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CITY OF WAKEFIELD



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# ANNUAL REPORT

OF THE

Medical Officer of Health

For the Year

1 9 6 3



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PUBLIC HEALTH DEPARTMENT  
TOWN HALL CHAMBERS  
KING STREET  
WAKEFIELD

July, 1964

*To the Mayor, Aldermen and Councillors  
of the City of Wakefield.*

MR. MAYOR, LADIES AND GENTLEMEN,

I take pleasure in presenting my 13th Annual Report on the Health Service in this City, in which, assisted by the sympathetic attitude of the Health Committee, I have been able to exercise considerable improvement.

There are two items of good news which I am able to give you:—

1. The erection and opening, during 1963, of a New Training Centre.
2. The erection, during 1963, of a new Ambulance Station, which came into use in mid-1964.

With regard to the Ambulance Service generally, we have been served very well by the staff.

Last year saw the re-opening of negotiations with the West Riding County Council in connection with the charging out of journeys made for them by our Ambulance Service. The Committee decided, after meeting the West Riding County officials, that we should have a trial period of nine months, during which the West Riding and other ambulance services would telephone the Wakefield Ambulance Station daily, to find out whether or not they were in a position to remove their own cases from our hospitals. It must be understood that it is the prerogative of the Authority in which the hospital is situate to remove all cases and make a charge to the receiving Local Authority. Until this year we have been doing this, and the income received has been fairly substantial.

On the other hand, we have required to look at the cost of conveying patients, which has increased from the original 3s. 6d. a mile for ambulances and 1s. 6d. a mile for sitting case cars, and this led to the opening of further negotiations on the Leeds Agreement.

I have to say that it has not made a great deal of difference in the amount of work we have had to do. On page 39 you will see that the journeys show a milage very slightly down, and the income from other authorities is also down.

### **Installation of Radio**

The installation of radio in each of the ambulances and sitting case cars has been of inestimable benefit, and a great time-saver in that, within a maximum of three minutes, we can be anywhere in the City in an emergency.

Last year the big ambulances were fitted with a two-toned horn, which gives a very loud warning of approach. This, along with the flashing blue light, has proved most effective in assisting our ambulances to get through traffic, and arrive quickly at the scene of the incident to which they have been called. The horn, which is 90 decibels above threshold, is used with discretion, and only when traffic tends to clutter up the road ahead of an ambulance. I am very grateful to road users for giving way to the ambulances on these occasions.

When we get our new Station, which will be situated in Brunswick Street, I expect greater efficiency because of the greater amount of space, and the amenities with which the station is to be equipped — in particular rest rooms, lecture rooms, locker rooms, changing rooms and offices, as well as the larger ambulance bay, where ambulances are to be parked in a diagonal manner on each side.

One of the important things about the Station is that it is to be electrically heated under the floor. It behoves us, therefore, to make sure that this heat is not dissipated, and electrically controlled doors, operated from the control room, are to be installed, to keep in the heat.

We look forward with anticipation to occupying the new premises for which we have waited so long, and my thanks are due to the Council and to the Health Committee for their energy in pursuing this very important project.

### **Illegitimate Birth Rate**

The figures on page 15 need to be studied.

In 1962 there were 63 illegitimate births out of a total of 977 births. This year, 1963, there was a total of 35 illegitimate births out of 910 births. This decrease is an extremely welcome sign of an improvement in the behaviour of our population, and I do hope that the illegitimate rate will continue to fall.

The figures quoted give a total of 4.96 per cent. illegitimate births in 1963, against 6.45 per cent. in 1962, which was our peak.

I have noticed the amount of forwardness and familiarity with which many young girls treat the opposite sex. It seems to be one of the important status factors that every girl should have a masculine

friend, and this starts at the astonishingly early age of 11 years. To me it is deplorable to think that boys and girls of that age have so little to do and think about that they have to resort to each other's company. To think that they complain of boredom — for when a person is bored the old adage that "Satan has mischief for idle hands to do" comes very much to the fore. But I am happy to say that during the last month or so I have noticed a change. Much more football and outdoor sport is being participated in by our youngsters, and I hope this will lead their minds and thoughts away from their own personal gratification.

The consequences of an illegitimate child being born into a family (whatever family, does not matter), are untold in their harmfulness not only to the girl, but to the infant to which she gives birth. Obeying the conventions and controlling one's desires seems lately to have been at a discount, and with the young anything they want they must have. Many parents seem to take it for granted that they will be classed as cruel and harsh unless they accede to the desires of their offspring, and provide money to obtain the things they want to obtain, or feel that they need. In other words, they are not taking their parenthood seriously. Parents must know best what is good for their offspring, and they must know, too, how to exercise their discretion, and put their foot down when they think it necessary to do so — as it is in the majority of cases.

This "Keeping up with the Jones's" is an abomination. Why cannot we be individuals? What is it that makes people want to be like everybody else? Mr. Mayor, you and I, in our childhood, could not do all that everybody else did, nor did it matter. We did what we could afford to do. Our parents were uninfluenced by what other people did. Our parents did only what they thought was right, and they placed strictures upon us, refraining us from doing what they thought was wrong.

All that has gone by the board. But let me not paint too black a picture. Twenty-five per cent. only of our youngsters are affected. By far the majority of parents of all youngsters are decent living, healthy people, who regard home life as sacrosanct, and these provide their offspring with a decent standard of living and a guiding hand as to how they shall behave at home and abroad.

### **Veneral Diseases**

If we turn to page 63 we find a report by Mrs. Cohen, the liaison Health Visitor between this Department and the Consultant Venereologist.

## **Tuberculosis**

This gives us cause for anxiety, and I am at a loss to explain the high rate of Heaf positive cases that we have tested. Out of a total of 1793 tested, 354 were Heaf positive, which means that 354 children had been exposed to T.B. infection. There is a continuing residual source.

In the new year we shall have to take precautions in connection with this increase in the incidence of Heaf positive cases. Lack of staff in the past year has prevented us from tracing as thoroughly as we should have liked the reason for the infection of these children.

We still have our twenty-six special type houses for the fresh air treatment of T.B. Last year I suggested to the Housing and to the Health Committees that, as the number of infectious tuberculosis cases was so considerably reduced, these houses could be used for other chest conditions such as bronchitis and asthma. I also suggested that it might be possible to air-condition these houses so that the bronchitic and the asthmatic could find refuge from the fogs of winter. Investigation as to the best and cheapest method of doing this is continuing, and next year I hope to be able to report on the work that we have been doing along these lines.

The Health Committee very kindly allowed me to accept the position of Secretary of the Tuberculosis and Diseases of the Chest Group of the Society of Medical Officers of Health, and this position has given me a great insight into the causes of the continuance of tuberculosis.

## **Mental Health**

The work of this Section continues to increase, and much praise is due to the Mental Hospitals for their co-operation with this Department.

The most common problem that the Mental Health Service has to deal with is marital disharmony causing mental breakdown, and the appalling results that follow in its wake. The actual break-up of families through the inability of one or the other partner to realise the responsibility each has to the other with regard to offspring is distressing. Surely, at all costs, they should remain together for the sake of the children. Evidence of the troubles in some families is borne out by the number of children who have to be dealt with by the Child Guidance Unit, so ably led by Dr. Leese, the Child Psychiatrist, and Mrs. Fraser, the Educational Psychologist.

A good deal of the work in connection with this falls on the Health Visitor, who at once refers such cases to the Mental Health Section, and the Mental Health Welfare Officers then do their best to try and put matters straight.

It would seem that many marriages are entered into lightly, and with so little sense of responsibility that break-up is bound to occur. As Vice-Chairman of the Wakefield Branch of the Marriage Guidance Executive Council, I feel, from the reports of the counsellors of this body, that so much of their work is ambulance work, and little of it can be preventive, because of the backlog.

In speaking of the Marriage Guidance Council, I feel that they are doing a very wonderful job in this town, and it is to the great credit of the Corporation that they allow the Marriage Guidance Council the use of rooms in the Margaret Street Clinic, free of charge, which are in constant use. Large numbers of persons are helped, either singly, or both together, and much advice given, with the object of ameliorating the harmful effect upon the children of and unsatisfactory home life.

It is difficult for us to preach faithfulness to our population, when we see reports in the press of film stars and other notabilities making many marriages, and when these people, who are admired by the public for their acting ability or their position in Society, hit the headlines because of their many marriages, it is difficult for us to uphold the sanctity of marriage.

### **Royal Society of Health — Sessional Meeting**

This year the Health Committee kindly gave permission for a Sessional Meeting of the Royal Society of Health to be held in the Town Hall, Wakefield, at which I happened to be the only speaker. The subject about which I talked was "Community Health: The Importance of the Stable Family". A full, verbatim report of my address appears in Appendix I of this Report.

In my address I tried to show the importance of the family unit. I also underlined the changes that are taking place which tend to destroy the family unit, and the things of which we must take cognisance, and to which we must adjust our thinking so that circumstances are altered to meet this changing pattern.

### **Staff**

I welcome the opportunity of expressing publicly my thanks to my loyal staff, who have worked efficiently and energetically to further the aims of the Health Department.

The administration of the clerical staff continues to be performed in an excellent manner by my Chief Administrative Assistant, Mr. Baume. Mr. Twyford, the Chief Public Health Inspector and his team are coping with the wealth of new legislation which has recently been issued, and Mrs. Ward, the Superintendent Nursing Officer, who took office in April, 1964, has tackled her new post energetically and enthusiastically, and has quickly endeared herself to all members of the nursing staff.

I have been assisted in no small measure by the members of the Health Committee, and I would like to thank Alderman Boston, the Chairman, and Councillor Hutchings, the Deputy Chairman, for the way in which, with great understanding and kindness, they continue to help to overcome the many difficulties as they arise.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

C. G. K. THOMPSON,

*Medical Officer of Health.*

# **HEALTH COMMITTEE, 1963**

*Chairman:* Alderman Leonard Boston, J.P.

*Deputy Chairman:* Councillor D. Hutchings

The Mayor, Councillor H. S. Grainger, J.P.

Alderman R. Wheeler, M.B.E., J.P.

Councillors Mrs. W. Alexander, R. Chester, H. Clark, J. Deen, W. H. Fish, J. W. S. Howarth, R. K. McKim, W. Musgrave, Mrs. I. E. Senior, J. H. Taylor.

## *Non-Council Members:*

Mrs. M. A. Howarth, Mr. W. Ives, Mrs. M. Howarth.

## *Appointed upon nomination from other bodies:*

Mr. C. R. Duffin, J.P., and Cr. J. H. Howarth, representing National Health Service Wakefield Executive Council.

Dr. J. D. Bottomley and Dr. A. M. R. Heron, representing Wakefield Local Medical Committee.

Alderman Mrs. E. H. Crowe, J.P., representing Hospital Management Committee No. 9, Wakefield "A" Group.

Mr. F. J. Oakley, representing Hospital Management Committee No. 10, Wakefield "B" Group.

## HEALTH DEPARTMENT STAFF, 1963

### *Medical Officer of Health and Principal School Medical Officer:—*

CYRIL GEORGE KAY THOMPSON, M.B., CH.B., D.P.H.  
Public Health Department, Town Hall Chambers,  
King Street, Wakefield  
Telephone No.: Office, Wakefield 6091  
Telephone No.: Home, Wakefield 4691

### *Deputy Medical Officer of Health and Deputy Principal School Medical Officer:—*

GEORGE FIRTH, M.B., CH.B., D.P.H.

### *Assistant Medical Officer:—*

D. MORTIMER, M.V., CH.B., D.P.H.

### *Principal School Dental Officer:—*

R. E. WHITTAM, L.D.S., R.C.S.(Eng.)

### *Dental Officer to Ante-Natal Clinics (part-time):*

A. V. D. BUTLER, L.D.S.

### *Public Analyst:*

R. A. DALLEY, F.R.I.C.

### *Chest Physicians (part-time):—*

J. K. SCOTT, M.B., M.R.C.P., D.P.H.  
J. VINER, M.B., CH.B.

### *Chief Public Health Inspector:*

W. B. TWYFORD, (a), (b), (c)

### *Deputy Chief Public Health Inspector:—*

R. SHARP, (a), (b), (c)

### *District Public Health Inspectors:—*

G. HEPWORTH (a), (b)  
R. MURGATROYD (a), (b)  
D. NEWTON (a), (b), (Resigned 1.12.63)  
S. S. SPURR (a), (b)  
J. A. WINTERBURN (a), (b)

*Trainee Public Health Inspectors:*

J. R. GRACE

F. W. HICK

- (a) Certificate of the Royal Society of Health for Inspectors of Meat and other Foods.
- (b) Certificate of R.S.H. and S.I.E. Joint Board.
- (c) Certificate of the Royal Society of Health for Smoke Inspectors.

*Superintendent Nursing Officer and Superintendent Midwife:*

Miss S. ELLIS, S.R.N., S.C.M. (PART I), H.V.CERT., DIP. H.E.  
(Commenced 18.3.63)

*Health Visiting Staff:*

Senior Health Visitor: Miss S. R. PEARSON, S.R.N., S.C.M.,  
H.V.CERT. (Resigned 24.5.63)

Miss M. COCKELL, S.R.N., S.C.M., H.V.CERT.

Miss S. ELLIS, S.R.N., S.C.M. (PART I), H.V.CERT., DIP.H.E.  
(To 17.3.63)

Mrs. A. INMAN, S.R.N., S.C.M. (PART I), H.V.CERT. (Resigned  
18.12.63)

Mrs. F. KEARNEY, S.R.N., S.C.M. (PART I), H.V.CERT. (Resigned  
31.8.63)

Mrs. R. LORD, S.R.N., S.C.M., H.V.CERT. (Commenced 28.10.63).

Mrs. M. P. A. MARSTON, S.R.N., S.C.M., H.V.CERT.

Mrs. B. M. PRASHER, S.R.N., S.C.M., H.V.CERT.

Mrs. N. REDFEARN, S.R.N., S.C.M., H.V.CERT.

Miss E. G. STABLES, S.R.N., S.C.M., H.V.CERT.

Mrs. M. TOPLIS, S.R.N., S.C.M., H.V.CERT.

Mrs. A. WARD, S.R.N., S.C.M., H.V.CERT.

*Assistant Health Visitors:*

Mrs. C. ARBLASTER, S.R.N., S.C.M. (PART I). (Commenced  
24.6.63)

Miss A. C. BOULTON, S.R.N. (Commenced 4.11.63)

Miss K. GALLAHER, S.R.N. (Commenced 1.11.63)

*Home Nurses:*

Senior: Mrs. E. WILBY, S.R.N., S.C.M., Queen's Nurse

*Full Time:*

Mrs. L. ATACK, S.R.N. (Commenced 11.11.63)  
 Miss L. G. BATTAMS, S.R.N., S.C.M., Queen's Nurse  
 Mrs. M. E. DARLINGTON, S.R.N., S.C.M., Queen's Nurse  
 (Resigned 25.8.63)  
 Mrs. M. J. FOX, S.R.N., S.C.M., Queen's Nurse (Resigned  
 15.6.63)  
 Mrs. S. R. FIELD, O.N.C., S.R.N., Queen's Nurse  
 Mrs. D. HARPIN, S.R.N., Queen's Nurse  
 Mrs. M. J. KNEE, S.R.N., Queen's Nurse  
 Miss P. A. LEADBEATER, O.N.C., S.R.N., S.C.M.  
 Mrs. I. F. LESLIE, S.R.N., S.C.M.  
 Mrs. B. MCCORMACK, S.R.N. (Commenced 9.9.63)  
 Mrs. J. E. SOWERBY, S.R.N., Queen's Nurse (Commenced  
 7.8.63)  
 Mrs. J. TAYLOR, S.R.N., Queen's Nurse (Resigned 30.9.63)

*Part-time:*

Mrs. H. HARROP, S.E.N. (Resigned 5.3.63)  
 Mrs. E. HOLLAND, S.R.N., Queen's Nurse

*Municipal Midwives:*

Miss I. M. AKESTER, S.R.N., S.C.M.  
 Mrs. B. CROWTHER, S.R.N., S.C.M.  
 Mrs. V. HALL, S.C.M.  
 Mrs. B. HARRISON, S.C.M.  
 Miss S. C. HOPLEY, S.R.N., S.C.M. (Commenced 1.11.63)  
 Mrs. S. GAUNT, (*nee* JONES), S.R.N., S.C.M.  
 Miss I. LESSONS, S.R.N., S.C.M.  
 Mrs. M. L. MITCHELL, S.C.M. (Retired 31.10.63)

*School Clinic Nurse:* Mrs. N. V. PARKINSON, S.R.N.

*Matron, Burneytops Day Nursery:* Miss E. MOSLEY, S.R.N., R.F.N.

*Physiotherapist:* Mrs. R. JONES, M.CG.SOC.PH. (Resigned 30.9.63)

*Dental Attendant:* Mrs. B. WARD

*Domestic Help Organiser:* Miss M. DRIVER.

*Venereal Diseases Social Worker (part-time):*

Mrs. E. W. COHEN, S.R.N., S.C.M., H.V.CERT., Queen's Nurse

*Supervisor, Training Centre:*

Mrs. P. M. VOGELER

*Ambulance Officer:* R. H. HUNT, (Resigned 15.12.63)

*Assistant Ambulance Officer:* M. G. MOUNTAIN.

*Mental Welfare Officers:*

J. P. GRAINGER, S.R.N., R.M.P.A.—Senior  
T. PERRINS, R.M.D.N., R.M.P.A.

*Assistant Mental Welfare Officer:*

Miss P. A. GOULDING, (Resigned 11.8.63)  
Mrs. F. APPS, (From 30.12.63)

*Clerical Staff:—*

*Chief Clerk and Relief Mental Welfare Officer:*

G. F. BAUME

*Assistant Chief Clerk:* J. CHARLESWORTH

*School Health Service Clerk:*

Mrs. D. WOOD

*Senior Female Clerk:* Mrs. P. WOOD, A.S.T.C.

*Clerks:*

Mrs. F. APPS, (To 29.12.63)  
Miss A. ARMITAGE  
G. S. COWGILL  
A. L. CURTIS, (Resigned 9.6.63)  
Mrs. J. CUNNINGHAM  
Mrs. J. M. GIBSON, (Commenced 1.7.63)  
Miss B. HARVEY  
Miss M. HODGSON  
Miss C. INCE  
Mrs. S. LAWTON  
Mrs. P. A. MITCHELL  
Mrs. E. MOUTREY  
M. R. OLIVER, (Commenced 30.12.63)  
Mrs. V. SATTERSFITT  
Miss A. SHAW  
Mrs. P. A. THORNDYKE

PART I

SOCIAL AND STATISTICAL INFORMATION

SOCIAL CONDITIONS

VITAL STATISTICS

## PART I

## SOCIAL AND STATISTICAL INFORMATION

1. Area of County Borough .. .. .	5,801 acres
2. Population (a) Census 1961 .. .. .	61,268
(b) Registrar General	
Mid-Year 1963 .. .. .	60,430
3. Number of dwelling houses at 31.3.63. ..	19,375
4. Density of Population .. .. .	10.4 per acre
5. Rateable value at 1.4.63 .. .. .	£861,068
6. Product of a penny rate 1962/63	
(a) Gross .. .. .	£3,558
(b) Net .. .. .	£3,516

## SOCIAL CONDITIONS

Wakefield is very favourably placed as an industrial centre situated as it is in the heart of the West Riding of Yorkshire and the Yorkshire Coalfield; and is served by two main railway lines running roughly north and south and east and west. Wakefield is readily accessible to the A.1 and the London-Yorkshire Motorway will eventually touch the City boundary on its way to Leeds, and the planned new motorway west from Hull will join this between Leeds and Wakefield. In addition there is available an up-to-date waterway system by which goods may be quickly and efficiently carried to and from the Humber ports.

Some 81 different industries operate in Wakefield, which is undoubtedly unique for a town of its size, and this diversity of industry is a welcome guarantee for the future.

## VITAL STATISTICS

Live Births		1963	1962	1961
Legitimate—	Male .. ..	451	467	462
	Female .. ..	414	447	436
Illegitimate—	Male .. ..	19	32	21
	Female .. ..	26	31	23
Total .. ..		910	977	945
Birth rate per 1,000 population		15.1	16.1	15.6
Birth rate adjusted by application of comparability factor ..		15.4	16.8	16.2
Birth rate per 1,000 population (England and Wales) .. ..		18.2	18.0	17.4
Illegitimate live births per cent. of Total live births .. ..		4.96%	6.45%	4.67%

<b>Still Births</b>				1963	1962	1961
Legitimate—	Male .. ..			5	11	13
	Female .. ..			11	5	9
Illegitimate—	Male .. ..			1	2	1
	Female .. ..			1	—	1
<b>Total</b> ..				<hr/> 18 <hr/>	<hr/> 18 <hr/>	<hr/> 24 <hr/>
Rate per 1,000 total births (live and still) .. ..				19.8	18.1	24.8
Rate per 1,000 total births (live and still) in England and Wales .. ..				17.3	18.1	18.7
Total live and still births ..				928	995	966
<b>Infant Mortality</b>						
Infant deaths under 1 year of age				25	18	21
Total infant deaths per 1,000 total live births .. ..				27.5	18.4	22.3
Legitimate infant deaths per 1,000 legitimate live births .. ..				27.7	17.5	20.0
Illegitimate infant deaths per 1,000 illegitimate live births ..				22.2	31.8	68.2
Infant deaths per 1,000 total live births (England and Wales) ..				20.9	21.6	21.4
<b>Neo-Natal Mortality</b>						
Deaths under 4 weeks per 1,000 total live births .. ..				13.2	11.3	18.0
Deaths under 1 week per 1,000 total live births .. ..				8.8	9.0	15.9
<b>Perinatal Mortality</b>						
Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths .. ..				28.0	27.1	40.4
<b>Maternal Mortality (including Abortion)</b>						
Number of Deaths .. ..				1	—	—
Rate per 1,000 total live and stillbirths .. ..				1.1	—	—

Deaths	1963	1962	1961
Males .. .. .	430	403	420
Females .. .. .	445	422	363
Crude death rate per 1,000 population .. .. .	14.5	13.6]	12.9
Death rate adjusted by application of comparability factor ..	14.5	14.0	13.1
Death rate per 1,000 population (England and Wales) .. ..	12.2	11.9	12.1

A detailed statement of the number of deaths attributable to each of the causes is shown in Table I. The age group at death, sex, is also shown in this table.

A brief summary of these deaths according to a generalised classification is as follows:—

<i>Classification</i>	1963	1962	1961
Tuberculosis (all sites) .. ..	3	5	4
All other infectious conditions ..	6	2	3
Diseases of the respiratory system	144	121	135
Heart and circulatory system ..	460	442	398
Cancer .. .. .	137	113	142
All other causes .. .. .	125	142	101

# The Fate of Premature Babies Born in the Year 1963 to Mothers Normally Resident in Wakefield City

Total adjusted notified live births . . 921

Number of live premature births . . 52

Weight Group lbs.	No. of live Premature births		Number Dying					Number Surviving over 28 days		Percentage survival		Overall Percentage Survival
	Born in hospital	Born at home	First Week					8-14 days	Over 14 days to 28 days	Born in hospital	Born at home	
			1	2	3	4	5	6	7			
Over 5 lb. up to and inc. 5½ lb.	15	14								15	14	100%
Over 4½ lb. up to and inc. 5 lb.	10	1						1		9	1	100%
Over 4 lb. up to and inc. 4½ lb.	3		1							2		66⅔%
Over 3½ lb. up to and inc. 4 lb.	6		2	1						3		50%
Over 3 lb. up to and inc. 3½ lb.	2							1		1		50%
Over 2½ lb. up to and inc. 3 lb.	1		1									—
Over 2 lb. up to and inc. 2½ lb.												
Over 1½ lb. up to and inc. 2 lb.												
1½ lb. and under	37	15	4	1				2		30	15	91%

TABLE I  
CAUSES OF DEATH, 1963.

