Contributors

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WAKEFIELD

RURAL DISTRICT COUNCIL

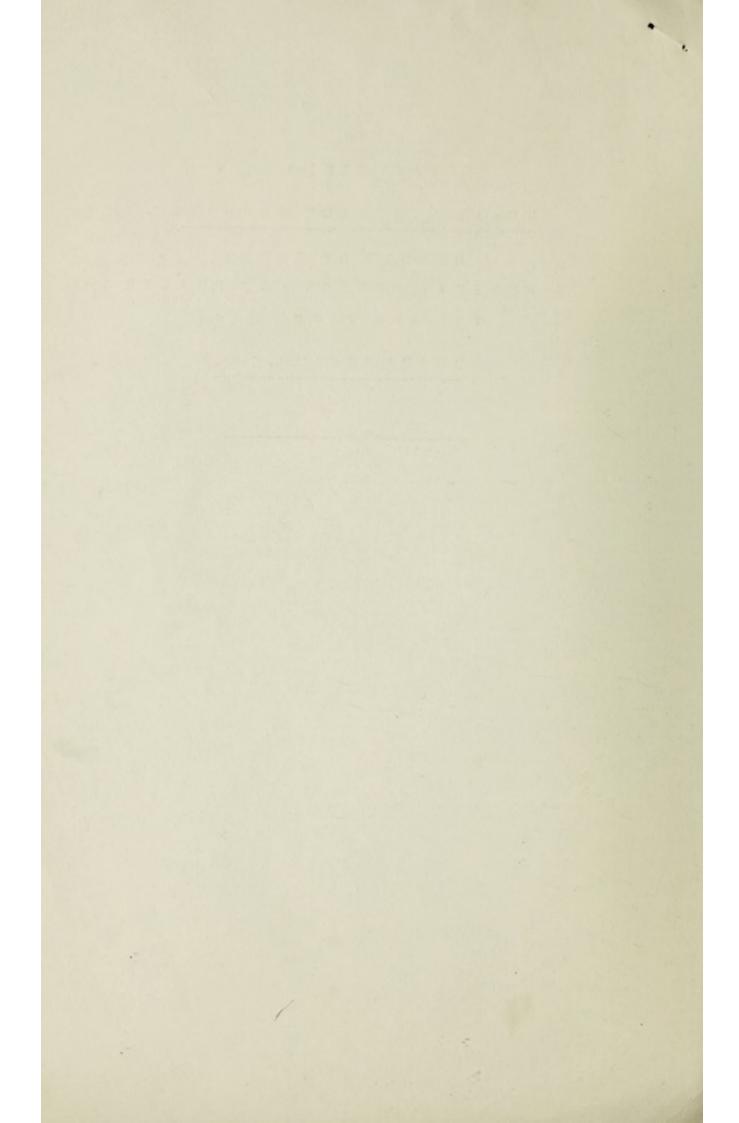
REPORT OF THE

MEDICAL OFFICER OF HEALTH

for the year ended

DECEMBER 31st. 1955.

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WAKEFIELD RURAL DISTRICT COUNCIL

Chairman to the Council:

Councillor J. Crowther.

PUBLIC HEALTH COMMITTEE (as at present constituted) ------

CHAIRMAN: COUNCILLOR W. SANDERSON.

VICE CHAIRMAN: COUNCILLOR W. B. SPURR.

MEMBERS :

COUNCILLOR E. CROSSLEY.

COUNCILLOR B.A. HARDCASTLE.

COUNCILLOR E. JOHNS.

COUNCILLOR J. H. MILNE.

COUNCILLOR J. E. CAWTHORNE. COUNCILLOR J. CHALKLEY. COUNCILLOR J. CROWTHER. COUNCILLOR R. DARWELL. COUNCILLOR J. T. FOLEY, J.P. COUNCILLOR MRS. I. HEPPLESTON. COUNCILLOR F. W. MIDDLETON. COUNCILLOR W. SANDHAM.

COUNCILLOR MRS.A.P. WIGHTMAN.

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CLERK TO THE COUNCIL:	G. ARMITACE.
DEPUTY CLFRK AND FINANCIAL OFFICER.	A. ELSTONE, A.R.V.A., A.C.C.S.
ENGINEER AND SURVEYOR:	J. C. PAYNE, B.Sc., A.M.I.C.E.

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PUBLIC HEALTH DEPARTMENT STAFF

Medical Officer of Health:

Frederick G. E. Hill, D.S.O., M.B., Ch.B., D.P.H., F.R.S.H. Deputy Medical Officer of Health:

Barbara Briggs, M.B., Ch.B., D.P.H.

Chief Public Health Inspector:

E. Heald, M.R.S.H.

Additional Public Health Inspector:

C. Cannon, A.R.S.H.

Chief Clerk, Divisional Health Office:

A. Wright, D.P.A.

Clerk:

Miss M. Lloyd.

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SECTION A. - GENERAL STATISTICS.

Area of Wekefield Rural District	21,335 acres.
Population (1951 Census)	19, 199
Population (Registrar-General's Estimate) Mid 1955	19,250
Number of Inhabited Houses (Rate Books)	6,049
Rateable Value (December 31st, 1955)	£90, 025
Sum represented by a Penny Rate:	£338.

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To the Chairman and Members of the Public Health Committee, Rural District of Wakefield.

I have the honour to present to you the Annual Report on the Fublic Health and Welfare Services for the year ended, December 31st, 1955.

The Report has been drawn up in accordance with the instructions of the Ministry of Health and in a form which is approved by the Ministry.

During the year effect was given to the amalgamation of the original Divisions 13 and 14 which were created under the scheme of the West Riding County Council for the Administration of Preventive Medical Services.

Reference is made to these changes in the Report.

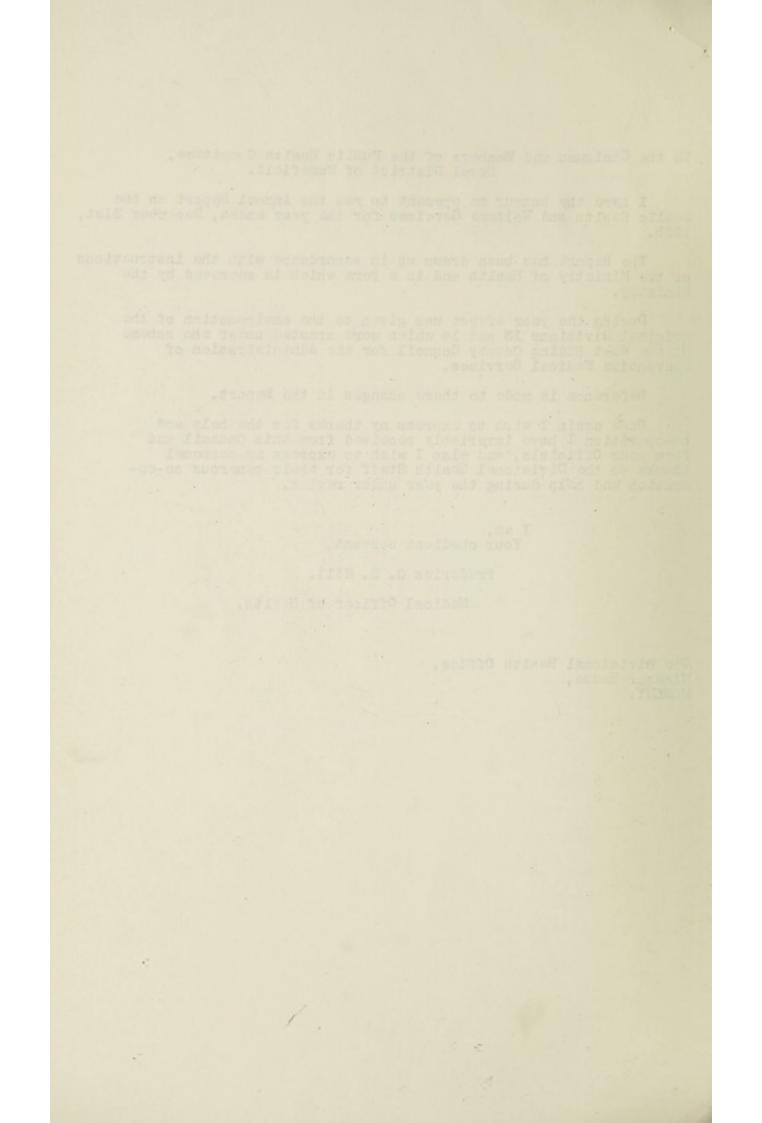
Once again I wish to express my thanks for the help and co-operation I have invariably received from this Council and from your Officials, and also I wish to express my personal thanks to the Divisional Health Staff for their generous co-operation and help during the year under review.

> I am, Your obedient servant,

> > Frederick G. E. Hill.

Medical Officer of Health.

The Divisional Health Office, Windsor House, MORLEY.



INTRODUCTORY STATEMENT.

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Reference is made to the proposals of the West Riding County Council under which the original Divisions 13 and 14 of the County Council's Scheme for the Administration of the Preventive Medical Services were to be amalgamated. The proposals were put forward originally at the beginning of 1954 when the post of Divisional Medical fficer of Division 13 became vacant. The proposals affected the following County Districts: - the Borough of Morley, the Borough of Ossett, the Urban District of Horbury and the Rural District of Wakefield. Provisional agreement on a temporary basis was reached between the County District Councils and the County Council and effect was given to this in February 1954.

Since that date, the proposals have been finally agreed by the County District Councils and approved by the Ministry and the date of July 1st 1955 was fixed as the date on which the proposals would become offective, on a permanent basis.

Consecuently on that date, July 1st 1955, the existing Divisional Health ffice at Ossett was closed and the original office and staff were merged in the Divisional Health Office at Morley.

Through the amalgamation, economies have been effected in medical and clerical staffs and in the general administrative arrangements. Additionally to these staff changes, a Deputy Divisional edical Officer (new arcointment) has been appointed to act also as Deputy Medical Officer to the four County District Councils.

No curtailment of the existing School Health, Welfare and other essential services was proposed or made through the amalgamation.

Incidentally the building which was the original office of the number 13 Division is to be used as an Occupational Centre for mentally defective children within the Divisional Health Scheme.

More detailed reference to the effects of the amalgamation will be possible in the next succeeding annual report when the period of review will include at least one complete administrative year.

year. Reference to the text of the report will show that the Health and Sanitary Services of the area of the District Council have been well maintained during the year under review.

There has been no undue incidence of any infectious illness except that it has been a year with increased provalence of measles There were five cases of acute policyelitis but no death was recorded. A number of cases of dysentery were recorded, and notifications were received of some suspected cases of food poisoning.

Most of the notifications referred to cases of shigella sonnei but some few cases of infection with salmonella typhimurium occurred and the cases of "food poisoning" mentioned were in each case ascertained as cases of dysentery due to one or other of these organisms.

The Council has continued its policy in regard to improving the arrangements for drainage and sewage of the district and schemes have been prepared and submitted to the Ministry for approval where the extensicil calls for this. Water supplies have been constantly under review and measures taken to increase pressures and through this to ensure more adequate and even supplies.

