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BOROUGH OF TODMORDEN

THE ANNUAL REPORT

OF THE

Medical Officer of Health

(J. LYONS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

INCLUDING THE REPORT OF THE

Chief Sanitary Inspector

(L. A. CRABTREE, C.R.San.I.)

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1950

J. Bentley and Sons, Printers, Todmorden

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BOROUGH OF TODMORDEN

Health Committee

CHAIRMAN

ALDERMAN H. TAYLOR,

HIS WORSHIP THE MAYOR.
ALDERMAN EGERTON, J.P.

COUNCILLOR G. E. BOOTHMAN
" DR. BROWN
" A. COCKCROFT
" L. F. COCKCROFT
" H. CUNLIFFE
" H. HARDY
" R. LAW
" F. SUNDERLAND
" E. R. SYKES
" D. WRIGHT

PUBLIC HEALTH STAFF

BOROUGH OF TODMORDEN

Medical Officer of Health
J. LYONS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health
G. A. WILTHEW, M.B., B.S., B.SC.

Sanitary Inspector
†L. A. CRABTREE, C.R.SAN.I.

Additional Sanitary Inspector
†C. BAXTER, M.S.I.A., C.S.I.B.

Sanitary Inspector's Clerk
MRS. E. E. WADDILOVE, C.R.SAN.I.

WEST RIDING COUNTY COUNCIL

Preventive Medical Services: Health Division 19

Divisional Medical Officer
As above (M.O.H.).

Deputy Divisional Medical Officer
As above (Deputy M.O.H.).

Medical Officer to the Ante-Natal Clinic
*MILDRED M. THIERENS, M.B.

School Dental Officer
Vacant.

Health Visitors
‡MISS A. SMITH, S.R.N., S.C.M.
‡MRS. M. M. ILLINGWORTH, S.R.N., S.C.M.
‡MISS M. HILL, S.R.N., S.C.M., R.F.N. (transferred 31-3-50).
‡MISS J. ALEXANDER, S.R.N., S.C.M. (commenced 1-7-50).

Tuberculosis Health Visitor
MRS. B. G. NICHOLL, S.R.N.

Mental Health Social Worker
Vacant.

Home Nurses

MISS F. ROBINSON, S.R.N., S.C.M., QUEEN'S NURSE,
MISS M. TYLER, S.R.N., S.C.M., QUEEN'S NURSE

Midwives

MRS. M. MCAULEY, S.C.M.
MISS P. STANSFIELD, S.C.M.

Dental Attendant

*MISS W. FIELDING.

Joint Clerical Staff—engaged in all constituent districts of the Division, viz. Todmorden, Hebden Royd, Hepton, Sowerby Bridge and Ripponden.

H. MARSHALL, A.C.I.S.
MISS J. SUTCLIFFE
MISS P. JACKSON.
S. STARKIE.
MISS M. CHATBURN.
MISS K. GREENWOOD.
MISS H. DOUGLAS.
F. H. UTTLEY
J. GREENWOOD

* Part-time.

† Hold Meat Inspection Certificate of Royal Sanitary Institute

‡ Hold Health Visitors' Certificate of the Royal Sanitary Institute.

HALIFAX AREA HOSPITALS MANAGEMENT COMMITTEE

Consultant Staff

Orthopaedic Surgeon

G. HYMAN, M.B., F.R.C.S.

Ear, Nose and Throat Surgeon

W. O. LODGE, M.D., F.I.C.S., F.R.C.S.(EDIN.).

Chest Physician

BERTRAM MANN, B.SC., M.D., D.P.H.

Ophthalmic Surgeon

P. M. WOOD, M.B., CH.B., M.R.C.P., D.O.M.S.

ABRAHAM ORMEROD MEDICAL CENTRE,

TODMORDEN,

October, 1951.

HIS WORSHIP THE MAYOR, ALDERMEN AND COUNCILLORS,

LADIES AND GENTLEMEN,

I have the honour to present the fourth Annual Report since the inception of the scheme of Divisional Health Administration. Under this arrangement your Medical Officer of Health is also Divisional Medical Officer for the West Riding County Council's local health services and has similar functions in the Urban Districts of Hebden Royd, Sowerby Bridge, and Ripponden, and the Rural District of Hepton. The scheme has, I think, led to a closer integration of all local authority health services.

The opening paragraphs of the Medical Officer's Annual Report are by tradition devoted to a survey of the vital statistics for the year, and there can be no doubt that a mere glance at these figures gives cause for considerable satisfaction. We can see that maternal mortality continues to be absent, that infant mortality is exceptionally low, that remarkably few of our schoolchildren show evidence of malnutrition or ill-health, and that (tuberculosis apart) total deaths from infectious disease can be numbered on the fingers of one hand. But so-called "vital" statistics are in fact cold and impersonal : they are more concerned with the dead than with the living ; they cannot measure human joy or misery, and the picture they portray sometimes shows nothing of the most significant features of the community's health and morale. Such is the case in the Calder Valley in 1950, the statistics reflecting nothing of the unhappiness and unnecessary suffering of more than a few old folk in this district. Indeed, it is in considering the position of the aged that we come across the major public health problem of the year.

As an example of what is all too commonly encountered I must relate the history of Mrs. X of Calder Valley. Mrs. X was nearly 80 years of age when I first met her in 1949. I was told that, in her younger days, she had been an active and intelligent lady with all the sturdiness and independence of spirit so characteristic of the Calder Valley womenfolk of her generation. The death of her husband about ten years

