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### RURAL DISTRICT OF WAKEFIELD



## ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1962

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### RURAL DISTRICT OF WAKEFIELD

### ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1962

BURAL DISTRICT OF WAKEFIELD

# ANNUAL REPORT

THE TO

MEDICAL OFFICER OF MEALTH

FOR THE YEAR 1965

# WAKEFIELD RURAL DISTRICT COUNCIL PUBLIC HEALTH COMMITTEE 1962-63

### Chairman

Councillor C. Darwell

### Vice-Chairman

Councillor E. J. Rollin

### Councillors

J. E. Cawthorn

R. E. Cooper

E. Crossley

H. E. Elsley

J. T. Foley

B. A. Hardcastle

C. J. Kirk

F. W. Middleton

J. H. Milne, D.P.A.

T. W. Newton

W. Sandham

W. B. Spurr

D. Thompson

### PUBLIC HEALTH STAFF.

### WAKEFIELD RURAL DISTRICT.

### Medical Officer of Health.

Allan Withnell, B.Sc., M.D., D.P.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.

A. M. Barker, M.A.P.H.I.

### Student Public Health Inspector.

J. Robinson (Appointed 1.9.62).

### Public Health Inspector's Clerk.

Mrs. R, Reynolds

### WEST RIDING COUNTY COUNCIL.

Preventive Medical Services: Health Division 13.

### Divisional Medical Officer.

As above (M.O.H.).

### Senior Assistant County Medical Officer and School Medical Officer

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

### Assistant County Medical Officers and School Medical Officers

Irene Hargreaves, M.B., Ch.B. Mary K. Shaw, M.R.C.S., L.R.C.P.

### Divisional Nursing Officer.

Miss A. Seelig, S.R.N., S.C.M., H.V. Certificate,
Queen's Nurse.

Health Visitors.

Mrs. M. A. Ward, S.R.N., S.C.M., H.V. Certificate. (Resigned 14.4.62).

Mrs. L. Laceby, S.R.N., S.C.M., H.V. Certificate, Q.N.

(Appointed 28.4.62).

Mrs. E. Driver, S.R.N., S.C.M., H.V. Certificate.

Mrs. A. H. Humphries, S.R.N., S.C.M., H.V. Certificate.

Miss J. Hough, S.R.N., S.C.M., H.V. Certificate. (Transferred to Horbury 1.12.61).

Mrs. B. E. Clayton, S.R.N., S.C.M. (Appointed 12.3.62).

Midwives.

Miss M. Campbell, S.R.N., S.C.M. Mrs. J. Renshaw, S.R.N., S.C.M. Miss B. B. Fearon, S.R.N., S.C.M.

\*Miss O. Gardner, S.R.N., S.C.M., Queen's Nurse. \*Mrs. M. E. Scott, S.R.N., S.C.M., Queen's Nurse. (Resigned 30.11.62).

\*Mrs. A. Tolson, S.R.N., S.C.M., Queen's Nurse

(Appointed 1.12.62).

Home Nurses.

Mrs. M. R. Higgins, S.R.N., Queen's Nurse.

Mrs. L. Jackson, S.R.N., S.C.M.

Mrs. A. G. M. Wagstaff, S.R.N., Queen's Nurse.

Mrs. T. Pickersgill (Relief Nurse), S.R.N., Queen's Nurse

\*Miss O. Gardner, S.R.N., S.C.M., Queen's Nurse. \*Mrs. M. E. Scott, S.R.N., S.C.M., Queen's Nurse (Resigned 30.11.62).

\*Mrs. A. Tolson, S.R.N., S.C.M., Queen's Nurse

(Appointed 1.12.62).

\*Combined appointment—Home Nurse/Midwife.

Mental Welfare Officers.

Mr. H. H. Robinson, R.M.P.A., R.M.N.

Mrs. E. I. Jones

Ossett Training Centre.

Mrs. I. Thorpe, N.A.M.H. Diploma (Supervisor) (Appointed 19.2.62).

Mrs. A. Ellis, N.A.M.H. Diploma. Mrs. J. Booth (Appointed 12.2.62).

Miss E. Y. Duncombe (Resigned 30.4.62).

Speech Therapist.

Miss G. M. Carr, L.C.S.T.

Chiropodists.

W. S. Fraser, Registered Medical Auxiliary (Part-time). Mrs. A. Semour.

### Joint Clerical Staff

Engaged in all constituent districts of the Division viz., Wakefield R.D., Morley, Ossett and Horbury.

A. Wright, D.M.A., D.P.A. (Senior Clerk). J. A. H. Lane, D.P.A. (Appointed 18.4.62).

D. Leach.

C. C. Roberts.

P. M. Sheard.

D. Gamble

Miss M. Halloran.

Miss C. Brennan.

Mrs. M. E. Kilburn.

Mrs. M. Thornburn.

Mrs. J. Mell.

Miss K. Edmondson.

Miss M. G. Shackleton.

Mrs. M. Wingett (Part-time).

Mrs. M. Crofton (Part-time).

Mrs. G. Burton (Part-tme).

### LEEDS REGIONAL HOSPITAL BOARD.

Consultant Staff.

