry. Under the authority of Section 4 of the Local Government Act, 1958, the rodent control grants payable under the Prevention of Damage by Pests Act, 1949, ceased to be made after 31st March, 1959, so that the whole of the expense of Rodent Control is now rate borne.

The Minister expresses the hope that local authorities will continue their efforts in the work of rodent control, and this is being achieved in this district. Regular surveys are made and prompt attention is given to any reports of rat or mice infestations. A free service is given to private dwellings and a charge is made at Industrial and Commercial premises.

The work of rodent control is carried out by Mr. G. O. Lee, Assistant Public Health Inspector, and Mr. F. F. W. Popplewell, and I have to thank them for the most efficient manner in which they have carried out their duties in this vital work.

#### SCAVENGING.

The Scavenging of the District during the year has been satisfactory. A weekly collection of refuse is maintained with the exception of holiday periods. The Department has a fleet of modern Refuse Collecting Vehicles, and the district has a Refuse Collection Service which will bear favourable comparison with that of any similar 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 2 3	736 710 957	95,619 46,163 97,823	203	128	47 2,227 34	3 360 —
Totals	2,403	239,605	203	130	2,308	363

## COLLECTION AND DISPOSAL OF REFUSE.

							~		
EXPENDI'	TURE		£	s.	d. £	s.	d. €	S.	d.
Wages		 	7150	0	0				
National Insurar	nce	 	290	0	0				
Superannuation		 	100	0	0				
					-7540	0	0		
Vehicle Repairs		 			320	0	0		
Vehicles-Licene		ance			171	0	0		
Petrol Diesel and	d Oil	 			460	0	0		
Rents		 			50	0	0		
Renewals & Rep					223	0	0		
Sundries		 			75	0	0		
Salvage		 			40	0	0		
							-8879	0	0
INCO	ME								
Trade Refuse		 			100	0	0		
Salvage		 			503	2	5		
Tipping Rights		 			100	0	0		
							- 703	2	5
		N	ET Co	OST			€8675	17	7
							7		

#### SALVAGE 1960-1961.

The results of the salvage effort during the year are set out below. The income amounting to £703 2s. 5d. is again very gratifying.

I thank all those householders and business houses who have throughout the year regularly saved their waste paper. This material is now practically the only article salvaged. We rely on a substantial income from Salvage to assist in the economic running of the Cleansing Department and it is now more essential than ever that the Public co-operate in this work.

#### SALVAGE RETURNS.

	1959	9-60	1960	-61
To	nnage	Income	Tonnage	Income
T.	C. Q.	£ s. d.	T. C. Q.	£ s. d.
93	13 11	743 9 5	61 11 01	503 2 5

## INCOME FROM SALE OF SALVAGED MATERIALS.

		To	nnag	ge	Inc	om	е
		T.	C.	Q.	£	s.	d.
Paper	 	 59	8	2	465	7	11
Scrap Metal	 	 1	19	11	35	2	6
Rags	 	 0	3	1	2	12	0
		61	11	01	£503	2	5
		CONTRACTOR AND ADDRESS OF	-	and the same	-	-	

## INCOME FROM SALE OF SALVAGED MATERIALS-1940-60.

			To	nnag	е	Inc	om	е
			T.	C.	Q.	£	s.	d.
1940-50	 	 	2015	16	1	8284	5	6
1951-60	 	 	1119	14	$1\frac{1}{2}$	8667	4	10
			3135	10	$\frac{1}{2}$	£16951	10	4

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 1951-1960.
- B. Infantile and Maternal Mortality Rates of Mirfield for the past twenty years.
- C. Notifications of Infectious Disease in Mirfield Urban District, 1942-1960.
- D. Adoptive Acts in force in the District. Bye-Laws in force in the District.
- E. Staff of the Health Department.
- F. Factories' Act, 1937, Annual Report.

APPENDIX A

VITAL STATISTICS OF THE MIRFIELD URBAN DISTRICT FOR 1951-1960.

					Net Deaths belonging to the District	to the Dist	rict
Year	Population estimated to middle of each year	Bi	Births	Un	Under 1 year	Ata	At all ages
		No.	Rate	No.	Rate per 1,000 Births	No.	Rate
1951	11,840	195	16.5	7	35.9	164	13.8
1952	11,760	196	16.7	+	20.4	174	14.8
1953	11,830	151	12.8	8	19.9	165	13.9
1954	11,850	176	14.8	10	28.4	142	12.0
1955	11,860	173	14.6	10	28.9	176	14.8
1956	11,810	193	16.3	4	20.7	159	13.5
1957	11,840	171	14.9	61	11.3	163	13.8
1958	11,900	169	14.2	67	11.8	165	13.9
1959	12,080	189	15.6	61	10.6	152	12.6
1960	12,260	196	16.0	00	40.8	150	19.9

INFANTILE AND MATERNAL MORTALITY RATES AND STILL-BIRTH RATES OF MIRFIELD FOR THE PAST 20 YEARS.