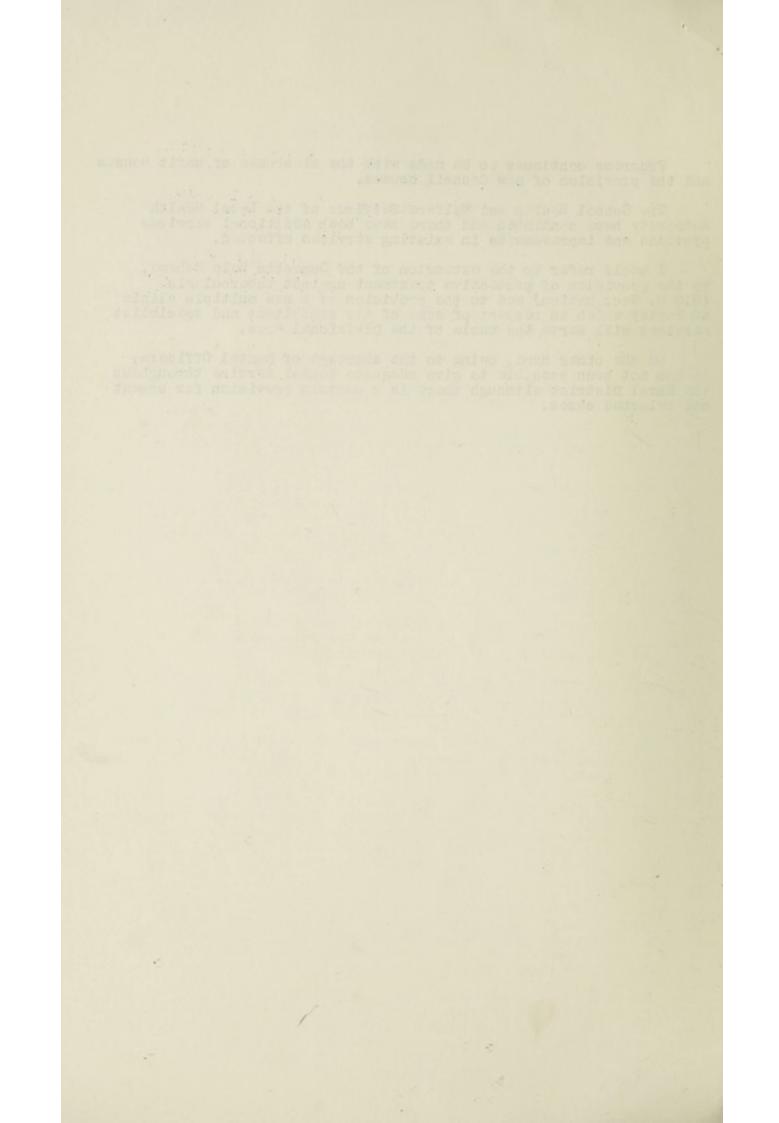
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Progress continues to be made with the clearance of unfit houses and the provision of new Council houses.

The School Health and Welfare Services of the Local Health Authority have continued and there have been additional services provided and improvements in existing services effected.

I would refer to the extension of the Domestic Help Scheme, to the provision of protective treatment against tuberculosis (B.C.G. Vaccination) and to the provision of a new multiple clinic at Morley which in respect of some of its consultant and specialist services will serve the whole of the Divisional Area.

On the other hand, owing to the shortsge of Dental Officers, it has not been possible to give adequate dental service throughout the Rural District although there is a certain provision for urgent and selected cases.



EXTRACTS FROM THE VITAL STATISTICS FOR THE YEAR 1955.

Resident Population (Registral General's Estimate) 19,250

	Males	Females	Total
Legitimate Illegitimate	164 5 169	133 6 139	297 <u>11</u> <u>308</u>

Birth Rate (Registrar General) 16.0 Corrected Birth Rate 15.4

STILL BIRTHS:

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	Males	Females	Total
Legitimate Tilegitimate	6 0 6	3 0 3	9

Rate per 1,000 (Live and Still-Births) 28.4

DEATHS:

	Males	Females	Total
	114	77	191
Death Rate (Registr Corrected Death Rate	ar Genera e	1)	9.9 11.9
Maternal Mortality	Rate		3.15

DEATHS OF INFANTS UNDER ONE YEAR

	Males	Females	Total
Legitimate Illegitimate	3 2 5	202	527

INFANTILE MORTALITY RATE:

1

All Infants per 1,000 live births	22.7
Legitimate Infants per 1,000 legitimate live births	16.8
Illegitimate Infants per 1,000 illegitimat live births	e 181.8

Routlant Population (Register Goneral's Lutineto) . 19,850

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Sirth Hate (Registrer Conessi) 16.0 Corrected Sirth Baba 15.4

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INFAVTILE MORTALITY PATE:

8,181				

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CANCER DEATH RATE	1.33	1.51	2.08	1.78	1.71	1.56	ble with reference
INFECTIOUS DISEASE DEATH RATE	0.27	0,05	0.05	1	0.05	0.10	A accetomont is included here of certain statistics shown as a comparative table with reference
T.B. DEATH RATE	0.21	0.26	L.0	0.1	0,05	0.21	cs shown
MATERNAL MORTALITY RATE	1	3.01	1	1	1	3,15	in statistic
INFANTILE MORTALITY RATE	39	15,3	19.7	26.2	22.11	22.7	d here of certa
DEATH	9.7	10.1	9.6	0*6	9.84	6*6	ahulnut at the
BIRTH RATE	16.4	17.0	15.8	18.0	16,25	16.00	acompto in A
YEAR	1950	1951	1952	1953	1954	1955	

A statement is included here of certain statistics shown as a comparation. The table shows the general and particular trends in various vital and other statistics.

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Cause of Death and Age Distribution

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Cancer. Other						-						-
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Bronchitis												1
Other Respiratory Diseases						-			1:	1	T	-
Stomach Dicers												02
Gastritis and Enteritis			-									-
			-									T
Frequency Childbirth and Abortion												1
lformations					1				3		2	2
Other Defined and Ill-Defined Diseases							1	1				0.2
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Whooping Cough			-									1
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STRIOT					-		-					



Laboratory Facilities.

The Public Health Laboratory which serves this administrative area is the Laboratory (Medical Research Council of the Ministry of Health) at Wood Street, Wakerield.

All specimens for general examination, submitted by the Medical Staff of the Department, by Medical Practitioners, by Health Authorities and others, may be submitted to this Laboratory. The examinations which are carried out in the Laboratory are chemical, biological and bacteriological.

Again, during the year 1955, full advantage has been taken of the service provided and again we wish to acknowledge the personal interest of the Director of the Laboratory and the helpful advice he has given on so many occasions.

Amongst the examinations carried out by this Laboratory for the Wakefield Hural District Council in 1955 were the following:

Samples submitted

No. of examinations

Examinations f	for	diphtheria	7
W WHILLING OF OTO T	11	haemolytic streptococcus	7
		dysentery organisms	106
Mills complet f	Pon	bacteriological examination	12
Water semples	for	bacteriological examination	4
Warer symbres	101	DUCOLTOTOBTOUT ON WITHOUT	

Ambulance Services.

It is the duty of the Local Health Authority, that is the West Riding County Council, to provide Ambulance Services throughout their administrative area of which the area of this County District is part.

This is a service available in all cases of general and infectious sickness and for accident and emergency.

This service, which has been efficiently provided in this area by the County Authority, is available on responsible call.

General Hospital Accommodation.

Whilst there is no General or Special Hospital in the Wakefield Rural District, in the adjacent County Borough of Wakefield, in Barnsley, in Leeds and in Dewsbury, there is a vory adequate provision of such Hospitals with full facilities for treatment, and which are available to residents in this District at all times, including emergency.

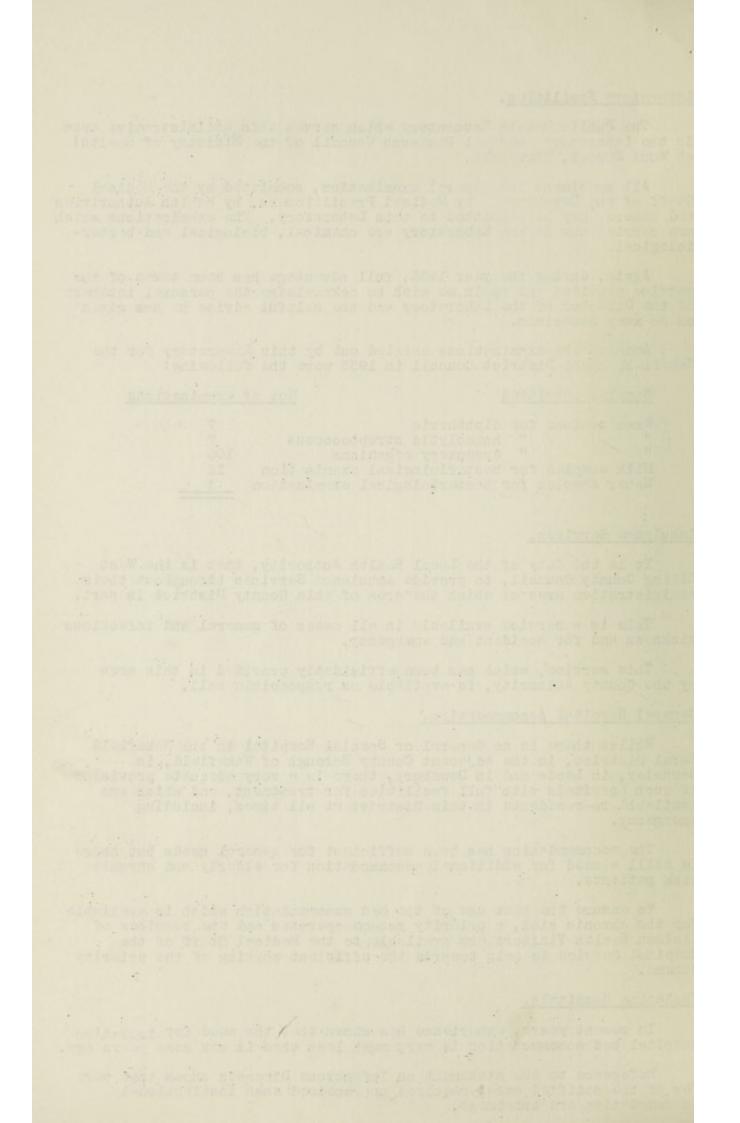
The accommodation has been sufficient for general needs but there is still a need for additional accommodation for elderly and chronic sick patients.

To ensure the best use of the bed accommodation which is available for the chronic sick, a priority scheme operates and the services of liaison Health Visitors are available to the Medical Staff of the Hospital Service to help towards the efficient working of the priority scheme.

Isolation Hospitals.

In recent years, experience has shown that the need for isolation hospital bed accommodation is very much less than it was some years ago.

Reference to the statement on Infectious Diseases shows that very few of the notified cases required or received such institutional accommodation and treatment.



Isolation Hospitals, contd.

The general arrangements in full are that the accommodation at Snapethorpe Isolation Hospital Wakefield, and the accommodation at Kendray Hospital Barnsley, is available to this area and in general the cases from here are admitted to these Hospitals.

Cases of certain selected infectious illnesses are admitted to Seacroft Hospital, Leeds, particularly cases of acute poliomyelitis, encephalitis, etc.

After initial treatment in this Hospital, cases of acute poliomyelitis showing residual paralysis, are later transferred to the orthopaedic unit at Pinderfields Hospital, Wakefield.

Hospital After-Care.

Hospital after-care, a very comprehensive term, is a responsibility of the Local Health Authority. This duty is discharged through a close liaison with the various hospitals.

A flexible organisation has been established to meet the demands for the after-care service and many Nursing Staff and Social Workers are concerned to ensure that the service is an effective one.

Particular reference in this connection is made to the Home or Domiciliary Nursing Service of the Authority and the effective hom nursing service given to patients for longer or shorter periods following their discharge from hospital and also to the general provision of nursing appliances, using that description in a very wide sense.

Requests are in general made by the hospitals, who may give very specific instructions regarding the after-care service to be given.

No figures are given in respect of visits or other aspects of this service, but the steady increase in the scope of this service and of the demands made on it is commented on.

Montal Health.

There are two part-time Mental Health Social Workers employed in this Division and one of these is particularly employed in respect of the Wakefield Rural District.