ago was a serious blow especially as it left her alone in the world, her other near-relatives having either died or moved out of the district. She was, however, determined to carry on and sought assistance from no one. But grit and independence cannot indefinitely stave off the age of "the lean and slipper'd pantaloon." Mrs. X discovered that her energy and activity were waning fast. Her domestic chores became an ever-increasing burden: her home, formerly a bright and flawless jewel of domestic pride, gradually became dull, drab, and, later on, dirty. Her personal appearance and habits suffered too, deteriorating to the point where she was constantly grimy and dishevelled. Mrs. X was—at first—fully conscious of her limitations but, with the passage of years, her critical faculties faded and she became increasingly unaware of the morass into which she was sinking. Independence, although a virtue in the young, often becomes a perilous obsession in the aged. This is particularly so where, as in the case of Mrs. X, loneliness and lack of outside interests stimulate and accelerate the mental changes of old age. And so, when assistance was offered by neighbours and by the Health Department, Mrs. X protested that she was quite capable of managing her own affairs. Had the local Old People's Welfare Committee been as admirably active then as it is now possibly something might have been done to draw Mrs. X out of this "hermit complex." Frequent social visits by kindly and understanding volunteers, the occasional gift of some much-needed "comfort," a few words of cheer now and then, happy afternoons at the Old People's Social Club—all or any of these things might have helped, but none were available at that time. It was not surprising, therefore, that things went from bad to worse. The combination of physical weakness and mental apathy led to further complications. Shopping became difficult, sometimes impossible, and Mrs. X's diet gradually deteriorated both in quality and quantity. This in turn further weakened her general condition and the vicious circle now revolved with ever-increasing rapidity. Mrs. X withered, half-starved and half-demented, began to spend most of the day in bed. Neighbours called in occasionally to make a drink or bring some bread: they kept her alive—but that was all. The services of a Home Help were refused, though even if she had accepted, it may have proved difficult to provide adequate help due to difficulties experienced in this area in the recruitment of home helps. Both Mrs. X and her house became filthy and disgusting and it was only after persistent efforts that her doctor per-

suaded her to agree to admission to an institution. In the "bad old days" of the Poor Law this would have been the final episode in the life of Mrs. X but alas, in this enlightened era of the Welfare State, no such comfortable conclusion was reached. The Welfare Officer had to explain to the doctor that only ambulant and relatively fit old persons could be admitted to a Welfare Institution; the only thing left for Mrs. X was admission to hospital. A hospital official, a kindly but frustrated gentleman, apologetically informed the doctor that no beds were immediately available for the aged sick. Her name could, of course, be placed on the waiting list and she would be admitted in weeks or months depending on the degree of urgency. Immediate admission was only possible for "acute" medical or surgical emergencies. Unfortunately Mrs. X did not fit into these categories; she did not require an operation or special medical investigation or emergency treatment—she was a *social* emergency merely requiring round-the-clock nursing care and attention, and, strangely enough, the hospitals were unable to provide this simple unspecialised service for her. It seemed to the doctor that, had she been sufficiently fit and active to fall downstairs, she might have been admitted as a surgical emergency, but poor Mrs. X could not even make this final gesture to bureaucracy.

With the assistance of the Health Department the hospital authority was made fully aware of the circumstances of Mrs. X and it was agreed that her name should be put high up on the waiting list. With characteristic independence Mrs. X passed away before she could be admitted. She died miserably and ignominiously, alone and unattended, surrounded only by the atmospheric stench of a neglected sickbed and the drab and dirty remnants of a once resplendent household.

This is a tragic story, but, one regrets to state, by no means unique. Not a week passes by in this office without my receiving one or more reports of similar cases of varying degrees of social urgency. Investigation by this department in 1950 of nearly one hundred cases on the hospital waiting list revealed that one out of every three aged persons urgently requiring admission died before admission was possible. Every such case is a serious blow to our accepted standards of civilisation and also a challenge both to our public services (whether voluntary or statutory) and individual consciences.

There are very few social problems which cannot either be prevented or remedied. In the case of infirm and lonely old people I would suggest in the first place that there is a responsibility on every individual to take a more active interest in the welfare of the aged. There must be more tolerance, more understanding, and a real desire to help even if it involves financial or other sacrifice. Secondly, there is need for still further expansion of voluntary organisations who can do much to ease the burden of handicapped old people and so slow down or even prevent a rapid decline into helplessness. The provision of comforts, recreational facilities, meals, and special services not covered by statutory machinery, e.g. chiropody, are all functions which could come well within the scope of an active voluntary organisation. Finally, the public authorities must examine closely the services they provide for the aged. Domiciliary services (including home nursing, health visiting, and home helps) must be maintained at a high level of efficiency and extended where appropriate. The home help service should be made sufficiently attractive as a career to overcome recruiting difficulties : it could be extended to include evening and occasionally even night work where specially required. Old people are inevitably happier if they can be adequately cared for in their own homes and a more comprehensive and efficient domiciliary service would make this possible in a greater number of cases. Institutional and hospital care will however still often be required and it is a matter of concern that the administration of welfare institutions and hospitals is so sharply divided. Hospital authorities should not be placed in the position where they have to decide whether they should give beds to operation cases or to old persons who do not require any specialised hospital service but are not considered fit enough to be in a welfare institution. The care of the aged chronic sick should be a responsibility, not of the hospital authority, but of the welfare authority. Sick bays or infirmaries (using this word in the strict literal sense) could be attached to every welfare institution and patients only admitted to ordinary hospitals when specialised medical or surgical treatment or investigation is required.

Another public health problem still causing concern is that of tuberculosis. It will be noted that in Todmorden there were 35 new cases notified in 1950 and 6 deaths. No fewer than 28 of the 35 notifications were in respect of persons under the age of 45 years. The unusually high figure of noti-

fications is very largely the result of the mass radiography of adults and of the tuberculin survey of children (under the aegis of the Medical Research Council) carried out simultaneously in the early part of 1950. A full report of these surveys has already been presented by me to your Council and I will not on this occasion dwell further on the details. Suffice to say that the results of the adult survey in Todmorden indicated that four out of every 1,000 adults examined were found to be suffering from active disease requiring hospital treatment. This incidence is no more than in many other districts but gives no grounds whatsoever for complacency.

A start was made in 1950 with vaccination against tuberculosis using B.C.G. vaccine. Acting on Ministry of Health recommendations the scheme is so far limited to the vaccination of those at special risk, in particular susceptible child contacts of known cases of tuberculosis. Too much reliance should not however be placed on the value of B.C.G. in eliminating this scourge. The level of immunity conferred cannot for example be compared with that resulting from diphtheria immunisation. But B.C.G., if more widely used, could lead to some reduction in the number of those suffering from the disease. The principal armoury of defence against the spread of tuberculosis must remain, as ever, an adequate standard of housing and nutrition in the whole population.