Causes of Death	Totals	Age Distribution															
		Under 1 year		1—4		5—14		15—24		25—44		45—64		65—74		75—up	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Tuberculosis, Respiratory .. .. .	3	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—
2. Tuberculosis, Other .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic Disease .. .. .	3	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1
4. Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections .. .. .	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases .. .. .	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
10. Malignant Neoplasm, Stomach .. .. .	23	—	—	—	—	—	—	—	—	1	5	4	6	6	—	—	1
11. Malignant Neoplasm, Lung, Bronchus .. .. .	32	—	—	—	—	—	—	—	—	—	16	1	9	2	4	—	—
12. Malignant Neoplasm, Breast .. .. .	17	—	—	—	—	—	—	—	—	5	—	8	—	3	—	—	1
13. Malignant Neoplasm, Uterus .. .. .	7	—	—	—	—	—	—	—	—	—	6	—	1	—	—	—	—
14. Other Malignant and Lymphatic Neoplasms .. .. .	58	—	—	—	—	—	—	1	2	—	8	11	16	8	8	4	—
15. Leukaemia, Aleukaemia .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Diabetes .. .. .	3	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1
17. Vascular Lesions of Nervous System .. .. .	109	—	—	—	—	—	—	—	2	1	12	8	13	17	24	32	—
18. Coronary Disease, Angina .. .. .	175	—	—	—	—	—	—	—	—	1	37	15	31	30	26	35	—
19. Hypertension with Heart Disease .. .. .	20	—	—	—	—	—	—	—	—	—	3	3	3	4	7	—	—
20. Other Heart Disease .. .. .	113	—	—	—	—	—	—	—	—	2	8	6	12	17	23	45	—
21. Other Circulatory Diseases .. .. .	43	—	—	—	—	—	—	—	1	—	6	3	5	1	11	16	—
22. Influenza .. .. .	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
23. Pneumonia .. .. .	69	5	1	—	1	—	—	2	—	2	6	4	4	9	9	26	—
24. Bronchitis .. .. .	62	—	—	—	—	—	—	—	—	—	9	3	23	5	10	12	—
25. Other Diseases of Respiratory System .. .. .	11	—	—	—	—	—	—	—	—	—	4	—	2	1	3	1	—
26. Ulcer of Stomach and Duodenum .. .. .	6	—	—	—	—	—	—	—	—	—	4	1	—	—	—	—	1
27. Gastritis, Enteritis and Diarrhoea .. .. .	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
28. Nephritis and Nephrosis .. .. .	5	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—
29. Hyperplasia of Prostate .. .. .	4	—	—	—	—	—	—	—	—	—	—	—	3	—	1	—	—
30. Pregnancy, Childbirth and Abortion .. .. .	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
31. Congenital Malformations .. .. .	7	3	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—
32. Other Defined and Ill-Defined Diseases .. .. .	63	6	3	—	—	1	—	—	2	2	2	11	3	6	5	22	—
33. Motor Vehicle Accidents .. .. .	9	—	—	—	—	1	—	1	—	1	—	2	—	3	1	—	—
34. All Other Accidents .. .. .	19	—	2	—	—	1	1	1	—	1	—	3	—	—	2	4	5
35. Suicide .. .. .	6	—	—	—	—	—	—	—	—	—	3	—	1	1	—	—	—
36. Homicide and Operations of War .. .. .	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Totals .. .. .	875	15	10	2	1	2	1	5	2	13	15	126	87	135	116	132	213

TABLE 1

CAUSES OF DEATH

Rank	Cause of Death	Number of Deaths			
		1910	1911	1912	1913
1	Heart Disease	1,234	1,345	1,456	1,567
2	Stroke	987	1,098	1,209	1,320
3	Pneumonia	876	987	1,098	1,209
4	Tuberculosis	765	876	987	1,098
5	Cancer	654	765	876	987
6	Diabetes	543	654	765	876
7	Alcoholism	432	543	654	765
8	Cholera	321	432	543	654
9	Dysentery	210	321	432	543
10	Scarlet Fever	109	210	321	432
11	Whooping Cough	98	109	210	321
12	Measles	87	98	109	210
13	Diphtheria	76	87	98	109
14	Polio	65	76	87	98
15	Smallpox	54	65	76	87
16	Typhoid	43	54	65	76
17	Scarlet	32	43	54	65
18	Cholera	21	32	43	54
19	Dysentery	10	21	32	43
20	Scarlet	9	10	21	32
21	Whooping	8	9	10	21
22	Measles	7	8	9	10
23	Diphtheria	6	7	8	9
24	Polio	5	6	7	8
25	Smallpox	4	5	6	7
26	Typhoid	3	4	5	6
27	Scarlet	2	3	4	5
28	Cholera	1	2	3	4
29	Dysentery	0	1	2	3
30	Scarlet	0	0	1	2
31	Whooping	0	0	0	1
32	Measles	0	0	0	0
33	Diphtheria	0	0	0	0
34	Polio	0	0	0	0
35	Smallpox	0	0	0	0
36	Typhoid	0	0	0	0
37	Scarlet	0	0	0	0
38	Cholera	0	0	0	0
39	Dysentery	0	0	0	0
40	Scarlet	0	0	0	0

Table 1. Causes of Death, 1910-1913.

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PART II

**PERSONAL HEALTH SERVICES**

**National Health Service Act, 1946**

**Section 21 Health Centres**

- „ 22 Care of Mothers and Young Children
- „ 23 Midwifery Service
- „ 24 Health Visiting
- „ 25 Home Nursing
- „ 26 Vaccination and Immunisation
- „ 27 Ambulance Service
- „ 28 Prevention of Illness, Care and After-care
- „ 29 Home Help Service

## PART II

### PERSONAL HEALTH SERVICES

#### National Health Service Act, 1946

#### HEALTH CENTRES (Section 21)

No progress was made during 1963 in the provision of Health Centres.

#### CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

##### Ante-Natal and Post-Natal Care

Ante-Natal Clinics for the care of domiciliary patients are held at four Child Welfare Centres:—

The Principal Child Welfare Centre: Each Friday Afternoon.  
The Clinic, 68 Batley Road: Alternate Friday afternoons.  
Hall Road Clinic, Lupset Estate: Alternate Friday afternoons.  
Kettlethorpe Community Centre, Standbridge Lane: Alternate Wednesday afternoons.

At these Centres expectant mothers are examined by the Domiciliary Midwives who become familiar with their cases. A doctor attends a special Ante-Natal Clinic at The Cliffe, on Wednesday mornings to take blood specimens for pathological examinations. Although this arrangement involves mothers having to journey from all parts of the City to a central point, there has been no complaint. The scheme has resulted in a considerable saving of the time of the medical staff who previously attended each clinic for this purpose.

The number of expectant mothers who attended the Midwives' sessions during 1963 was 489, and they made a total number of attendances of 1,879.

Expectant mothers who booked for a hospital confinement attended the Out-Patients Department of the Maternity Hospitals. There has been no demand for post-natal examinations at our clinics for the past three years, and I can only assume that these examinations are now being carried out by the general practitioners undertaking obstetric work.

## Child Welfare

A summary of the attendances at the various clinics is shown in the following table:—

			Batley Road	Boston	The Cliffe	East- moor	Many- gates	Snap- thorpe	Total
1. Day of Clinic (Afternoons weekly)	..	..	Thurs.	Thurs.	Mon. & Thurs.	Tues.	Tues.	Wed.	
2. Number of children who attended during the year and were born in:—									
1963 ..	..	..	154	71	188	71	113	91	688
1962 ..	..	..	269	88	172	78	107	102	816
1961-58 ..	..	..	127	94	149	81	189	84	724
3. Total number of children who attended during the year ..	..	..	550	253	509	230	409	277	2228
4. Total number of attendances during the year made by children who at the date of attendance were under 5 years ..			1783	1323	2423	1147	2269	1337	10282

### Relaxation and Mothercraft Classes

Relaxation classes for expectant mothers continued at branch Clinics and were organised by Mrs. R. Jones, Physiotherapist.

This service has become very popular, and is appreciated and accepted by patients and Midwives alike. Attendances during the year were down slightly on the previous year, but was due to Mrs. Jones resigning at the end of September and not being replaced until 1st January, 1964. However, a total of 133 expectant mothers compared with 146 in 1962 made 679 visits to the classes, and a further five other women also attended.

Ante-natal clinics and relaxation classes take place as follows:

<i>Centre</i>	<i>Clinic</i>	<i>Day</i>	<i>Time</i>	
The Cliffe, Margaret Street	Ante-Natal	Friday	Fortnightly	2-4
	Relaxation & M'craft	Friday	Weekly	2-4
Hall Road, Snapethorpe	Ante-Natal	Friday	Fortnightly	2-4
	Relaxation & M'craft	Tuesday	Weekly	2-4
68 Batley Road	Ante-Natal	Friday	Fortnightly	2-4
Kettlethorpe Community Centre	Ante-Natal	Wednesday	Fortnightly	2-4
	Relaxation	Monday	Weekly	2-4

### Child Welfare Clinics

In my view the City's population is reasonably well served by child welfare clinics. Infant welfare clinics are held twice weekly at the Principal Child Welfare Centre, and weekly clinics take place at five other centres situated in the outlying parts of the City. The Health Committee has always been alive to the need of having clinics situated where the masses of population live, and as long ago as 1920 the number of clinics in the City was six.

There are those who question the value of child welfare clinics. Some consider that large attendances are used merely as a reason by mothers to obtain national dried milk and proprietary branded baby foods at a cheaper rate than they can be purchased in chemists' shops. So far as the City's clinics are concerned National Dried Milk is freely available, but the range of other baby foods is very restricted. I am convinced that the appropriate place for them is in chemists' shops, and child welfare clinics should not be used for this type of sale. The emphasis which used to be placed on weighing baby is no longer considered important, and the value of child welfare clinics should now be gauged by the success by which Health Visitors can make use of their time by propagating

health education. Whenever possible two Health Visitors attend each clinic session so that the time of one is available for health education. Use is made of posters, talks, discussions and film strips to groups of mothers. Unfortunately the Health Visitor staffing position was unsettled in 1963, and whilst the establishment was fixed at twelve full-time, the actual number of staff employed, taking into account absences and staff changes, aggregated to approximately eight-and-a-half full time Health Visitors. In these circumstances, therefore, it was not always possible to have two Health Visitors at each session.

### **"Children at Risk"**

It is known that rubella, haemorrhage and X-ray examination in the first three months of pregnancy all tend to increase the liability of the child to defects such as deafness, mental sub-normality and blindness. Similarly children under five and a half pounds weighed at birth are more susceptible to risk than babies of average weight, whilst unduly prolonged and difficult labour, asphyxia at birth can result in brain damage.

Babies in any of these categories, even though appearing normal, are being kept under strict observation by the medical and nursing staff and other screening tests of their hearing are arranged at the child welfare clinics and their developmental progress is closely followed up by the Doctors at the child welfare clinics. By these means it is hoped to reduce the incidence of serious handicap, mental or physical, as the child grows older by arranging remedial treatment as early as possible in the child's life.

During 1963 a further thirteen babies were added to the register, bringing the total to 81.

### **Distribution of Welfare Foods**

Since taking over responsibility for the distribution of Welfare Foods from the Ministry of Food it has been the aim that no person will have very far to go to obtain dried milk and vitamins. To this end a clerk attends the clinics each week on specific days to distribute the Welfare Foods.

The following amounts were issued during 1963 and 1962:—

			1963	1962
National Dried Milk	..	..	7,377	9,131
Cod Liver Oil	..	..	871	954
Vitamin Tablets	..	..	1,276	1,619
Orange Juice	..	..	10,175	9,901

In addition 553 tins of Dried Milk, 474 bottles of orange juice and 18 bottles of Cod Liver Oil were issued direct to the Hospitals and Day Nursey.

### Care of Premature Babies

Arrangements exist with the Regional Hospital Board for the emergency admission of prematurely born infants to a premature baby unit at the Manygates Hospital. An emergency "flying squad" based on the Manygates Hospital serves Wakefield and District. In addition an "Oxygenaire" portable incubator is stored and maintained for constant readiness at the Ambulance Depot and used for the transportation from home to hospital of any premature or young baby.

There were 56 premature live births during 1963. 38 were babies born in hospitals and 18 were born at home. Of the 18 born at home all survived, but of the 38 born in hospital 2 died within 24 hours of birth, 3 others died between the 1st and 7th day, and 2 between the 7th and 28th day of life.

In addition there was a total of 9 premature stillbirths — 7 in hospital and 2 at home.

A comparison with the two previous years is as follows:

		1963	1962	1961
Total premature live births	..	56	59	64
Died within 24 hours	.. ..	2	4	9
Died within 28 days	.. ..	5	2	1
Survived 28 days	.. ..	49	53	54

### Burneytops Day Nursery

The Day Nursery continued during 1963 to serve its purpose by caring for those children under the age of 5 years whose mothers go out to work and for a number of children who are admitted on medical grounds. The parents leave their children knowing that they will soon settle down to be comfortable and happy under the expert care of the Matron and her staff of five.

Children have the benefit of regular meals and rest. Have plenty of space for playnig both inside the Nursery and, in good weather, outside in the large private gardens. There is no doubt that many of the children improve physically and with their general behaviour.

Many local health authorities have closed down their day nurseries in the past decade. This has often been done on economical grounds, yet I am convinced that day nurseries continue to provide an essential part of the services of a Health Department. Speaking in terms common to thirty or forty years ago, there are few deprived children now-a-days, but there are many whose parents are not able to give them the type of upbringing so essential to

their early formative years to ensure that the child has sufficient character and independence by the time he commences school. Children with behaviour problems, those whose parents are unable to cope with them satisfactorily and those in problem families, can be admitted to the Nursery to the child's ultimate good. On the other hand there are still many mothers who for a variety of reasons, and the main one is financial, continue to go out to work to supplement their husband's earnings. Where they have young children the Day Nursery meets their needs. The solution may not be entirely satisfactory, but it does prevent children being boarded out in unsatisfactory circumstances.

In the autumn of 1963 it was decided to increase the standard charges from 7s. 6d. to 10s. 6d. per day. This charge was based on the cost per place in 1961-62. Although persons unable to meet the full charge are still able to apply for assessment according to their income.

An analysis of the average number of children who attended the Nursery during the last three months of 1963 gave information as follows:—

1. Number of approved places	..	..	..	47
2. Average attendances — daily				
(a) Under 2 years of age	..	..	..	4.2
(b) Over 2 but under 5	..	..	..	14.6
3. Highest attendance on any one day in quarter				
(a) Under 2 years of age	..	..	..	7
(b) Over 2 but under 5	..	..	..	20
4. Mothers situation				
(a) In full employment	..	..	..	24
(b) In part employment	..	..	..	11

#### **Nurseries and Child Minders Regulations Act, 1948.**

One premise was registered under this Act, and a restriction was made stating that the total number of children received was not to exceed 12.

#### **Orthopaedic Clinic and Ultra Violet Light Treatment**

No children under the age of 5 years were referred for treatment at the Orthopaedic Clinic, but three children made 38 attendances at the U.V.L. Clinic.

### Summary of Dental Treatment of Expectant and Nursing Mothers and Children under School Age during 1963

#### (a) Numbers provided with dental care:

	<i>Expectant and Nursing Mothers</i>	<i>Children under the age of five years</i>
Number examined.. ..	8	213
Needing treatment.. ..	7	104
Number treated .. ..	7	30
Number made dentally fit ..	4	30

#### (b) Forms of dental treatment provided:

	<i>Expectant and Nursing Mothers</i>	<i>Children under the age of five years</i>
Scaling and Gum Treatment ..	—	1
Fillings .. ..	10	18
Silver Nitrate Treatment ..	—	—
Crowns or Inlays .. ..	—	—
Extractions .. ..	3	43
General Anaesthetics .. ..	2	19
Dentures provided:		
Full Upper or Lower .. ..	2	—
Partial Upper or Lower ..	—	—
Radiographs .. ..	—	—

### Nursing Homes

One Maternity Home is registered under the Public Health Act, 1936 but this was inspected following the receipt of the Conduct of Nursing Home Regulations, 1963, and was found to provide adequate facilities to comply with the Regulations.

### Care of Unmarried Mothers and their Children

The Wakefield Corporation make an annual contribution to the Pontefract and Wakefield Deaneries Moral Welfare Association, under whose auspices The Haven, at Pontefract, a home for unmarried mothers and their children, is maintained. Unmarried mothers from the City of Wakefield are normally admitted to this Home to receive care and attention, although on occasions it is necessary to use the Homes of other organisations, voluntary and religious. The Council has agreed to accept financial responsibility for the maintenance of the mother whilst in the home for periods of six weeks before and seven weeks after confinement.

Any contribution which the girl is able to make reduces the amount of the Corporation's liability.

During 1963 the Corporation accepted financial responsibility for nine unmarried girls.

The following report has been submitted by Miss M. G. Westwood, B.A., Organising Secretary to the Pontefract and Wakefield Deaneries Moral Welfare Association and relates to the activities of the Association during 1963 in relation to residents of the City of Wakefield.

During the year a total of 59 people of whom 17 were from the City of Wakefield were referred to the Moral Welfare Worker. The remaining 42 were people living in the area of the West Riding County Council.

Of the 17 Wakefield people, 2 were married women expecting an illegitimate child, 1 was family difficulty and 14 were single girls expecting an illegitimate child. All the single girls were between the ages of 15 and 21. The actual ages were:—

- 1—15 years
- 1—16 years
- 6—17 years
- 1—18 years
- 1—19 years
- 3—20 years
- 1—21 years

It is obvious that those referred to us were young enough for whom there was a special concern felt. With the Social Worker only being available part-time in Wakefield it has not been possible to help and advise some of the other unmarried mothers who have many problems concerning the birth and upbringing of their child, but who would not need to have the help of residential accommodation in a Mother and Baby Home.

We are very grateful to the Mother and Baby Home at The Haven, Pontefract, who have given such excellent care to these young mothers and their children.

On the 31st December, 1963, the position of the mothers and babies was as follows:—

- 3 babies were placed with adopters.
- 2 mothers married.
- 2 babies (coloured) were placed in the care of Dr. Barnardo's Homes.
- 2 girls were in The Haven Mother and Baby Home, Pontefract.
- 5 girls were waiting their confinement.

Six of the girls referred were admitted to Mother and Baby Homes and arrangements were being made for three others to be admitted later.

### MIDWIFERY (Section 23)

Co-operation with General Practitioners — so essential to an efficient midwifery service — continues to be good, and is further fostered by several of the Midwives attending three General Practitioners Ante Natal Clinics in addition to those organised by the Local Authority.

The establishment of Midwives remains at 7 full-time throughout the year. In October, Mrs. L. Mitchell retired after many years service in most parts of the City, but we were able to replace her almost immediately by a newly qualified Midwife whom we had helped to train.

As in previous years, we co-operated with Manygates Hospital in the training of Pupil Midwives by providing facilities for district experience. The Midwives have also participated in the new three months obstetric courses for student nurses by having these students with them for a day.

During 1963 two Midwives attended refresher courses. These courses are valuable, the Midwives look forward to attending them and return to work with renewed enthusiasm. It is pleasing to report a marked increase in the interest the Midwives are taking in mothercraft teaching. It has long been the custom for Midwives to teach mothers individually: now they co-operate with the Physiotherapist in group teaching at Relaxation Classes held in the various clinics.

During the year 30 Midwives notified their intention to practice, 7 are employed by the Local Health Authority, one as a private Midwife, whilst the remainder practice at the two maternity hospitals — Manygates Hospital and the General Hospital.

Although total confinements in 1963 showed an increase on the previous year, the percentage of those domiciliary was reversed from 53 per cent. to 48 per cent. This has been the normal pattern over several years, with the exception of 1962. It indicates that although total births have increased, whilst the number of hospital beds has remained constant many more mothers than previously are being discharged considerably earlier than the tenth day of their puerperium. This follows the normal pattern.

### Confinements

Details of cases attended by the domiciliary midwives during 1963 were as follows:—

(a) Doctor Not Booked:—

Doctor present at the time of delivery of the child ..	1
Doctor not present at the time of delivery of the child ..	—

(b) Doctor Booked:—

Doctor present at the time of delivery of the child (either doctor booked or another) .. .. .	45
Doctor not present at the time of delivery of the child ..	395

Total .. .. .	441
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(c) Number of deliveries by midwife in private practice .. 1

(d) Number of deliveries by midwives in the City's Maternity Hospitals .. .. . 1835

Grand Total .. .. .	2277
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The proportion of domiciliary and hospital births of residents were:—

	<i>Domiciliary</i>	<i>Hospital</i>	<i>Total</i>
Number .. .. .	444	477	921
Percentage .. .. .	48%	52%	100%

### Medical Aid

Medical aid was summoned by the domiciliary midwives in accordance with the provisions of Section 14(1) of the Midwives Act, 1951, as follows:—

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service.. .. 4

(ii) Others .. .. . —

### **Inhalational Analgesics**

All the domiciliary midwives are qualified to administer inhalational analgesics and each is provided with the appropriate apparatus. Gas and air analgesics were administered in 398 cases by the domiciliary midwives and pethilorfan was administered in 237 cases — a very high proportion of the domiciliary cases attended.

I am strongly opposed to the indiscriminate use of pethilorfan. The World Health Organisation class this drug as being as dangerous as morphia. I have therefore with great reluctance and misgiving permitted the use of pethilorfan by midwives only under the aegis and written prescription of the general practitioner attending.

### **HEALTH VISITING SERVICE (Section 24)**

The establishment at the end of 1963 was twelve Health Visitors who are also School Nurses and Tuberculosis Visitors, but 1963 saw many changes which was reflected in the amount of work done. A total of sixteen individuals were employed throughout the year, but their periods of service expressed in terms of full months equated to an aggregate of 8.7/12 full-time Health Visitors. Such frequent changes of staff are not conducive to good health visiting. The employment of Assistant Health Visitors has helped to relieve the situation, but work has had to be limited to special and urgent duties, and it was not possible through the year to develop any new schemes.

In July a former Assistant Health Visitor qualified and returned to the Department from full-time training at Leeds University, whilst a further Assistant commenced the course in October. Recruitment of qualified Health Visitors is very difficult, and it is important to continue this secondment to the Health Visitors Course if we are to retain a qualified staff.

It has not yet been possible to second a Health Visitor to a group practice of General Practitioners, but the Health Visitors maintain a very good liaison with General Practitioners and cases are frequently referred from one to the other.

In spite of staffing difficulties, the Health Visitors continued to assist in the training of student nurses, student teachers, social workers, etc., by introducing them to the activities of the Department.

### Visits by Health Visitors

The number of visits made by the staff during 1963 as compared with those in the previous year were as follows:—

	1963	1962
Children under 5 years visited during the year .. .. .	3552	2785
Children under 1 year of age:		
First Visits .. .. .	891	956
Total Visits .. .. .	2347	4049
Children between 1 and 2 years of age:		
Total Visits .. .. .	2593	2589
Children between 2 and 5 years:		
Total Visits .. .. .	2746	3399
Other Cases Visited .. .. .	880	1356

### THE FOLLOW UP OF PATIENTS DISCHARGED FROM HOSPITALS

There is excellent co-ordination between almoners and nursing staff of hospitals situated in the City and the Department for Health Visitors to follow up cases discharged from hospitals. This is mainly confined to geriatrics and mental patients, but on occasions requests are received from the orthopaedic hospital, particularly when a physically handicapped patient is being discharged.

In the case of geriatrics a Health Visitor attends the geriatric hospital weekly to discuss with the hospital staff the patient's home circumstances before his discharge, to give them an opportunity of deciding whether the home help service and meals on wheels service should be recommended.

Additionally Health Visitors paid 171 special visits to report on patients for whom a bed had been requested in a geriatric hospital. The nature of these visits is to provide the Consultant Geriatrician with a clear picture of the patient's home environments so that he can more easily assess the urgency for admission, having been provided with the patient's physical needs by the General medical practitioner.

### CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The membership of the Co-ordinating Committee remained unchanged, and the average attendance at the three committees held during the year was 19 members, representing various Departments of the Corporation, and outside agencies.

Eight families were discussed, and no new cases were brought to the attention of the Committee, indicating that we are now aware

of all those families who, through inadequacy on the part of the parents, due to some handicap, physical or mental, or both, find difficulty in managing their affairs, with consequent distress and neglect to their children.

These families are visited constantly, and practical help and sympathetic consideration are given with the object of keeping the family together as a unit.

Whilst inadequate housing still continues to cause difficulties in some cases, the Slum Clearance Programme is resulting in some of these families being rehoused, and encouragement is given to those families who have moved to new houses to accept and maintain a higher standard of living than it was possible for them to attempt in old slum property. The question of payment of rent is carefully watched, and close co-operation is maintained with the Housing Department and the Treasurer's Department, so that the families which are falling into arrears can be assisted before the arrears become too heavy.

The W.V.S. reported that during the first quarter of 1963, 90 families (160 people), had been supplied with clothes, layettes, prams and furniture.

I have reported to the Committee that the incidence of dirty heads has decreased considerably. Whereas the figure used to be 4 per cent. of the school population, it is now .3 per cent.

At the Co-ordinating Committee held on the 25th November, 1963, Home Office Circular No. 204/1963 was discussed. This Circular deals with the Extensions of Powers of Local Authorities to promote welfare of children, and a Sub-Committee, composed of the Medical Officer of Health, the Children's Officer, the Housing Manager, the Director of Welfare Services, and the Inspector of the N.S.P.C.C., was formed, the idea being that this Committee could be called quickly whenever a case needed handling swiftly, in order to avoid hardship to children.

Also at the November meeting, the Children's Officer, Mr. H. Plumb, announced his retirement after having been with the Corporation for 34 years. The Medical Officer of Health paid tribute to the way in which the Children's Officer had always been willing to tackle any difficulty, and for the great help he had given to the Committee at all times.

### **Illegitimate Children**

Nuring 1963 there were 45 illegitimate births in the City. Special attention continues to be paid to such children by the health visiting staff to ensure that they receive maximum care during the early part of their lives.

### HOME NURSING SERVICE (Section 25)

The establishment of Home Nurses at the end of 1963 was 12, and Nurses in employment numbered 10 full-time and 1 part-time as compared with 9 full-time and 2 part-time the previous year. The year saw a number of changes due primarily to the husbands of several Nurses obtaining posts in other parts of the country, but we had no difficulties in obtaining replacements.

One Nurse obtained the National Certificate of the Ministry of Health and the Diploma of the Queen's Institute of District Nursing in June, bringing the total of Queen's trained Nurses to 7.

As in the previous year the District Nurses have helped in the training of student nurses by allowing them to accompany them in their daily work. These visits give the student nurse a better understanding of the social aspects of illness.

At the beginning of the financial year the Health Committee agreed to replace the 2 cars with 3 mini vans. This was the first stage in the plans to completely mechanise the Home Nursing Service, and it is hoped to further augment the transport in 1964 by purchasing 3 more vans. The provision of transport has greatly increased the efficiency of the service, particularly as 4 Nurses use their own vehicles and receive a car allowance.

It has long been evident that an evening nursing service is needed in the City. Unfortunately the staffing position and lack of transport has prevented us from bringing this desirable scheme into operation. The Health Committee however, being fully alive to the need to extend this service, has agreed to introduce a late evening service on the 1st April, 1964.

Mention must be made of the magnificent way in which the District Nurses have tackled the enormous task of caring for the severely handicapped at home. Until recently these patients would have faced a life in hospital, but now with daily help from the domiciliary services, they are able to return to their families. The number of patients is small at present, but if the present trend continues we must expect an increase in numbers.

Details of visits and cases attended by the District Nurses during 1963 were as follows:—

<i>Age at first visit in 1963</i>	<i>No. of Individual Patients</i>	<i>No. of visits paid to these Patients</i>
Under 5 years .. .. .	55	331
5 — 64 years .. .. .	363	10,050
65 years and over .. .. .	434	15,981
<b>Total</b>	<b>852</b>	<b>26,362</b>

### VACCINATION AND IMMUNISATION (Section 26)

The general arrangements and programme of inoculations outlined in my report for 1962 continued. The emphasis all the time is in persuading parents of children of the need to have their child inoculated against one or other infectious disease. It is a hard task, and much credit is due to the Health Visitors, Local Authority Doctors and General Practitioners for their efforts in coaxing and cajoling mothers at every opportunity.

#### Vaccination against Smallpox

The number of persons vaccinated or revaccinated during 1963 were as follows:—

<i>Age at date of Immunisation</i>	<i>Under 1 year</i>	<i>1 year</i>	<i>2-4 years</i>	<i>5-14 years</i>	<i>15 yrs. and over</i>	<i>Total</i>
Number vaccinated	42	58	11	17	16	144
Number re- vaccinated	—	—	1	4	20	25

There are two reasons for the low number of persons vaccinated. In the previous year a total of 2,963 persons received primary vaccination, and an additional 2,069 were revaccinated. This large number of individuals was due entirely to the outbreak of Smallpox at Bradford during January of 1962.

The second reason for the low uptake is that on the 1st January, 1963, I introduced a new schedule of immunisations, and this provided for Smallpox vaccination to be given at the age of 12 months instead of the first 2 months of life. Consequently very few babies under 12 months of age were vaccinated during 1963, but their vaccination in 1964 should increase the uptake for that year.

#### Immunisation against Diphtheria

During the year primary immunisation and reinforcing injections against Diphtheria were carried out in children as follows:—

<i>Children born in Years</i>	<i>No. who completed a full course of Primary Immunisation</i>	<i>No. who received a secondary (reinforcing) Injection</i>
1963	293	—
1962	363	24
1961	29	303
1960	7	20
1959	5	17
1954-58	88	121
1949-53	2	1
Totals	787	486

### Immunisation against Whooping Cough

Twenty per cent. more children were immunised against Whooping Cough during 1963 than in the previous year. Of 33 cases of Whooping Cough notified, all of which occurred in children under the age of fifteen, 24 of them had never been immunised against the disease.

Details of the children immunised were as follows:—

<i>Children Born in Years</i>	<i>No. of Children who completed a Primary Course</i>
1963	393
1962	363
1961	29
1960	16
1959	15
1954-1958	8
1949-1953	2
	<hr/>
Total	806
	<hr/>

### Vaccination against Poliomyelitis

In 1963 we continued to make steady if slow progress with vaccination against Poliomyelitis. Following the receipt of the Ministry's Circular 10/63 of the 29th May, 1963, arrangements were immediately put in hand to ensure that all immunised children entering school should be offered a reinforcing dose of vaccine.

An indication of the numbers who received a primary course during 1963 is shown in the following table:—

	<i>Primary Immunisation</i>	
	<i>Salk Vaccine</i>	<i>Oral Vaccine</i>
Children born in 1963 .. .. .	—	111
Children born in 1962 .. .. .	—	437
Children born in 1961 .. .. .	1	90
Children and Young Persons born in the years 1943-1960 .. .. .	—	635
Persons born in years 1933-1942 ..	—	34
Others .. .. .	2	34
	<hr/>	<hr/>
	3	1341
	<hr/>	<hr/>

The total number of persons residing in the City who have received a primary course of vaccination against poliomyelitis since the inception of the scheme in 1957 was 20,284.

### Vaccination against Tuberculosis

The Chest Physicians employed by the Regional Hospital Board continue to vaccinate contacts of persons suffering from Tuberculosis.

The B.C.G. Vaccination Scheme involving school children continued, and is made available to all over the age of 10 years and to students attending further educational establishments.

The co-operation between the Director of Education and the Head Teachers of the Secondary Schools in the City is sought and it is largely due to their energy that the response to B.C.G. vaccination has been so good.

Number of persons tested and vaccinated against Tuberculosis during 1963 was as follows:—

	<i>Contact Scheme—</i>		<i>School Children</i>
	<i>by Chest Physicians</i>		<i>Scheme</i>
(1) Number skin tested ..	42		1793
(2) Number found positive ..	—		354
(3) Number found negative ..	42		1439
(4) Number vaccinated ..	42		1439

### Immunisation and Vaccination Statistics

Until 1961 each local health authority compiled its own statistical data concerning the degree of immunity to specific diseases conferred upon individuals in selected age groups. The methods employed to obtain this information differed. The Statistics Branch of the Ministry of Health decided in 1961 to produce this information on a national basis from identical returns submitted by each local health authority. The results therefore are standardised and permit better comparison between authorities.

The percentage of persons vaccinated by the 31st December, 1963, was as follows:—

	<i>Wakefield C.B.</i>		<i>England and Wales</i>	
		<i>%</i>		<i>%</i>
1. Whooping Cough ..	..	63	..	64
2. Poliomyelitis ..	..	53	..	53
3. Diphtheria ..	..	63	..	65

## AMBULANCE SERVICE (Section 27)

### Premises

Yet another year, although fortunately the last, was spent in the dilapidated building in York Street. The erection of the new Ambulance Station, Disinfestation Centre and Mortuary is proceeding satisfactorily and by the time this report is printed we should be occupying them.

### Staff

There was no change in the establishment of staff in the Ambulance Section during the year which remains at one Ambulance Officer, an Assistant Ambulance Officer, a Clerk/Telephonist, 19 Driver/Attendants and one Mechanic. However Mr. Hunt, the Ambulance Officer resigned in December to take up the post of Ambulance Officer with the City of York. His successor, Mr. G. F. Houldsworth, from Penrith, Cumberland, commenced duties on the 1st February, 1964.

Certain successes were obtained by ambulance personnel during 1963 as follows:—

Mr. M. G. Mountain, Assistant Ambulance Officer, was awarded the Civil Defence Special Instructors Certificate.

Mr. G. S. Cowgill, Clerk/Telephonist, obtained the Clerical Division Examination.

Mr. R. Crowther, Driver/Attendant, was awarded the Civil Defence Training Certificate.

205 working days were lost by the Drivers owing to sickness, compared with 200 days in the previous year. However, the bulk of the 205 days was due to two members of the staff who suffered long illnesses, and culminated in the retirement of one of them.

### Details of Patients Conveyed

On pages 38/39 there is a summary of patients conveyed by the Ambulance Service during the year. It will be observed that the total of all persons carried increased by 5,820 as compared with 1962. Such a comparison is deceptive however, as the total figure includes sub-normal children and adults conveyed daily to the Training Centre in Lawefield Lane. Deducting this number from the annual total gives a result as follows:—

	1963	1962
Total number of persons transported	48,598	42,778
Less persons transported to the Training Centre	25,509	19,151
	23,089	23,627
Giving a decreased number of patients of	538	

The milage figures show a reduction of 5,947 as follows:—

	1963	1962
Total vehicles miles .. .. .	121,854	126,024
Less conveyance of patients to Training Centre .. .. .	13,886	12,109
	<hr/> 107,968	<hr/> 113,915
Giving a decreased milage of .. .. .	5,947	

There is, however, another aspect of the overall picture which has reflected itself in the reduced number of miles in 1963, and this is bound up with what has become known as the Leeds Agreement. This agreement came into existence in 1952 as a result of a meeting between 13 local health authorities in the East and West Ridings of Yorkshire. The basis of the Agreement was to standardize charges made for the use by one local health authority of ambulance and sitting case cars owned by another local health authority. Participating authorities were given the option of accepting one or more of the eight main clauses to the Agreement and Wakefield accepted six. The two not accepted being as follows:—

- (a) Where after attendance at or on termination of the period of a patient's accommodation in hospital, a patient needs conveyance by ambulance or by other means of transport from the Local Authority area in which the Hospital is situated to a place in the area of the Local Health Authority from which he travelled, the aforesaid Authority will contact the Local Health Authority concerned and give them the option either of sending transport for the return of the patient or requesting the journeys to be carried out on their behalf at their cost, providing that the Authority of a destination area may, by agreement with the Authority of the area in which the hospital is situated, decide themselves to transport all cases conveyed from the Hospital area to their own area.
- (b) That the recommendations be applied to patients irrespective of the period of duration of treatment.

The agreed charges continued to operate throughout the next decade until in 1962 the Health Committee decided to ask all parties to the Agreement to attend a meeting to revise the charges in the light of increased vehicle running costs. A meeting took place in Leeds on the 7th December, 1962. Delegates from the West Riding County Council stated that as a result of Wakefield not giving them the option to transport patients from City hospitals to their places of residence in the County area, Wakefield had received substantial sums of money from the County Council over the past 10 years. The constituent authorities decided, therefore, to

defer consideration of the question of charges until Wakefield had had a further opportunity of discussing with the West Riding County Council whether they could reach agreement on the issue of giving the County Council the option of removing their patients.

A meeting between the two Authorities took place on the 5th March, 1963, when it was agreed that the West Riding County Council would telephone the Wakefield Ambulance Depot, giving particulars of their ambulances going into the City or proceeding from their depot in Wakefield, and they would be given the opportunity of conveying in those vehicles any patients awaiting discharge from Wakefield hospitals to their areas. This arrangement was to be put into operation for a trial period of six months.

A further meeting with the County Council was held on the 16th January, 1964, when it was decided that the City Council should enter fully into the terms of the Leeds Agreement. The result of this is that the Wakefield Ambulance Depot agreed to let the West Riding County Council and other Authorities who are parties to the Agreement know of all cases for discharge from Wakefield hospitals to their areas, and those authorities will be given the option of conveying the cases.

It will be observed, therefore, that by giving the option to the West Riding County Council to convey patients from the City's hospitals to their area there would be a decrease in patients carried by the City's ambulances during the nine months ended December, 1963. An illustration of how mileage was affected during this period for work carried out for the West Riding County Council as compared with the same period in the previous year is shown in the following table:—

					<i>Miles</i>	
					1963	1962
April	..	..	..	..	1270	2126
May ..	..	..	..	..	1778	2306
June ..	..	..	..	..	960	2142
July ..	..	..	..	..	1342	1951
August	..	..	..	..	901	1973
September	..	..	..	..	1440	2059
October	..	..	..	..	846	2378
November	..	..	..	..	1161	2066
December	..	..	..	..	1006	1319
Totals					10704	18320

Income from the West Riding			
County Council	..	..	£1,605 12s. £2,748

### General

Following the receipt of the Coal and Other Mines (First Aid) Regulations, 1962, wherein it is stated that every mine owner must make arrangements as to secure that an effective motor ambulance service is available for the conveyance, where necessary, to hospitals or their homes, persons who while employed at the mine suffer bodily injury or become ill, arrangements were entered into with the National Coal Board for ambulance coverage to be available after 5.0 p.m., each week day and at the week-end in respect of any accident etc., occurring at the Manor Colliery.

### Vehicle Maintenance Workshop

The system of preventive maintenance was continued during the year with satisfactory results, except during a period of six weeks in April and May when we were without a Foreman Mechanic.

A total of 730 work jobs were recorded as completed during the year.

The work carried out throughout the year is indicated in the following table:—

<i>Department</i>	<i>No. of Vehicles Serviced</i>	<i>Man hours spent on Vehicles</i>		
		<i>Mechanic</i>	<i>Assistant</i>	<i>Total</i>
Ambulance .. ..	11	1005	676	1681
Home Nursing .. ..	11	106	86	192
Health Department .. ..	1	44	28	72
Sanitary .. ..	1	90	15	105
Education .. ..	2	97	35	132
Parks and Cemetery .. ..	10	243	109	352
W.V.S. .. ..	1	35	28	63
Welfare .. ..	1	37	19	56
Civil Defence .. ..	3	22	16	38
Totals—1963 .. ..	41	1679	1012	2691
1962 .. ..	68	1788	1237	3025

A summary showing the number of patients conveyed and the mileage each month during 1963 is shown in the Table which follows:—

	Patients			Journeys			Miles				Emergency Calls	False Calls		
	Ambulance		Car	T.C.	Amb.	Car	T.C.	Amb.	Car	T.C.			Other	Rail
	Str.	Sit.												
January	318	190	1418	2135	222	309	64	3454	5260	1253	357	259	148	2
February	346	113	1506	2104	182	304	57	2567	5330	1270	310	—	136	2
March	348	144	2361	2523	216	332	66	2481	6626	1367	451	—	143	5
April	376	117	1317	1759	212	344	45	2399	5487	916	440	—	135	6
May	445	238	1628	2665	171	334	66	4058	6607	1395	404	140	162	5
June	348	129	1137	1750	219	292	43	2553	4524	927	455	80	137	4
July	443	193	1375	2401	209	339	60	3355	6434	1341	455	80	160	4
August	282	177	1131	487	207	285	21	2406	5661	348	327	190	126	6
September	372	169	1254	2473	209	287	62	2898	5720	1340	384	—	144	1
October	420	124	1287	2577	223	332	64	3489	5909	1324	512	—	155	1
November	345	109	1217	2668	211	327	63	2840	5821	1379	319	80	143	2
December	378	114	1220	1967	217	312	49	2399	4842	1026	434	—	176	1
Total ..	4421	1817	16851	25509	2498	3797	660	34899	68221	13886	4848	829	1765	39

Str. —Stretcher cases

Sit. —Sitting cases

T.C. —Training Centre

Total patients conveyed during 1963 — 48,598

Total patients conveyed during 1962 — 42,778

Total vehicle mileage incurred during 1963 — 121,854

Total vehicle mileage incurred during 1962 — 126,024

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

*(This section of the National Health Service Act overlaps the provisions of all the other sections previously mentioned, and also Section 51 — Mental Health Service.)*

### Prevention of Tuberculosis and the After-Care of Tuberculosis Patients

Matters affecting the care and after-care of tuberculosis patients is dealt with by a sub-committee of the Health Committee which the Chest Physician attends when matters affecting patients are being discussed.

The Health Visitors are also visitors to tuberculous households and attend the Chest Physician's Clinic as social workers for the Chest Physician in matters of after-care.

Free milk is supplied to patients suffering from Tuberculosis on the recommendation of the Chest Physician, and at the close of the year five patients were receiving milk.

The Corporation has 26 houses reserved for the rehousing of patients suffering from tuberculosis whose accommodation is unsatisfactory.

The determining factor which has been used over the years to decide letting is as follows:—

- (1) The Chest Physician nominates a patient for one of these houses.
- (2) The Housing Manager is then asked to provide an ordinary Corporation house for a resident from a special type house who is considered by the Chest Physician to be free from infection.
- (3) When this has been achieved the nominated person is given the tenancy of the vacated special type house.

This system worked well until about 1960 and with the reduced incidence of tuberculosis in the City the position had arrived at the end of the year whereby of the 26 families in these houses, 12 were considered fit for removal.

I reported on this difficulty to the Health Committee in November, 1963, and suggested that the Committee might wish to give consideration to adapting these houses by providing air

conditioning so that they could be used by persons suffering from asthmatical and bronchial conditions. The Committee agreed that there were obvious difficulties in continuing with the present scheme and asked the appropriate officers to look further into the possibilities on adapting the houses on the lines already indicated.

During the year 4 patients and their families were rehoused.

The health visiting, nursing and home help staffs visit and give advice, nursing and domestic, to help patients being treated in their own homes. Visits paid can be seen in the tables under Sections 24, 25 and 29.

A report on B.C.G. Vaccination is included in Section 26.

### Convalescent Home Treatment

The Corporation provides convalescent home treatment, usually for a period of two weeks, for those persons who are considered to be in need of a rest and are unable to meet the cost themselves. Convalescent Home Treatment is provided only on a doctor's recommendation, and the family income is taken into consideration in arriving at the charge to be borne by the recipient. During 1963, four persons benefited from the scheme.

### Visit of Mass Radiography Unit to Wakefield

The Mass Radiography Unit carried out a survey in November, 1963, and the Unit was stationed at the Principal Child Welfare Centre. The Medical Director of the Unit has kindly supplied information concerning attendances, and the results of the findings, and these are summarised as follows:—

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Number examined by 100 mm. film ..	1467	1326	2793
Number previously examined ..	1174	938	2112
Per cent. previously examined ..	80	70	76

### Number Examined by Age Groups

14 and under .. .. .	—	—	—
15 - 24 .. .. .	287	430	717
25 - 34 .. .. .	329	258	587
35 - 44 .. .. .	354	276	630
45 - 59 .. .. .	394	291	685
60 and over .. .. .	103	71	174
<b>Totals .. .. .</b>	<b>1467</b>	<b>1326</b>	<b>2793</b>

**Numbers examined by groups (as per Annual Return)**

General Group — Industrial .. ..	739	635	1374
Special Groups — Public Session ..	372	428	800
H.M.C. Staff — administrative and nursing .. .	76	104	180
Teachers .. ..	81	113	194
L.G.O.'s Health, N.C.A. .. ..	190	30	220
Inmates Homes for the Aged .. ..	9	16	25
..	<u>1467</u>	<u>1326</u>	<u>2793</u>

**Number recalled for interview with**

Medical Director .. ..	12	10	22
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**Cases of Tuberculosis**

Referred to Chest Physician, presumed active .. ..	—	1	1
Referred to Chest Physician, presumed inactive .. ..	3	1	4
Referred to patient's own doctor ..	—	—	—
Inactive, no further action required ..	2	—	2

**Other Abnormalities**

Referred to Chest Physician, for further observation .. ..	1	—	1
Referred to patient's own doctor ..	7	6	13

**Laundry Service**

The laundry service for the elderly bedridden patient continued in operation during 1963. Sheets and pillowcases belonging to the Health Department are made available free of charge and exchanged whenever necessary. The soiled articles are sluiced and rinsed in the Department and then transported to the Baths Laundry for laundering and ironing.

During the year the Committee approved the purchase of an electrically operated modern slucer. This had not been installed by the end of the year owing to a small technical difficulty, but it is hoped to instal it early in 1964 and to considerably extend this very invaluable service to any aged person living in the City who has difficulty in laundering their bed linen.

### Provision of Incontinence Pads

Following the receipt of Circular 14/63 from the Ministry of Health, the Health Committee agreed to provide incontinence pads free of charge to all appropriate cases. These pads are now being used through the Home Nursing Service, and the District Nurses find them convenient and time saving, whilst the patients relatives have found that they reduce the laundering of soiled bed linen which can become such a problem.

### Chiropody Scheme

The Chiropody Scheme which commenced in April, 1960 provides four free treatments per year to approved patients in the priority groups as follows:—

- (1) Men aged 65 years and over and women aged 60 years and over.
- (2) The physically handicapped.
- (3) Expectant mothers.

When the scheme commenced only one Chiropodist practising in the City was qualified in accordance with the National Health Service (Medical Auxiliaries) Regulations, 1954. Consequently the Corporation entered into an arrangement with him whereby he would visit patients requiring domiciliary treatment at the Whitley Council rate of pay per treatment, and all other patients would be channelled through the Council of Social Service who would act as the Corporation's agents.

This arrangement continued throughout 1963 and will presumably continue until the Ministry's views are known concerning the position of Chiropodists who have not been accepted for registration by the Board set up as a result of the Provisions Supplementary to Medicine Act, 1960.

The number of persons approved for treatment during 1963 compared with those approved in the previous year was as follows:—

	<i>Domiciliary Cases</i>		<i>Other Cases</i>	
	1963	1962	1963	1962
Number authorised to receive treatment—				
(a) Aged persons .. ..	84	63	905	784
(b) The Physically Handicapped .. ..	8	5	23	27
(c) Expectant mothers ..	—	—	—	1

It will be seen that the total number of persons receiving treatment at the end of the year was a little over 1,000, and requests for admittance to the scheme continue to be received in the Department. The rate of expansion is extremely high and has brought with it a difficulty which was not envisaged in 1960, namely that the number of chiropodists in the City is insufficient to cope with the number of persons requiring treatment at quarterly intervals bearing in mind that the chiropodists have private practices operating concurrently with the Local Authority's Scheme.