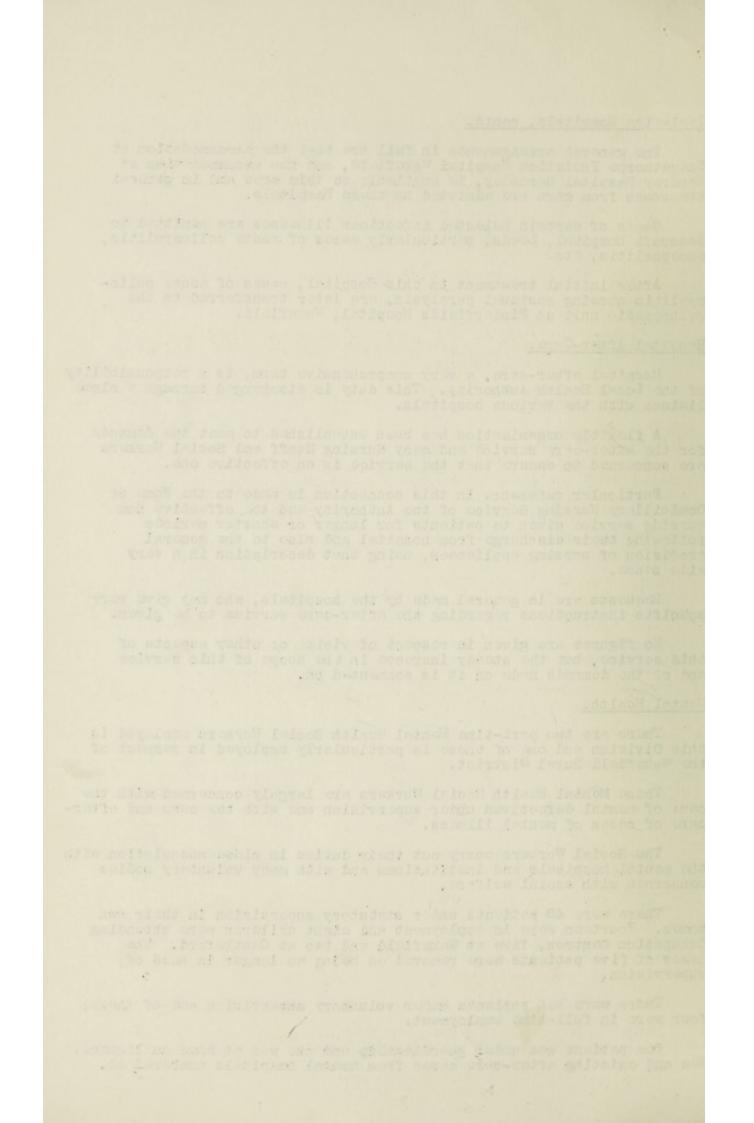
These Mental Health Social Workers are largely concerned with the care of mental defectives under supervision and with the care and aftercare of cases of mental illness.

The Social Workers carry out their duties in close association with the mental hospitals and institutions and with many voluntary bodies concerned with social welfare.

There were 40 patients under statutory supervision in their own homes. Fourteen were in employment and eight children were attending Occupation Centres, five at Wakefield and two at Castleford. The names of five patients were removed as being no longer in need of supervision.

There were ten patients under voluntary supervision and of these, four were in full-time employment.

One patient was under guardianship and one was at home on licence. New and existing after-care cases from mental hospitals numbered 13.



MATERNITY SERVICES.

The demand for institutional accommodation for maternity cases continues to increase but our figures show that in 1955, with 317 total births, there were 145 confinements in Maternity Hospitals, a percentage of 45 as compared with a percentage of 49 in the preceding year, so it will be seen from this that in some cases the requests could not be met owing to a shortage of institutional beds, and selective restriction had to be exercised, particularly in regard to home conditions, that is, the suitability of the home conditions for domiciliary confinements.

Where hospital accommodation was required in emergency or where it was indicated for medical reasons, the accommodation was always available.

In general, patients were admitted to the County General Hospital at Wakefield, to the Manygates Maternity Hospital at Wakefield and to the Walton Hall Maternity Home.

The closing of Walton Hall as a Maternity Institution is now under consideration.

DOMICILIARY MIDWIFERY SERVICE .

In the area of the Wakefield Rural District, there are employed three midwives devoting whole-time to Domiciliary Midwifery, and two midwives devoting part of their available time to Domiciliary Midwifery and the remainder of their available time to Home Nursing.

This practice is necessitated by the scattered population in certain parts of this area.

There has been no change in the total number of midwives employed and the staff has been sufficient for the calls made on their services during the year.

A statement in respect of the Domiciliary Midwifery Service during the year is given below:

Number of Domiciliary Midwives employed either whole-time this work or part-time	in 5
Total number of cases attended	172
Number of cases where the nurses attended:	
(a) As Midwives (b) As Maternity Nurses	161 <u>11</u> <u>172</u>
Number of cases where medical assistance was sought in emergency by Midwives	28
Total number of patients to whom gas and air analgesia was given	134
Percentage of cases receiving gas and air analgesia	78%
Corresponding figures for 1954 were as follows:	
Total number of patients delivered by midwives in domiciliary practice	165
Total number of patients receiving gas and air analgesia	125
PERCENTACE	75%

PERCENTACE

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continues to increase but our figures show that in 1955, with 317 total birchs, there were 145 confinuments in Maternity Hospitals, a percentage of 45 as compared with a percentege of 69 in the proceeding year, so it will be seen from this that in some oness the requests could not be mat cwing to a shortege of institutional bods, and sole otive restriction had to be exercised, perticularly in repart to here conditions, that is, the suitability of the hore conditions for doministy confinements.

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Total number of petients delivered by midwires in domiciliary protion

MATERNITY SERVICES, contd.

There was one Maternal death recorded in 1955. This patient died in the Walton Hall Maternity Home, where she was confined.

Such cases are subject to Ministry of Health investigation and are the subject of special inquiry and report.

Puerperal Pyrexia.

Ten cases of puerperal pyrexia were notified in 1955 from the Wakefield Rural District Area. All notifications were received in respect of patients in the Walton Hall Maternity Home.

It is, however, pointed out that these notifications indicate only that the patient, in the lying-in period, had shown a certain temperature.

In most cases, with the notification, information was afforded of the cause of the temperature and in all cases this did not indicate a puerpetal infection.

Investigations in respect of these notifications were carried out, particularly in regard to Nursing Staff. These investigations were carried out by the Medical Staff of the Home. In one case administrative action was indicated where a source of infection was suspected, and appropriate steps were taken in respect of this.

Premature Babies.

Babies born with a birthweight under $5\frac{1}{2}$ lbs. are notified as "premature born babies" and form a group for whom special care is required in early hours of infancy, and in many cases for some considerable period after birth.

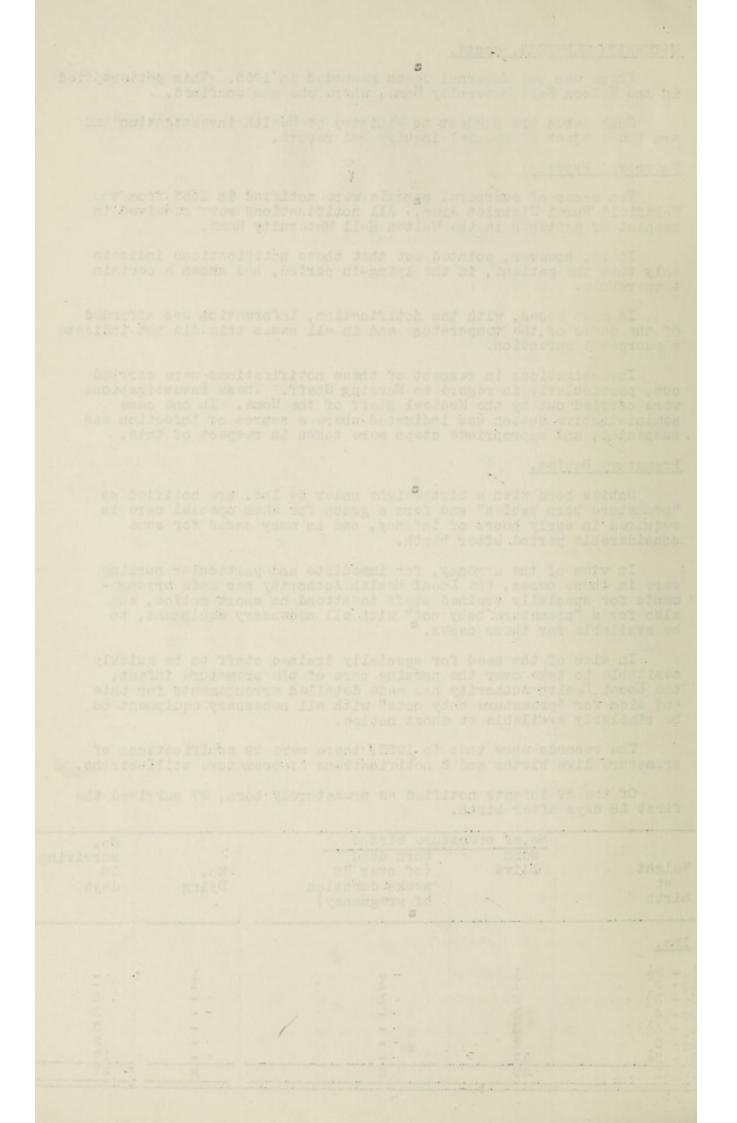
In view of the urgency, for immediate and particular nursing care in these cases, the Local Health Authority has made arrangements for specially trained staff to attend on short notice, and also for a "premature baby cot" with all necessary equipment, to be available for these cases.

In view of the need for specially trained staff to be quickly available to take over the nursing care of the premature infant, the Local Health Authority has made detailed arrangements for this and also for "premature baby cots" with all necessary equipment to be similarly available at short notice.

The records show that in 1955, there were 29 notifications of premature live births and 2 notifications of premature still-births.

Of the 29 infants notified as prematurely born, 27 survived the first 28 days after birth.

Weight at Birth	No.of prem Born Alive	ature births Born dead (of over 28 weeks duration of pregnancy)	No. Dying	No. surviving 28 days.
$\frac{1bs}{2} = 2\frac{1}{2}$ $\frac{1}{2} = 3\frac{1}{2}$ $3\frac{1}{2} = 4$ $4\frac{1}{2} = 4\frac{1}{2}$ $4\frac{1}{2} = 5\frac{1}{5}$ $5\frac{1}{5} = 5\frac{1}{5}$ $TOTAL$	1 2 3 3 2 17 29	1 1 - - 2	1 - - - 2	- 2 3 3 2 17 27



HOMM NURSING.

The Staff employed in Home Nursing duties in the Rural Dis trict has continued without alteration during the year under review. Three nurses are employed whole-time and two nurses for part-time.

We find that during 1955, there has been a somewhat lesser demand or this service and comparing the figures for 1955 with those for 1954 it is seen that the Home Nurses attended a total of 696 cases in 1955 as compared with 802 in 1955 and that in attending to these patients, they made a total of 12,817 visits in 1955 as compared with 14,307 in the previous year.

The analysed statement in respect of 1955 is given below :-

Area	Medical	Surgical	Number Trea Infectious Disease	nted Maternity	Т.В.	Total Visits_
Bretton, Notton, Weellay	35	26	-	-	6	975
Midalestown, Overton, Netherton	63	42	-	-	3	2694
Crofton and Wintersett	67	53 、	2	-	2	3585
Crigglestone, Walton and Newmillerdam	156	42	-	1	5	2880
Sharlston, Warmfield and	148	37	-	3	5	2683
Kirkthorpe TOTALS	469	200	2	4	21	12817

HOME HELPS.

The Division has an establishment now of 37 Home Helps and they are employed throughout the Division relative to population and also relative to local need.

The establishment was increased to 37 in 1954 and it is insufficient for the need of the Division and call has been made to some extent on the County Council's reserve pool to supplement the Local Establishment during the year.

The increasing need for Home Help services is a recurring matter for consideration by the County Authority, which Authority has recently proposed a further increase of 100 Home Helps for the West Riding Administrative Area.

This proposal has been approved by the Ministry of Health and this will mean an increased establishment to meet approved requests in the area of the Rural District Council.

The employment of Home Helps in the Wakefield Rural District in 1955 is shown in the following Table:

Type of Cases	No. of Cases	Hours Employed
Tuberculosis Chronic Sick Maternity Other Illnesses	2 99 6 3	558 17495 523 <u>305</u> 18881

INFANT WELFARE SERVICES.

The Infant Welfare Centres which are held in the Wakefield Rural District are as follows:

CROFTON:

The Mission Hall, Crofton, each Monday afternoon 2.30 p.m. to 4.0 p.m.