		Infants		Moth	ners	Stillbirths	
Year	Births	Deaths	Rate	Deaths	Rate	Number	Rate
1941	112	11	97 · 3		_	6	50.9
1942	158	11	69 · 6	_		5	30 · 7
1943	161	4	$24 \cdot 8$	_	-	7	41 · 7
1944	193	6	31 · 1	1	$5\cdot 2$	12	58.5
1945	197	5	25 · 4	_	-	2	10.0
1946	154	5	32.0	_	_	8	49.3
1947	239	8	$33 \cdot 5$		_	8	32 · 4
1948	205	6	$29 \cdot 2$	_		5	23 · 8
1949	187	4	$21 \cdot 3$	_	_	9	45.9
1950	168	1	6.0	_	_	6	30 · 5
1951	195	7	$35 \cdot 9$	-	_	5	25.0
1952	196	4	20 · 4	1	4.9	8	39 - 2
1953	151	3	19.9	-	_	2	13 · 1
1954	176	5	28.4	-	-	7	38 - 2
1955	173	5	28.9	_	_	4	22.6
1956	193	4	20.7	-	_	4	20.3
1957	177	2	11.3	_	_	3	16.7
1958	169	2	11.8	-	_	4	23 · 1
1959	189	2	10.6		-	_	
1960	196	8	40.8	_	_	4	24 .9

Other Diseases Dysentery NOTIFICATIONS OF INFECTIOUS DISEASE in Mirfield Urban District, 1942-1960. Lethargica Encephalitis Whooping Cough Measles 000000-000-0 | 0004-40-00 Other Tuberculosis 2004000100r400000 | | Tuberculosis Respiratory | | | - | 6363 | | | | - | | | - | | | Neonatorum Ophthalmia Puerperal Pyrexia Puerperal Fever 1111-11111111111 Malaria 0000 | - | 4-- | 00 | | | - | --Erysipelas Cerebro-Spinal Fever Pneumonia 8844 Diphtheria Scarlet Fever Enteric Fever Polioencephalitia 1 1 | 0 | 1 | 0 0 0 1 4 | 1 0 1 | 1 Poliomyelitis and Smallpox Year

Totals

## APPENDIX D

# ADOPTIVE ACTS, ETC., IN FORCE IN THE DISTRICT

Act					Date of	Oper	ation
Public Health Acts Amer	dmen	t Act.	1890-			-1	
Part III						July,	
Private Street Works Act					1st	June,	1899
Public Health Acts Amer Sections 27 and 33 and							
III		whole			Septe	mber.	1909
Part VI					th Jan		
Sections 15 to 23 incl	usive			. 2	34th Au	igust,	1926
Public Health Act, 1925:							
Sections 13 to 19 (inclusive), 35, 36 t							
Part IV					8th Oct	ober.	1926
Sections 21, 22, 44 ar	id Par	t V		. 1	st Febr		
Furnished Houses (Rent (	Contro	l) Act,	1946		18th M	larch,	1949
West Riding County Coun	cil (Ge	neral l	Powers	)			
Act, 1951:— Section 36					9th	July,	1955
						3 3 ,	
BYE-LAWS I	N FO	RCE I	N THE	DIST	RICT		
			.,				1074
			***				1874
Scavenging						•••	1874
, ,				***			1881
							1922
Public Parks and Recreat	ion Gr	ounds					1928
				•••			1929
0						• • • •	1932
						• • • •	1932
, ,							1938
Personal Weighing Machin							1949
Dogs Fouling Footways							1949
Sale of Food							1950
Wireless Loudspeakers, G							1950
Sale of Contraceptives in	Auton	natic S	lot Ma	chines			1950
Employment of Children	and St	reet T	rading				1950
Unauthorised Persons on	School	l Prem	ises				1950
Litter							1952
Building							1953
Removal of Mud, etc., fro	m Wh	eels of	f Vehic	les			1954
Behaviour in Places of Er	ntertai	inment					1957

#### STAFF OF THE HEALTH DEPARTMENT

#### Medical Staff.

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

## Public Health 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 Public Health Inspector. Cleansing Officer.
- G. O. LEE, Certificate of the Royal Sanitary Institute and the Sanitary Inspectors Examination Joint Board. Certificate for the Inspection of Meat and other Foods. Additional Public Health Inspector.

Mrs. W. BROWN, Clerk.

#### Medical Staff.

DONALD J. ROBERTS, M.A., M.B., B.Chir., D.P.H., Assistant County Medical Officer (Resigned 31st August, 1960). ROBERT STALKER, M.B., Ch.B., Assistant County Medical Officer.