### **Loan Equipment**

A number of articles of nursing equipment which consists of such things as wheel-chairs, bed-pans, urinals, air rings, beds, lifting poles, Dunlopillo mattresses, rubber sheeting, etc., are available for issue from the Public Health Department to persons being nursed in their own homes. These items are lent free of charge to necessitous cases.

As mentioned under the respective sections care and after-care of the sick is a duty performed by the Home Nursing and Domestic Help Services. The calls made by General Practitioners for the services of a Home Nurse remains constantly high.

The prevention of illness, care and after-care extends to the sick in mind as well as the bodily sick, and I feel sure that the nursing and health visiting staff are doing much by example, advice and care in alleviating the suffering of the aged and sick in their homes.

### **Domiciliary Service for Diabetics**

Dr. R. Fletcher, Consultant Physician is in charge of the Diabetic Clinic which is held every Monday morning at Clayton Hospital, Wakefield. Attending this Clinic is Miss Stables a Health Visitor on my staff who undertakes the work of the Diabetic Visitor.

The hospital and the Public Health Department work together, and from this liaison both the patient and the domiciliary nursing services benefit greatly.

New patients are seen at the Clinic by the Diabetic Health Visitor who gives them the necessary instructions regarding their diet, insulin injections, testing the urine, and general hygiene. During 1963, 42 new patients and 7 old cases attended the Clinic.

Domiciliary visiting is most important because the patient attending the hospital for the first time is nervous and apprehensive,

and many do not appear to realise that Diabetes is a serious disturbance of metabolism which will not be "cured" after a few months. A visitor to the home is better able to explain and instruct at leisure.

We are very much indebted to Sister Raggatt and her staff for all the help and services rendered.

### **Health Education**

The Health Visiting staffing difficulties reported earlier have prevented any major health education projects being undertaken. However, posters and displays have been arranged throughout the year in the clinics, and "Better Health" magazines have been distributed as in previous years. There has been no lack of enthusiasm or dearth of ideas, merely the time to put into practice. A stand was arranged for the Christian Citizen Exhibition held in November, the theme chosen being, "Buy Safe Toys This Christmas". As usual talks have been given to organisations requesting them although the demand remains disappointingly small. Discussion groups held with prisoners about to be discharged at Wakefield Prison have continued.

Special sessions devoted to health education in schools have been severely limited owing to lack of staff, but it was possible for Health Visitors to take classes in some of the secondary modern schools, and a number of the senior girls were able to visit the child welfare centres. These girls, when they become young mothers, will know where to go for advice on health and social problems. The time taken to prepare visual aids etc., for just one lesson is surprising, and much of this preparation has had to be done in off duty hours. These courses cover a very wide field, and should at least help to improve the relationship between the Health Department and the general public.

In one secondary modern school, in response to the Headmaster's request, an anti-smoking campaign was started. It is planned to continue the campaign throughout the school year, culminating in an exhibition at the school. Both school and Health Department staff are working together, but the effectiveness of the campaign will not be known until the end of the school year.

Mothers' Clubs are proving very popular with young mothers. There are now three such clubs in the City — all of them flourishing. The clubs combine social activities with health education and as such act as a prophylaxis to mental illness. Often the mothers' club meeting provides the only opportunity for a young mother

to meet and talk in comfort with other young mothers. Fathers are usually willing to "baby-sit" for these evening meetings.

It is often opinioned that the most effective health education is that which occurs informally by direct personal contact. In this way there is a tremendous amount of work being done every day by all the Health Department staff, clerical, medical and ancillary alike. It is important not to underestimate the value of this when assessing and evaluating the year's work.

### **Home Safety**

The Home Safety Advisory Council has continued its activities towards the promotion of safety in the home. Three meetings were held during the year, and particular stress was laid on the theme of "Buying for Safety" — that is, encouraging members of the public to consider the question of safety of design and suitability for the purpose when buying household appliances, equipment and fittings.

The British Standards Institution lays down safety specifications, and the Council tries to stress to the public the importance of making sure that the products they buy comply, wherever possible, with the safety specifications.

All appliances sold through the North Eastern Gas Board bear the Seal of Approval, and the Yorkshire Electricity Board intimated that the National Boards would not market any goods until stringent tests had been carried out on them, and that every appliance sent out by the Boards would be fitted, as a free service, with the right type of plug.

The City Engineer agreed to make a special effort to ensure that gas and electricity services were disconnected in all buildings which were standing empty awaiting demolition.

In November, 1963, at an Exhibition entitled "Christian Citizenship", a display was mounted by this Department, showing safe and unsafe toys, and the Health Visitors who manned the display gave advice to parents visiting the stand.

The Chairman of the Advisory Council gave a "pep" talk at the children's Matinee at the A.B.C. Cinema, just before Bonfire Night, and presented a prize for the best Guy Fawkes. In connection with the danger from fireworks, cautionary posters were sent to all schools, and displayed at all Child Welfare Clinics.

This work of prevention of accidents in the home continues, and speakers on the subject are available on request from my Department.

### DOMESTIC HELP SERVICE (Section 29)

This is very much a personal service demanding a very high standard of the women engaged in it. A very large measure of the success of the service is due to the efforts of the Organiser and her Assistants, for it is they who receive requests for assistance, and then have the task of finding suitable women to undertake the work. Complaints there must inevitably be with so personal a service, but these are far outweighed by the expressions so often received from those who have benefited.

The service, possibly, for the elderly the most important provided, continued during 1963 to expand, and the number of persons who received home help was higher than for any year since the service commenced in 1948. A total of 651 persons were helped in 1963, and this is 74 cases higher than in the previous year.

The number of home helps employed on the 31st December, 1963, was 75, of whom 68 were part-time and 7 full-time, and this expressed in terms of whole time staff was  $36\frac{3}{4}$ . The home helps worked an aggregate of  $83,636\frac{3}{4}$  hours compared with  $80,886\frac{1}{4}$  in 1962. There has in recent years been a considerable reduction in total hours worked. This is not due to any decrease in the service but to improved supervision of home helps by the Organiser and her staff, a fact which was made considerably easier when the Organiser received a car allowance for using her car on Corporation business from the 1st August.

#### Analysis of cases helped

	1963	1962
Confinement cases .. .. .	31	22
Sickness in the home .. .. .	35	34
Patients discharged from hospital .. .. .	102	68
Aged and chronic sick .. .. .	459	424
Blind persons .. .. .	9	13
Tuberculous cases .. .. .	—	—
Problem families .. .. .	12	13
Sitter-up service .. .. .	3	3
	<hr/> 651 <hr/>	<hr/> 577 <hr/>

Charges for the service are levied on an income basis, subject to a minimum charge of 6s. 6d. per week, and of the 651 households which received help.

104 as compared with 115 the previous year paid the full rate.

21 as compared with 67 the previous year paid the assessed charge.

526 as compared with 395 paid the minimum charge.

The considerable increase in persons paying the minimum charge was due to an improved scale of assessment which the Health Committee introduced in October following the revision of retirement and supplementary old age pensions.

Over the past year there were a number of cases which caused problems of persons neglecting both themselves and their homes. The Home Help Service has been used to great advantage and have carried out a wonderful task in cleaning up the homes and giving the householders a new lease of life.

### PART III

#### THE MENTAL HEALTH SERVICES

##### The Mental Health Act, 1959

##### The National Health Service Act, 1946 — Section 51

#### Community Care

Community Care covers after-care, preventative care, and care and guidance of sub-normal patients in their own homes. Visits are made by the Mental Welfare Officers at the request of various agencies, usually however by the hospital, General Practitioner or Out-Patient Clinics. Visits to patients discharged from the local mental hospital are voluntary, but the majority of the patients welcome visits. Work undertaken in this service includes the settling of patients in suitable occupations, material assistance and general supportive therapy. There would seem to be an increase in the number of matrimonial cases being referred to Mental Welfare Officers where a breakdown in mental health is the cause of the family disharmony. These cases are usually difficult and a great deal of time is required to deal with them. Unfortunately they are not always successfully concluded, a result not uncommon in casework dealing with marital problems.

Parents of sub-normal children up to the age of 16 years have a responsibility to ensure that their child attends the Training Centre. There are one or two exceptions to this general rule, and in the case of sub-normal children with severe physical handicaps admission to hospital is often advisable. It is noticed, however, that many parents prefer to devote much of their time and energy to the personal care of this category of children. Such a situation may lead to difficulties where there are normal children in the family who often feel themselves to be deprived of parental love owing to the excessive care devoted to their sub-normal sibling. Unfortunately as a sub-normal grows up and the parents age they find themselves less able to care for their child, and reluctantly reach the time when they have to ask that arrangements be made for the admission to hospital.

Of the sub-normal population over 16 years not in employment, many attend the Adult Section of the Training Centre voluntarily. The remainder are visited by the Mental Welfare Officers regularly who give advice and attempt to find suitable occupations for them. In September, 1963, it was considered necessary to place one fifteen year old boy in the Guardianship of the Local Health Authority, and until his sixteenth birthday

on the 1st January, 1964, he was maintained by the Local Health Authority. Lodgings in the City were found for him and he was provided with clothing etc. He attends the Adult Section of the Training Centre.

### **Liaison with Hospitals**

The Mental Welfare Officers visit patients in the local mental hospitals, have frequent discussions with the Psychiatrists and staff regarding these patients and the supportive services they will require on discharge. Many patients have to be found accommodation and employment before they can be discharged and efforts are made by the Mental Welfare Officers to arrange these for them. The Mental Welfare Officers also attend frequent case conferences at the hospital where many of these patients' cases are discussed.

### **Hostels**

I stated last year that the City Council had in mind the opening of hostels for mentally ill and mentally sub-normal persons, and negotiations have been successfully completed for the acquisition of property to be used as a hostel "half-way-house" for a maximum of 18 female psychiatric patients. It is hoped that this hostel will be ready to receive patients by September, 1964.

### **Psychiatric Out-Patient Clinic**

The Psychiatric Out-Patients Clinic is held at the County and General Hospital, Wakefield, and is attended weekly by either the Senior Mental Welfare Officer or one of the Mental Welfare Officers. Case histories are taken from all new patients, and admissions to hospital and follow-up domiciliary visits are arranged. The attendance of the Mental Welfare Officers at this Clinic enables the Consultant and the Mental Welfare Officer to have a first-hand discussion regarding the welfare of the patients.

### **Welcome Social Club**

Meetings of the Welcome Club every Thursday evening throughout the year have been held at the new Training Centre which opened in January, 1963. Although the Centre is somewhat a little distant from bus routes, the members of the Club appreciate the pleasant surroundings and facilities available at the Centre.

There has been no increase in the membership of the Club, but this does not mean that the number of patients attending is static — many tend to drift away when they feel they are able to mix socially again.

## THE TRAINING CENTRE

### History

Wakefield has had a training centre, formerly known as an occupation centre, since 1953.

The first centre, which was opened on the 17th April, 1953, was housed in the school rooms at Wesley Hall.

The centre was capable of accommodating 37 mentally defective persons, twenty of whom were resident in the city, and seventeen in the area of the West Riding County Council. The cost of running the centre was shared by the two authorities according to the number of places each authority's residents occupied.

The ages of original trainees ranged from three to thirty-two years, and a staff of four, one supervisor and three assistants were appointed. Mrs. Vogeler, the present Supervisor, and the Assistant Supervisor, Mrs. Johnson, have held their appointments since the centre came into existence. A third member of the staff who has been with the centre since its inception is Mrs. Baines.

Throughout the existence of the training centre we have been fortunate in having the wholehearted support of both staff and parents and, in fact, a parent staff association was formed which has had a membership of almost 100 per cent. The parents take a constructive and adoptive interest in the welfare of the centre as a whole as well as in their own children and many of the comforts and amenities provided for the children are a direct result of their varied activities.

That there was a demand for such a centre was immediately apparent. Within twelve months the number of places had to be increased to 50 and soon a waiting list had to be introduced.

### Planning of the new Centre

Early in 1960 a start was made on planning a new centre — one to provide accommodation for 35 adults and 60 children up to the age of fifteen. Liaison between the Medical Officer of Health and the City Engineer and the Technical Officers of the Ministry of Health continued throughout the year and construction commenced in 1961.

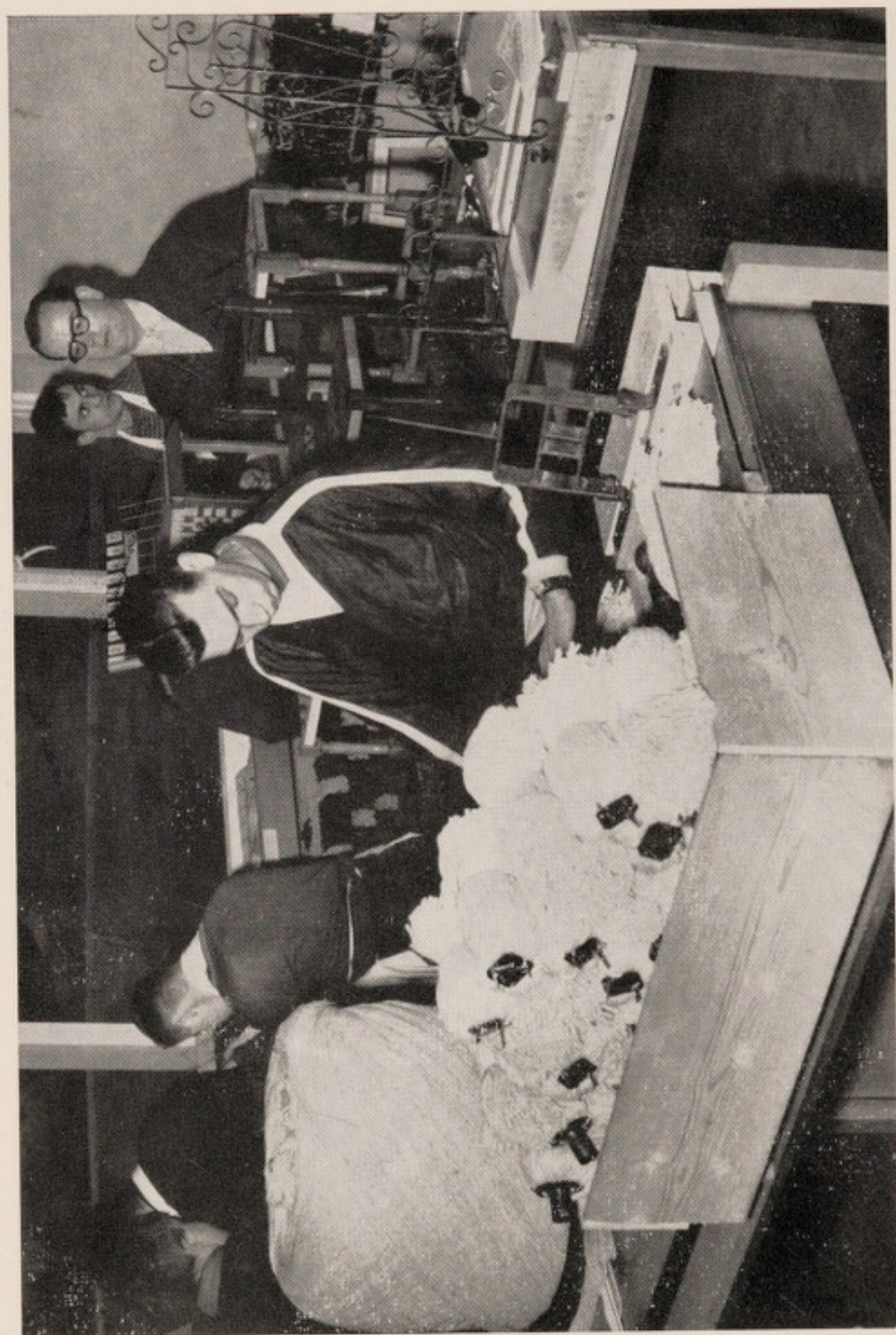
### Structural details

The Centre was designed under the supervision of the City Engineer by the technical staff of his department, and the general contractors were Harlow and Milner Ltd., Warrengate, Wakefield.

Space heating is provided by central heating from a coal-fired boiler plant using an under-feed mechanical stoker.



*Junior Activities*



*Adult Activities*

### Design and layout

Although the adult and children's centres are housed in a single building the design is such that they are separated one from the other, and each is capable of independent operation. The kitchen and essential services, i.e., gas, electricity and water, are centrally sited so as to prevent duplication and to allow them to serve both adult and junior sections. The adult centre is built on a lower level than the junior section, the design allows for the use of wheel chairs in all parts.

The children's section is provided with a sand pit and a paved area to allow the children to enjoy the benefits of play in the open air.

It is planned to have the whole of the grounds surrounding the centre landscaped so as to make the overall appearance as pleasant as possible.

### Official Opening

Although the Centre came into general use on the 8th January, 1963, the official opening did not take place until the 27th March, 1963. The ceremony was a very pleasant one with the order of events as printed in the official brochure being as follows:—

#### OPENING CEREMONY

The Chairman of the Health Committee  
(ALDERMAN LEONARD BOSTON, J.P.)

will address the Gathering and will invite

DOCTOR ISABEL GRACE HOOD WILSON

to address the Assembly and formally declare the Centre open

---

A vote of thanks will be proposed by

The Right Worshipful the Mayor of  
Wakefield

(ALDERMAN N. HUTCHINGSO, J.P.)

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At the conclusion of the ceremony the Chairman (Alderman Boston) will ask Doctor Wilson to plant a tree in the grounds of the Centre to commemorate the opening.

### Scope of Activities

In the Junior Centre the pattern of activity built up during the past ten years is being continued. The children are divided into four groups, viz:—

- (1) Tinies —between the age of 3 years and 6 years approximately.
- (2) Class I —children between 6 and 9 years.
- (3) Class II —children between 9 and 13 years.
- (4) Class III —children of 13 years and upwards.

In spite of the wide age span in each group this arrangement has been found to work well and is similar to the system which obtains in most similar centres.

In addition to the usual type of training, the children are taught to develop their common sense and self assurance. Efforts are made to instil a sense of self-reliance and general wellbeing to bring out latent skills and to be considerate to other people. More recently the rudiments of road safety have been included in the curriculum.

Obviously the aim in the Adult Centre is primarily making the trainees feel useful members of the community, and the atmosphere for both males and females is comparable to that which would exist in a sheltered workshop.

In the male centre a wide range of tools has been provided so that the potential output of articles made from wood, and in certain instances other materials is very wide.

To assist the female members of this centre to adopt themselves for normal domestic life a wide range of domestic appliances, including sewing machines, electric washers, gas and electric cookers and instruction and training given in their correct usage.

Certain tasks such as the manufacture of rubber link mats, cane, raffia and metal work are undertaken by both males and females, and eventually it is hoped to build up a market both in the Corporation and in commerce generally for these products. The ultimate aim is that the adult centre should be self supporting.

To this end a meeting took place early in 1963 between representatives of the Wakefield and District Chamber of Trade and the Ministry of Labour's Resettlement Officer with a view to publicising the activities of the Centre in an attempt to obtain sub-contract work from the City's firms. Some success has been achieved in this direction, and at the end of the year regular work was being undertaken for one of the spinning mills, the West Riding Executive Council and an educational firm.

The standard of workmanship amongst the trainee adults is extremely high, and much of the credit for this must be given to the Assistant Supervisors responsible for their training who have not spared themselves.

To enable the trainees to get to and from the Centre the Health Committee have provided a coach to convey them, and this communal travelling is of assistance in maintaining a sense of unity in this small specialised community.

### Sub-Normal and Severely Sub-Normal Persons

New Cases Reported During 1963.

Reported by:—				Males	Females	Totals
General Practitioners	..	..	..	2	1	3
Local Education Authority	..	..	..	3	—	3
Police and Courts	..	..	..	—	—	—
Other Sources	..	..	..	9	5	14
Totals ..				14	6	20

### Training Centre

Analysis of trainees on register on 31st December, 1963—

Age Groups	Intelligence Quotients				Totals
	Below 40	41 51	51 70	Not Tested	
FEMALE					
Under 7	—	—	—	5	5
7 — 11	4	4	—	3	11
12 — 15	4	2	—	2	8
16 — 20	1	4	3	—	8
21 — 39	1	4	—	—	5
40 and over	—	—	1	—	1
	10	14	4	10	38
MALE					
Under 7	—	—	—	—	—
7 — 11	—	3	1	—	4
12 — 15	2	4	3	—	9
16 — 20	3	2	2	—	7
21 — 39	6	4	—	—	10
40 and over	—	—	—	—	—
	11	13	6	—	30

Visits by Mental Welfare Officers to the Homes of Mentally sub-normal patients 579.

**Mentally Ill Persons**

	Male	Female	Total
Reported during 1963 by—			
General Practitioners .. ..	20	38	58
Hospitals .. ..	33	50	83
Police .. ..	6	2	8
Others .. ..	15	15	30
	74	105	179
Disposal by Mental Welfare Officers:—			
*Admitted Under Section 25	2	9	11
*Admitted Under Section 26	2	3	5
*Admitted Under Section 29	16	22	38
*Admitted Under Section 60	2	—	2
Admitted as informal patients	17	33	50
Total persons admitted to Hospital by Mental Welfare Officers .. ..	39	67	106
After Care Visits by Mental Welfare Officers to Mentally ill persons .. ..	..	..	1575
Others .. ..	..	..	371
			1946

\*NOTE — Section 25 is concerned with a patient's compulsory admission and detention in hospital for observation. The maximum period being limited to 28 days. Section 26 is concerned with a patient's compulsory admission and detention in hospital for treatment.

Section 29 relates to patients being admitted to hospital and detained by reason of an emergency and, to comply with the requirements of Section 25, would involve undesirable delay.

Section 60 gives power to courts to order hospital admission or guardianship for persons concerned in criminal proceedings etc.

## PART IV

### EPIDEMIOLOGY

The total number of cases of infectious and other notifiable diseases statutorily notified during the year was 581. Details of these cases, analysed according to age, are shown in Table II.

Extracting measles cases from the total leaves a balance of 87 for all other diseases. I believe we are becoming very complacent about the control of infectious diseases. Table II will occasion no more than a passing glance. Members of the Health Committee may very well consider that the position is no better than it should be. There is, however, a tendency to overlook the fact that unless a high standard of cleanliness prevails, unless we maintain a high incidence of immunisation and vaccination, numbers will rise again.

The Report of my predecessor for 1938, a mere 25 years ago, shows a very different picture. Six-and-a-half pages are devoted to the subject. There was 307 cases of Scarlet Fever, 97 of Diphtheria and 87 of Pneumonia, whilst a glance at the Report for 1913 — 50 years ago — reveals one case of Smallpox, 148 of Scarlet Fever, 103 of Diphtheria, 9 of Enteric Fever and 26 pages were given to the subject, with a further 33 pages to Tuberculosis.

There is little point in referring in any detail to the few cases of particular diseases which occurred. It will be observed that there were no cases of Dysentery, although 6 cases came to notice as a result of reports received from the Public Health Laboratory Service. There was one case of Paratyphoid Fever, but Wakefield received the credit for this owing to the patient having been admitted to a City Hospital, but he came from Dewsbury. Similarly, of the 7 cases of Puerperal Pyrexia, 2 of the patients resided outside the City and acquired the infection whilst in Manyates Hospital.

#### **Food Poisoning**

Twenty-eight cases of Food Poisoning were notified. All but one were as a result of an outbreak that occurred on the 5th-6th August, 1963 at a hostel for the aged in the City.

During the August Bank Holiday period a telephone message was received that a number of patients at the Stanley View Hostel, operated by the West Riding County Council, and situated in Park Lodge Lane, Wakefield, were suffering from diarrhoea and abdominal pains and one or two were passing blood with stools. The information was received about mid-day on the 5th August, and almost all of the patients had by then recovered from the diarrhoea.