SHARLSTON:

St. Luke's Hall, Sharlston, each Tuesday afternoon 2.30 p.m. to 4 p.m.

MIDDIESTOWN.

The Church School Room, Middlestown, each Tuesday afternoon, 2.30 p.m. to 4.0 p.m.

CRIGGIESTONE :

The Village Institute Hall, Crigglestone, each Wednesday afternoon, 2.30 p.m. to 4.0 p.m.

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The attendances at these clinics for the year 1955 are show? in the tables below:

(1)	Crofton Infant Welfare Centre:- Total attendances, 1955. (a) Children under 1 year	1100
	(b) Children between the ages of 1 and 5 years Total	448

(2) Average attendance per session

Children attending for the first time in 1955 and who at the time of their first attendances were:

(a) (b)	Under 1 Between	ye ai the	r of ages	age of	1 and Total	5	years	119 180
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(1)	Sharlston Infant Welfare Centre :-	
	Total attendances, 1955: (a) Children under 1 year (b) Children between the ages of 1 and 5 ; Total	yrs. <u>717</u> <u>1744</u>

(2) Average attendance per session

Children attending for the first time in 1955 and who at the time of their first attendance were:

(a)	Under 1	year	of	age	1 and	5 years	96
(b)	Between	the	age s	of	Tota		157

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INFANT WELFARE SERVICES, contd.

(1) Middlestown Infant Welfare Centre: Total attendances, 1955:	
(a) Childman undam 1 unom DD2	
(a) Children under 1 year (b) Children between the ages of 1 and 5 years 247 Total 799	_ (52)
Total <u>799</u>	-
(2) Average attendance per session 16	
Children attending for the first time in 1955 and who at the	time of
their first attendance were: 47	
(a) Under 1 year of age (b) Between the ages of 1 and 5 years	
(a) Under 1 year of age (b) Between the ages of 1 and 5 years Total 141	_
(1) Crigglestone Infant Welfare Centre:	
Total attendances, 1955: 1290	
(a) Children under 1 year (b) Children between the ages of 1 and 5 years Total 1703	_
(b) children be decen one age of the Total 1703	
(a) transport attandance non goggion 33	
(E) Average attendance per session 30	
Children attending for the first time in 1955 and who at the	time of
their first attendance were:	
(a) Under] year of and	
(b) Between the ages of 1 and 5 years Total 166	-

The total attendances at all these Centros in 1955 were 5794. In 1954, the total attendances came to 5598 so that there has been a better attendance during the year under review.

Total 166

There has been a falling away, however, in the attendance at the Middlestown Clinic, (799 total attendances as compared with 1012 in the previous year). The three other clinics showed improvements in attendances, in respect both of infants under one year of age and of toddlers.

During the year, attention has been drawn to the need for improvements in some premises and in this Service, and following representations it is hoped that improvements will be effected.

Recently representations have been made with regard to the need or desirability of establishing welfare centres and clinics in centres of population in the Rural District not at present enjoying these facilities. In particular, one representation has been made recently in respect of the Netherton Area (Sitlington).

The distribution of "National Milk" and accessory foods, in the Welfare Centres, has been of obvious value in the work of these Welfare Clinics.

(b) Batwoon the secs of 1 and 5 years .

Statement of Dried Milk and other preparations distributed at the various Infant Welfare Centres in 1955:-Table of Sales and Free Issues:

Sales at Full Cost.

Cow and Gate Dried Milk Ostermilk Dried Milk Trufood Dried Milk Horlicks Dried Milk Farex Cerex Robinsons's Groats Robinsons's Barley Robrex Scotts Food Trufood Cereal Bovril Weaning Cubes Maltoline Roboleine Virol Ovaltine Nestles Strained Foods Cod Liver Oil and Malt Ribena Rose Hip Syrkp Glucose Liquid Paraffin Minadex Lactogol Colact Robsoup	Criggle- stone 303 1508 200 137 121 4 53 128 - 47 135 24 22 - 150 12 150 12 - 4 103	Crofton 1580 1209 92 - 34 10 27 - 68 9 - 58 211 - 4 30 125 7 29 - 41 50	Sharlston 164 1505 455 132 35 28 19 56 14 210 - 118 252 42 47 52 393 29 0 0 0 29	Middles- town. 455 95 163 67 3 26 23 50 85 59 1 96 87 2 34 107 14 1 35
Free Issues. Horlicks Ostermilk Dried Milk Scotts Food Cow & Gate Dried Milk Minadex Glucose	10 4 9 -	28 6 2 11		- * - -

Distribution of Welfare Foods, etc.

As reported in the Annual Report for 1955, the Health Department is now responsible for the Distribution of National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin Capsules (Ministry of Food and accessary Food Products).

The distribution is carried out in the Welfare Centres and Clinics and where other Dried Milks, Weaning Foods, etc are distributed and this is done by clerical staff working under the supervision of the Medical Officer and Health Visitors in the Clinics.

These arrangements have been operated since June, 1954 and as far as possible, the service given in the Ministry of Food earlier and through the Employment Exchanges, more recently, has been maintained.

A statement of the Food and other preparations distributed in the Infant Welfares and effsewhere under the scheme up to the end of the year is given in the summary below:-

	Woolley	Cri_gle- stone	Crofton	Sharlston	Middle- stown
National Dried Mil					s 173 tins
Orange Juice	47 botts	. 1454 bo			ots.1283 bots
A & D. Capsules Cod Liver Oil		63 pkts. .319 bots.	74 pkts. 225 bots	126 pkts . 312 bots	. 94 pkts . 242 bots.

A statement of the food and other reparations distributed in raw Intert Welfares and eleminary under the soudan up to the and of the rear is given in the simuly belows-100

Pre- and Post-Natal Clinics.

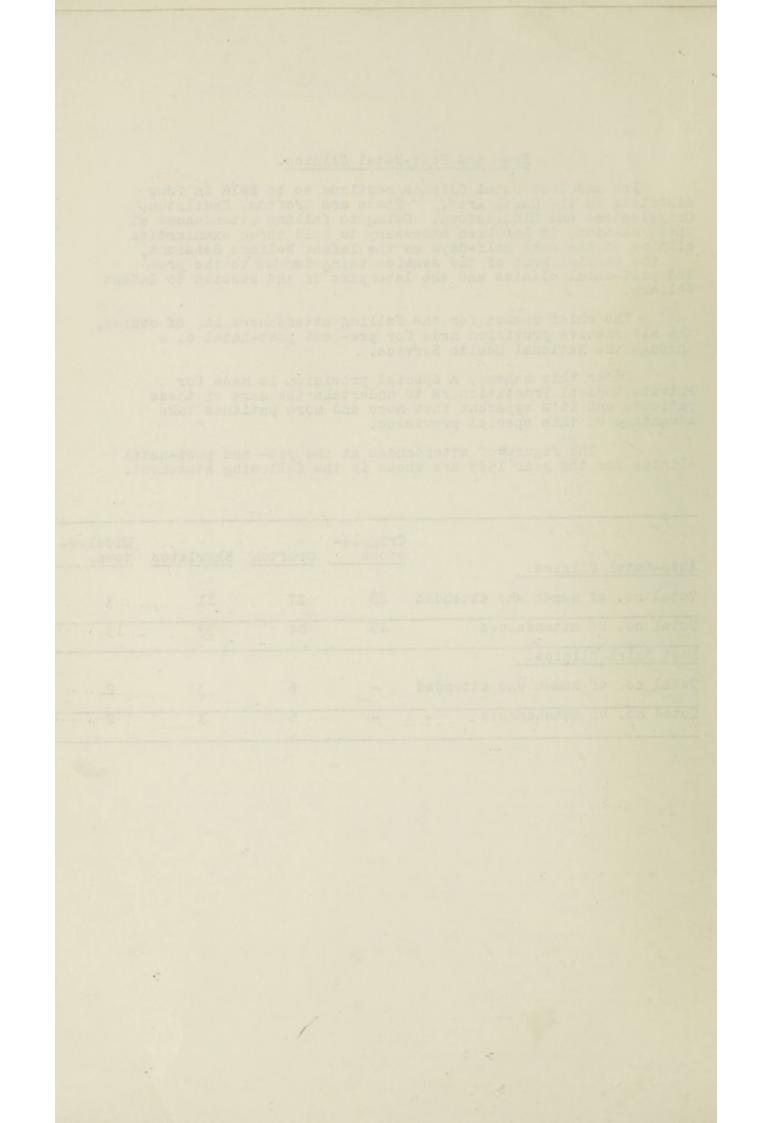
Pre and Post-Natal Clinics continue to be held in four districts in the Rural Area. These are Crofton, Sharlston, Crigglestone and Middlestown. Owing to falling attendances at these clinics, it has been necessary to hold these examination clinics on the same half-days as the Infant Welfare Sessions, the earlier part of the session being devoted to the pre-and post-natal clinics and the later part of the session to Infant Welfare.

The chief reason for the falling attendances is, of course, the alternative provision made for pre- and post-natal c. e through the National Health Service.

Under this scheme, a special provision is made for Private Medical Practitioners to undertake the care of these patients and it's apparent that more and more patients take advantage of this special provision.

The figures of attendances at the pre- and post-natal clinics for the year 1955 are shown in the following statement.

Ante-natal Clinics.	Criggle- stone	Crofton	Sharlston	Middles- town.
Total no. of women who attended	28	27	11	3
Total no. of attendances	40	84	33	13
Post Natal Clinics.				
Total no. of women who attended	-	6	3	2
Total no. of attendances	-	6	3	2



Health Visitors.

Fully trained Health Visitors are not available at present in sufficient numbers to meet demands, and in this Division, whilst we are under the approved establishment so far as total staff is concerned we have also engaged in this work, Nurses who do not hold the appropriate Certificate of a Health Visitor but who through training and experience, are competent to carry out the duties of a Health Visitor and School Nurse on the District and in the Clinics and Welfare Centres.

This position is the more important in relation to the recent changes in the duties and responsibilities of Health Visitors employed in Health Departments.

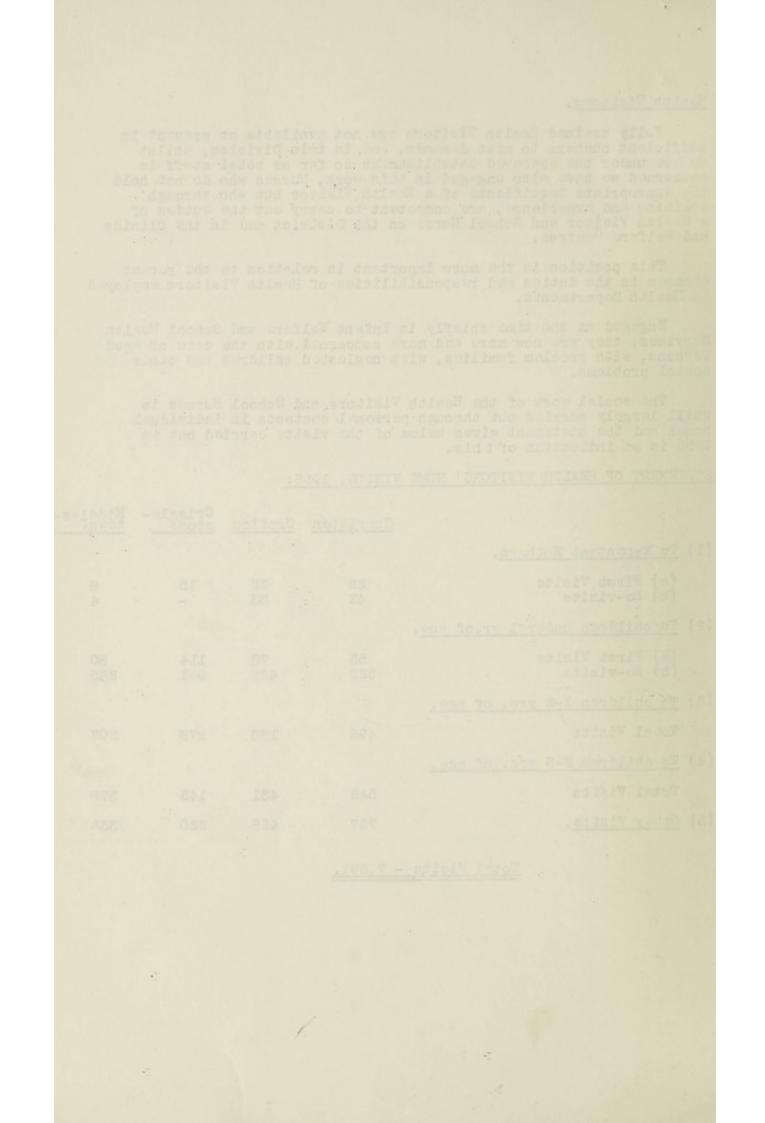
Engaged at one time chiefly in Infant Welfare and School Health Services, they are now more and more concerned with the care of aged persons, with problem families, with neglected children and other social problems.