#### Clerical Staff.

Mr. P. MARSHALL, D.P.A., Chief Clerk.

Mrs. G. M. DAVISON.

Miss N. HOLLIDAY.

Mrs. A. KERSHAW

Miss M. P. ROBERTS (Commenced 25th April, 1960)

Mr. G. RISHMAN

Miss N. RYDER.

Mrs. V. THEWLIS.

Mrs. E. M. THOMIS.

## 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 J. FRENCH, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss M. GREENHOUGH, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss D. A. LEAKE, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Mrs. D. PICKUP, S.R.N., S.C.M., H.V.Cert of R.S.I.

Mrs. M. PATCHETT, S.R.N., S.C.M., H.V., Cert. of R.S.I. (Resigned 25th September, 1960).

Mrs. M. RAYNER, S.R.N., S.C.M., H.V. Cert. of R.S.I.

(Resigned 31st January, 1960).

Miss W. SPENCER, S.R.N., S.C.M., H.V. Cert. of R.S.I., Queens Nurse. Miss D. M. ORMESHER, S.R.N., S.C.M., H.V. Cert. of R.S.I. (Commenced 1st August, 1960).

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

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

Mrs. E. I. SMITH, S.R.N.

Mrs. J. P. WOOD, S.R.N., Part-time. (Commenced 19th Sept., 1960).

#### Midwives.

Mrs. C. MOFFAT, C.M.B.

Mrs. I. COWBURN, S.R.N., S.C.M.

Mrs. N. NAIFSEY, S.R.N., S.C.M. (Left 31st December, 1960).

#### District Nurses.

Miss B. J. CASSIDY, S.R.N., Queen's Nurse.

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

Miss A. LODGE, S.R.N., C.M.B., Queen's Nurse.

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

Mrs. J. PYRAH, S.R.N., C.M.B., Queen's Nurse.

Mrs. O. M. ROBEY, S.R.N., Queen's Nurse.

Miss M. M. L. WEST, S.R.N., S.C.M., Queen's Nurse.

(Commenced 2nd May, 1960).

Miss B. B. ROBERTSHAW, S.R.N., S.C.M., Queen's Nurse. (Commenced 2nd May, 1960).

### Dental Staff.

Mr. I. F. ASH, L.D.S., Assistant County Dental Officer.

#### Child Guidance Clinic.

Dr. S. M. LEESE, County Psychiatrist.

Mr. D. G. PICKLES, Educational Psychologist.

Mrs. I. MURGATROYD, Part-time Clerk.

#### 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 Ophthal-mologist.

Mrs. M. M. DE LA COUR, Mental Health Social Worker.

(Left 31st October, 1960).

Miss P. M. HARVEY, Speech Therapist (Commenced 7th September, 1960).

Mr. S. PARKINSON, Senior Mental Welfare Officer.

(Commenced 1st November, 1960).

Mrs. D. SESSIONS, Old People's Warden.

# FACTORIES ACTS, 1937 to 1959. Part I of the Act.

1.—Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors):

		N	Number of				
	Premises (1)	Number on Register (2)	Inspections (3)	Written notices (4)	Occupiers prosecuted (5)		
(i)	Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	27	2				
(ii)	Factories not included in (i) in which Section 7 is enforced by the Local Authority	82	42	7			
(iii)	Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	4	4				
	Total	113	48	7	_		

2 .- Cases in which Defects were found :-

	Nu	mber of case were	s in which d	lefects	Number of cases in whice	
Particulars (1)	Found (2)	Remedied (3)	To H.M.	By H.M. Inspector (5)	prosecutions were instituted (6)	
Want of cleanliness (S.1)	_			_		
Overcrowding (S.2)	_	_		_	-	
Unreasonable temperature (S.3)	_	_	_	_	-	
Inadequate venti- lation (S.4)	_	I Laurett	_	_	1 1 1 1	
Ineffective drain- age of floors (S.6)	_		_	_	15 ORTH NAS	
Sanitary Conveniences (S.7)—  (a) Insufficient	_			_	0 = 15	
(b) Unsuitable or defective	.5	6	_	-	77.4-	
(c) Not separate for sexes		_	_	1	_	
Other offences against the Act (not including offences relating to Outwork)			1			
Total	5	6	1	1	_	

# Part VIII of the Act Outwork

# (Sections 110 and 111)

	S	Section 110		Section 111			
Nature of Work (1)	No. of out- workers in August list required by Section 110(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwhole- some premises (5)	Notices served (6)	Prose- cutions (7)	
Wearing apparel —Making, etc.	_	_	_	_		_	
Total	-	_	_	_	_	_	

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