In conclusion, Ladies and Gentlemen, may I thank you for your kindness, patience and co-operation. I also wish to express my deep appreciation of the consistently loyal and energetic work of the staff of this Department.

Your obedient servant,

J. LYONS.

M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health.

SECTION I.

VITAL STATISTICS

Statistics.

Area. 12,790 acres.

Population—Census 1931. 22,222 persons.

Registrar General's estimate of Resident Population, mid. 1950, 19,300.

Number of dwelling-houses, 7,036.

Rateable value £114,641.

Product of a penny rate £450.

Rainfall at Gorpley Reservoir during 1950, 62·14 inches.

Summary of Vital Statistics.

	Total	M	F	
Live Births–				
Legitimate	264	138	126	Birth Rate per 1000 of the estimated resident population 14.6
Illegitimate	18	5	13	
Still Births-				
Legitimate	3	3	—	Rate per 1000 total (live and still) births 14
Illegitimate	1	1	—	
Deaths	301	140	161	Death Rate per 1000 of the estimated resident population 15·.6

DEATHS FROM PUERPERAL CAUSES—

	Deaths		Death Rate per 1000 total (live and still) Births
Puerperal Sepsis ...	Nil	...	Nil
Other Puerperal Causes	Nil	...	Nil

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE—

All infants per 1000 live births	14
Legitimate infants per 1000 legitimate births ...	11
Illegitimate infants per 1000 illegitimate births ...	55

Infantile Mortality.

Four infants under age of twelve months died during 1950, giving an infantile mortality rate of 14 per 1000 births.

The following table gives the cause of death of these infants.

Cause of Death	No. of infants dying in				
	1st week	2nd week	3rd week	4th week	5—52 week
Prematurity ...	2	—	—	—	—
Broncho Pneumonia	—	1	—	—	—
Pyloric Stenosis ...	—	—	—	1	—

DEATHS FROM	Cancer (all ages)	37
	Measles (all ages)	Nil
	Whooping Cough (all ages)	Nil
Tuberculosis Death Rate (all forms)		0.31
Respiratory Tuberculosis death rate		0.31
Non-Respiratory Tuberculosis death rate		Nil
Respiratory Death Rate (excluding tuberculosis)		2.12

CAUSES OF DEATH IN TODMORDEN, M.B.

	CAUSE OF DEATH	1950 M.		F.
1	Tuberculosis, respiratory ...	4	...	2
2	Tuberculosis, other ...	—	...	—
3	Syphilitic disease	—	...	—
4	Diphtheria	—	...	—
5	Whooping Cough	—	...	—
6	Meningococcal infections ...	—	...	—
7	Acute Poliomyelitis ...	—	...	1
8	Measles	—	...	—
9	Other infective and parasitic diseases	—	...	1
10	Malignant neoplasm, stomach	7	...	6
11	Malignant neoplasm, lung, bronchus	1	...	—
12	Malignant neoplasm, breast	—	...	2
13	Malignant neoplasm, uterus	—	...	3
14	Other malignant and lymphatic neoplasms ...	15	...	3
15	Leukaemia, aleukaemia ...	—	...	—
16	Diabetes	—	...	5
17	Vascular lesions of nervous system	18	...	31
18	Coronary disease, angina ...	8	...	9
19	Hypertension with heart disease	6	...	2
20	Other heart diseases ...	19	...	34
21	Other circulatory disease ...	15	...	7
22	Influenza	1	...	—
23	Pneumonia	4	...	4
24	Bronchitis	14	...	18
25	Other diseases of respiratory system	—	...	—
26	Ulcer of stomach and duodenum	2	...	—
27	Gastritis, enteritis and diarrhoea	1	...	1
28	Nephritis and nephrosis ...	5	...	7
29	Hyperplasia of prostate ...	5	...	—
30	Pregnancy, childbirth, abortion	—	...	—
31	Congenital malformation ...	1	...	1
32	Other defined and ill-defined diseases	10	...	13
33	Motor vehicle accidents ...	2	...	1
34	All other accidents	1	...	7
35	Suicide	1	...	3
36	Homicide and operations of war	—	...	—
	TOTAL, ALL CAUSES ...	140	...	161

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1950

based on Registrar-General's Figures

	Todmorden M.B.	Aggregate West Riding Urban Districts	West Riding Admin. County	England and Wales
BIRTH RATE (per 1,000 estimated population)	14.6	15.9	16.3	15.8
DEATH RATE (all per 1,000 estimated population)				
All causes	15.6	12.4	11.8	11.6
Infective and parasitic diseases*	0.10	0.10	0.10	**
Tuberculosis of Respiratory System	0.31	0.26	0.26	0.32
Other Forms of Tuberculosis	—	0.04	0.04	0.04
†Respiratory Diseases (excluding tuberculosis of respiratory system)	2.12	1.26	1.18	**
Cancer	1.92	1.94	1.83	1.99
‡Heart and Circulatory Diseases	5.18	4.66	4.39	**
Vascular lesions of nervous system	2.54	1.70	1.59	**
INFANT MORTALITY (deaths under one year per 1,000 live births)	14	33	35	30
MATERNAL MORTALITY (deaths of mothers in childbirth per 1,000 live and still births)	—	0.95	0.98	0.86

* Combined death rate from syphilitic diseases, acute poliomyelitis, meningococcal infections, diphtheria, measles, whooping cough, and other infective and parasitic diseases.

† Combined death rate from influenza, bronchitis, pneumonia and other respiratory diseases, excluding tuberculosis of the respiratory system.

‡ Combined death rate from Heart Disease and other Diseases of the Circulatory System.