The social work of the Health Visitors and School Nurses is still largely carried out through personal contacts in individual homes and the statement given below of the visits carried out in 1955 is an indication of this.

STATEMENT OF HEALTH VISITORS' HOME VISITS, 1955:

	Sharlston	Crofton	Criggle- stone	Middles- town.
(1) To Expectant Mothers.				
(a) First Visits(b) Re-visits	22 43	32 33	15 -	8 4
(2) To children under 1 yr.of age.				
(a) First Visits (b) Re-visits	55 522	78 422	114 861	80 285
(3) To children 1-2 yrs. of age.				
Total Visits	496	188	273	207
(4) To children 2-5 yrs. of age.				
Total Visits	522	431	145	378
(5) Other Visits.	757	468	920	332

Total Visits - 7,691.



School Health Service.

There are 14 schools within the Administrative Area of the Rural District Council and these separate schools comprise 19 separate school departments.

The total school roll figure for 1955 is shown as 2528.

Periodic or Routine Medical Inspections of the children in attendance at these schools is carried out at present in four selected age groups, one additional age group is of children attaining to the age of 8 years. The group now examined are consequently: (a) Entrants, (b) Attaining to the age of 8, (c) Attaining to the age of 11 and (d) Leavers. TABLE A.

				1	No. of	f chil	ldren see	en
SCHOOL Sess	of ions	Total	Entrants	7 - 8 yrs.			last year secondary	Non- Routine
Heath Parochial Warmfield Sharlston C.P.Mixed	1 1 16	5 16 106	57		- 9 19		- 13	9 13 3
Sharlston C.P.Infs Sharlston National Crigglestone C.P.		8	ī	-	7	Ξ	-	12
Infants Crigglestone C.P. Mixed	2	25 102	25	-	-	-	-	- 40
Crigglestone C.of I Newmillerdam	S.3 -	43	22	13	8	Ξ	Ξ	2 -
West Bretton Walton C.P. Woolley Colliery	5	106	41	46	19	-	-	7
C.P. Netherton Middlestown C.P.	4	92	38	-	54	-	-	12
Infants Middlestown C.P. Mixed	-	-	-	-	-	-	-	-
Crofton C.P.Infs. Crofton C.P. Mixed Crofton Sec.Mod.	7 2 8	78 18 113	78		18	41	- 72	50 68 74
Woolley C.of E.	47	-	-	-	-	- 41	-	290

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Preisdig or Rochige Modifeel Inspections of the children in attandance at these compole to carried out at present in four subcorel as groups, one sddittonel are enoup to of children et salaine to the age of 8 years. The scoup how examined are commonsately (a) instructs, (b) issuing to the age of 8.

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rofton 0.P.1 rofton 8.P.1 rofton 3eo.M rofton 3eo.M	- H LHL +							
					¥5			

School Health Service, contd.

Nutrition.

The nutritional state of the individual child is assessed at every Periodic Inspection by the examing Medical Officer and is recorded as A (good), B (average) or C (poor).

The findings for 1955 are shown in the accompanying table, and in only 2 cases (0.28%) was the state of nutrition recorded as below average.

State of Nutrition. Table B. C(poor) B)average) A(good) 66 151 Entrants 1 52 7 - 8 years Last Year Primary 131 1 56 128 25 -First Year Secondary 16 18 -Last Year Secondary 67 2 493 217 Total Percentage of 0.28 30.47 69.24 total examined

Defects other than Defects of Nutrition.

In addition to the Routine or Periodic Inspections referred to above, other medical examinations are carried out by the Authority's staff, in clinics, in schools and elsewhere and these examinations are referred to collectively as routine or special.

From either routine or non-routine medical inspections defects are found in the children examined and these defects are classified as (1) Defects requiring treatment (marked T in the accpmanying Table) or (2) Defects requiring further observation or supervision (and marked O in the accompanying table.)

This summary shows the total defects found at the medical examinations of the children in the schools in this area in 1955:-

	and a lot of the second s				
	Routine		Non-	Routine	
	T	0	Т	0	
Skin	22	5	13	8	
Vision Squint Other	50 9 6	27 13 6	11 3 -	59 15 -	
Hearing Otitid Media Other	10 2 -	3 5 3	32	5 4 -	
Nose or Throat:	25	23	5	23	
Speech	4	3	<u> </u>	11	
Cervical Glands Heart & Circulation	2	24	-	7	
Lungs	4	15	2	6	
Development: Hernia Other	-	1	-	ī	
Ofthopaedic: Posture Flat Feet Other	- 4 2	4 2 11	- - 5	1 6 9	

TABLE C.

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avery Mariolio Instants of the exactor Multicel onlid is announced at retery Mariolio Instants by the exactor Multicel Officer and is reterrant as & (good), 8 (average) or 0 (poor).

The fiddings for 1955 are shown in the socompanying table.

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Trom eldier routine or non-routino madical inepeniions dereate are found in the children ermined and these defects are chemilted as (1) Derects requiring treetmants (mented T in the scopnonying Table) or (2) Derects requiring further observation or accerviaten (and served 0 in the secompenying table.)

this summary shows the total defeate found at the solional

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CLEANLINESS SURVEYS.

The School Nurses attend every school department at regular intervals during the year to examine the children for uncleanly and verminous conditions.

The accompanying table gives a summary of the numbers of children examined in the individual departments, with an analysis of the findings. Where uncleanly or verminous conditions are found, parents are informed and instructed how to cleanse their children. Warnings are given in cases of non-compliance, and legal proceedings are instituted where necessary.

SCHOOL	No.on roll	Individuals Infested		se of total sted 1955
Crigglestone C.of E. Crigglestone C.P. Infants Crigglestone C.P. Mixed Crofton C.P.Infs. Crofton Mixed Crofton Sec.Mod. Heath Parochial Middlestown C.P.Infs Middlestown C.P.Infs Middlestown C.P.Mixed Netherton Newmillerdam Sharlston C.P.Infs. Sharlston C.P.Mixed Sharlston National Warmfield Walton West Bretton Woolley Colliery C.P. Woolley C.ofE.	151 134 54 151 369 54 65 146 40	4 13 18 23) 32) 50 - 5 11 15 5 10 36 - 3 2 3 14 1	3.09 4.7 8.53 12.66 1.1 - 1.37 2.05 3.73 9.26 6.71 .83 1.54 6.85 1.97	4.12 15.3 8.54)15.69 13.86 - 6.85 7.29 11.12 9.25 6.62 9.75 - 4.06 1.36 7.05 12.83 4.76

Dental Services.

There is at present no routine dental inspection and dental care scheme operating in the area of the Rural District Council.

This is due entirely to dental staff shortage in the County Council's Administrative Area, and no indication can be given at present as to when such service can be organized.

Meanwhile, the County Central Dental Clinic in Wakefield, will accept a number of cases from this District for treatment, and some additional cases can similarly be accepted for treatment at the Dental clinic which is held at Croft House, Ossett.

SACIALIS SECURITY VITA

informale during the year to examine the children for uncheraly and

aranahasi in the individual departments, with an analysis of oidlines rinding. Where uncleanly or versions as conditions are found, perants are informed and instructed how to cleanse their shiltren. Warnings are given in cases of non-compliance, and legal proceedings are

			4.12 15.3 8.34 15.38 15.38 6.48 9.23 9.23 9.23 9.25 9.25 9.25 9.25 9.25 9.25 9.25 9.25

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bane operating in the area of the Rarel District Council

unoil's Administrative from, and no indication out be given at

onet, a number of essen from this District for trestant, and some distonal esses on similarly he securited for trestant, and some otal clinic which is hald at Groft House, Oreget

TABLE C. continued.

	Re	outine	Non-F	Non-Routine	
E	T	0	T	0	
Nervous System: Epilepsy Other	1	-	1	2	
Psychological: Development Stability		-		-	
Cther Defects:	79	18	12	24	

Where medical or physical defects are found in schoolchildren, appropriate action is taken to ensure that treatment is obtained where this is indicated and in other cases to ensure observation or supervision by the Nursing and other staff and later medical examination.

Treatment Clinics.

The Local Health Authority themselves make provision in clinics for certain treatments of schoolchildren and such clinics are established at Crofton, Sharlston, Walton, Crigglestone, Middlestown and Netherton.

At these clinics treatments in general are restricted to minor ailments, certain skin conditions, minor injuries and some few eye and ear conditions.

A Central Multiple Clinic at Croft House, Ossett, does provide a refraction clinic, a dental clinic, for certain paediatric facilities and a speech therapist gives sessional treatment here.

Minor orthopaedic treatments are given.

There is no provision for light therapy, but it is hoped that a special clinic for this treatment will be established at an early date.

Children for whom Ghild Guidance Clinic facilities are necessary or psychiatric investigation is indicated, are referred to the County Council Clinic at Wakefield and Consultant Ear Nose and Throat and Orthopaedic facilities are available in neighbouring hospitals through arrangements made by the Health Authority. A brief statement of clinic attendances at the clinics within this Authority's area is given in the following statement:-

Clinic	No. of Sessions Held	- Attendances	Average attend- ance per session
CROFTON	68	1803	26.5
SHARLSTON	50	1402	28.04
WALTON	43	740	17.2
CRIGGLESTONE	37	774	20.9
NETHERTON	12	107	8.91
MIDDLESTOWN	14	135	9.64

TABLE D.

appropriate motion or physical delocts are found in schoolohildren, appropriate motion is taken to ensure that travterne is obtained where this is indicated and in other cases to ensure observetion or approxision by the Suraing and other staff and later motioni areainstion.

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tor certain trastentte Authority themesives and provision in olinics outstituted at Crofton, Shariston, Walton, Grieglostons, Middlastows and Matherton.

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A contral Multiple Olinic at Grort House, Caust, does provide a petrestion olisio, a destal olinic, for cortain pacifistic faulities and a speech therapist gives sessionel troutment have

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The passanty or payablaters investigation is indicated, are referred to the Gaunty Soundli Clinic of Whistian is indicated, are referred and throat and Orthopmonic Clinic of Whistial and Consultant Jar Boso hornitals through errangements made by the Gaulth is heighbouring triat statement of chicks attend andes at the Gaulth is heighbouring for the statement of chicks attend andes at the Gaulth is height the father to attend is given in the following statement:

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VACCINATION AGAINST TUBERCULOSIS.

1955 saw the implementation in the Rural District of the Ministry of Health's plan to offer B.C.G. vaccination to schoolchildren in their fourteenth year.

This particular age group was selected in order that these children might be "followed-up" for a full year after vaccination and have the advantage of such protection as B.C.G. vaccination may give in the early years of employment as adolescents, a period during which young persons show a relatively high incidence of this infection.

During the year, this protective vaccination was offered to all children attaining the age of 13 years and 62 accepted the treatment. Of the children found on test to require immunizing treatment, a total of 29, 27 were so treated. This is shown in the following statement:-

School		Accepted Treatment	Skin- Tested		-	Not ascer- tained	inat-
Crofton Sec.Mod. Sharlston Sec.Mod.	72 38	41 21	29 21		18 11		16 11
TOTAL	110	62	50	18	29	3	27

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Ministry of Health's plan to offer 3.0.C. vacination to achool-

This parairalist and group was selected in ander that there oblidges might to "follow 2. m" for a fall your after vacainetion and have the advantage of such protoction as 3.0.0. wood notion may give in the carly years of amployment as adolaseents, a period during which young paraons show a relatively high insidence of this infection.