### Ear, Nose and Throat Surgeon.

T. B. Hutton, F.R.C.S.

### Chest Physician.

J. K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

### School Ophthalmologist.

J. V. Kirkwood, M.B., Ch.B.

### Paediatricians.

J. D. Pickup, M.D., D.P.H. A. P. Roberts, M.B., B.S., M.R.C.P. M.R.C.S., D.C.H.

### Orthopædic Surgeon.

Miss M A. Pearson. F.R.C.S.

Windsor House.

Morley.

August, 1963.

To the Chairman and Members of Wakefield Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting my Annual Report for 1962.

The vital statistics for the year are, in the main, satisfactory. Owing to the small numbers involved, increases or decreases produce large changes in the corresponding rates. Comment on the absolute figures is therefore more meaningful, and I shall confine myself to this.

For the seventh successive year there has been no death ascribed to pregnancy or childbirth. There was one death from pulmonary tuberculosis during the year, but the number of cases on the Tuberculosis Register fell from 68 to 63. No case of diphtheria or poliomyelitis was notified during the year. There were two notifications of whooping cough and neither of these children had been immunised. It is significant that of the five notifications of whooping cough in the Health Division as a whole, not one of the children had received a full course of immunisation against the disease. Although no vaccine can be guaranteed to give complete protection in every case, the effectiveness of the present vaccines is clearly very high. Indeed, the vaccines against diphtheria and poliomyelitis are now so effective that these diseases can almost be regarded as "optional" diseases. There is very little active opposition today to the various immunisation procedures. Our biggest enemies in this field are apathy and procrastination. Constant propaganda in necessary to obtain and maintain high acceptance rates, and herein lies one of the principal values of our Child Welfare Clinics. What is most needed in this field is not more knowledge, but better application of the knowledge we already have.

Oral (Sabin) poliomyelitis vaccine was introduced in 1962. Information obtained in a survey carried out by the Medical Research Council in this Division during the previous year influenced the national policy with regard to this vaccine. The survey showed that the Sabin vaccine could successfully be used to complete a primary course of vaccination against poliomyelitis in which two injections of Salk vaccine had already been given. When Sabin vaccine alone is used the primary course consists of three doses, given in syrup or on a lump of sugar, at intervals of a month. In order to reinforce the immunity it is advisable for all children to have a fourth dose during their first year at school, and this "booster" dose is now being offered to all such children.

There is today virtually no milk-borne tuberculosis in the country—nearly all the new cases arise from a human source.

Tuberculosis is now eminently preventable, but more than a quarter of the parents of thirteen year-old children in Wake-field Rural District did not take advantage of the free vaccination (B.C.G.) scheme against this disease. It is a well-known phenomenon in Public Health Departments that as a disease becomes less prevalent, the task of persuading people to accept protection against it tends to become more difficult. But the tuberculosis germ remains with us, and the only safe and effective way of protecting our adolescents is by B.C.G. The object of any insurance scheme is to safe-guard the future in some specific way. On this analogy, parents can regard B.C.G. as a free, fully paid-up policy for their children. As a further measure towards the eradication of tuberculosis, a special test for the disease is being introduced for all school entrants, and this will be described in my next Report.

The most serious acute problem which faced the Public Health Department during the year arose from the smallpox outbreak in the neighbouring city of Bradford. Both contacts and suspected cases occurred in Wakefield Rural District as they did in the rest of the Division, but there was fortunately no confirmed case. Most immunisation procedures are virtually without risk but they can only protect a person when done weeks or months before the person comes into contact with the specific germ. Smallpox vaccination differs from nearly all other immunisation procedures on both these counts. It is not without risk in older children and adults, and it can give protection even when given after contact with the germ, provided it is given a day or two afterwards. It follows from these facts that the safest way to prevent the spread of a smallpox epidemic is not mass vaccination of the community, but the discovery, vaccination and continued surveillance of the immediate contacts of a case. In the vaccination and follow-up of contacts, the resources of the Public Health Department were strained to the utmost but, with good fortune and co-operation,

we were able to resist any demand for mass vaccination which would have diverted our staff from these essential tasks. Every four or five days during the outbreak I wrote to all the General Practitioners giving them the latest information so far as this Division was concerned.

Although the policy which I have explained is the right one to adopt, it is always difficult to carry out and not always possible to maintain. I would like to place on record my appreciation both of the devotion of my own staff and of the cooperation I have received from the General Practitioners, for they had the onerous task of explaining why vaccination was not available for all who requested it. I thank also the local Press whose conduct was in such welcome distinction to the irresponsible sensationalism of many national newspapers. Finally, I would like to thank you, Mr. Chairman and Members, for your unanimous support at this difficult time.

You very kindly agreed in 1962 to rent to the County Council for use as a Clinic the next suitable prefabricated house which becomes available on your Sharlston estate. This gesture will, I feel sure, be greatly appreciated by the people of Sharlston. A similar facility which you had previously granted in Middlestown has resulted in an excellent Clinic there.