** Figures not available.

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1950

Based on Registrar-General's Figures

Comparison with neighbouring districts in County Health Division 19	Todmorden M.B.	Hepton R.D.	Hebden Royd U.D.	Sowerby Bridge U.D.	Ripponden U.D.
BIRTH RATE (per 1,000 estimated population)	14.6	13.2	16.4	15.8	14.5
DEATH RATE (all per 1,000 est'd. population)					
All causes	15.6	10.6	17.6	14.0	13.3
*Infective and parasitic diseases	0.10	—	0.29	0.21	0.38
Tuberculosis of Respiratory System ...	0.31	0.26	0.38	0.32	—
Other forms of Tuberculosis	—	—	—	—	0.19
†Respiratory Diseases (excluding tuberculosis of respiratory system)	2.12	0.53	1.43	1.37	0.38
Cancer	1.92	1.58	2.39	1.68	1.50
‡Heart and Circulatory Diseases	5.18	4.49	8.13	5.15	6.58
Vascular lesions of nervous system ...	2.54	1.06	2.01	2.31	2.07
INFANT MORTALITY (deaths under one year per 1,000 live births)	14	20	17	23	52
MATERNAL MORTALITY (deaths of mothers in childbirth per 1,000 live and still births)	—	—	—	—	—

* Combined death rate from syphilitic diseases, acute poliomyelitis, meningococcal infections, diphtheria, measles, whooping cough, and other infective and parasitic diseases.

† Combined death rate from influenza, bronchitis, pneumonia and other respiratory diseases, excluding tuberculosis of the respiratory system.

‡ Combined death rate from heart disease and other diseases of the circulatory system.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES

A. HOSPITALS.

There is no General Hospital in the Borough of Todmorden. Patients requiring hospital treatment are referred as a rule to hospitals under the administration of the Halifax Hospitals Management Committee (National Health Service). Included in this group are the Halifax General Hospital, the Royal Halifax Infirmary, St. John's Hospital (for the aged and chronic sick), Northowram Infectious Diseases Hospital, Shelf Sanatorium, Todmorden Fielden Hospital (for long stay medical cases in children) and Todmorden Stansfield View Hospital (for mental defectives).

Maternity beds are available at both the Halifax General and Royal Infirmary. Priority in booking is given to abnormal cases, mothers expecting their first child, and mothers with unsatisfactory home conditions.

Special Hospital (e.g. Mental Hospitals, special Orthopaedic Hospitals, Tuberculosis Sanatoria, etc.) outside the Halifax area are available when required ; they are situated in various parts of the so-called "Leeds Hospital Region" which in fact extends into all three Ridings.

B. PROFESSIONAL NURSING IN THE HOME.

The County Council are responsible for the home nursing in Todmorden, the two nurses being resident at the Nurses' Home, Garden Street, Todmorden.

C. AMBULANCE FACILITIES.

The County Council took over the control of the ambulances formerly provided by the Todmorden Corporation towards the end of 1947 in anticipation of the operation of the National Health Service Act 1948. The ambulances continued to operate from Todmorden as previously, together with Hebden Bridge ambulance which had also passed to the control of the County Council.

D. CLINICS AND TREATMENT CENTRES

See page 18.

E. LABORATORY FACILITIES.

These facilities are provided by laboratories at Wakefield and Bradford.

F. ISSUE OF ANTI-TOXIN, ETC.

Supplies of diphtheria and tetanus anti-toxin are available at the Halifax Isolation Hospital and the Halifax General Hospital for issue to medical practitioners requiring it. By arrangement with the Regional Hospital Board supplies are also kept at the Medical Centre, Todmorden, for use of local medical practitioners in the division. A supply of reagents for diphtheria immunisation is also available free of charge to private practitioners who have undertaken to participate in the West Riding County Council's scheme of immunisation.

CLINICS AND TREATMENT CENTRES

Infant Welfare		
Ridgefoot	Tuesdays and Wednesdays	2 to 4-30 p.m.
Vale Baptist Sunday School, Cornholme	Tuesdays	2 to 4-30 p.m.
Walsden Wesleyan Sunday School ...	Thursdays	2 to 4-30 p.m.
Ante-Natal and Post Natal		
Ridgefoot	Wednesdays and Thursdays ...	1-30 to 4 p.m.
School Clinics		
Ridgefoot		
(*a*) *Minor Ailments	Mondays to Fridays inclusive ...	9 to 10 a.m.
(*b*) Dental...	Mondays to Fridays inclusive ...	**Temporarily Suspended**
(*c*) Ophthalmic	As required	By arrangement
(*d*) Ear, Nose and Throat	As required	By arrangement
(*e*) Artificial Sunlight	Mondays and Fridays	1-30 to 5 p.m. Oct.—March
Diphtheria Immunisation		
Ridgefoot	Monthly	By arrangement
Tuberculosis		
Union Offices, Hall Street	Wednesdays	1-30 to 4-30 p.m.

* Medical Officer in attendance Tuesdays and Fridays only.

SECTION III.

W.R.C.C. PREVENTIVE HEALTH SERVICE

A. CARE OF MOTHERS AND YOUNG CHILDREN.

Ante Natal Services

During 1950 Dr. Thierens held 102 sessions and 200 patients made 1060 attendances. The popularity of the clinic is shown in the table below :—

	1945	1946	1947	1948	1949	1950
Number of patients	199	277	296	254	217	200
No. of attendances	1002	1448	1353	1150	992	1060
No. of sessions held	99	100	102	104	101	102
Patients sent by Midwives	49	60	58	50	40	30
Patients sent by Doctors	10	10	10	10	10	5
Patients sent by Health Visitors	56	73	35	55	50	20
Patients attended on own initiative	76	94	172	99	102	135
Patients sent by Hospitals	8	20	8	20	10	10
Patients sent by Private Nsg. Home	—	20	13	20	5	—
Patients referred to own doctor	28	40	37	17	20	20
Patients referred to Hospital	42	47	55	61	30	24
Patients referred to Dentist	38	32	62	54	16	9
Patients given U.V.R. treatment	7	4	5	1	—	—

X-ray examinations were arranged for three patients who had attended the Ante-Natal Clinic during the year.

Post Natal and Gynaecological Clinics.

Gynaecological and post-natal patients are examined at the ordinary ante-natal clinic. During 1950, 51 patients made 70 attendances at the clinic. Some of the patients confined in Halifax General Hospital attended there for post-natal examination.