During the year, this protective vectorstion was offered to all ohildren attaining the age of 15 years and 62 scoopted the treatment. Of the children found on test to require immunizing treatment, a total of 29, 37 mire as treated. This is shown in the following atatement:-

Vace- Inst-				
				Orofton Bes.Mod.

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Prevalence and Control.

The following table is a statement of the infectious diseases notifications received during the year under review:--

	Total Cases Notified	School Children Only	No. admitted t to Hospital	No. Died
Scarlet Fever	9	7	6	-
Diphtheria	-	-	-	-
Pneumonia	27	3	7	T
Puerperal Pyrexia	10	-	3	-
Erysipelas	2	-	-	-
Whooping Cough	63	24	2	1
Measles	519	240	3	-
Cerebo-Spinal Fever	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-
Poliomyelitis	5	3	5	-
Dysentary	19	7	3	-
Food Poisoning	9	1	3	1
Tuberculosis - Pulmonary	12	0	1	1
Non Pulmonary	3	1	0	-
Pemphigus Neonatorum	1	0	1	-
Totals.	679	286	34	4

Reference to this table shows a high incidence of two notifiable infectious diseases, that is measles (519 cases) and of whooping cough (63 cases).

Further reference to the table shows that 1 patient died from whooping cough; no case of measles died. Further, 3 cases of measles and 2 cases of whooping cough were removed to hospital for isolation or treatment.

With regard to both of these diseases, a slightly higher number of cases occurred in children of under school age than in children of school age.

The recurring incidence of these conditions in this way as new age groups of susceptible children come along, is a typical feature which has been referred to previously.

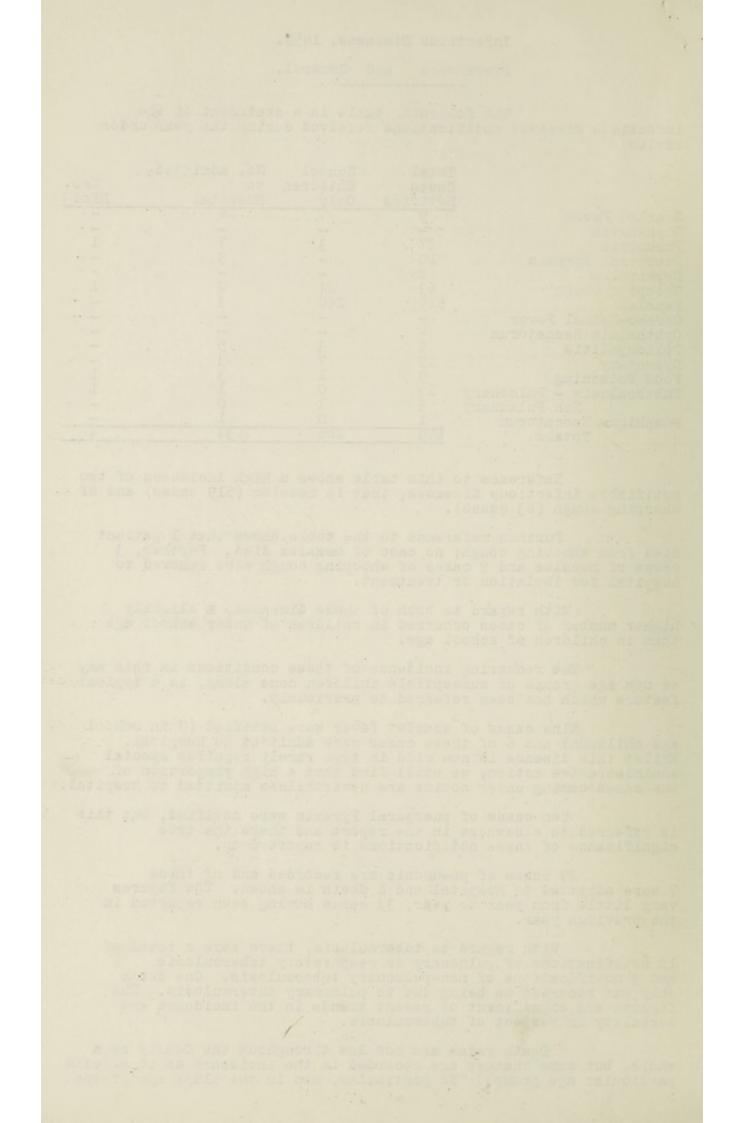
Nine cases of scarlet fever were notified (7 in school age children) and 6 of these cases were admitted to hospital. Whilst this disease is now mild in type rarely requires special administrative action, we still find that a high proportion of the cases coming under notice are nevertheless admitted to hospital.

Ten cases of puerperal Pyrexia were notified, but this is referred to elsewhere in the report and there the true significance of these notifications is reported on.

27 cases of pneumonia are recorded and of these 7 were admitted to Hospital and 1 death is shown. The figures vary little from year to year, 33 cases having been reported in the previous year.

With regard to tuberculosis, there were a total of 12 notifications of pulmonary or respiratory tuberculosis and 3 notifications of non-pulmonary tuberculosis. One death only was recorded as being due to pulmonary tuberculosis. The figures are significant of recent trends in the incidence and mortality in respect of tuberculosis.

Death rates are now low throughout the County as a whole, but some changes are recorded in the incidence as it affects particular age groups. In particular, men in the older age groups



make up an appreciable proportion of the new notifications, but not women in these age-groups, but in the late adolescent and subsequent age-groups, the incident is largely in respect of women.

Significant also, in the consideration of the present position in regard to tuberculosis is the general improvement respecting institutional bed-accomodation for cases of tuberculosis, chiefly of course for cases of pulmonary tuberculosis. We are finding that the long waiting lists of patients for bed-accommodation are now considerably reduced and in many cases eliminated, and this to a large extent has been due to the introduction of new remedies which have proved so successful apart from established methods of institutional treatment.

Five cases of acute poliomyelitis were notified, 3 of these in children of school age. These cases were all admitted to isolation hospitals for observation and treatment. The cases were later transferred to an Orthopaedic Centre for remedial treatment. Elsewhere, a report is given on the introduction of protective treatment against poliomyelitis for selected groups of children of school age and under.

AGE GROUP MORTALITY

DISEASE	0-1	1-2	2-5	5-15	15-25	25-45	45-65	Over 65Total
Diphtheria Scarlet Fever Erysipelas Puerperal Pyrexia Pneumonia Ophthelmia Neonatorum Dysentery Tuberculosis: Pulmonary Non-Pulmonary Whooping Cough Cerebo-Spinal Fever Meastes Poliomyelitis Food Poisoning	1	1					1	
TOTAL	1	1						the state of the s

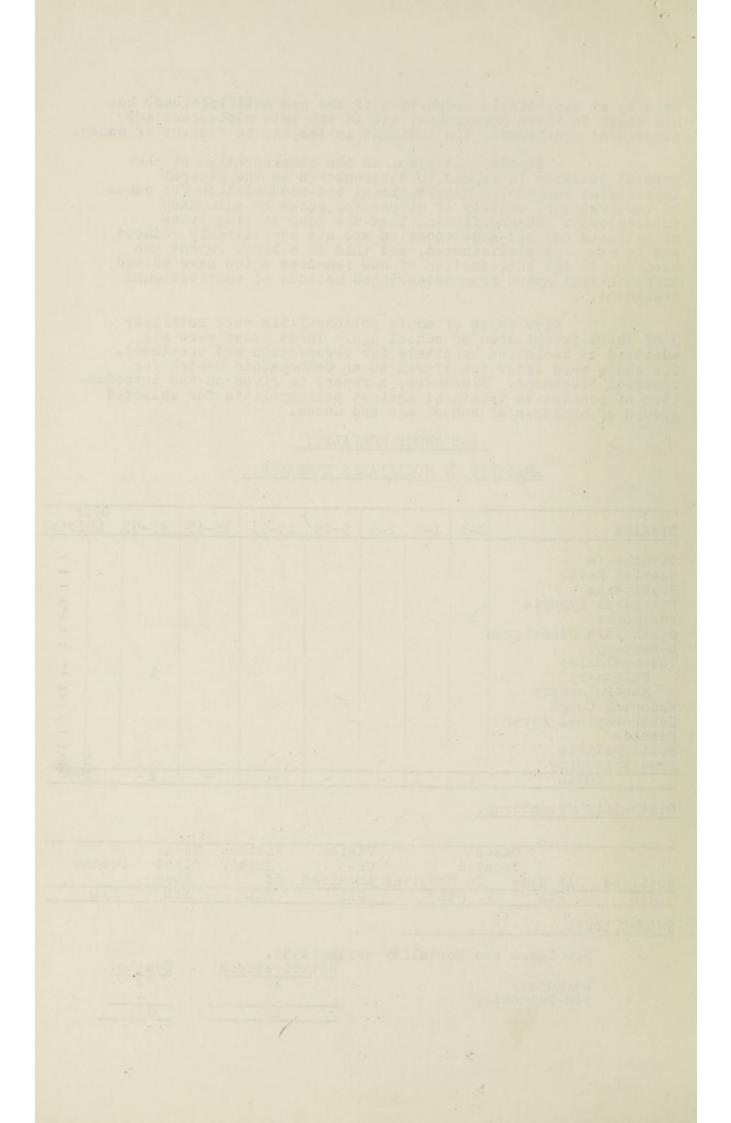
ANALYSIS OF NOTIFIABLE DISEASES.

Ophthalmia Neonatorum.

	Cases	Vision Un-	Vision Impair	Total Blind	Deaths
Notified	Treated At Home In Hospital			ness	MTL
NIL	NIL NIL	NIL	NIL	NTP	MID

TUBERCULOSIS.

New Cases and Mortalit	y during 1955. Notifications	Deaths.
Pulmonery		
Non-Pulmonery	15	1



		New	Cas	368		Deat		
AGE GROUPS	Respi	ratory		lespiratory F	Re M	sp. F	Non- M	-Resp. F
0-1 1-5 5-15 15-25 25-35 35-45 45-55 55-65		1 1 4 -		- - - - -		1111111	111111	
65 and upwards	ī	-	-	-	-		-	
of chia apriatab	6	6	-	3	11	-	-	- ,

DIPHTHERIA IMMUNIZATION.

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The work of diphtheria immunization continues and every effort is made to get parents to accept treatment for their infants and young children.

The approach to parents is usually an approach to individual parents made by Health Visitors in the course of their routine duties, but other nurses of the Department and medical staff also assist with propagands and individual talks.

As a result of these efforts, 120 children received a full primary course of treatment during the year and a further 156 children who had had full primary treatment earlier, received a reinforcing single dose treatment before starting school life at which time, it is presumed, an additional risk of contracting infection is incurred.

At the end of the year a total of 2689 infants, under school-age children and school-age children, had received protective treatment. This represents 65.3% of the child population of the Wakefield Rural District.

As previously commented on in earlier Annual Reports, this figure cannot be said to be satisfactory or to represent a sufficiently high community protection, but we find that a proportion of the parents, who in times of prevalence of diphtheria would accept this protective treatment, do fail to take advantage of the service provided when no diphtheria cases are occupating and of the service provided when no diphtheria cases are occurring and the danger of diphtheria infection appears then to be remote. No case of diphtheria or suspected diphtheria has been reported for some years in this district.