Enquiries were made and it was ascertained that the following meals had been taken by the inmates of the Hostel on the 4th August:—

*Breakfast:* Cereal, Bacon, Toast and Marmalade.

*Lunch:* Roast pork, stuffing, potatoes and cauliflower, apple crumble and custard.

*Tea:* Pork pie, tomato, lettuce, bread and butter, jam.

All the residents and the staff had the same meal and none of the staff were affected.

The roast pork for the mid-day meal had been cooked on Saturday, 3rd August, and sliced on that day. It was put into the oven for warming on Sunday at noon and served with freshly made gravy. The pork pies had been purchased on either Friday or Saturday and were manufactured by Walls. They had been stored in a cool room until required on the Sunday and were served cold.

The Public Health Laboratory was closed during this period before the Bank Holiday and was only receiving urgent specimens and in view of the fact that the cases were receiving medical and nursing supervision and were in a closed community, it was decided to withhold sampling until the Laboratory opened again. Samples were obtained between the 9th and 19th August, from all the persons who had been affected and all were negative containing none of the usual pathogenic organisms. It was not possible to obtain specimens of the food which had been served to the inmates of the Hostel.

It would seem probable that the vehicle of infection was the re-heated roast pork and appropriate advice has been given to ensure that this dangerous practice is not repeated.

The single case related to an elderly woman resident in another home for the elderly who was transferred to hospital on the 29th April, thought to be suffering from food poisoning.

**Tuberculosis**

The number of primary notifications of new cases of tuberculosis and deaths attributed to this condition during 1963 were as follows:—

<i>Age Group in years</i>	<i>New Cases</i>				<i>Deaths</i>			
	<i>Pulmonary</i>		<i>Non Pulmonary</i>		<i>Pulmonary</i>		<i>Non- Pulmonary</i>	
	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1 ..	—	—	—	—	—	—	—	—
1 - 4 ..	1	—	—	—	—	—	—	—
5 - 14 ..	—	1	—	—	—	—	—	—
15 - 24 ..	2	—	—	—	—	—	—	—
25 - 44 ..	2	—	2	—	1	—	—	—
45 - 64 ..	2	—	—	—	—	—	—	—
65 - 74 ..	—	—	—	—	1	1	—	—
75 and over	—	—	—	—	—	—	—	—
Totals 1963	7	1	2	—	2	1	—	—
1962	9	4	—	—	4	1	—	—
1961	9	3	—	1	4	—	—	—

TABLE II.  
**INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1963**  
 (Corresponding figures for previous 2 years appear in columns 1 & 2)

Disease	Total all ages 1961	Total all ages 1962	Total all ages 1963	0-1 years	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	65 years and up	Cases sent to hospital	Deaths
Acute Poliomyelitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria ..	27	54	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis Lethargica ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever ..	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	1	..
Erysipelas ..	2	3	28	..	..	..	..	..	..	..	..	..	..	6	22	1	..
Food Poisoning ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria ..	609	399	494	22	64	74	56	94	173	3	5	3	..	..	..	2	..
Measles ..	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	1	..
Meningococcal Infections ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..
Paratyphoid Fever ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pemphigus Neonatorum ..	7	5	3	..	..	..	..	..	..	..	..	1	1	..	1	2	..
Pneumonia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polio-Encephalitis ..	4	6	7	..	..	..	..	..	..	..	1	6	..	..	..	7	..
Puerperal Pyrexia ..	13	7	13	..	..	1	1	..	11	..	..	..	..	..	..	1	..
Scarlet Fever ..	..	..	..	..	..	2	3	4	10	4	..	..	..	..	..	..	..
Smallpox ..	22	..	33	4	6	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	688	474	581	26	70	77	60	98	195	7	6	10	1	8	23	16	..

## VENEREAL DISEASES

The following report has been prepared by Mrs. E. W. Cohen, S.R.N., S.C.M. (Part I), H.V. Cert., Queen's Nurse, Venereal Diseases Social Worker to the West Riding County Council and the City of Wakefield.

The number of sessions held weekly at Clayton Hospital, Department 15, is seven. Dr. John Burgess is the Consultant Venereologist for the diagnosis and treatment of venereal diseases. The Social Worker is present at the four female sessions to give help and advice to new and old patients.

The Diagnostic Clinic continues, and more use is now being made of this part of the service. The object of this Clinic is to deal with patients who have no history of exposure to infection but may have signs or symptoms of possible venereal disease. Children for prospective adoption and patients with doubtful serological tests for Syphilis attend this Clinic.

Unfortunately the hopeful trend shown in 1962 of a decline in the number of new patients did not progress into 1963, and at the end of 1963 the total number of patients attending equalled that for 1961. The greatest increase was in females of all age groups, whilst the number of males remained more or less steady with the exception of the male teenager. Whereas in 1962 only one male teenager attended, during 1963 the number rose to six. Also the young male adult number increased by 10 per cent. This may partly be due to the changing population in Wakefield, as out of a total number of 128 male new patients, 25 were of nationalities other than British. These included, Nigerians, Pakistanis, Jamaicans, Chinese, Greeks and one Italian. Although some were only short-stay members of the community.

### Contacts

Most patients were co-operative in arranging for their own contacts to attend for investigation, but if sufficient data was not available the Social Worker endeavoured to trace and arrange for the contact to attend at the Hospital. During 1963 the attendance of contacts and patients for treatment was very good and less visiting was necessary.

### Defaulters

Patients who have not completed treatment or observation are requested by letter to return to the Clinic. If ineffective this is followed by a home visit where difficulties are often overcome and practical help given.

### Blood Tests in Pregnancy

Routine blood tests continued to be taken by Medical Officers at Ante-Natal Clinics and by General Practitioners. A patient showing a positive blood Wasserman is referred to Dr. Burgess for treatment if necessary.

### Visits made by the Social Worker

Number of Visits and Revisits to Contacts ..	16
Number of Visits and Revisits to Defaulters ..	35
Number of miscellaneous visits, Doctors, Hospitals, etc. .. .. .	106
Total Visits .. .. .	<hr/> 157 <hr/>

## PART V

REPORTS ON PUBLIC HEALTH MISCELLANEOUS  
SERVICES

1. National Assistance Act, 1948 — Section 47 —  
Removal to Suitable Premises of Persons in need of  
Care and Attention
2. National Assistance Act, 1948 —  
Incidence of Blindness
3. Staff — Medical Examinations

**National Assistance Act, 1948 — Section 47  
Removal to Suitable Premises of Persons in  
Need of Care and Attention**

No action was taken during 1963 under the powers placed on me by Section 47 of the National Assistance Act, 1948.

**National Assistance Act, 1948 —  
The Incidence of Blindness**

The Director of Welfare Services informs me that 23 persons were admitted to the Blind Register, and 22 persons were admitted to the Partially Sighted Register during 1963. The following table shows the follow-up of registered blind and partially sighted persons.

*Follow-up of Registered Blind and Partially Sighted Persons.  
Year ending 31st December, 1963*

	Cause of Disability			
	Cata-ract	Glau-coma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Forms B.D.8 recommends:				
(a) No treatment ..	1	1	—	—
(b) Treatment (medical, surgical or optical)	5	—	—	1
(c) Ophthalmic Medical Supervision	19	2	—	15
(ii) Number of cases at (i) (b) which have received the treatment recommended ..	1	—	—	—

**Staff Medical Examinations**

During 1963, 180 employees were examined by the Authority's Medical Officers who determined their fitness for entry into the Council's Superannuation Scheme.

## PART VI

## ENVIRONMENTAL SERVICES

- (a) Report by the Chief Public Health Inspector on Environmental Hygiene in Wakefield.
- (b) Report of the City Analyst
- (c) Wakefield Swimming Baths
- (d) Sewage and Sewerage Disposal
- (e) Wakefield Water

## REPORT ON THE ENVIRONMENTAL HYGIENE IN WAKEFIELD

(By W. B. Twyford, Chief Public Health Inspector).

1963 will long be remembered for the arctic conditions which prevailed in the early months of the year, and these conditions had a very marked impact upon the work of the Public Health Inspectors.

In the report I have commented at length upon complaints received concerning the Alverthorpe Smoke Control Order. The investigation of these complaints revealed two things:—

- (a) Once people are prevented from burning coal, that fuel becomes a paragon and its replacement is expected to yield better results for less cost. The days the chimney smoked or a fall of soot smothered the carpet are forgotten — only the cheerful flames remain in the mind.
- (b) Any faults in the design of the house which affect the comfort standards are attributed to the enforced use of smokeless fuel.

Certain difficulties were experienced in obtaining supplies of smokeless fuels but these arose not from shortages but from distribution difficulties due to snow and ice covered roads, frozen stock piles in merchants yards etc.

The other main effect of the severe weather was felt by those citizens who still have to use external water closets. Almost all of these froze solid, the majority burst, and the building force available was insufficient to cope with the demand, resulting in people having to carry water for flushing the pedestals for many months. More and more difficulty is encountered in obtaining labour to undertake small repairs of this kind.

As in previous years the work which the Sanitary Section of the Health Department is required to do has increased, and although the staffing position has been maintained it has not been possible to undertake all the routine work which needs to be done. The special demands of work such as housing clearance, clean air, meat and food inspection makes such vast inroads into the time that little remains for other duties.

In many aspects of our work the regular routine visit is of the utmost importance. An example of this is food hygiene. Food handlers generally are fully aware of their responsibilities, but it is only the constant vigilance of inspectors on regular visits which prevent careless habits developing. During the past few years the number of catering establishments in the town has increased considerably and as these are the potential sources of large scale food poisoning outbreaks they demand more attention than it is possible to afford them. It only needs one careless action by a food handler to infect a supply of food for possibly hundreds of people. That is the measure of responsibility borne by every member of the food trade.

### COMPLAINTS

Number of complaints received	..	..	..	..	1260
This figure is comprised of:—					
Ashbins	..	..	..	..	352
Rodents	..	..	..	..	251
Drains	..	..	..	..	158
Nuisances	..	..	..	..	96
Housing	..	..	..	..	309
Miscellaneous	..	..	..	..	94

### DETAILS OF INSPECTIONS MADE

Total number of inspections made	..	..	..	14126
Complaints	..	..	..	1078
Nuisances found	..	..	..	87
Reinspection of houses under notice	..	..	..	656
Overcrowding	..	..	..	16
Relets and municipal applications	..	..	..	842
Certificates of disrepair	..	..	..	3
Houses in multiple occupation	..	..	..	104
Improvement grants	..	..	..	149
Slum clearance (housing inspections)	..	..	..	496
Clearance areas	..	..	..	587
Bedding inspection	..	..	..	265
Moveable dwellings	..	..	..	101
Bakehouses	..	..	..	43
Dairies and milk distributors	..	..	..	62
Fish friers	..	..	..	62
Food preparing premises	..	..	..	113
Food shops under Food & Drugs Act, 1955	..	..	..	182
Food hygiene inspections	..	..	..	383
Hairdressers	..	..	..	43
Hawkers and open air caterers	..	..	..	27

Hotel and restaurant kitchens	..	..	..	..	75
Ice cream premises	..	..	..	..	128
Markets	..	..	..	..	118
Pet shops	..	..	..	..	77
Public houses and licensed premises	..	..	..	..	39
Shops Act, 1950	..	..	..	..	191
Slaughterhouses	..	..	..	..	1256
Shops and warehouses	..	..	..	..	136
Factories with power	..	..	..	..	111
Factories without power	..	..	..	..	3
Special premises: (electricity stations, Institutions, building sites, slaughterhouses, railway sheds	..	..	..	..	1
Outworkers	..	..	..	..	3
Workplaces	..	..	..	..	6
Smoke control areas	..	..	..	..	946
Smoke observations—Industrial	..	..	..	..	64
Domestic	..	..	..	..	11
Atmospheric deposit stations	..	..	..	..	839
Atmospheric pollution other visits	..	..	..	..	150
Boilerhouse inspections	..	..	..	..	30
Drainage tested	..	..	..	..	81
Drains inspected	..	..	..	..	294
Domestic sanitary accommodation	..	..	..	..	154
Public sanitary accommodation	..	..	..	..	12
School sanitary accommodation	..	..	..	..	4
Rodent infestation	..	..	..	..	702
Visits re filthy or verminous premises	..	..	..	..	161
Verminous persons treated	..	..	..	..	4
Animals (keeping of)	..	..	..	..	23
Canal boat inspections	..	..	..	..	4
Cinemas and places of entertainment	..	..	..	..	19
Infectious disease	..	..	..	..	146
Noise nuisance	..	..	..	..	15
Offensive trades	..	..	..	..	5
Refuse accommodation	..	..	..	..	927
Plans	..	..	..	..	127
Sampling visits	..	..	..	..	347
Interviews	..	..	..	..	756
Miscellaneous	..	..	..	..	867

### Notices Served

Informal notices served	..	..	..	..	125
Informal notices complied with (including notices carried forward from 1962)	..	..	..	..	102
Statutory notices served	..	..	..	..	58

Statutory notices complied with (including notices carried forward from 1962) .. .. .	53
Notices outstanding at end of 1963 .. .. .	22
Notices served under the Wakefield Corporation Act, 1924, regarding ashbins .. .. .	118

### ACTION UNDER THE PUBLIC HEALTH ACT, 1936

No proceedings were taken on default of action under the Public Health Act, 1936, during the year.

### NUISANCES ABATED AND DEFECTS REMEDIED

Ashbins provided by owners or occupiers.. ..	390
Accumulations of manure and other refuse removed ..	26

#### Drains

Cleaned out, re-laid or repaired .. .. .	101
New inspection chamber covers provided .. ..	1
Ventilating and soil pipes renewed or repaired ..	3
Gullies cleaned out .. .. .	8

#### Dwellinghouses

Roof repairs .. .. .	18
External walls rebuilt, cement rendered or repointed	3
Internal walls replastered .. .. .	1
Ceilings replastered .. .. .	1
Floors re-laid or repaired .. .. .	3
Doors renewed or repaired .. .. .	1
Fireplaces and cooking ranges renewed or repaired	2
Windows repaired or sashes re-corded .. ..	3
New eavesgutters or rain water fall pipes provided..	9
Eavesgutters or rain water fall pipes cleaned out or repaired .. .. .	8
Chimney stacks or pots renewed or repaired ..	2
Smoky conditions abated .. .. .	5
New steps provided or repaired .. .. .	2

#### Water Closets

Flushing cisterns repaired or renewed .. ..	32
Compartments re-built .. .. .	3
New pedestal washdown pans provided .. ..	27
Repaired .. .. .	8
New seats provided .. .. .	3
Service pipes to flushing cisterns repaired .. ..	38

**Water Supply**

Service pipes repaired .. .. .	18
Taps repaired or new taps provided .. .. .	2
Sinks renewed .. .. .	9
Sink and bath waste pipes renewed, repaired or cleaned out .. .. .	6

**Miscellaneous**

Yards and passages cleansed .. .. .	2
Yards and passages paving repaired or renewed .. .. .	2
Caravans removed .. .. .	37
Nuisances from keeping animals abated .. .. .	2
Nuisance caused by burning refuse abated .. .. .	1

**HOUSING****New Houses erected during 1963**

<i>Size of house, i.e. number of habitable rooms</i>	<i>Total</i>	<i>Built by Corporation</i>	<i>Built by private enterprise</i>
3 rooms .. .. .	187	180	7
4 rooms .. .. .	97	57	40
5 rooms .. .. .	37	—	37
6 rooms .. .. .	1	—	1
7 rooms .. .. .	1	—	1
	<hr/> 323 <hr/>	<hr/> 237 <hr/>	<hr/> 86 <hr/>

**Clearance of Unfit Houses**

During the year confirmation of the following Orders was received from the Minister of Housing and Local Government.

<i>Name of Order</i>	<i>No. of Houses</i>	<i>Population</i>	<i>Date of representation</i>	<i>Date of Order</i>	<i>Date of Confirmation</i>
Wonder Street Nos. 1 & 2 and Thornhill Street No. 2 Compulsory Purchase Order .. .. .	96	254	19 Mar., 1962	1 May, 1962	2 Jan., 1963
Denby Dale Road No. 1 Clearance Order .. .. .	21	51	19 Nov., 1962	1 Jan., 1963	28 June, 1963

<i>Name of Order</i>	<i>No of houses</i>	<i>Popu- lation</i>	<i>Date of Represen- tation</i>	<i>Date of Order</i>	<i>Date of Confirma- tion</i>
Denby Dale Road Nos. 2 & 3 Clearance Order .. ..	32	57	19 Nov., 1962	1 Jan., 1963	28 June 1963
Holmfield Lane No. 3 Clearance Order	2	7	19 Nov., 1962	1 Jan., 1963	28 June, 1963
Thornes Lane No. 20 (Thornes Lane Wharf No. 2) Com- pulsory Purchase Or- der .. ..	11	35	19 Nov., 1962	1 Jan., 1963	29 May, 1963
Thornes Lane No. 21 Compulsory Pur- chase Order ..	26	52	19 Nov., 1962	1 Jan., 1963	29 May, 1963
Pilkington Street Compulsory Pur- chase Order ..	60	163	19 Nov., 1962	1 Jan., 1963	7 Aug., 1963
Stanley Road No. 1 Clearance Order ..	3	7	19 Nov., 1962	1 Jan., 1963	28 June, 1963
Greenhill Road No. 1 Compulsory Pur- chase Order ..	9	28	19 Nov., 1962	1 Jan., 1963	28 June 1963
Greenhill Road No. 2 Compulsory Pur- chase Order ..	2	6	19 Nov., 1962	1 Jan., 1963	29 Many, 1963

The following representations concerning unfit houses were made to the Council during the year.

<i>Name of Order</i>	<i>No of houses</i>	<i>Popu- lation</i>	<i>Date of Represen- tation</i>	<i>Date of Order</i>	<i>Date of Confirma- tion</i>
White Horse Yard Compulsory Pur- chase Order ..	7	14	17 June, 1963	2 July, 1963	

<i>Name of Order</i>	<i>No of houses</i>	<i>Popu- lation</i>	<i>Date of Represen- tation</i>	<i>Date of Order</i>	<i>Date of Confirma- tion</i>
Marriotts Buildings Clearance Order ..	13	36	17 June, 1963	2 July, 1963	5 Dec., 1963
Thornes Lane No. 22 (Commercial Street No. 4) Compulsory Purchase Order ..	4	11	17 June, 1963	2 July, 1963	31 Dec., 1963
Kirkgate No. 18 (Baxendale's Yard) Compulsory Pur- chase Order ..	5	3	17 June, 1963	2 July, 1963	31 Dec., 1963
Back Hatfield Street No. 3 and Padgetts Terrace Compulsory Purchase Order ..	11	25	17 June, 1963	2 July, 1963	17 Dec., 1963
Stanley Road No. 2 Clearance Order ..	8	18	17 June, 1963	2 July, 1963	31 Dec., 1963
Sanderson Street Compulsory Pur- chase Order ..	30	99	17 June, 1963	2 July, 1963	31 Dec., 1963
Hanson Terrace Compulsory Pur- chase Order ..	7	25	17 June, 1963	2 July, 1963	
Portobello Road No. 1 Compulsory Pur- chase Order ..	3	5	17 June, 1963	2 July, 1963	31 Dec., 1963
Portobello Road No. 2 (Stubley's Build- ings) Clearance Or- der .. .. .	12	34	17 June, 1963	2 July, 1963	
Barnsley Road Nos. 3, 4, 5 & 6 Compul- sory Purchase Order	51	100	17 June, 1963	2 July, 1963	

<i>Name of Order</i>	<i>No. of houses</i>	<i>Popu- lation</i>	<i>Date of represent- ation</i>	<i>Date of Order</i>	<i>Date of Confirma- tion</i>
Barnsley Road No. 7 Clearance Order	7	8	17 June, 1963	2 July, 1963	
Barnsley Road No. 8 Clearance Order	9	27	17 June, 1963	2 July, 1963	
Barnsley Road No. 9 (Pinfold Lane) Compulsory Pur- chase Order ..	2	4	17 June, 1963	2 July, 1963	
Alverthorpe No. 1 Compulsory Pur- chase Order ..	47	83	12 Dec., 1963	4 Feb., 1964	
Back Mount Plea- sant Clearance Order	6	18	12 Dec., 1963	4 Feb., 1964	
Camelia Walk Com- pulsory Purchase Or- der .. .. .	6	13	12 Dec., 1963	4 Feb., 1964	
Doncaster Road No. 5 Clearance Order	8	21	12 Dec., 1963	4 Feb., 1964	
Vicarage Street No. 1 Clearance Order	6	11	12 Dec., 1963	4 Feb., 1964	
Agbrigg Road No. 1 Clearance Order ..	2	2	12 Dec., 1963	4 Feb., 1964	
Teall Street No. 2 Compulsory Pur- chase Order ..	5	14	12 Dec., 1963	4 Feb., 1964	
Gladstone Square Compulsory Pur- chase Order ..	8	19	12 Dec., 1963	4 Feb., 1964	

<i>Name of Order</i>	<i>No of houses</i>	<i>Popu- lation</i>	<i>Date of Represent- ation</i>	<i>Date of Order</i>	<i>Date of Confirma- tion</i>
York Street No. 1 and York Place Compulsory Pur- chase Order ..	13	40	12 Dec., 1963	4 Feb., 1964	
Montague Street No. 1 Compulsory Pur- chase Order ..	41	88	12 Dec., 1963	4 Feb., 1964	
Total ..	<u>301</u>	<u>718</u>			

After several years of concentrated effort of clearance of unfit houses it will be appreciated that the worst houses in the City have, in the main, been cleared, and one of the results of this progress is to make the representation of new areas more difficult. The improved standard of the houses with which we are dealing means that the housing inspection reports prepared by the District Inspectors have to be far more comprehensive, and a greater number of objections are received.

It would seem reasonable to assume that all local authorities are having to deal with rather better houses as their clearance schemes progress and this poses the question as to whether the standard of fitness contained in the Housing Act, 1957, is adequate to meet the present conditions or whether regard should now be paid to the lack of facilities which hitherto have not been regarded as essential, e.g. the absence of bathrooms, internal water closet, hot water supplies, etc.

### **Houses Demolished**

During the year 98 houses were demolished, 87 being in Clearance Areas and 11 individual unfit houses.

### **Removal from Unfit Properties**

All removals from clearance properties were carried out by the Corporation. Furniture and effects were disinfested in transit by hydrogen cyanide. Bedding, soft furnishings, etc., which were not suitable for gassing, were subjected to chemical disinfestation.

The district inspectors carried out 842 inspections of dwelling houses in connection with the re-housing of tenants.

In an earlier part of the report I have commented on the raising of the standard of unfitness within the City and this is reflected in the standard of furnishings etc., within the houses with which we are dealing and there has been a steadily increasing demand for the abolition of the compulsory fumigation of household effects from houses contained in clearance areas. This demand reached such levels that I was instructed to submit a report to the appropriate Committee and this was prepared and submitted in November and December of 1963, and the outcome will be reported in the next annual report.

### HOUSES IN MULTI OCCUPATION

The continued pressure of work on slum clearance, smoke control and meat inspection has meant that it has not been possible to undertake further work in connection with the survey of houses in multi-occupation, but it would seem that the standards which the Council imposed on the houses in multi-occupation which were being occupied as hostels (particularly by immigrants) has had the desired effect of discouraging the development of these properties, and where notices were served in respect of property certain improvements have been obtained.

### RENT ACT, 1957

The following is a summary of work carried out during the year.

Number of applications for certificates .. .. .	—
Number of decisions not to issue certificates .. .. .	—
Number of decisions to issue certificates .. .. .	—
(a) in respect of some but not all defects .. .. .	—
(b) in respect of all defects .. .. .	—
Number of undertakings given by landlords under paragraph 5 of the First Schedule .. .. .	—
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule .. .. .	—
Number of certificates issued .. .. .	—
Applications by landlords to local authority for cancellation of certificates .. .. .	1
Objections by tenants to cancellation of certificates .. .. .	—
Decisions by Local Authority to cancel in spite of tenants' objections .. .. .	—
Certificates cancelled by Local Authority .. .. .	1

The number of certificates issued under this Act and still operative is 94.