	1947	1948	1949	1950
No. of post-natal patients ...	60	45	50	51
No. of attendances	80	60	60	70

Child Welfare Clinics.

Clinics were held at the Abraham Ormerod Medical Centre on Tuesday and Wednesday afternoons, and at Cornholme Y.M.C.A. and Walsden Wesleyan Sunday School on Tuesday and Thursday afternoons respectively. A record of the work done in 1950 is given in the following table :—

	Medical Centre	Walsden	Cornholme	Total
No. of sessions ..	99	50	50	199
No. of children who attended :—				
(a) Under 1 year old	133	46	43	222
(b) 1-5 years of age	275	87	63	425
No. of attendances by children :—				
(a) Under 1 year ..	1987	698	753	3438
(b) 1-5 years ..	1093	202	287	1582
Total attendances	3080	900	1040	5020
Average attendance per session ..	31	18	21	25

Home Visiting of Health Visitors.

No. of Ante-Natal Visits :—	
First Visits	48
Subsequent Visits	66
No. of Visits to Children under 1 Year	
First Visits	256
Subsequent Visits	1208
No. of Visits to Children 1-5 Years ..	2173
Special Visits	290
Total Home Visits ..	4041

Day Nursery Accommodation

The Glen Day Nursery was opened by the West Riding County Council on 11th September, 1950. Owing to staffing difficulties it was not possible to take in the maximum number of children (40) during the first few months, and in these circumstances only very urgent cases were admitted. Priority for admission is granted according to the following categories:

(a) The young child whose mother is ill or having a baby.

(b) The illegitimate child whose mother is seeking work.

(c) Children of parents who cannot find suitable homes or are living in overcrowded and/or insanitary dwellings.

(d) The young child of the widow who must educate and support the family unassisted, and also the young child of the mother whose husband is ill.

Where vacancies still remain after the above categories have been dealt with priority is then given to mothers engaged in the textile industry.

The Care of Premature Infants.

Special equipment and nursing staff is available for use in the home in cases requiring them.

The Care of Illegitimate Children.

Every effort is made to find a suitable home for the baby either with the mother or with the grand-parents. When the child is old enough it can be admitted to a Nursery Class if the mother has to go out to work. Special advice about legal adoption is given if it is desired. These cases are seen in the home by the Health Visitor and encouraged to attend the Infant Welfare Centre regularly.

Minor Ailments Clinic.

During 1950 some 68 children under five years of age some of whom were attending nursery classes, made 172 attendances for treatment at the Medical Centre.

U. V. L. Clinic.

This was held twice weekly at the Medical Centre during the year. A Sollux Mercury Vapour Lamp was used. 39 children not attending school made 631 treatment sessions.

Provision of Milk, Cod Liver Oil, etc.

A supply of cod liver oil was available at the various Child Welfare Clinics. At the ante-natal clinic tablets containing iron, calcium, and vitamin D were available, and in suitable cases "Fertilol," ferrous sulphate, calcium, "Benerva," and nicotinic acid tablets were supplied.

Government Welfare Foods Scheme.

During 1950, National Dried Milk was supplied under the above scheme and 967 tins were sold during the year. Each tin contains 20 oz. dried milk. Most proprietary brands of milk are sold at the clinic for the convenience of mothers, and special brands of milk are ordered when necessary.

The distribution of cod liver oil and fruit juices was carried out at the respective clinics on behalf of the Ministry of Food during the year.

Provision of Maternity Outfits.

These are provided free to mothers preparing for confinement in their own homes.

B. MIDWIFERY SERVICES.

The following table shows the number of Todmorden women confined in hospital, private nursing home, or delivered by midwives and private practitioners in Todmorden or elsewhere so far as has been ascertained :

	No.	%
No. delivered in hospital	174	61·7
No. delivered in private nursing homes ...	10	3·5
No. delivered by midwives...	97	34·4
No. delivered by doctors (including the difficult cases met with by municipal midwives in their practice where a doctor had to be sent for to effect delivery)	1	0·4
TOTAL (including stillbirths), so far as has been ascertained ...	282	100

During 1950 the practising midwives summoned medical assistance to 16 mothers and 4 infants. Medical aid was sent for on account of the following conditions :—

MOTHERS		INFANTS	
Cause	No.	Cause	No.
Ruptured Perineum ...	9	Discharge from eye ...	3
Uterine inertia ...	1	Unsatisfactory condition	1
Post-partum haemorrhage	3		
Cervical Polypus ...	1		
Threatened Abortion	1		
Delayed 2nd stage ...	1		
Total	16	Total	4

The following table summarises the midwifery work of the district midwives for the year 1950 :—

Work done within the Borough	Two Municipal Midwives
No. of deliveries made by Midwives ...	97
No. of difficult cases met with by midwives where a doctor had to be sent for and who	
(*a*) Effected delivery	1
(*b*) Sent patient to Hospital ...	7
No. of cases where midwives acted as a maternity nurse	1
Medical aid sent for in case of	
(*a*) Mothers	16
(*b*) Infants	4

Emergency Obstetric Unit.

The " flying squad " attached to Halifax General Hospital is available for obstetric emergencies occurring in the town. It was not utilised during the year.

C. HOME NURSING SERVICE.

See page 16.

D. AMBULANCE SERVICE.

See page 16.

E. HEALTH VISITING.

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children, and persons (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.

F. HOME HELPS

There was a slight improvement in the recruitment of home helps and there were seven home helps resident within the Borough who were at some time during the year employed by the West Riding County Council.

In accordance with the National Health Service Act, the County Council provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age."

Thirty-nine cases were attended in Todmorden during 1950, and these were divided into the following categories: Lying-in—21, aged—13, and illness—5. The total number of hours worked by home helps was 2,524.

G. CARE AND AFTER CARE

Special provisions are in operation for the care and after care of patients suffering from tuberculosis, mental illness or defect, venereal disease, and other illnesses.

H. SCHOOL HEALTH SERVICE

Number of schools in district		13
Number of children in attendance at school at end of 1950		2432
Number of children examined at school during 1950 (This figure being made up as follows)		974
Routine examinations	524	
Additional children specially examined at request of parent	18	
Re-examinations	432	
Number of children referred for treatment		82

Minor Ailments Clinic

396 children made 1,898 attendances at the minor ailments clinic during the year.