VACCINATION AGAINST SMALLFOX

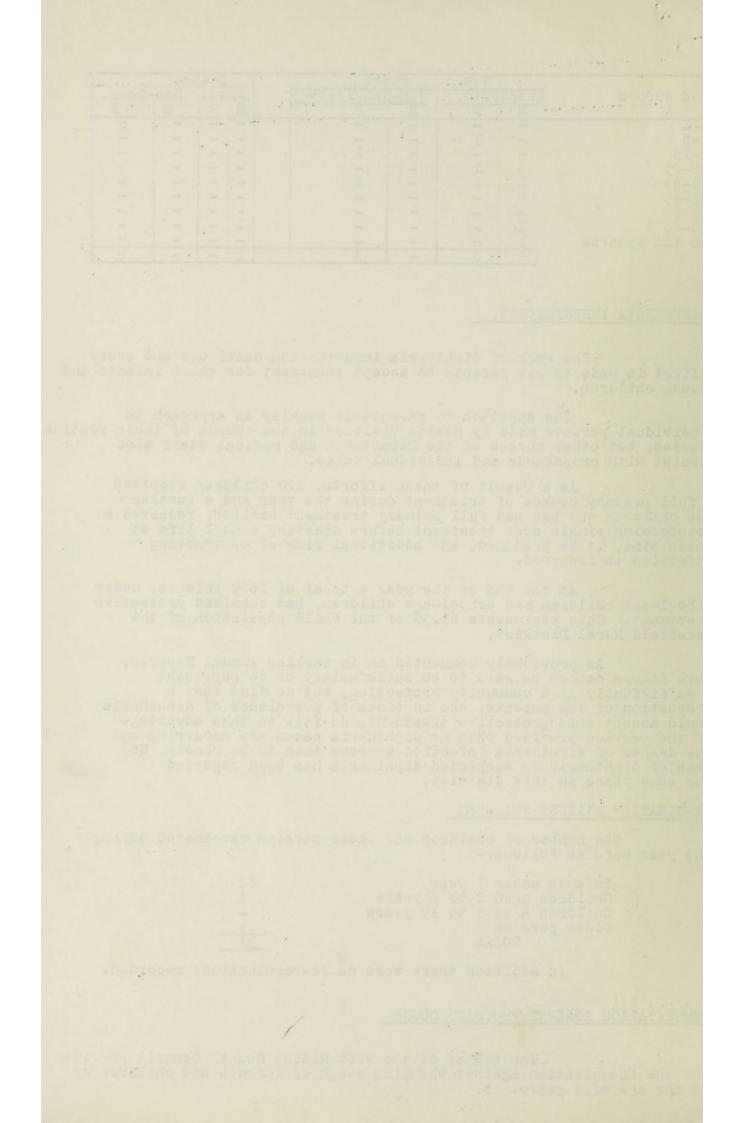
The number of children and older persons vaccinated during the year were as follows :-

82
4
-2
91

In addition there were no re-vaccinations recorded.

IMMUNIZATION AGAINST WHOOPING COUGH

The scheme of the West Riding County Council provides for the immunization against whooping cough of infants and children up to the age of 4 years.



Treatment of older children can be given by Private Medical Practitioners but not under the County Scheme.

We have records that 90 infants and children received this treatment in 1955 and that since the scheme was introduced in 1952, a total of 483 children have been immunized.

The figures given here are no true indication of the number of children who have received this protective treatment.

We are only aware through notification of the number of children who have received treatment under the West Riding scheme which scheme does not provide for treatment with mixed vaccine and as this method is so frequently the method of choice of the General Practitioners, we do not have complete records and consequently our figures represent a considerable understatement.

As reported elsewhere, we received notifications of 63 cases of whooping cough for the year, but inquiry showed that no one of these children contracting the illness had received a previous protective immunizing treatment.

	ACE (ACE GROUP INCIDENCE	ICIDENC	AND	ANALYSIS	OF N	OTIFIABLE	DISEASES.	<u>.</u>				
DIGRACH	0 - 1	1 - 2	5 - 3 5	3 - 4	4 - 5	5 - 10	10-15	15-20	20-35	35-45	45-65	651	Total
D.T.D.H.M.B.T.A.	0	0	0	0	0	0	0	0	0	0	0	0	0
CANDER METALON	0	0	0	0	63	6	1	0	0	0	0	0	0.
ARVETPRIAS	0	0	0	0	0	0	0	0	0	0	62	0	~2
DIREPERAL. PVREXTA	0	0	0	0	0	0	0	4	9	0	0	0	10
PURTMONT A	8	02	03	22	0	S	0	T	0	~~	6	5	27
ADHTHAT MIT A NIRONA TORUM	0	0	0	0	0	0	0	0	0	0	0	0	0
DVSRMTRRV	1	1	4	62	1	4	0	0	1	0	02	0	19
SIS	00	00	40	00	00	00	01	-10	00 02	00	10	01	12
	R.	6	10	13	11	23	L	0	0	0	0	0	63
HOUD ONLY		c	0	0	0	0	0	0	0	0	0	0	0
MEASLES	19	48	70	67	72	231	6	1	T	0	1	0	519
POLTOWYNGLIDIA	c	0	0	٦	0	T	63	0	I	0	0	0	2
FOOD POISONING	с	02	0	L	c	0	٦	1	I	1	02	0	6
PEMPHIGUS NEONATORUM	J	c	c	c	0	с	0	0	c	0	0	0	-
TOTALS	27	55	87	86	86	271	15	8	20	ю	15	9	679

ANALYSTS OF NOTTFIABLE DISEASES.

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SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA

To avoid duplication in this Annual Report, the reports on these matters are embodied in the Chief Health Inspector's Section of the Annual Report.

Water Supplies

With regard to Water Supplies, whilst restrictions were imposed for one period during the year, supplies generally have been adequate for domestic needs and the quality of the water has been maintained.

Water is obtained for the Rural District from Wakefield, from Dewsbury and from Royston, Darton and Kirkburton.

The Council has taken steps during the year to improve the efficiency of the water supply in various Districts, in particular at Netherton and at Crofton and Sharlston, and improvements are to be effected in the Woolley Area.

Drainage and Sewerage.

The Wakefield Rural District Council has in hand, schemes for improvements in various parts of the Rural District Area.

In particular, one scheme affects drainage from the Sitlington Area and the present unsatisfactory treatment in the neighbourhood of Horbury Bridge.

This Council has agreed a joint scheme with the Urban District of Horbury which will effect eficient drainage and Sewage Disposal in this Area.

Public enquiries have been held in respect of schemes of improvement put forward by the District Council.

One scheme was concerned with the improvement and extension of the Sharlston Sewage Works and another proposed similar improvements at West Bretton.

Housing Reference to the table of Housing Statistics shows that a total of 119 new houses were provided in the Wakefield Rural Area in 1955, 90 being provided by the Council and 29 by Private Enterprise.

Progress has again been made with regard to the closure and clearance of unfit houses. During the year, there were in all 7 official representations in respect of unfit houses. Seventeen houses were demolished as a result of Demolition Orders made by the Local Authority.

In the case of 5 dwellings, undertakes not to re-let were entered into by owners and accepted by the Council, and 4 domestic dwelling houses were closed voluntarily.

A full statment is given in the table at the end of this report.

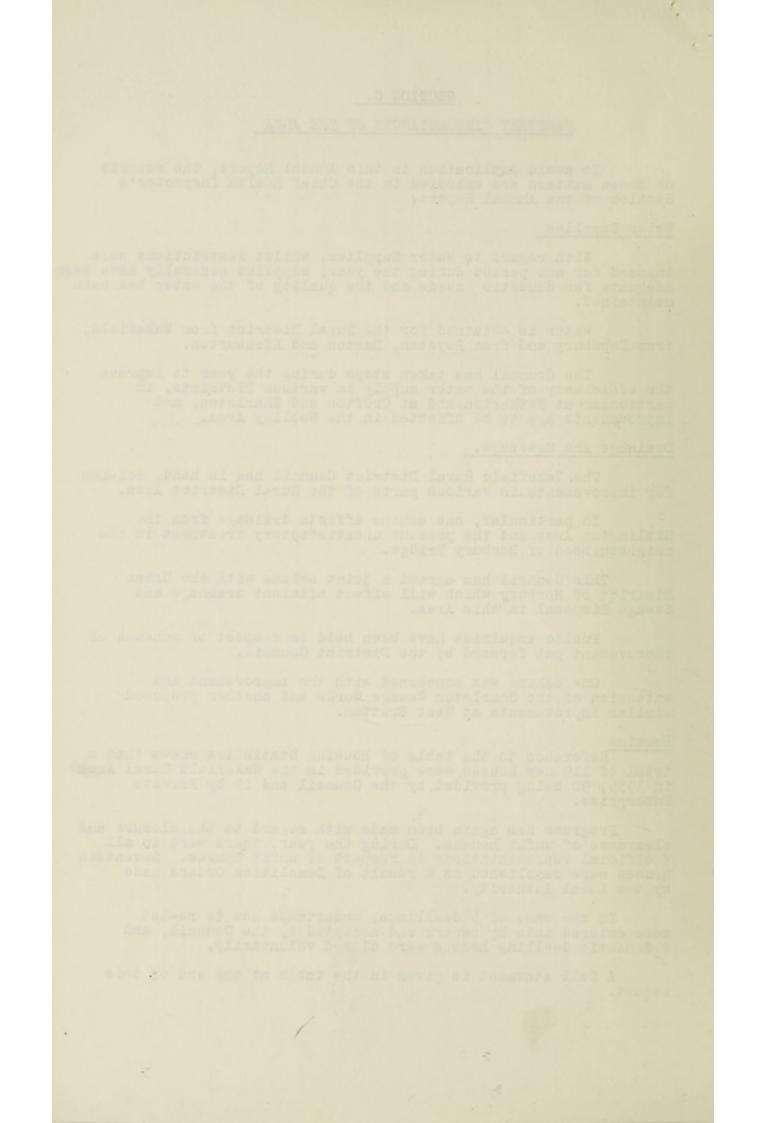


TABLE C.

YEAR 1955.

WAKEFIELD RURAL SANITARY DISTRICT.

NUISANCE INSPECTIONS .

Total No. of Inspections made in 1955 for Nuisances only - 188

Notices Served, Informal - 34. Complied with - 31 Notices Served, Statutory, Nil. Total number of Summonses or other legal proceedings - Nil.

DRAINAGE AND SEWERAGE.

Particulars of any sewer extensions during 1955 - New Crofton, New Sharlston, Netherton.

Districts still requiring sewering:

Part Crofton Foulby. Crigglestone Wintersett.

Districts still requiring improvement of defective sewers:

Woolley.

No. of houses not connected to sewers - 970. Connected to cesspools and open ditches.

SEWACE DISPOSAL WORKS.

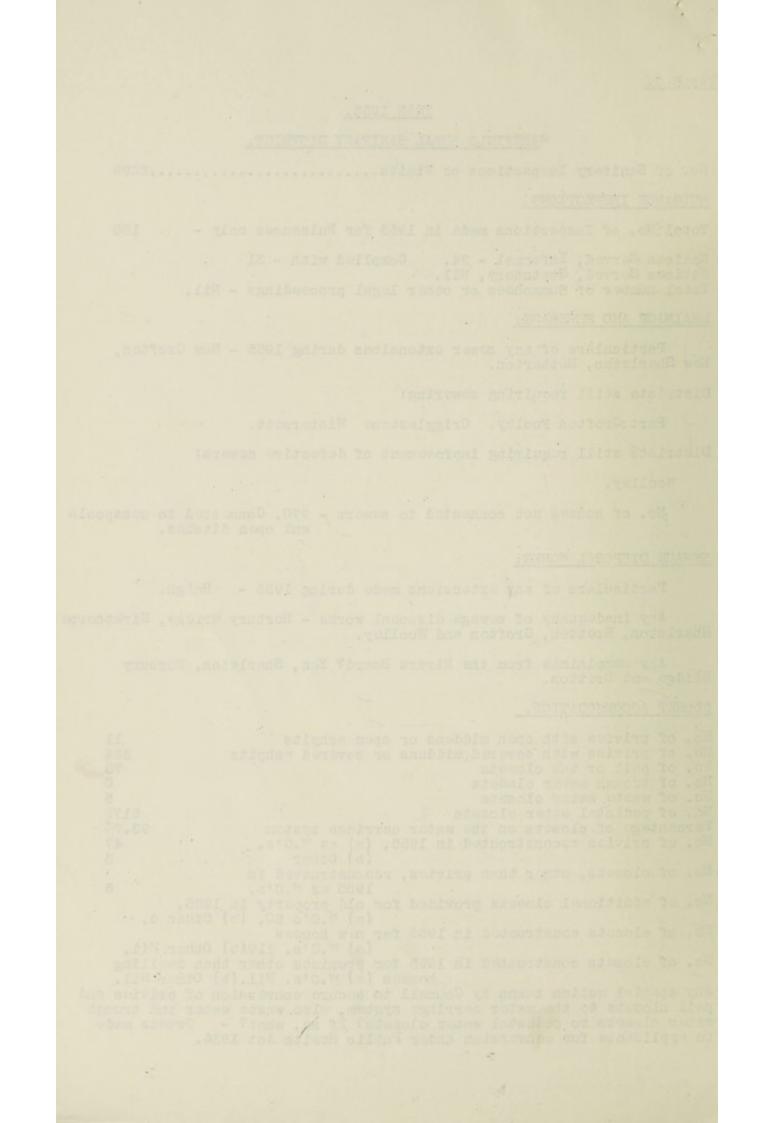
Particulars of any extensions made during 1955 - Haigh.