## MOVABLE DWELLINGS

During the year 2 licences were in operation. The dwellings are stationed on 2 different sites.

Difficulty is still encountered from time to time with the stationing of movable dwellings occupied by itinerant traders on various cleared sites in the City area. When these caravan dwellers leave the site it is usually left with a miscellaneous assortment of rubbish for which the traders have no further use, and arrangements have been made with the City Police and the City Engineer so that any such vehicles stationed on municipally owned land are allowed twenty-four hours to vacate the site and if they are still there at the expiration of that period the vehicles are towed on to the highway for removal. The Council are prepared to act as agents for private landlords where privately owned land is similarly occupied.

## FOOD AND DRUGS

### **Registration under the Milk and Dairies Regulations, 1959**

Distributors with premises within the City .. .. .	29
Distributors with shop premises at which milk is supplied only in the properly closed and unopened vessels in which it is delivered to the shop .. .. .	169

A total of 7 new registrations was effected during the year.

### **Milk (Special Designations) (Raw Milk) Regulations, 1949 to 1954 Milk (Special Designations) (Pasteurised and Sterilised) Milk Regulations, 1949 to 1953**

A total of 266 licences issued under these Regulations was in operation during 1963 and comprised the following:

- 46 Dealers' licences authorising the use of the special designation Tuberculin Tested.
- 45 Dealers' licences authorising the use of the special designation Pasteurised.
- 174 Dealers' licence; authorising the use of the special designation Sterilised.
- 1 Dealer's (Pasteuriser's) licence authorising the use of the special designation Pasteurised.

### **Bacteriological Examination of Milk**

During the year a total of 76 samples of milk was submitted to the Director of the Public Health Laboratory for examination.

A detailed analysis of the type of milks sampled is shown in the Table on page 79.

Bacteriological Examination of Milk to which a Special Designation was Applied

Month	Tuberculin Tested		Pasteurised and Tuberculin Tested Pasteurised				Sterilised		
	Methylene Blue		Methylene Blue		Phosphatase		Turbidity		
	No.	Satis- factory	Unsatis- factory	No.	Satis- factory	Unsatis- factory	No.	Satis- factory	Unsatis- factory
January	2	2	—	8	8	—	1	1	—
February	—	—	—	—	—	—	—	—	—
March	—	—	—	—	—	—	—	—	—
April	—	—	—	—	—	—	—	—	—
May	5	5	—	7	7	—	—	—	—
June	—	—	—	—	—	—	—	—	—
July	—	—	—	13	13	—	—	—	—
August	—	—	—	2	2	—	—	—	—
September	—	—	—	5	5	—	—	—	—
October	—	—	—	13	13	—	—	—	—
November	2	2	—	11	11	—	1	1	—
December	1	1	—	5	5	—	—	—	—
Totals	10	10	—	64	64	—	2	2	—

### Bacteriological Examination of Water

During the year 56 samples of water were submitted to the Director of the Public Health Laboratory for examination.

The samples comprised:—

Mains water	..	..	..	..	1
Baths and paddling pools	..	..	..	..	44
Washing-up waters	..	..	..	..	8
Cellar water	..	..	..	..	3

The number of samples of mains water submitted for examination is lower than one might expect, but in view of the fact that the Water Board offices are situated within the City and samples from the Board are submitted regularly for bacteriological examination and results forwarded to this office, it is not felt necessary to duplicate this service.

The samples of washing-up waters were taken from catering establishments where the methods adopted were considered to be suspect, and of the eight samples submitted five were classified by the laboratory as satisfactory, two of reasonable quality and one of poor quality.

The results obtained were as follows:—

Sample No. 39	Colony count per gram. 500. Coliforms not grown.
Sample No. 40	Colony count per gram. 30,000 Coliforms — Irregular type VI present in 0.01 ml.
Sample No. 41	Colony count per ml. 1,000. Coliforms — (Bact. aerogenes type I and Bact. coli. type I) present in 0.1 ml.
Sample No. 42:	Colony count per ml. 700. Coliforms (Bact. aerogenes type I and irregular other types) present in 0.1 ml.
Sample No. 51:	Colony count per ml. 1. Coliforms not isolated. No pathogenic organisms isolated.
Sample No. 52:	Colony count per ml. 27,000. Coliforms — present in 0.001 ml. (Bact. coli. type I)

- Sample No. 53: No pathogenic organisms isolated.  
Colony count per ml. 25.  
Coliforms not isolated.  
No pathogenic organisms isolated.
- Sample No. 54: Colony count per ml. 200,000.  
Coliforms — present in 0.1 ml. (Bact. coli. type I)  
No pathogenic organisms isolated.

In the case of the unsatisfactory sample the figures produced were of assistance in persuading the restauranter to improve his methods.

During the year a swimming bath was opened at the Thornes House Grammar School and this department was asked to advise the Headmaster as to the hygienic procedures to be adopted.

It was arranged that the Baths Manager should be the person responsible for giving the technical information and regular sampling routines were established.

The water at the public baths is sampled at regular intervals by the Superintendent and copies of the laboratory reports are received in this Department.

### **Bacteriological Examination of other foods**

During the year 13 samples of food were submitted to the Director of the Public Health Laboratory and 1 was found to be unsatisfactory.

<i>No.</i>	<i>Type of Food</i>	<i>Report</i>	<i>Result</i>
1	Cockles		Satisfactory
2	Mussels		Satisfactory
3	Mussels (in shells)		Satisfactory
4	Dessicated coconut		Satisfactory
5	Dried Milk Powder		Satisfactory
6	Liquid Egg		Satisfactory
7	Liquid Egg		Satisfactory
8	Liquid Egg		Satisfactory
9	Pasteurised Milk		Satisfactory
10	Tuberculin Tested Milk	Methylene Blue Test — Failed	Unsatisfactory
11	Pasteurised Milk		Satisfactory
12	Pasteurised Milk		Satisfactory
13	Pasteurised Milk		Satisfactory

### **Laboratory facilities**

The bacteriological examination of water, milk, foods and pathological specimens is carried out by the Public Health Laboratory, Wood Street, Wakefield.

Chemical analysis of foods, drugs, fertiliser and water are carried out by Mr. R. A. Dalley, F.R.I.C., who is employed as the City Analyst for Leeds and also acts for the City of Wakefield.

### **Biological Tests for Tubercle Bacilli and Brucella Abortus**

A total of 8 samples was submitted for biological tests. All were negative for Tuberculosis, and 7 were reported negative for Brucella Abortus. One sample which was positive for Brucella Abortus was referred to the Ministry of Agriculture, Fisheries and Food and investigations undertaken by the officers of that Ministry.

Formal notices were served upon the farm concerned requiring that all milk from the herd should be subjected to a process of pasteurisation before sale and these remained operative until the source of infection had been eliminated.

### **Chemical Analysis of Water**

During the year 3 samples of water were submitted for chemical analysis. One sample was reported satisfactory.

Of the two unsatisfactory samples, one was a sample of water taken from a flooded cellar which proved that the flooding was due to surface drainage water, and the second was where a complaint had been made that the water was discoloured. In this latter case it was found that the water contained an excessive iron content but was in no way harmful to health, and flushing of the mains proved an effective remedy.

### **Food and Drugs Act, 1955**

A total of 179 samples (39 formal and 140 informal) of foods and drugs were submitted for analysis under the Food and Drugs Act during the year.

Details of the samples taken are as follows:—

# **Nature of Commodity**

## **(a) Milk**

<i>Number Examined</i>	<i>Number Adulterated</i>	<i>Percentage Adulterated</i>	<i>Action taken on unsatisfactory samples</i>
37	1	2.7%	Sample No. 588 was 5% fat deficient. Warning letter sent to retailer.

## **(b) Other Foods**

	<i>Number examined adulterated</i>		<i>Percentage adulterated</i>	<i>Action taken on unsatisfactory samples</i>
Biscuits .. ..	..	1	—	
Bread .. ..	..	2	—	
Breakfast Cereal ..	..	1	100%	Sample No. 16 contained an earth-worm, piece of grass and part of a green pea. Warning letter sent to manufacturers.
Buttermilk drink ..	..	1	—	
Cakes .. ..	..	8	25%	Sample No. 37 (Eccles Cake) contained a filter tip from a cigarette. Warning letter to bakery.
Cheese and cheese spread ..	7	—	—	Sample No. 52 (Cream Horns) was stated to contain genuine cream but analysis proved it to be imitation cream. Warning letter sent to retailer.

*Number Number Percentage  
examined adulterated adulterated*

*Action taken on unsatisfactory samples*

Chicken fritters	..	..	1	1	100%	Sample No. 508 was considered to have a low meat content, and the description "Fritter" was considered to be misleading. Letter sent to manufacturers who agreed to raise the meat content.
------------------	----	----	---	---	------	---

Cream, fresh, canned and bottled	5	—	—	—	—	
Custard powder..	1	—	—	—	—	
Dehydrated vegetable ..	1	—	—	—	—	
Fish (canned) ..	2	—	—	—	—	
Fish fingers, frozen ..	1	—	—	—	—	
Flour ..	6	—	—	—	—	
Fruit (canned) ..	3	—	—	—	—	
Fruit juice ..	1	—	—	—	—	
Glucose with Vitamin D ..	1	—	—	—	—	
Ice cream ..	5	—	—	—	—	
Ice lolly syrup ..	2	—	—	—	—	
Jellies, table ..	2	—	—	—	—	
Macaroon paste ..	1	—	—	—	—	
Marzipan ..	1	—	—	—	—	
Meat pies ..	13	2	15.5%			Sample Nos. 558 and 563 were deficient in meat content in that they contained only 23.0% and 21.6% meat respectively compared with the accepted minimum of 25%. Warning letter sent to manufacturers.

Meat, potted ..	1	—	—	—	—	
Meat paste, potted ..	1	—	—	—	—	

*Number Number Percentage  
examined adulterated adulterated      Action taken on unsatisfactory samples*

**Meat Products (canned)**

Chicken and ham slice ..	1	—	—	Sample No. 172 contained parts of a blue-bottle. Matter taken up with manufacturers.
Corned beef ..	2	—	—	
Curried chicken and mushrooms ..	1	—	—	
Milk powder ..	1	1	100%	
Milk pudding (canned) ..	5	—	—	Sample No. 547: Parsley sauce powder the ingredients were not listed on the packet in the manner required by the Labelling of Food Order, 1953. Letter sent to manufacturers.
Oatmeal porridge (canned) ..	1	—	—	
Oil, vegetable ..	1	—	—	
Pickles and sauces ..	8	1	12.5%	
Pie filling (canned) ..	2	—	—	
Pork savouries ..	1	—	—	
Preserves ..	6	—	—	
Puddings, ready made ..	4	—	—	
Puff-pastry, mix ..	1	—	—	

*Number Number Percentage  
examined adulterated adulterated*

*Action taken on unsatisfactory samples*

Sausage .. .. 18 7 39%  
Sample 576 was said to contain pre-  
servatives but did not contain any.  
Warning letter sent to retailer.

Samples Nos. 539, 540 and 549 con-  
tained preservatives which was not  
stated at the time of sale. Warning  
letters sent to manufacturers.

Samples Nos. 539, 540 and 572 were  
deficient in total meat contents, 6%  
30% and 4.6% respectively. Warning  
letters sent to manufacturers and  
retailer.

Samples Nos. 551, 572 and 573 were  
deficient in lean meat, 32%, 15%  
and 7.7% respectively. Warning  
letters sent to manufacturer and  
retailers.

Sample No. 519 (Rum and Butter  
toffee) contained no alcohol and in-  
sufficient butter to justify descrip-  
tion. Letter sent to manufacturers.

Savoury rice (canned)	..	1	—	—
Soft drinks	..	4	—	—
Sweets	..	2	1	50%
Sugar	..	2	—	—
Syrup	..	1	—	—
Vinegar	..	4	—	—
Wheat embryo	..	1	—	—

		Number examined		Number adulterated		Percentage adulterated	Action taken on unsatisfactory samples
		1	..	1	100%		
Yoghurt, Strawberry	..	1	..	1	100%	Sample No. 610 contained artificial colouring matter which was not stated on the label. Warning letter sent to manufacturers.	
<b>Drugs</b>							
Asprin	..	1	..	1	100%	Sample No. 617 was wrongly labelled. It was considered that the name Vitamin Tablets should appear on the front of the label, and the words "Prevent Colds and Flu" were exaggerated and misleading. Warning letter sent to manufacturers.	
APS tablets	..	1	..	1	100%		
Compound Glycerin of Thymol	..	2	..	2	10.61%		
Laxative preparations	..	2	..	2	10.61%		
		179		19	10.61%		

The foreign bodies found in Samples Nos. 16 (an earthworm, piece of grass and part of a green pea in cereals) and 172 (a blue-bottle in dried milk powder) were both sufficiently unusual as to deserve the expenditure of a considerable amount of time, but in both instances a doubt existed as to the place and time at which the objects were introduced into the food.

## MERCHANDISE MARKS ACT

Regular inspections were made at the shops within the City and stalls on the municipal market, and although several verbal notices concerning the labelling of foodstuffs were given, it was not found necessary to take any formal action under this legislation.

## FOOD HYGIENE

### Number of Food Shops in Wakefield

Grocer and Provision Dealer	..	..	168
Fishmonger and Greengrocer	..	..	43
Butcher	..	..	68
Baker and Confectioner	..	..	34
Fishfryer	..	..	47
Sweets and Confectionery	..	..	72
Restaurant Kitchens	..	..	12
Bakehouses	..	..	38
Licensed Houses	..	..	110

It is disappointing to have to report that the success which we had during 1962 in organising courses in catering hygiene was not repeated during the year under review.

In an industry such as the food catering industry where recognised certificates are not regularly encountered, it is surprising that employers seeking staff or staff seeking new employment do not consider it to be an advantage to produce a certificate awarded by the largest public health organisation in the world to further their ends.

There has been a slight increase during the year in the number of organisations asking for lectures on various aspects of hygiene, but it is still hoped that this aspect of our work in the food industry will increase further.

Although the standard of food hygiene in Wakefield bears comparison with most other parts of the country, there is little doubt that it could be further improved if food handlers would pay more attention to detail. Too often one sees cooked meat being unnecessarily handled, cakes and other confectionery being handled so that cream fillings, jam, etc., get on to the fingers and these are then very often cleansed by sucking in the mouth, bags are still opened by blowing into them and paper sheets picked up by first moistening the finger. The public reaction to these unsatisfactory

habits is one of complacency. There are thousands of shoppers in Wakefield who collectively can see more food handling in an hour than the inspector can in a year.

A certain amount of resistance is still being encountered in obtaining satisfactory washing facilities in food shops. The food Hygiene Regulations are specific in requiring wash-hand basins and sinks and further stipulate that both these fittings should have adequate water supplies. Too often in an attempt to save very small sums of money shop keepers try to persuade inspectors to allow one fitting to serve both purposes, thereby giving a clear illustration that they do not fully appreciate the purpose behind the law. The siting of these facilities, particularly with regard to wash-hand basins, is of prime importance. Where a food handler can wash his or her hands without breaking their contact with the public there is a reasonable chance of them doing so, but where this personal contact has to be broken the temptation to merely wipe the hands on overall clothing is almost certain to overcome any instruction in hygiene which they have been given. It would seem, therefore, that the obvious place to site a wash-hand basin is in the shop itself, but the public still seem to feel that it is not quite "rice" to see a wash-hand basin in the shop. The sooner this old fashioned attitude on the part of the public is replaced with one where any aid to hygiene is encouraged the sooner food hygiene will begin to improve to higher levels.

A survey of all fish friers premises was undertaken during the year and in general the conditions found were very satisfactory.

## REGISTRATION OF HAWKERS OF FOOD

The Wakefield Corporation Act, 1938, requires certain businesses to be registered, and the following is a summary of same.

### Section 109

(a) Any person, other than a person keeping open shop, who sells, offers or exposes for sale meat, fish, fruit or vegetables from a cart, etc., and

(b) Any premises used or proposed to be used as storage for such food.

The number of businesses (hawkers) registered at the end of 1963 was 66.

### ICE CREAM

During 1963, 18 applications for registration of premises under Section 110 of the Wakefield Corporation Act, 1938, were received. Some of these were in respect of changes of occupiers and the total number of premises registered was 209. Only one of the premises is used for the manufacture of ice cream, the others being for storage and sale only.

A total of 17 samples was submitted to the Public Health Laboratory for examination during the year. All the samples were subjected to the Methylene Blue Test recommended by the Ministry of Health and were provisionally graded as follows:—

Total Number of samples	Provisional Grades			
	Grade 1	Grade 2	Grade 3	Grade 4
17	12 (70.6%)	3 (17.6%)	1 (5.9%)	1 (5.9%)

### WAKEFIELD CORPORATION ACT, 1938

#### Section 110

#### Registration of Food Preparation Premises

Premises used or intended to be used for the preparation or manufacture of sausages or potted, pressed, pickled or preserved meat, fish or other food for sale, are required to be registered under the above mentioned Act.

The number on the Register at the end of 1963 was 45.

### SLAUGHTERHOUSES

The two private slaughterhouses within the City continued to operate satisfactorily and the necessary legal requirements were complied with.

The City Abattoir still continues to operate as satisfactorily as possible in the existing premises, and work on the provision of a new slaughterhouse to replace it, has proceeded.

The Minister of Agriculture, Fisheries and Food revised the "appointed date" for Wakefield from the 1st January, 1963, until 1st January, 1965.

### Slaughter of Animals Act, 1958

A total of 30 licences to slaughter or stun animals was issued during 1963. Twenty-nine of the licences were renewals and 1 was a new licence.

### MEAT INSPECTION

The Meat Inspection Regulations, 1963, became operative from 1st October, 1963, and for the first time imposed a duty on a local authority to arrange for the inspection by an Inspector in accordance with Regulations of the carcass of every animal slaughtered within their district for sale for human consumption.

For the first time the Regulations give local authorities a specific right to charge for the meat inspection service and specified the following maximum charges:—

- 2s. 6d. per horse or bovine animal (other than a calf).
- 9d. per calf or pig.
- 6d. per sheep, lamb or goat.

The Council decided that no charge should be raised for this service.

In December, a further report on the question of charging for meat inspection was submitted to the Health Committee, and in view of the possibility of the slaughtering pattern within the City changing in the near future, it was decided that a charge of:—

- 2s. 0d. per horse or bovine animal (other than a calf).
- 7d. per calf, or pig and
- 5d. per sheep, lamb or goat.

should be levied as from 1st April, 1964.

Throughout the year the one hundred per cent. inspection of meat slaughtered within the City has been maintained, and with the coming into effect of the Regulations imposing as they do an obligation on the Inspector concerned to affix a stamp to each carcass identifying him as the person who has passed it fit for food, a greater amount of time is having to be devoted to this service.

### Number of Animals Slaughtered in the City during 1963

<i>Animals</i>	<i>Borough Slaughterhouse</i>	<i>Private Slaughterhouses</i>	<i>Total</i>
Cows .. ..	1245	1	1246
Heifers .. ..	557	4	561
Bulls .. ..	3	1	4
Bullocks .. ..	2460	615	3075
Calves .. ..	84	0	84
Pigs .. ..	5533	8114	13647
Sheep .. ..	11456	2731	14187
	<hr/> 21338	<hr/> 11466	<hr/> 32804

Total .. 32804

A total of 32804 animals was slaughtered in 1963, compared with 33616 in the previous year, a decrease of 812.

### Carcases and Offal Inspected and Condemned.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed .. ..	3640	1246	84	14187	13647	—
Number inspected .. ..	3640	1246	84	14187	13647	—
<b>All diseases except Tuberculosis and Cysticerci.</b>						
Whole carcasses condemned ..	1	3	5	8	31	—
Carcasses of which some part or organ was condemned ..	250	294	—	48	347	—
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci .. ..	6.896	23.836	5.952	0.395	2.770	—
<b>Tuberculosis only.</b>						
Whole carcasses condemned ..	—	—	—	—	—	—
Carcasses of which some part or organ was condemned ..	2	—	—	—	27	—
Percentage of the number inspected affected with Tuberculosis .. ..	0.055	—	—	—	0.198	—
<b>Cysticerci.</b>						
Carcasses of which some part or organ was condemned ..	5	—	—	—	—	—
Carcasses submitted to treatment by refrigeration ..	—	—	—	—	—	—
Generalised and totally condemned .. ..	—	—	—	—	—	—

**Inspection of other Food**

<i>Food</i>						<i>tons cwt. qtr. st. lb.</i>				
Apples	..	..	..	..	..	—	—	2	1	10
Bacon	..	..	..	..	..	—	—	1	1	10
Beef	..	..	..	..	..	—	—	—	1	8
Butter	..	..	..	..	..	—	—	—	1	7
Carrots	..	..	..	..	..	—	10	0	0	0
Cauliflowers	..	..	..	..	..	—	8	0	1	10
Cherries	..	..	..	..	..	—	1	1	0	10
Cucumbers	..	..	..	..	..	—	3	0	0	12
Currants	..	..	..	..	..	—	—	—	—	4
Fat ..	..	..	..	..	..	—	—	—	—	3
Fish	..	..	..	..	..	—	1	3	1	11
Grapes	..	..	..	..	..	—	—	—	—	10
Ham	..	..	..	..	..	—	—	—	—	3
Peaches	..	..	..	..	..	—	—	2	1	6
Pears	..	..	..	..	..	—	—	3	0	0
Pineapples	..	..	..	..	..	—	—	1	0	10
Pork	..	..	..	..	..	—	—	—	1	1
Smoke Gammon	..	..	..	..	..	—	—	—	1	1
Veal	..	..	..	..	..	—	—	—	—	10
						<hr/>				
						1	8	2	0	0
						<hr/>				

<i>Canned Food</i>						<i>tons cwt. qtr. st. lb.</i>				
Meat..	..	..	..	..	890	1	7	2	0	12
Milk	..	..	..	..	91	—	—	3	0	0
Vegetables	..	..	..	..	645	—	8	3	1	4
Fruit	..	..	..	..	1375	1	4	2	0	0
Fish	..	..	..	..	39	—	—	—	1	10
						<hr/>				
						3040	3	1	3	1 12
						<hr/>				
Total	..	..	..	..	3040	4	10	1	1	12
						<hr/>				

In July, Mac Fisheries were prosecuted in the City Court for the sale of unsound food. The case related to fish cakes which were sold to a member of the public and found to be unsound, and on a visit being made to the branch concerned further unsound cakes were found on display. These were subsequently taken before a Magistrate and condemned and legal proceedings were instituted. The Company were fined £10.

### **Disposal of Unsound Food**

Unsound meat and offal from the City Abattoir and private slaughterhouses is sold to a contractor whose premises are situated outside the City where it is processed for animal feeding stuffs.

### **Fertilisers and Feeding Stuffs Act, 1926**

A total of 17 samples of fertilisers was taken in the manner prescribed by the Act, during 1963. Twelve of the samples were reported by the Agricultural Analyst to be of satisfactory composition.

In the case of the five unsatisfactory samples, the irregularities were of a minor nature and appropriate letters were sent to the manufacturers.

### **RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951**

A total of 5 samples has been submitted to the Prescribed Analyst under the Act during 1963. The Analyst reports that all the samples complied with the requirements of the Act.

The following registrations, etc., were effected during 1963.