Ear, Nose and Throat Clinic

Four sessions were held by Mr. Lodge at the Medical Centre and 64 Todmorden children were seen by him. Of the children inspected at these and previous sessions 62 received operative treatment at either the Halifax General Hospital or the Halifax Royal Infirmary during 1950.

Dental Clinic.

This clinic has had to be temporarily suspended until the appointment of a School Dental Officer.

Ophthalmic Clinic.

Mr. Wood held 26 eye clinics during the year, and 179 school children were seen by him and glasses were prescribed where necessary.

U.V.L. Clinic.

33 school children made 456 attendances during the year.

I. IMMUNISATION AND VACCINATION.

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against small-pox may be done either at the clinic or by the family doctor.

Number of children in Todmorden who had completed a full course of immunisation at any time to 31-12-50.

Under 1	1	2	3	4	5 to 9	10 to 14	Total under 15
70	163	137	284	238	1103	1221	3216
		1487			2103		3590

Estimated mid-year population

Number of children in Todmorden who completed a full course of Immunisation 1950

Age	0–1	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Began and completed injections 1950 ...	70	89	5	7	1	3	—	2	—	—	—	1	—	—	—
Total ... 178															
Immunised in previous years, re-treated 1950 ...	—	—	—	—	1	11	5	6	4	1	—	—	1	—	—
Total ... 29															

SECTION IV.

INFECTIOUS DISEASES

Summary of Notifications received during 1950.

Disease	Total cases notified
Scarlet Fever	18
Whooping Cough	111
Acute Poliomyelitis	3
Measles	471
Diphtheria	—
Acute pneumonia	25
Dysentery	—
Smallpox	—
Acute encephalitis	—
Enteric or Typhoid fever	—
Paratyphoid fevers	—
Erysipelas	10
Meningococcal infection	1
Food poisoning	5
Puerperal Pyrexia	—
Ophthalmia Neonatorum	—
Pulmonary Tuberculosis	31
Other forms of Tuberculosis	4
	679

Scabies.

The number of cases of Scabies dealt with during 1950 was 6. All cases were treated at the Medical Centre.

The sarcopticide used was Benzyl Benzoate and one treatment was sufficient to effect a cure.

Tuberculosis Services.

A clinic is held weekly on Wednesday afternoons at Hall Street, and cases requiring X-ray examination are referred to the Chest Clinic at Halifax Royal Infirmary. Regular home supervision is carried out by the Tuberculosis Health Visitor. Free extra nourishment, bedding, shelters, etc., are provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives at a glance the position regarding tuberculosis in Todmorden in 1950:—

	Respiratory			Non-Resp.			Ttls.
	M	F	Ttl.	M	F	Ttl.	
No. on Register on 1st Jan., 1950 ..	38	17	55	33	34	67	122
No. first notified during 1950 ..	18	13	31	1	3	4	35
No. of cases restored to register ...	—	1	1	—	—	—	1
No. of cases entered in Register other than by notification ..	1	—	1	1	—	1	2
No. removed from Register during 1950 :—							
(a) Died	4	2	6	1	1	2	8
(b) Removed from district ..	5	3	8	1	—	1	9
(c) Recovered ..	4	2	6	11	16	27	33
No. remaining on Register 31/12/50 ..	44	24	68	22	20	42	110

The number of new cases and the number of deaths notified during 1950 are given in detail in the following table :—

Age Period	New Cases				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0–1	—	—	—	—	—	—	—	—
1–5	2	—	—	—	—	—	—	—
5–10	—	1	1	—	—	—	—	—
10–15	—	2	—	1	—	—	—	—
15–20	3	—	—	1	—	—	—	—
20–25	1	3	—	1	1	—	—	—
25–35	7	2	—	—	—	—	—	—
35–45	2	1	—	—	—	1	—	—
45–55	2	2	—	—	2	—	—	—
55–65	—	—	—	—	1	—	—	—
65 & over	1	2	—	—	—	1	—	—
Totals	18	13	1	3	4	2	—	—

SECTION V.

WATER SUPPLIES

(a) Corporation Supply.
Serving 5465 houses with a population of 14,990.

(b) Private Supplies.
Serving 1571 houses with a population of 4,310.

Corporation Supply.

The water is from upland surfaces and is naturally soft and of an acid character. The water is treated by slow filtration through sand and lime dust. A chlorinator is installed at the waterworks. A bulk supply of water is also obtained from the Rochdale Corporation.

Private Supplies.

These are derived mainly from springs, the water generally being conveyed to storage chambers from which it is piped to the houses.

Examination of Samples.

CORPORATION SUPPLY.				
Bacteriological		24	—	23 satisfactory.
Chemical		12	—	All satisfactory.
Plumbo-solvency	No lead			Total ... 4
PRIVATE SUPPLIES.				
Bacteriological ...	Satisfactory	35	}	
	Unsatisfactory	13	}	Total ... 48

Five of the unsatisfactory samples from 3 private supplies were taken in connection with the intended use of these supplies for drinking and domestic purposes. In 2 cases the intention was dropped and in the other case the water is not being used pending a decision as to the carrying out of works to put the supply in order. The other unsatisfactory samples were from 3 supplies and in one case the Corporation supply is to be laid on to the houses concerned, and in another case a number of samples taken subsequently were all of a high standard.

Three private supplies were tested for plumbo-solvency and in 2 cases no lead was found in the water. In the other case the water was found to contain lead in excessive amounts and the use of the water was discontinued and the Corporation supply installed at the houses concerned. The provision of treatment to prevent plumbo-solvency in a private supply in hand at the end of the previous year was completed and subsequent tests have proved the treatment to be effective.

SECTION VI.

SANITARY CIRCUMSTANCES OF THE AREA.

INSPECTION AND SUPERVISION OF FOOD.

HOUSING.

Rainfall for 1950 (Sourhall).