Any inadequacy of sewage disposal works - Horbury Bridge, Kirkthorpe, Sharlston, Bretton, Crofton and Woolley.

Any complaints from the Rivers Board? Yes, Sharlston, Horbury Bridge and Bretton.

CLOSET ACCOMMODATION.

No. of privies with open middens or open ashpits No. of privies with covered middens or covered ashpits No. of pail or tub closets No. of trough water closets	11 324 75 0
No. of waste water closets	5
No. of pedestal water closets	6179 93.7%
Percentage of closets on the water carriage system No. of privies reconstructed in 1955, (a) as W.C's.	47
(b) Other	3
No. of closets, other than privies, reconstructed in 1955 as W.C's.	6
No. of additional closets provided for old property in 1955, (a) W.C's 90. (b) Other	6.
No. of closets constructed in 1955 for new houses (a) W.C's. 119(b) Other	Nil.
No. of closets constructed in 1955 for premises other than dwe houses (a) W.C's. Nil.(b) Other	. TATT.
Any special action taken by Council to secure conversion of pr pail closets to the water carriage system, also waste water an water closets to pedestal water closets? If so, what? - Gran to applicants for conversion under Public Health Act 1936.	rivies and nd trough



PUBLIC CLEANSING. Is this in operation throughout the "hole District? - Yes. Frequency of collection - Bins and Pails - Wockly. Privies - Monthly. Disposal of Refuse. 1. Destruction Nil. 2. Tipping 100, 3. Farmes Nil. If tipping is in operation is it on the controlled system? - Yes. Particulars of any extension or improvement in the service during the year - Service extended to meet District growth. WATER SUPPLY. Source of Supply - 1. "akefield C.3. 4. Bernsley C.B. 2. Darton U.D.C. 5. Dewsbury C.B. 2.Darton U.D.C. 5. Dewsbury C.B. 3.Kirkburton U.D.C. 6. Wakefield R.D.C. By whom distributed - Vakefield R.D.C. No. of dwelling houses on public supply - 6083 No. of dwelling houses not on public supply - 8 Total No. of dwelling houses in District - 6091 Any extension of supply during the year? - Yes. Has supply been satisfactory? - No. (a) in quality Yes. (b) in quantity - Nil. No. of examinations made during the year: (a) Chemical. No. satisfactory - 7. No. unsatisfactory - 7. (b) Bacteriological. No. satisfactory - 4. No. unsatisfactory - Nil. Have any supplies been restricted or closed, if so, where? No. MUIK SUPPLY, No. of milk samples taken by officers of your Authority for analysis under the Food and Drugs Act Nil No. found adulterated - Nil. No. of prosecutions - Nil. No. of samples of ordinary milk taken by officers of Local Authority for: - No. unsatisfactory (a) Methylene Blue Test. No. satisfactory (b) Presence of tuberculosis. No. negative 12 No. positive - Nil. Any instance of disease attributed to milk during 1955? No. No. of retail milk sellers registered 27. The Milk and Dairies Regulations, 1949. Any action under Sections 18, 19 and 20? The Milk (Special Designation) (Pasteurised and Starilised Milk) Regulations 1949-53. Supplementary No. of licences in force for: Dealers

15

11

(a) Pasteurised Milk

(b) Sterilised Milk

4

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Milk Supply, contd.

Samples of Milk Obtained. (a) Tuberculin Tested (Pasteurised) -No. satisfactory No. unsatisfactory (b) Pasteurised (not including Tuberculin No. satisfactory No. unsatisfactory Tested) (not including Tube reulin No. satisfactory (c) Sterilised No. unsatisfactory Tested) Number of inspections made at premises of licensees Foods and Drugs Authorities. Number of licences in force for pasteurised milk production Number of licences in force for sterilised milk production Number of samples during the year: Sterilised Pasteurised Satisfactory Unsatisfactory Unsatisfactory Satisfactory -No. of inspections made at licenced premises Nil. The Milk (Special Designation) (Raw Milk) Regulations, 1949. No, of licences in force for 3 Supplementary 14. Tuberculin Tested Milk: Dealers No. unsatisfactory Samples obtained: No. satisfactory -No. of inspections made at premises of licensees 25. ICE CREAM. Premises registered under Section 14, Food and Drugs Act, 1938: Total no. of inspections in 1955 No. registered Nil. Nil. (a) Manufacturers 42 28 (b) Retailers Nil (c) Producer-retailers Nil No. of samples submitted for bacteriological examinations, with results Indicate briefly any further action in respect of above Any action taken under Sections 16 and 37, Food and Drugs Act, 1938. Nil.

SHOPS ACT, 1950, Section 38.

No. of visits made under the above Act during 1955 -70 Unsatisfactory conditions found - Nil. Remedied - Nil.

SMOKE ABATEMENT .

No. of observations each of 30 minutes duration, during 1955 Nil. No. showing excessive emission of black smoke Nil. No. of cautions issued Nil. No. of statutory notices issued - Nil. No. of prosecutions No. Are any bye-laws in force in connection with Smoke Abetement

Nil.

6.4

COLLIERY SPOIL BANKS.

Are there any colliery spoil banks in the District? - Yes.

If so, have any been on fire during the year? - Yes.

Action by Local Authority to abate nuisances arising from firing: Unit Managers and Engineers Contacted.

TENTS, VANS AND SHEDS, etc. used for human habitation.

Is this class of dwelling showing signs of increase? Yes.

No. of licenced sites - 20.

No. on other sites

No. of licenced sites for over two caravans - 1.

Have Council made bye-laws under Section 268(4) Public Health Act, 1936? - No.

SWIMMING BATHS AND BATHING POOLS.

No. of public swimming baths or pools - Nil.

No. of privately owned baths or pools open to the public - Nil.

If any, give brief particulars of each and state what action is taken to ensure satisfactory conditions of the water -

Any samples of bath water examined in 1955, apart from samples submitted to the Public Hoalth (Medical Research Council) Laboratory? - 1.

If so, please give particulars

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

	Number	Total No. of Inspections in 1955
Promises registered under Section 2	Nil	-
Premises licenced under Section 6	Nil	- 1011 -
Premises licenced under Section 7	Nil	-

No. of samples taken - Nil. No. of samples submitted to a prescribed or public analyst - Nil.

No. of above coming within standards of cleanliness prescribed by The Rag Flock and Other Filling Materials Regulations, 1951 - Nil.

No. of cautions issued - Nil. No. of prosecutions - Nil.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

No. of inspections - 1521.

No. of infestations dealt with during the year - 31.

BYE-LAWS AND REGULATIONS inforce in District.

Please give details of any deletions, amendments or additions to list submitted in 1954:

Byelaws with respect to Heath Common came into operation 1st October, 1955.

ADOPTIVE ACTS.

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Have any of the following been adopted ?: Date came into force in District. Public Health Act, 1925, Part 11 lst May, 1926. Private Street Works Act, 1892 Public Health Acts, Amendment Act, 1890-Section 41 Public Health Acts Amendment Act, 1907 - Sections 19 and 86 WEST RIDING COUNTY COUNCIL (GENERAL POWERS) ACT, 1951. Date came into Date came into force in force in District District Part V Sections Part 1V Section 36 33-57 August 1952 Sections 27-48 August 1953 Part V11 Sections Part V1 Sections 63-73 Do. 58-62 Do. Not in force Part X1 Section 91 Do. Part V111 Sections 75 and 76 Part X1V Section

Part X11 Sections 94 to 97

SANITARY STAFF.

Name of Sanitary Inspector - E. Heald.

Other Appointments held - Cleansing Superintendent Petroleum Officer.

120

Any additional or Assistant Sanitary Inspectors? - 1.

Is staff sufficient? - Yes.

SUPPLEMENTARY REMARKS, as to sanitary requirements of District, of M.O.H. and extended notes on any of the foregoing entries. Any suggestions as to med for Clinics, etc. or as to existing Clinics, etc.?

. Santtery Inspector - E. Breid .

HCUSING

Table D, included here, gives a summary of the Housing work carried out in 1955.

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TABLE D. - HOUSING STATISTICS.

Nun	ber	of	dwelling houses in the District 6091
Nun	ibe r	of	back-to-back houses included in above 130
1.	Ins	poct	ion of dwelling houses during the year.
	1.	(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 371
		(ъ)	Number of inspections made for the purpose 939
	2.	(a)	Number of dwelling houses (included under sub-head(1) above) which were inspected and recorded under the Housing Consolidated Regulations
		(ъ)	Number of inspections made for the purpose
	з.	Num	per of dwelling houses needing further action:
		(a)	Number considered to be in a state so dange rous or injurious to health as to be unfit for human hatitation 299
		(ъ)	Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation 72
2.	Re	med	y of defects during the year without service of formal notices.
			Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers61
		(b)	Number of defective dwolling houses (excluding those shown in (a) above) in which defects were remedied as a result of informal actionNil
з.	Λ	otio	n under Statutory Powers during the year.
	Λ	. Pr	oceedings under Sections 9,10 and 16, Housing Act, 1936:
		(1) Number of dwelling houses in respect of which formal notices were served requiring repairs
		(2) Number of dwelling houses which were rehdered fit after service of formal notices (a) By Owners
		B. P	roceedings under Public Health Acts.
		(1) Number of dwelling houses in respect of which notices were served requiring defects to be remediedNil

(2) Number of dwelling houses in which defects were remedied after service of formal notices:-

Table D (continued).

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Table 5 (concentration)	
C. Proceedings under Sections 11 and 13 of the Housing Act, 1936.	
(1) Number of representations, etc. made in respect of dwelling houses unfit for habitation	
(2) Number of dwelling houses in respect of which Demolition Orders were made - Nil.5 Undertakings not to re-let accepted. 4 Voluntarily closed.	
(3) Number of dwelling houses demolished in pursuance of Demolition Orders 17	
(4) Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions)Act, 1953? If so, what - 2 Closing	Orders.
D. Proceedings under Section 12 of the Housing Act, 1936.	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made Nil.	
(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tehement or room having been rendered fit	
E. Proceedings under Part III of the Housing Act, 1936.	
(1) Number of Clearance Areas represented during the year Nil.	
(2) Number of houses included in these areas N11.	
(3) Number of persons displaced Nil.	
(4) Action taken during the year in respect of Clearance Areas:	
(a) by Clearance Orders, numbers made	
(5) Number of houses in Clearance Areas demolished during Nil	
(6) Number of persons re-housed from houses demolished during the year Nil	•
4. Housing Act, 1936 - Part IV - Overcrowding.	
(a) (1) Number of dwellings overcrowded at the end of the year	
(2) Number of families dwelling therein	
(3) Number of persons dwelling therein	5
(b) Number of new cases of overcrowding reported during the year	D
overcrowding relieved during	9
 (c) (1) Number of cases of overcroading the year	7

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5. New Houses.

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Number of new houses provided during the year:

By the Local Authority: Permanent type 90 Temporary type Nil

By Private Enterprise - 29.

6. Housing Act, 1949.

Section 4 - Any action in connection with advances for purpose of increasing housing accommodation? - 28 Advances.

7. Housing Act, 1949, as amended by Housing Repairs and Rents Act, 1954.

Grants to persons other than local authorities for improvement of housing accommodation.

Any action during the year?

39 Applications.

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