Number of licences issued to manufacture rag flock	..	1
Number of premises registered where rag flock is used in connection with the business carried on	.. .. .	—
Total number of premises on register	.. .. .	5

### **CLEAN AIR ACT, 1956**

On the 19th January, 1963, the Wakefield Express published a long article concerning the City of Wakefield (Alverthorpe No. 1) Smoke Control Order, which consists principally of municipal houses on the Batley Road estate. The article alleged that considerable hardship was being experienced by the householders on this estate, that the appliances installed were unsatisfactory, that solid smokeless fuel was difficult to obtain and of poor quality, and that the tenants of the estate intended to submit a petition to the Council asking for the Order to be revoked. It is interesting to note that although the Order became operative in September, 1962, only one anonymous complaint had been received immediately prior to the press article, and it is a matter of regret that the tenants should have concealed their alleged discontent for so long.

Immediately the complaints had been notified to this office by the newspaper, the Chairman of the Health Committee and I visited the complainants and the information which we obtained differed very considerably from that supplied to the reporter. In most cases where a house was visited during the midst of a very severe snow storm, the tenant came to the door complaining about the smokeless fuel and stating that the condition in the house was intolerable. The Chairman and I entered the house and found a good fire burning, and the complaints of this particular occupant were hard to believe when it is realised that he had answered the door wearing only a vest above the waist and was apparently reasonably comfortable since it would seem that he would have put on further clothes had he been experiencing cold.

The only valid complaints which could be confirmed were that in some cases deepening bars were necessary to prevent the smokeless fuel rolling off the grate, and generally the householders were finding the smokeless fuel more expensive than coal. This latter point is true but this is not particularly surprising in an area such as Wakefield which is built on top of coal fields and where coal has been a cheap fuel.

In order to try and assist the old age pensioners who it was thought might be experiencing financial difficulties, a supply of smokeless fuel was obtained for free distribution, and although all known pensioners on the estate were visited it was not possible to distribute the whole of the fuel obtained, and the stock is still held at the Health Department from which any future requirements can be met.

Following this first article the controversy concerning smoke control areas raged for several weeks in the local paper and was the subject of special consideration by the City Council. The petition previously referred to from the occupants of the houses in the Alverthorpe area was considered by the Council and referred to a special Sub-Committee, appointed to consider the question of smoke control and smoke control areas. The final conclusions of this special Sub-Committee was that the solid smokeless fuels, if correctly used, are satisfactory.

During the height of the controversy several suggestions were made that the clean air campaign was not a material aid to improving public health, and a special meeting of the Wakefield, Pontefract and Castleford Division of the British Medical Association was held in Wakefield when the following resolutions were passed:—

- (a) that the medical profession generally supported the clean air campaign and feel that in normal conditions the operation of smoke control areas and the enforced use of smokeless fuel will in no way prejudice the health of the occupants of the houses concerned and will not aggravate existing respiratory conditions or cause others to develop bronchitis or other similar illness, and
- (b) that the clean air movement is in no way prejudicial to health and it is, in fact, reducing the sulphur content of the atmosphere at the same time as it is reducing the visible amount of smoke from chimneys.

It was hoped that this public statement by their own family doctors would help to dispel the usual doubts people who suffer from chest diseases have, that coke burning is detrimental to their health. Despite assurances from reliable sources such as the Warren Spring Laboratory of the Department of Scientific and Industrial Research, people still do not accept that the increased use of smokeless fuels in modern approved appliances will achieve a reduction in the amount of sulphur gases emitted into the atmosphere. The old association with the crudely burning night watchman's brazier still remains firmly fixed in their minds.

Throughout the whole period of this controversy which was extremely fierce, two encouraging signs were revealed. Firstly, there was a constant, though small, measure of support for clean air in letters to the press. These letters were published but unfortunately did not make news in the same way as the complaints did. The persons who were interviewed were always from the opposition although the names and addresses of satisfied tenants were supplied to the press.

The second encouragement came with the confirmation, without objection, of the Sandal No. 2 Smoke Control Order. This affected 1,312 houses, 10 other premises, and over 1,616 acres, and the Chairman of the Health Committee, speaking in open Council drew attention to the citizens right to object to the order and specified the time for such objections.

During May, a letter was sent out to all industrial undertakings within the City advising them that the period during which certain exemptions could be claimed, due to the need for modernisation of boiler plant, was drawing to an end, and it was apparent that in most cases local industrialists had ensured that their boiler plant would be in a suitable condition to meet full requirements of the Act whilst this period had expired.

In September, the Solid Smokeless Fuels Federation Mobile Exhibition visited the City and the operators reported that in the areas in which it operated, which were all subject to smoke control action, considerable interest was apparent. For the first time in Wakefield there was a keen demand for information about room heaters, central heating and for an improved standard of heating generally.

At the end of the year the City took part in the Clean Air Campaign organised by the West Riding Clean Air Advisory Council and a mobile exhibition was stationed on the old cattle market in Denby Dale Road. Unfortunately the exhibition was not a complete success largely due to the fact that the site was not central and the weather during the exhibition could have been better. The persons who visited and saw the various displays were largely those who were already converted to the cause of clean air.

### ATMOSPHERIC POLLUTION

Forty-four smoke observations were made during the year. In one case smoke as dark as or darker than Ringelmann Shade 4 was observed, and in four cases smoke as dark as or darker than Ringelmann Shade 2 was observed. In the other thirty-nine cases the smoke observed was less than Ringelmann Shade 2. No legal proceedings were instituted.

It is interesting to note from the figures shown in the next table which give the results from the daily volumetric sulphur dioxide and air filter readings, that generally the amount of pollution has decreased during 1963. I think it is reasonable to assume that the clean air activity which we have taken within the City and that which is being taken by adjoining authorities has contributed at least in part to this reduction and that the continued co-operation of industrialists in improving their plants has also made a contribution to this end.

The amount of sulphur dioxide measured shows an increase in the residential areas which are not subject to smoke control; (Hall Road and Kettlethorpe); whilst in the industrial areas, (Power Station, Double Two Shirt Co.); one shows a reduction and one an increase. The one measuring apparatus in a smoke controlled area, (the Public Health Department), shows a decrease as does the Stanley Street area which is of mixed development.

TABLE I  
Result of Volumetric Sulphur Dioxide and Air Filter Apparatus

National Survey Classification of Site	C.1		C.2		A.2		D.1E.		B.3		B.3	
	Power Station (15)		Double Two Shirt Co. (17)		Stanley Street (20)		Public Health Dept. (18)		Hall Road (19)		Kettle- thorpe (21)	
Month	Smoke mg/ Cu.M.	S.O <sub>2</sub> mg/ Cu.M.	Smoke mg/ Cu.M.	S.O <sub>2</sub> mg/ Cu.M.	Smoke mg/ Cu.M.	S.O <sub>2</sub> mg/ Cu.M.	Smoke mg/ Cu.M.	S.O <sub>2</sub> mg/ Cu.M.	Smoke mg/ Cu.M.	S.O <sub>2</sub> mg/ Cu.M.	Smoke mg/ Cu.M.	S.O <sub>2</sub> mg/ Cu.M.
January ..	340	363	210	400	452	275	425	562	491	479	207	288
February ..	307	269	291	435	236	151	384	483	551	476	209	271
March ..	282	215	120	181	75	43	206	274	280	227	125	136
April ..	208	175	126	196	86	64	205	290	267	247	130	159
May ..	220	177	63	101	46	50	110	178	138	150	79	99
June ..	127	114	32	97	91	94	79	155	117	149	71	113
July ..	175	155	50	90	121	137	108	149	127	141	71	93
August ..	170	158	59	86	137	124	108	142	121	126	75	87
September ..	217	173	82	129	201	163	188	221	218	202	112	129
October ..	327	223	38	128	126	102	194	236	227	198	109	113
November ..	282	232	233	203	113	71	244	292	301	219	127	148
December ..	296	273	320	323	305	217	347	450	441	387	177	230
Total ..	2951	2527	1624	2369	1989	1491	2598	3432	3279	3001	1492	1866
Average (1963)	246	210.6	135.33	197.4	165.75	124.25	216.5	286	273.25	250	124.33	155.5
Average (1962)	269	248	148	177	301	273	233	303	266	269	136	175

### RODENT CONTROL

Number of inspections made .. ..	2703
Operations at business premises .. ..	128
Operations at private dwellings .. ..	76
Operations at Corporation premises .. ..	23

### VERMINOUS PREMISES

#### Hydrogen Cyanide Fumigation

During 1963 the following work in connection with the disinfestation of houses found to be infested with bed bugs was carried out:—

Number of municipal houses fumigated ..	2
Number of privately owned houses fumigated .. .. .	Nil

All houses were disinfested under contract by a specialist company.

#### Spray Disinfestation

Municipal houses .. .. .	47
Other than Municipal Houses .. ..	32

### CLOSET ACCOMMODATION

The number of sub-standard closets at the end of 1963 was:—

Trough Closets .. .. .	19
Privy Middens .. .. .	7
Pail Closets .. .. .	—
Chemical Closets .. .. .	4

### REFUSE STORAGE ACCOMMODATION

Wakefield Corporation operate a bin replacement scheme and levy an annual charge (3/- per annum) along with the general rate.

As and when a notice is served requiring the provision of an ashbin the property is brought within the scheme.

Total number of ashbins on maintenance at the end of 1963 .. .. .	8338
Number of ashbins renewed at properties under the maintenance scheme during 1963 .. ..	328

Now that I have the opportunity of studying the operation of the present bin replacement scheme over several years I have been forced to the conclusion that the present system is completely uneconomical so far as administrative costs are concerned. Whenever we receive a complaint of a defective dustbin the complaint

has first of all to be confirmed. It is then necessary to check from our records whether the house concerned is on the maintenance scheme and from the City Treasurer whether the maintenance payment has been paid for the current year. In cases where the payment is in arrears a notice has to be served on the owner of the property. Where a property is not on the scheme a notice is served with a covering letter drawing attention to the scheme and enclosing an order form for a bin. It will be appreciated that this work involves considerable amount of clerical time, and I feel that the Council will very soon have to consider the necessity for maintaining this outdated scheme and replacing it with a scheme whereby the dustbin charge is automatically included in the general rate, and any dustbin which becomes defective can be replaced as necessary.

### OFFENSIVE TRADES

#### Offensive Trades on the Register at the end of 1963

<i>Trade.</i>	<i>Number.</i>
Tripe Boiling .. .. .	1
Rag and Bone Dealing .. .. .	1
<b>Total</b> .. .. .	<b>2</b>

### CANAL BOATS

The number of canal boats inspected during 1963 was 4, and the boats inspected were occupied by 4 persons (4 adult males.) No infringements were found during the year, all the boats complying with the requirements of the Act and Regulations.

The total number of boats on the register is 2, the same as last year.

### WAKEFIELD CORPORATION ACT, 1938

#### Section 154

Registration of hairdressers' and barbers' premises.

The number on the Register at the end of 1963 was 80 (a decrease of 9).

### FACTORIES ACT, 1937

During the year two notices were received from H.M. Inspector of Factories reporting contraventions of the Act.

#### Outworkers (Section 110)

Notifications were received of 4 persons employed as outworkers. Inspections were made at the premises in which the work was executed and they were found to be clean.

# I. INSPECTION OF FACTORIES.

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers prosecuted</i>
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	9	3	—	—
Factories not included in (i) in which Section 7 is enforced by the Local Authority.	351	111	28	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	28	1	—	—
Totals	388	115	28	—

# II. CASES IN WHICH DEFECTS WERE FOUND.

<i>Particulars</i>	<i>Number of cases in which defects were found.</i>				<i>Number of cases in which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>by H.M. Inspector</i>	
Want of cleanliness ....	—	—	—	—	—
Overcrowding ....	—	—	—	—	—
Unreasonable temperature ....	—	—	—	—	—
Inadequate ventilation ....	—	—	—	—	—
Ineffective drainage of floors ....	—	—	—	—	—
Sanitary conveniences					
(a) insufficient ....	2	—	—	1	—
(b) unsuitable or defective	26	2	—	1	—
(c) not separate for sexes ....	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork). ....	—	—	—	—	—
Totals	28	2	—	2	—

## III. OUTWORK

Nature of Work	No. of outworkers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in some premises	Notices served	Prosecutions
Wearing Apparel— Making, etc., Cleaning and Washing ..	4	—	—	—	—	—
Total ..	4	—	—	—	—	—

## ANNUAL REPORT OF THE CITY ANALYST FOR 1963

The following is a summary of the analyses made during 1963:—

Food and Drug Samples	..	..	..	179
Fertilisers	..	..	..	17
Water Samples	..	..	..	3
Water for Radioactivity	..	..	..	12
Miscellaneous	..	..	..	5
Total	..	..	..	216

83-87

The table on pages 82-86 summarises the articles submitted for analysis under the Food and Drugs Act, 1955.

The percentage of unsatisfactory samples was 10.6 per cent. compared with 20.4 per cent. in 1962 and 15.5 per cent. in 1961.

## Milk

The average composition of the 37 samples analysed is shown in the table below, which, for comparison purposes, also shows the corresponding figures for 1962, together with the 1963 figures for Leeds and the minimum composition required by the Sale of Milk Regulations, 1939:—

	<i>Wakefield</i>		<i>Leeds</i>	<i>Minimum Legal Require- ment</i>
	1963	1962	1963	
Number of samples	37	54	1,621	
Solids-not-fat ..	8.65%	8.53%	8.69%	8.50%
Fat .. ..	4.05%	3.44%	3.86%	3.00%
Total solids..	12.70%	11.97%	12.55%	11.50%

One milk sample was 5.0 per cent. deficient in fat content: the remaining 36 samples (including 5 Channel Island Milks) were all genuine.

Midway through the year there was published the Report of a Ministry of Agriculture Committee on Antibiotics in Milk. The Report contained the result of a survey carried out during 1961, in which more than 40,000 samples of ex-farm milk taken from all parts of the country were examined for the presence of antibiotics. 14 per cent. of the milk samples was found to contain antibiotics, penicillin being the most prevalent.

Medical opinion is against the presence in milk of any antibiotic, and the Report contained a number of recommendations designed to achieve this end. One such recommendation was that Food and Drug Authorities should test milk for the presence of antibiotics and take appropriate action when it was found to be present. This recommendation was implemented as soon as the necessary equipment for carrying out the test could be obtained, but no antibiotics were found in the 10 samples examined in the last Quarter of the year.

The test continues to be carried out as a matter of routine.

### **Foods other than Milk**

Seventeen of the 136 samples of food other than milk were found to be unsatisfactory, details as follows:—

*Chicken Fritters* consisted of a mixture of chicken (27 per cent.), potato and cereal filler, the shape and appearance resembling a rissole or fish cake. The description "Fritter" for such a product was considered to be misleading, since it implies whole pieces of meat or fruit coated in batter. It was also considered that the meat content of the article was too low, and should have been at least 35 per cent.

After considerable correspondence the manufacturers eventually agreed to increase the chicken content.

*Sausages.* Of the 18 samples submitted 7 were classified as unsatisfactory. It will be recalled that Pork Sausage is expected to contain at least 65 per cent. of meat and Beef Sausage at least 50 per cent. Two samples of Pork Sausage contained only 45 per cent and 62 per cent. of meat respectively, whilst a Beef Sausage contained only 47 per cent.

In addition to the above standards it is also considered that not more than half the meat content of sausage should consist of fat. Pork Sausage containing 65 per cent. of meat (made up of 35 per cent. fat and 30 per cent. lean) and Beef Sausage containing 50 per cent. meat (33 per cent. fat but only 17 per cent. lean); were therefore adversely criticised on account of their deficiency in *lean* meat, although their *total* meat contents were satisfactory.

Four samples of sausage (including three of those referred to above) contained Sulphur Dioxide preservative without declaration of its presence at the time of sale, this being a contravention of the Preservatives in Food Regulations, 1962.

Finally, one sample of Sausage was reported against because it was stated to contain preservative, but, in fact, none was present. A person who deliberately purchases sausage with the intention of keeping them until the following day is prejudiced if no preserva-

tive is present, and the sample was therefore classified "not of the nature demanded", contrary to Section 2 of the Food and Drugs Act, 1955.

*Meat Pies.* Of the 13 pies analysed two (both described as Steak and Kidney pies) were deficient in meat content in that they contained only 21.6 per cent. and 23.0 per cent. meat respectively, compared with the accepted minimum of 25 per cent.

*Parsley Sauce Powder* consisted of a mixture of cornflour, skim milk powder, dried parsley and monosodium glutamate, but these ingredients were not listed on the packet in the manner required by the Labelling of Food Order, 1953.

Another sample which contravened the same Order was *Real Strawberry Yoghourt*, the label of which failed to disclose the presence of artificial colouring matter.

*Rum and Butter Toffee* contained no alcohol and insufficient butter to justify the description given. The product should have been described as "Rum and Butter Flavoured Toffee".

*Cream Horns* purporting to have been filled with genuine cream, proved on analysis to contain imitation cream.

The remaining three unsatisfactory samples originated as complaints by members of the public due to the presence of foreign bodies in food. They comprised *Breakfast Cereal*, containing an earth-worm, a piece of grass and part of a green pea; an *Eccles Cake*, in which was embedded a filter-tip from a cigarette; and *Dried Milk Powder*, containing fragments of the thorax, legs and wings of a blue-bottle.

## Drugs

One of the six drug samples was reported against. This was a container bearing on the front the name "APS Tablets" and the words "Prevent Colds and Flu". From information given on the back of the container it could be deduced that the contents were Multivitamin Tablets, but this was in no way apparent to a person only able to read the front of the label. It was considered that the name Vitamin Tablets should appear on the front of the label. The second fault lay in the fact that the words "Prevent Colds and Flu" were, in my opinion, exaggerated and misleading, and therefore contravened Section 6 of the Food and Drugs Act.

The manufacturers submitted a new label which met both the above objections.

**Fertilisers and Feeding Stuffs Act, 1926**

Seventeen Fertilisers but no Feeding Stuffs were received for analysis under the above Act. Five of these showed more than the permitted variations from the stated composition. Two of the variations were in excess and not therefore to the prejudice of the purchaser, the other three involved deficiencies in potash content.

**Water Analysis**

Two samples of water from the public supply were analysed. Both were of good organic purity, but one contained an undesirably high iron content (0.67 part per million). The normal level is about 0.1 part per million and complaints of unpleasant appearance and flavour commonly arise when the iron content exceeds 0.3 parts per million.

A sample of water from a flooded cellar was analysed in order to obtain an indication of its origin.

**Radioactivity**

A sample of the City Water is taken each week and the radioactivity determined monthly on the bulked samples. During the first half of the year the level of radioactivity rose steadily due to fall-out resulting from the American and Russian atomic bomb tests carried out during 1962.

The highest level yet recorded in Wakefield (23.8 picocuries per litre) was reached in July. Thereafter the level fell, and in view of the agreement to cease nuclear testing this welcome reduction can be expected to continue. It should be emphasized that even the July figure was well below accepted hazardous levels.

**Miscellaneous**

Crystals taken from a wall in the vicinity of a chemical factory were submitted for identification and proved to be ammonium sulphate.

Samples of Ammonia (2), Caustic Soda and Nicotine Spray were submitted under the Pharmacy and Poisons Act, 1933. The strengths of all four samples were such that they constituted Part II Poisons.

**Conclusion**

It is once again a pleasure to express my gratitude to my Deputy, Mr. L. A. Perkin, for his assistance in the various problems involved in the above work, and to the Chief Public Health Inspector, Mr. W. B. Twyford, and his Deputy, Mr. R. Sharp, for their most helpful co-operation throughout the year.

R. A. DALLEY, F.R.I.C., *Public Analyst.*

## SEWERAGE AND SEWAGE DISPOSAL

The arrangements for sewerage and sewage disposal in the City area are reasonably adequate.

So far as the main sewerage is concerned, there are one or two minor trouble spots which I have in mind that may need attention shortly and provision for dealing with these has been made in the current year's Capital Expenditure Programme.

So far as the Calder Vale Sewage Disposal Works are concerned, a scheme for the installation of a Sludge Digestion Plant has been approved by the Council and is at present with the Ministry of Housing and Local Government. As soon as the Ministry's approval has been obtained then the necessary detailed planning will be put into operation at once with a view to the works being carried out as soon as possible.

## WAKEFIELD WATER, 1962

*(I am grateful to the Engineer and Manager of the Wakefield and District Water Board for this Report)*

- (a) The water supplied has been satisfactory with regard to:
  - (i) quality
  - (ii) quantity.
- (b) Bacteriological samples taken:—
  - (i) Raw water — 34
  - (ii) Treated water — 95

No positive coliform counts were recorded on treated waters.  
 Chemical Analyses:— 34 samples were taken.  
 Fluoride Content:— Approx. 0.07 mg\*litre.

- (c) Whilst the raw water exhibits tendency to plumbo-solvency, there was no evidence of this in any of the analyses made of the treated water.
- (d) No bacteriological contamination was found in the treated water.
- (e) The number of dwelling houses and the number of the population supplied from public water mains:—
 

(i) direct to houses—	Population	61,628
	Dwellings	19,463
(ii) by means of standpipes—	Population	Nil
	Dwellings	Nil

## RESULTS OF CHEMICAL ANALYSIS OF WATER

	Raw Water from Ringstone Main collected at Ardsley	Raw Water from Ryburn Main collected at Ardsley	Water collected from Tap in 21 King Street, Wakefield
	Dates of Examination:		
	8th May	8th May	8th May
Total Solids	85	130	140
Mineral Matter	65	90	100
Chlorides as NaCl	30	33	34
Free Amonia	0.50	0.14	0.02
Albuminoid Ammonia	0.10	0.11	0.14
Oxygen absorbed in 4 hours at 80° F.	0.25	0.65	0.35
Nitrous Nitrogen	Nil	0.004	Nil
Nitric Nitrogen	0.5	0.5	0.5
Total Hardness	26	54	60
Temporary Hardness	Nil	16	16
Permanent Hardness	26	38	44
Alkalinity in terms of CaCo <sub>3</sub> to M.O.	Nil	16	16
Acidity in terms of CaO	5	Nil	Nil
pH Value	3.7	6.8	7.5
Colour — Hazen Units	Nil	Nil	Nil
Turbidity — Silica Scale	2.5	2.5	Nil
Manganese as Mn.	0.09	Nil	Nil
Iron as Fe.	0.75	0.17	0.05
Lead in Solution	..	..	Nil
Lead dissolved in 24 hours	..	..	Nil
Free Chlorine — Actual Free	..	..	0.02
Total including Chloramines	..	..	0.09

## PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961

### PART I OF THE ACT

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

Premises (1)	Number on Register (2)	Number of		
		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† .. ..	9	3	—	—
(ii) Factories not included (i) in which Section 7 is enforced by the Local Authority .. ..	351	111	28	—
(iii) Other premises in which Section 7 is enforced by the Local Authority† (excluding out-worker's premises) .. ..	28	1	—	—
Total .. ..	388	115	28	—

\* Metropolitan Borough, County Borough, Borough, Urban District, Rural District.

† To prevent any differences between the lists kept respectively by the Local Authorities and H.M. Inspectors of Factories of the numbers of factories in which sections 1, 2, 3, 4 and 6 of the Factories Act, 1961 are enforced by Local Authorities, it is requested that Local Authorities should compare their lists of factories with the lists kept by H.M. Inspectors of Factories.

‡ i.e. Electrical Stations (Section 123(1)), Institutions (Section 124) sites of Building Operations and Works of Engineering Construction (Section 127), Slaughterhouses (Section 175(1) (d) and (e)), and Railway Running Sheds (Section 175(2) and (10)).