January ..	3.70 ins.	September ..	9.02 ins.
February ..	6.46 ,,	October ..	3.56 ,,
March	3.84 ,,	November ..	6.95 ,,
April	4.94 ,,	December ..	4.70 ,,
May	2.52 ,,		
June	2.83 ,,		61.64
July	5.38 ,,		
August ..	7.74 ,,		

Drainage and Sewerage.

Certain portions of the district still require sewering, but in all these parts the cost is prohibitive. All defective sewers are improved as required.

All sewage is treated at the Corporation Sewage Works which are adequate for the needs of the Borough.

There have been no complaints from the West Riding Rivers Board in respect of the effluent from the Sewage Works.

Rivers and Streams.

No action has been taken during the year to check the pollution of rivers and streams in the area.

Closet Accommodation.

The following table shows the number of the various types of closets in the Borough :—

Privies with open middens			0
Pail or Tub Closets	(a) Houses		401
	(b) Workplaces		48
TOTAL			449
Privies with covered middens		about	70
Water Closets	(a) Houses		5459
	(b) Workplaces		663
TOTAL			6192
Waste Water Closets			277

Number of additional Closets provided :—

Old property (a) W.C.'s 13 (b) Others 0

New houses (a) W.C.'s 37 (b) Others 0

Number of Closets, other than privies, reconstructed as W.C.'s—19.

With a view to securing the conversion of pail closets and slop closets to water closets the Corporation contribute one-half of the cost of conversion to a maximum of £10 per closet. Eighteen conversions of slop closets and one conversion of pail closets were carried out during the year

Refuse Collection and Disposal.

No changes were made during the year in the methods of collection and disposal of refuse. The collection of refuse, including nightsoil, is done by two motor vehicles, one, the Lewin Compressing Refuse Collector, being employed whole time, and the other on four days per week, a weekly collection being carried out in the Borough except for outlying districts where a fortnightly collection is made. The collection of night-soil is done by motor vehicle fitted with a movable tank and the contents are disposed of at the Sewage Disposal Works.

All the refuse is disposed of at Woodhouse Tip where the system of "controlled tipping" combined with salvage recovery is in operation. The salvage recovery comprises the collection and, where necessary, the sorting from the refuse of various materials such as waste paper, scrap metals, rags, carpets. Almost all the waste paper is collected separately during the collection of refuse, in addition to which there is a special collection from factories and business premises.

The weight of refuse collected during the year was 3,947 tons, and the cost of collection and disposal was £5,006. The income from the sale of salvaged materials, charges for tipping, etc., was £899, giving a net cost for collection and disposal of refuse of £4,107.

The following are the various items of salvage recovered during the year, with the proceeds, although some of the salvage was not sold until after the year end.

	Tons	£	s.	d.
Waste paper	136½ ...	740	18	11
Ferrous metals	2½ ...	6	13	6
Non-ferrous metals	½ ...	38	5	0
Textiles (rags, carpets, etc.) ...	9¼ ...	109	9	0
Waste food	14 ...	13	19	0
TOTAL ...	162¾ ...	£909	5	5

In comparison with the previous year the total weight of salvage recovered shows a decrease of 21¼ tons, waste paper being 13 tons less and waste food 8 tons less. Owing to shortage of labour at the refuse tip it was not possible to salvage tins. The price of waste paper which fell considerably in July 1949 rose again until by the end of 1950 it was more than the controlled maximum price during the war period.

Sanitary Inspection of the Area.

Total No. of Inspections made in 1950, for Nuisances only	447
Nuisances found in 1950	145
Nuisances in hand, end of 1949	10
Total needing abatement	155
Abated during 1950	143
Outstanding, end of 1950	12
Notices served, Informal	50
Complied with	44
Notices served, Statutory	—
Complied with	—
Total number of Summonses or other legal proceedings	—

Regulated Buildings, Trades, etc.

Regulated Buildings, Trades, &c.	No. in District.	No. on Register.	No. of Inspections.	General Conditions	Legal proceedings if any
Common Lodging Houses ..	0	0	0		
Houses let in Lodgings	0	0	0		
Canal Boats	0	0	0		
Knackers Yards ..	0	0	0		
Tents, Vans & Sheds	1	1	3		
Offensive Trades—					
2 Tripe Boilers 1 Fat Melter 6 Dressing Hides for Pickers or Tanners.	9	9	3	Satisfactory	None

Eradication of Bed Bug.

No. of Council Houses found to be infested ..	0
No. of other houses found to be infested ..	2
No. disinfested (a) with hydrogen cyanide ..	0
(b) with insecticide .. .	2

Factories and Workplaces.

1.—INSPECTIONS for purposes of provisions as to health.
Including inspections made by Sanitary Inspectors.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers prosecuted (4)
FACTORIES with mechanical power ...	33	0	None
FACTORIES without mechanical power	11	1	None
†OTHER PREMISES under the Act (including works of building and engineering construction but not including outworkers' premises)...	None	None	None
TOTAL	44	1	None
†Electrical Stations should be reckoned as factories.			

2.—DEFECTS FOUND.

Particulars (1)	Number of Defects			Number of defects in respect of which Prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Want of cleanliness (S.1) ...	2	2	None	None
Overcrowding (S.2)	None			
Unreasonable temperature (S.3)	None			
Inadequate ventilation (S.4) ...	None			
Ineffective drainage of floors (S.6)...	None			
Sanitary Conveniences (S.7)—				
insufficient	1	—	—	
unsuitable or defective ...	1	—	—	
not separate for sexes ...	3	1	—	
Other offences ... ... (Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937.)	None	—	—	—
TOTAL	7	3	None	None

Summary of the Work Done during 1950.

Inspections of Premises—

1.	For nuisances, etc.	222
2.	Where infectious disease has occurred ...	34
3.	Where offensive trades are carried on ...	3
4.	Inspections of Factories	33
5.	Inspections of Bakehouses	11
6.	Inspections of Dairies	6
7.	Inspections under Rats and Mice Destruction Act	49
8.	Inspections of Slaughterhouses	111
9.	Inspections of Water Supplies	17
10.	Inspections of Work in Progress	183
11.	Inspections under the Housing Act 1936 ...	81
12.	Re-inspections under the Housing Act, 1936	51
13.	Re-inspections as to compliance with notices	42
14.	Inspections under Public Health Acts ...	20
15.	Inspections under Closet Conversion Scheme	18
16.	Inspections of Food Premises ...	18
17.	Inspections of Ice Cream Premises	14
18.	Miscellaneous inspections	7
	Total Visits...	920
19.	No. of houses disinfected after (1) infectious disease	15
	(2) tuberculosis	3
20.	Smoke test applied to drains	6
21.	Samples of water taken for analysis ...	13
22.	Samples of water taken for bacteriological examination	72
23.	Samples of ice cream taken for bacteriological examination	14
24.	Samples of milk taken for bacteriological examination	19
25.	No. of complaints investigated	184
26.	Cases abated under preliminary notice ...	99
27.	Cases abated under statutory notice ...	5
28.	Cases dealt with under Closet Conversion Scheme	17
29.	Smoke observations taken	27

Summary of Work Carried Out in Compliance with Notices, etc., during 1950.

House Drainage—	
House drains repaired, cleansed, etc.	28
New pipe drains provided	9
House drains connected to sewer	14
Drain inlets trapped	3
Sanitary Conveniences—	
Tub closets converted into water closets ...	1
New water closets provided	13
Closets repaired, cleansed, etc.	3
Waste water closets converted into water closets	15
Waste water closets abolished...	3
Tub closets abolished	1
Factories and Bakehouses—	
Sanitary conveniences cleansed	2
Separate conveniences provided	1
Houses dealt with under Housing Act, 1936—	
Houses repaired by informal notice	24
Houses demolished	4
Houses closed	1
Houses repaired etc., under Public Health Act, 1936	11
Dairies—	
New dairies provided	1
Miscellaneous—	
No. of condemnations of unsound food	22
No. of premises disinfested, ...	2
No. of houses provided with proper water supply	2
No. of cases of overcrowding abated	6
No. of dust bins sold by Health Dept.	254

Mortuary Accommodation.

For accidents	One Mortuary : two slabs.
For infectious cases, other than at hospitals ..	None
Facilities for post-mortem examination ? ..	Yes.
Mortuary accommodation sufficient ?	Yes.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Number of milk distributors registered 44

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGS., 1949

Number of licences in force for :	Dealers	Supplementary
Pasteurised Milk	7 ...	7
Sterilised Milk	32 ...	1

MILK (SPECIAL DESIGNATION) (RAW MILK) REGS., 1949

Number of licences in force for	Dealers	Supplementary
Tuberculin Tested Milk ...	5 ...	7

Number of licences in force for production of milk

Tuberculin Tested	5
Accredited	1

Food Inspection.

At the end of the year there were 9 slaughterhouses all licensed by the Council, as during the year the licences of two slaughterhouses had lapsed and one slaughterhouse had been brought into use for other purposes. In December the Council renewed the licences of the 9 slaughterhouses for a period of three months, a report on the premises to be considered in the meantime,

Centralised slaughtering outside the Borough continued in operation, but one of the slaughterhouses was in use for the slaughter of horses for human consumption and 148 horses were slaughtered during the year, the carcases, etc., being inspected.

46 inspections were made of premises where food is manufactured or sold, including bakehouses, ice cream manufactories, tripe works, and milk shops, and the premises were found to be kept in a cleanly condition and in a proper state of repair.

The unsound food condemned during the year comprised the following: 2 tons dried milk; 135 lb. butter; 259 lb. margarine; 19 lb. cooking fat; 46 lb. coconut cake filling; 25 lb. tea; 10½ lb. prunes; 2½ lb. barley kernels; 2¾ lb. bacon; and 259 cans, jars, etc., of meat, milk, fruit and other foodstuffs.

17 samples of ordinary milk produced and distributed in the Borough were submitted to the Methylene Blue Test prescribed for designated milk and all satisfied the test. Two samples of milk were taken from producers and submitted to biological examination for the presence of tuberculosis but in each case with a negative result.

There were 4 makers of ice-cream in the Borough, and ice-cream from several makers outside the Borough is sold at shops. 14 samples of ice-cream, at various stages in the case of one local maker, were submitted to bacteriological examination and were graded as follows:

9 in Grade I; 1 in Grade II; 1 in Grade III; and 3 in Grade IV.

In the case of samples in Grade IV investigation of the process of manufacture was made and certain recommendations and advice given and subsequent samples were placed in Grade I.

Adulteration.

No samples of food and drugs were taken for analysis during the year. The West Riding County Council is the Authority under the Food and Drugs Act 1938.

Rodent Control.

Investigations were made at 47 premises in connection with rodent infestation—30 by rats and 17 by mice. The premises treated for rats included 8 factories, 8 houses, 3 food stores, the refuse tip and the sewage disposal works. The treatment consisted of pre-baiting followed by poison baiting. Three premises were dealt with by the occupiers.

A Maintenance Treatment of the sewers in the Borough begun in the previous year was completed and a treatment of those sewers done in the previous year was carried out, so that a complete treatment of the sewers was done during the year.

With regard to infestation by mice these occurred at various classes of premises, including schools, food premises, and houses. Treatment was carried out at 13 premises.

Housing.

No action was taken during the year with respect to new Clearance Areas. In the Shade Clearance Area three houses were still occupied at the end of the year, and 4 further houses had been demolished.

Five individual houses were represented as being unfit for habitation—in 2 cases demolition orders were made, in 2 cases closing orders were made and in the other case an undertaking not to use the premises for habitation was accepted by the Council. Three of these houses were vacated by the end of the year.

Ninety-two houses were inspected, 19 being for the purpose of report to the Housing Committee. In 40 of the remainder various defects such as leaking roofs and eavestroughs, defective floors, plasterwork, etc., were found, and the owners were requested by informal notices or interviews to carry out necessary repairs. Repairs were carried out at 35 houses, including some standing over at the close of the previous year.

Applications for Corporation houses were dealt with under the "points scheme" and visits paid to houses where necessary.

Six cases of overcrowding were abated during the year. At the end of the year 12 houses were recorded as being overcrowded and affecting 12 families with 75 persons.