2. — Cases in which DEFECTS were found (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars  (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted  (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) .. ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—

Particulars  (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted  (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (3)	By H.M. Inspector (4)	
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	2	—	—	1	—
(b) Unsuitable or defective	26	2	—	1	—
(c) Not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work .. ..	—	—	—	—	—
Total .. ..	28	2	—	2	—

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(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)	Prosecu- tions (7)
Wearing apparel { etc., Cleaning and Washing	4	—	—	—	—	—
Household linen ..	—	—	—	—	—	—
Lace, lace curtains and nets .. .. .	—	—	—	—	—	—
Curtains and furniture hangings .. ..	—	—	—	—	—	—
Furniture and upholstery ..	—	—	—	—	—	—
Electro-plate .. ..	—	—	—	—	—	—
File making .. ..	—	—	—	—	—	—
Brass and brass articles ..	—	—	—	—	—	—
Fur pulling .. ..	—	—	—	—	—	—
Iron and steel cables and chains .. .. .	—	—	—	—	—	—
Iron and steel anchors and grapnels .. ..	—	—	—	—	—	—
Cart gear .. ..	—	—	—	—	—	—



**R.S.H. SESSIONAL MEETING, WAKEFIELD**  
**7th March, 1963.**

**"COMMUNITY HEALTH — THE IMPORTANCE OF THE STABLE  
 FAMILY"**

"To put the world in order, we must first put the nation in order; to put the nation in order, we must first put the family in order; to put the family in order, we must first cultivate our personal life; and to cultivate our personal life, we must first set our hearts right".

*Confucius c.550-470 B.C.*

For many years now I have been conscious of the tremendous effect that individuals have one upon the other, and of the paramount importance of emotional stability.

Most of the experiences of my lifetime, experiences of unpleasant, unfortunate happenings and disasters, have been due to the reactions of those who are emotionally unstable.

I have lived, like many of you, through two World Wars which were brought about by persons who were emotionally unstable, and it is my intention to seek for a solution for the instability which arises and produces such catastrophes as we have passed through.

Recently we have been witnessing an apparent slow break-up of family influence. This is a sort of pattern that has been going on since the beginning of the century, and it seems to me that we are now reaching a stage where we must arrest the progress of this trend which would be disastrous to society.

Throughout my career in medicine I have noticed with very great interest the importance of right thinking, right feeling, and a right relationship of man with himself, and I have come to the conclusion (like many others, and I can quote a few), that a stable family life is the only means of creating in an individual this right thinking and right feeling.

The task today, therefore, is to examine the conditions, firstly, which make for an unstable family life, and then secondly to postulate, if possible, the conditions which make for a stable family life.

### **1. An Unstable Family**

In countries such as America and Great Britain, where we have always prided ourselves on our freedom, the basis of marriage has, for many years, been romantic love, and we are so accustomed to this emphasis on romantic love as the only foundation for happy

marriage that we tend to ignore the other qualities necessary. But, as everybody must be well aware, freedom of choice brings with it great responsibilities, and therefore romantic love, with its basis in the freedom of the individual, has now run into some considerable difficulty.

I think it is a good thing that two people who are in love with each other should be enshrouded in glamour, but, at the same time they should be fully aware of the consequences, both physical and economic — and social.

You will admit that marriage is not all romance, and it cannot be, because in order to make marriage work, and to build a stable home and family in this modern world, we must have something more concrete than "beautiful thoughts and rare emotions".

Very many marriages are entered into without a thought for the tremendous responsibilities which marriage brings in its train. More than ever today I feel that marriages are not entered into because of true romantic love, and with the idea of responsibility, but on an erotic basis which is mistaken for romantic love.

Walker, in his "*Physiology of Sex*"<sup>1</sup>, discusses very fully the subject of preparation for marriage, and he raises a whole series of questions with respect to a contemplated marriage, such as health and virility, the age of the partners, the advantages and disadvantages of pre-marital medical examination, and family planning. The extremely important factors of compatibility of temperament, and the age of the partners, have been well discussed in literature, with the assumption that years breed maturity of thought, and with it the capacity to form more sound judgements.

I cannot, however, enter into a discussion on this matter of age, because it is not age, per se, but the economic factor primarily which governs the age at which people marry. Walker goes on to say that the average age of marrying is now much younger than formerly, and the statistics show that the divorce rate is extremely high in those who marry under the age of 20 years, particularly in the United States. In the United States the sentimental and romantic surface qualities are insufficient to hold together a marriage when it is subjected to any considerable strain.

Although the State has laws about the age of marriage, it pays not one whit of attention to the vital question of the physical and mental health of the contracting partners. The new Mental Health Act has made things difficult for us in that respect. There is now no certification. There is nothing to prevent two mentally sub-normal persons marrying and producing mentally sub-normal children, and the State fails to realise that such offspring may then be the responsibility of the State.

Many persons contracting to marry today do not realise what marriage is going to be like, and therefore we find that at the outset there is disharmony arising as the result of miscalculations and misconceptions.

It is my opinion that the case of break-up of marriage is instability in one or both of the partners, although economic factors protrude. In using the words "break-up" of marriage, I mean disharmony as well as complete separation and destruction of the marriage ties.

One of the most important causes, from the economic and social point of view, of the early break-up of marriages, or the instability of marriage, is the emancipation and education of women, with the resultant demotion of the husband from the status of pater families. I am aware that, in decrying the policy of married women with children under the age of seven, going out to work, I am treading on the grounds of Government policy. Nevertheless my opinion still holds good.

Women who go out to work and leave behind them young families to be tended by others have, at one and the same time, seized partial freedom, but also have a sense of guilt. In other words they are ambivalent towards their position in society. A conflict has arisen in their minds. Are they wasting their talents by staying at home? Are they neglecting to be good wives and mothers by going out to work? Although this has been in places the pattern for many years, it is much more the pattern today, and the consequences of this situation upon the growing family must be faced. Such pattern must surely detract from the safety of the family as a whole.

## **2. Changes in the Family Pattern in our Life-time**

Two world wars have served to disrupt the very close-knit and wide kinship state that existed in the beginning of the century, and even since the beginning of the Industrial Revolution. Collectiveness, and by this I mean kinship with aunts, uncles, cousins, etc., living in the same village or within throwing distance of each other, made for a stable situation. Much advice was available under those circumstances for those who felt that advice was needed in bringing up a family.

But why did the family exist? What is it, shall we ask, that keeps the family together? We must not define the basis of family as economic on the one hand, and erotic, emotional on the other, and nothing more. Here we must agree with Walker — "These bonds are strong, but they are not the only bonds which keep a family together. There is, in addition, a life partnership — a life partnership which is one of the mainstays. The partner is not only an object of affection, but a close friend, a colleague, a source of

advice and encouragement. Husband and wife build up a common life. They know each other's feelings and reactions, share love for the children and the grandchildren, and many little things which form the pattern of family life".

Economic interests alone cannot make stability, either, but if a man and wife succeed in building up a good pattern of common life, their marriage will hold firm even if these ties vanish.

We have only ourselves to blame for the disasters which befall the young married couples of today, who are our sons and daughters. They have been brought up, under circumstances which are totally different from those of us, their parents. They have been subjected to well-nigh irresistible pressures from outside the family, and one of those pressures is for too much freedom, too soon — individual independence of a type fraught with danger.

The price of freedom is the knowledge of how to accept the responsibility which freedom brings — the responsibility to the family — the responsibility to society, and the ability to refuse to listen to those voices, to which we are all exposed today, which urge us to impulsive behaviour. We have failed our children in that we have not taught them this. Thus the sense of respect, of loyalty and duty to the father and mother would seem to have become unimportant.

### **The Effect of Two Holocausts**

Two World Wars have given medical men knowledge which we would never have stumbled upon in other circumstances, knowledge which has enabled us to progress in medical science, in the understanding of the human being.

I can remember very clearly that before the first World War life went on very slowly. Communications were few, and slow. Social mobility was very small. Hence time did not press to such an extent as it does today.

After the first World War, the pace of life increased, and there were changes in social reform of the under-privileged, although much misery.

It is difficult to generalise over the changes, because there were great differences between the different strata of society. There were the under-privileged — those who earned so little that it was difficult for them to live decently fed and clad. It can be said that religion played a great part in comforting the souls of those who felt they were the victims of social injustice.

The families in those days were large. And here I make a pronouncement which may not be altogether true, but it certainly looks as though it were true. That wherever there is insecurity, recourse is had to sexual adventure wherever it may be found, either

between man and wife or extra-maritally. We have only to look at the situation that obtained when the German armies overran France in both World Wars and the number of illegitimate births that took place as a result.

Faced with insecurity, man will always tend to try and procreate to prove his virility.

After the first World War we found that some people suffered from what we called in those days "shell-shock", which in reality was a deep-seated anxiety about survival. This attitude gave way to Freud's discoveries and those of Jung and Adler, that anxieties about oneself were liable to become neuroses, and that persons suffering from these neuroses behaved in a way which was not beneficial to their fellow-men.

With the advent of the Second World War we had the birth of modern psychiatry. The men most at stress in the Second World War were those in Bomber Command, and later the invasion troops.

My own experience is that the British as a Nation are extremely courageous, and break down only after extreme exposure to stress.

In the Royal Air Force we had to be extremely careful not to allow persons to do more than three operational tours, otherwise we would lose expensively trained crews through psychiatric casualties.

In 1942 or 1943, the male parent of most families was absent, and the remaining partner had to cope single-handed with the upbringing of the children, the rationing, the bombing, and often the breadwinning. Anxiety for the absent husband produced a tremendous stress which had its effect upon the growing children.

But it is interesting to note that some instability of character existed before the war as is shown by the fact that nearly two thirds of the number of pilots who were sent overseas for training, at a cost to the Government of £3,000 each, were found to be unsuitable after going into operational training, in that emotional stress overcame them. They became psychiatric casualties, and had to re-muster to other occupations. Here was a disaster which was completely unforeseen, which left the Royal Air Force short of steady, courageous, trained men.

Side by side with the latent anxiety of those who stayed at home, there sprang up during the bombing of this country by the German Air Force, a camaraderie which has never been re-established, due to a common search for survival. This comradeship has, alas, petered out, and selfishness is more apparent.

When V.E. day came, the discipline imposed on us by the threat of a common enemy, burst, like a high pressure waterpipe in a thaw. More and more marriages were contracted, for no

good reason, other than a desire to settle down, and such marriages got off to a very poor start because of economic restrictions and shortages all the way round. Therefore the children born during this period, and during the war, were subjected to tensions and pressures they never otherwise would have known.

It is not altogether surprising, therefore, that after the war when disciplines were relaxed, children grew up without any standards of behaviour save that of material gain, and were full of antagonism to authority of the parents.

Since 1957, in addition to the loosening of family ties, lowering of moral values has arisen. What is more, there is a marked increase in moral delinquency amongst adolescents. Violence and rape are now common. V.D. has soared up to the 1946 level. It would seem to me therefore that our society is a sick one.

### **The Family Unit**

Let us now go back to the family unit, and study its integral parts. We cannot make more than a general statement on the tendency of family behaviours. We must remain aware that the problem in the United States is bigger than ours, and perhaps they are in a worse position.

It seems to me that the ideal family is the one in which one person is recognised as the person in control. The idea of the pater families seems to have been abandoned, and I think that this partly accounts for the waywardness of a lot of our adolescents. In Victorian days the head of the family, the father, was a hard and rigorous disciplinarian. We have found now that it is not necessary to be a hard and rigorous disciplinarian, but that it is better to inculcate respect and obedience by example, reserving punishment and correction for the serious instances of deviation from a set of standards which the father, encouraged by his wife, has set for his children.

We can say that no ship, no motor car, no train, can be driven or controlled by more than one person. One person must be responsible. It would be ludicrous for the driver to consult the passengers in the back of the car as to which way and what to do when driving the car. No, the passengers sit contentedly in the back and at the side, unconcerned. They just expect to reach a destination, and have absolute trust, as a rule, in the driver of the vehicle.

Again, no ship can sail the seas without the captain's direction. And he is a lonely man, although it is certain that the directions which he gives nowadays are not in the stern, hard manner of Captain Bligh. There is still a responsibility devolving on one person for the safety of the whole ship. One person for the whole train. One person for the safety of the car-load. One person for the safety of those in the 'bus.

Too many fathers today have delegated the responsibility of child-upbringing to their wives. An unfair division of labour, I think.

### **5. The Essential Role of the Woman in a Stable Family**

Dr. Henry Dicks, Consultant Psychiatrist at the Tavistock Clinic is, like me, worried about the predicament of the family in the modern world, and I agree with him when he makes the pronouncement "that the family is beset on all sides by encroachments (he uses the word 'encroachments' particularly), by other institutions such as the State and the School and local authority and Government".

But he asserts firmly that "the family is still the irreducible minimum unit — by which society can hang together", and he goes on to ask "Why?" "Because", he says, "The human infant is more than any living creature endowed with a biological need for intimate experience of loving and protective mothering".

It would seem, therefore, that the mother must be a person of adequate personality, outgoing in her attitude able to give the infant those necessities which embody the security under which it lives. The mother must be sure that her husband has sufficient stability and economic security to provide her with all she needs for the home. Dr. Dicks thinks that there is "no adequate substitute for this bio-psychological function of the family, and is it not true that this unit is safeguarded by law in the form of marriage?"

We must at all costs preserve this unity, for the sake of communal health, and I mean the mental health of the community.

The experiments carried out in Russia, China, and by the Jews towards the abolition of the family were doomed to failure, because the safety of growing children is founded upon a very close emotional tie between the mother and infant.

### **6. Character Formation**

Formation of character starts in early infancy, and the process has been written about and theorised upon by many. The infant is possessed of instinctive impulses which are beyond its control. These unconscious impulses are part of the mind, an instrument of body by which we feel and act.

We are helped by Dr. Tredgold and others into a partial understanding of the working of the mind.

As far as I know we cannot escape from the genetic and hereditary influences. We are endowed with a fixed amount of intelligence, which cannot be altered, only developed. We are endowed with a capacity for emotional feeling, and it is this emotional feeling through the mind which can be altered and either distorted or moulded into a recognisable and useful shape.

It is important, therefore, that the mother should understand these instinctive impulses in her infant, and attempt to direct them as expressions of energy — of mental energy — into the right direction. Misunderstanding of these emotional drives often causes much distress to the mother. But only by assisting her infant in moulding and restraining the instinctive urges which come upon him can she expect the child in later life to have a character which will withstand disappointment and disaster.

Dr. Tredgold helps us again with a definition of the word "character" and the other word "personality".

He says, "Character is recognised as the characteristic behaviour pattern of somebody who has undergone a modification of his impulses". In other words, good character is control by the self of the self. He should be capable of eschewing the indulging of his appetites, and turn his attention to the pursuance of objects which his reason and his conscience set before him as worthwhile. This is achieved only by long practice and effort.

Dr. Tredgold says that the word "personality" is used to indicate the whole self, and is made up of body and mind and their inter-action, and must not be confused with character.

One must recognise, therefore, that the infant's innate urges or impulses are modified as time goes on by the wise or the unwise parent. The indigent or the conscientious parent. And thus we must recognise that the child is at the mercy of the human environment in which his development is taking place.

If this environment is modified to such an extent that the development of the child is enabled to take place in absolute safety — and I repeat those words — absolute safety — then we are not likely to see pathological changes or signs in the modification of these impulses.

Too often, however, when impulses seize control of the infant, these ignorant, indigent and non-understanding parents can be very much at sea as to what to do.

From here you may, in your mind, follow the child as it grows, taking a glance at each stage along the road it treads, with fearful steps, groping for his mother's hand, casting a baleful eye upon his father's corrective attitude, treading gingerly in his inquisitive and purposeful investigation of the big world around him.

All are now agreed that the first five years of life are of great importance. The impressions made upon a child's mind by his contacts with other humans at this stage of his development are those which are the deepest, and which formulate his character. It makes it necessary that he should get encouragement to overcome difficulties which always arise in upbringing.

The main obstacles at this stage are, firstly, his stature, which is infinitesimal compared with that of his parents, and secondly the frustrations which seem to pile up on him constantly and every day. Help along the road of frustration is what is required. Not removal of frustration, but assistance to overcome it. To run away from difficulty and responsibility is a tragedy. Today it is common.

A large number of parents today have abdicated from the responsibility of providing a safe, harmonious environment, providing that anchorage for their children to come to, providing that quay to which they can tie up in perfect safety, safe from the storms and gales of the outside world, with the result that many adolescents today go out into the world ill-equipped emotionally to cope with life and its difficulties.

### **7. Kinship Group and Social Mobility**

To quote Dr. Dicks again, "In traditional societies such as are still the rule in many parts of the world as the ones in Western Europe, the family or kinship group conferred economic autonomy, the division of labour and human security and companionship. This large family group shared values — religious, and a leisure life. The roles and duties and obligations of each kind of member were clearly defined by custom and taboo. Thus such a family was not only a rich and meaningful milieu, but also the only milieu — school, workplace and transmitter of the cultural heritage from generation to generation".

That was a narrow, although safe, position for the group to be in. Everybody knew his position, his status.

Today in England things are not like that. Social mobility — the moving from the North to the South that we hear so much about — the removal of families from slum clearance areas to new estates, has broken up the kinship groups of aunts, uncles, grandmother and grandfather.

It follows, then, that a family can be itself alone in a strange neighbourhood, ill-equipped to cope and to adjust to the situation, and with no one to turn to for advice.

In this new, very tight family circle, many more emotional demands are made by and upon each member. Nothing can be so damaging as emotional greed on the part of an individual in a family, and the person upon whom this demand falls is usually the mother.

The mother has to supply these exaggerated emotional needs of her child or children, and becomes sapped. In turn she expects her emotional demands to be met by her husband, who in turn expects his emotional demands to be met by her. Thus she has a double emotional strain. Thus she is assailed on every side and is

likely to become neurotic — the result of exaggerated emotional demands made upon her.

### 8. Working Wives

We see now, I think, why women wish to escape from the family role of wife and mother. Many wives and mothers have not the character to withstand this emotional demand. Their stock of emotional energy is limited, and therefore they refuse to have it extracted and dissipated by their offspring. Their offspring, therefore, feel rejected. The mother downcast and sometimes irritable. The father, returning from his work to a physically and emotionally unresponsive wife, finds but little solace in his home, and goes out in the evening to his societies, his external activities, whether they be in pub or club. The wife has to stay at home with her children, and becomes starved of intellectual stimulation, and is therefore a dull, uninteresting person for her husband to be with, another reason for his departure for outside fields.

As long as she can give her family the material needs of life, the mother feels that is the sum total of her role in the household. And if her husband has not the means to give her enough money to enable her to obtain these material things to pass on to her children, then she feels that taking paid occupation herself is the only way out.

Thus today we have more married women with very young children out at work than ever before.

In these circumstances the stability of the family must suffer. Affection still remains, but it is on a level which is unexpressed. Emotional stresses bring on physical disabilities. The man with the duodenal ulcers. The asthmas. The rheumatic pains. The colitises. These psycho-somatic diseases are the result of emotional stress.

The family lacks social cohesion — finds difficulty in adjusting to a set of changing values, and then comes the feeling of rootlessness, and the children become foot-loose and wander, and often these emotionally ill-equipped youngsters are driven into early marriage for no other reason than sheer and utter loneliness. What a basis on which to found a marriage! It is a marriage of projected ideas. Ideas the boy has of his father. Ideas the girl has of her mother. But they never work out, and this sort of marriage is bound to find itself sooner or later on the rocks. Thus we are in a vicious circle. The poorly equipped child marries and brings up a poorly equipped family.

It must be granted that growing up under such circumstances is a very difficult business. The giving of material things, the heaping of food upon children, has combined to make the child "over-valued", to use a term from Dr. Dick's paper.

The seeking of independence from the parents under such circumstances is extremely difficult for adolescents, and fraught with risks of inevitable social mistakes.

We see the sexual experimentations with the consequences at times of illegitimacy and at times of venereal disease taking place among much younger persons than hitherto. We see the denigration of moral standards, and the denigration of religious beliefs.

Thus have present-day pressures brought us to a pretty pass, and it is up to us who are in social and public health work to seek a way of making things better.

As Principal School Medical Officer, I find it very difficult to close my eyes to the way things are going. I see a shake-up of the social order, and a manifest rejection of the adolescent to take upon himself or herself any responsibility whatever.

But I must not paint too black a picture about this. I see probably about one tenth of the population. Very many families do stick together.

I had the benefit of reading the Reith lectures, given by Dr. Carstairs<sup>4</sup> of Edinburgh, and I find myself very much in agreement with what he has been saying. He has made some startling, thought-provoking statements. Dr. Carstairs affirms that our society is founded very much on the belief that stability is a prerequisite to good society, but today we are seeing a rapid change to instability. All the old order of things is being swept away and our capacity for adjustment to this rapid change is not geared to cope with it. The result is bewilderment and tension of the emotional system. But generalising is dangerous, and we must realise that the most change that is harmful to family stability has taken place in urban areas where outside and inside stress is so great. In rural areas, however, the changes are less in evidence and the stress is less, and in following Dr. Carstairs' theories, I think this is because kinship and social cohesion exist there and form a buttress of stability and act as a guardian of morality.

Halting for a moment and looking at all the majority of apparently stable marriages, I wonder what keeps them going in this stressful time. I think that the vast majority of people are still decent and make an effort towards stability. But I wonder if the new family will be as stable as the one before.

## 9. Conclusion.

So far I have done one or two things. I have tried to show how evil is the unstable family, and how detrimental to the mental health of the community it is. I have tried to show you how society has become sick. I have pin-pointed the man and the woman who are the fathers and mothers of today. I have set out their roles and

their reactions to the pressures which have been brought upon them which have had a detrimental effect upon family stability.

I have pointed out that this is a vicious circle. At once, however, I must go on to say that it is impossible for us to put the clock back. But we must do something to prevent further inroads on the stability of the family unit. We must do something to try and make it more cohesive and flexible and less introspective. We must bring back the words "loyalty" and "duty" and "respect", and all that these words mean. In other words, we must try to enunciate our values and get them on the correct plane. Because we all condemn indigence, we all condemn cowardice, we all condemn unfaithfulness, we all condemn dishonesty, we all condemn immorality, and that goes for the young and the old. We all condemn violence.

But surely these are symptoms of a sick society, and it is utterly useless to try and treat symptoms. We must get to the root cause of it, and these root causes I have tried to say something about in the earlier part of my paper.

It would be useless for us to recommend the methods of the Jewish kibbutz, although the family in the kibbutz now is a very stable one, and this stability is upheld by public opinion in the Jewish community.

It would be useless to recommend the matriarchal civilisations which occur in America and other countries.

It would be useless to recommend community living at all, even though community living does promote a great deal of stability.

We know that the most stable family is the Jewish family, but we know that the Jews are bound together by ties of religion. At one time no Jew would live except within walking distance of his synagogue. Hence the Jewish community was centered round the synagogue, and the families received support from the other Jewish families in the neighbourhood.

I can recommend the return of religious tenets which were held by us, and religious beliefs, some time before the war, but which are fast and rapidly dying out, and which, I am glad to say, the Church is trying to make amends to repair and re-introduce.

Both the young and old must try and bridge this gap which seems to exist between them in their outlook, and which is the cause of so much comment today on dutiful behaviour. We must try to recognise that woman has now come to be a permanent force in the government of the country, and recognise that she now assumes a double role. To try and assist her to play that role resiliently and successfully.

We must also bolster up the ego of the father who feels that his wife's independence threatens his hegemony.

If we do not do something along these lines, and provide psychiatric support in the field of public health — psychiatric support in the social life of the community — then I am afraid we shall see a general break-up of the family in years to come where the pattern would look rather like a drawing of the Prince of Wales' feathers — with the man on one side, the woman on the other, and the children in the middle.

Such a state of affairs would be a catastrophe, and would do permanent injury to community health because of its lack of social cohesion.

Let us, therefore, produce a scheme, a grandiose scheme of education for living among fathers and mothers of today, for they are the key persons in connection with the family.

We must make it plain in this scheme that the mothers of those under seven have the most important role to play. I am sure if they were made aware of the serious, irreparable damage that accrues through the other going out to work, they would sacrifice the first seven years to being mothers to their helpless, growing broods — full of fears and dying for affection.

Thus more and more health education, more and more discussion, more and more assistance in the double role which mothers have to play, and which we have now to accept. Therein lies the only course left to us to keep the family stable.

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