For the convenience of mothers in the more isolated parts of the Rural District, arrangements were made during the year for a Mobile Clinic to visit Walton, Sharlston Common and Kirkthorpe every fortnight. These arrangements did not come fully into operation until 1963 and so will be commented on more fully in my next Report.

The arrangements for the Chiropody Service in Sharlston, which had been organised by a Voluntary Committee, were taken over by the County Council during the year. The Voluntary Committee asked the County Council to assume responsibility for the Service because of the increasing amount

of administrative work involved, and I would like to record my appreciation of the efforts of the voluntary workers in Sharlston in building up this Service. The County Council's scheme for chiropody now operates throughout the Division, and is administered by the Divisional Office in Morley.

A scheme was introduced during the year for the provision of disposable pads for seriously ill incontinent people being nursed in their own homes. The patient is allowed to lie on the pad, which is made of absorbent material, and when the pad becomes soiled it is burnt. The pads are stored at Croft House, Ossett, and are available free of charge through the Home Nursing Service. By reducing the amount of bedchanging and laundry, this scheme has proved of enormous benefit to the hard-pressed family caring for an incontinent patient.

Following the thalidomide tragedy it has been decided to record throughout the County all congenital defects appearing in the first year of life. The scheme began in December and the figures will be collected nationally in order to give an early indication of any absolute or relative increase in the incidence of any particular defect.

Following the Report of the Royal College of Physicians on Smoking and Health, I wrote personally on this subject to all the secondary school children in the Division. This appeal to parents and children was very well received both by yourselves and by the local Press, and a similar letter is now being sent each year to all new entrants to the secondary schools throughout the West Rding. A Working Party on Smoking and Health has been established at County Hall, consisting of representatives of the Education and Health Departments, and I have the honour to serve on this body. One of the activities of the Working Party has been to produce a digest of the Royal Physicians' Report, and a copy of this digest has been

sent to every teacher in the West Riding. The causal relationship between cigarette smoking and chest disease has now been clearly established and represents one of the most challenging topics in the whole of health education. Example is more important than precept, and in this regard doctors and teachers have a special responsibility either to give up cigarettes altogether or to refrain from smoking in the presence of young people. I had previously banned smoking in all thirteen Clinics in this Division. Some opposition from mothers was anticipated, but almost none occurred, and since the ban the numbers attending the Clinics have actually increased.

Towards the end of 1962 I wrote to every Council Member advocating the addition of fluoride to our water supplies to raise the present natural level to approximately one part per million. I regard this as the most important single step we can take to improve the dental health of our children, and I was grateful for the overwhelming support which you gave to the proposal. Since most of the discussions took place in 1963, I will give a full account of this important public health measure in my next Annual Report.

It will be gathered from this Report that the year has been a very active one for the Department. It gives me pleasure to pay tribute to my staff, and to thank you, Mr. Chairman and Members, for your personal encouragement and support during the year.

ALLAN WITHNELL.

Medical Officer of Health.

# SECTION I. VITAL STATISTICS

Statistics.				21 244 2020
				21,344 acres
Population: C	ensus 19	961		20,211
Registrar Gen	eral's est	imate of	Reside	nt Population
				20,960
	•			
				£201,427
Product of a r	enny rat	e		£810.8s.3d.
	Sum	mary of	f Vital	Statistics
	Total	M.	F.	
	Total	IVI.		
Live Births:				Birth-rate per 1,000 of
Legitimate	345	165	180	the estimated resident
Illegitimate	15	6	9	population 17.2
Still-Births:				Rate per 1,000 (live and
Legitimate	9	3	6	still-births)
Illegitimate	_	_	_	24.4
Total Births:				sielt Craper   million
Legitimate	354	168	186	
Illegitimate	15	6	9	
			H	Death-rate per 1,000 of
Deaths	216	124	92	the estimated resident
Deatils	210	121	12	population 10.3

### Maternal Mortality.

There were no maternal deaths.

Infant Mortality.

Six infants under the age of twelve months died during 1962, giving an infant mortality rate of 16.7 per 1,000 live births.

The following table gives the cause of death of these infants:—

No. of infants dying in							
1st week	2nd wk.	3rd wk.	4th wk.	5-52 weeks			
2		=	=	=			
3	-	-	-	-			
	1 st week 2 1 3		No. of infants dy    1st week   2nd wk.   3rd wk.				

CAUSE OF DEATH — WAKEFIELD R.D.

The Court		1960			1961			1962	
Cause of Death	W	L	Total	M	ĹĽ,	Total	M	Œ,	Total
1. Tuberculosis of respiratory							-		-
tract	1	1	1	1	1	1	-	1	-
2. Other forms of Tuberculosis	1.	1	1-	1	1	1	1	١	1
3. Syphilitic Diseases	-	1	-	1	1	1	1	I	1
4. Diphtheria	1	1	1	1	ı	1	1	1	1
5. Whooping Cough	1	1	1	1	1	1	1	1	1
6. Meningococcal Infections	1	1	1	1	1	1	1	1	1
7. Acute Poliomyelitis	1	1	1	1	1-	1.	1	1	1
8. Measles	1	1	1	1	_	_	1	I	1
9. Other Infective and									
Parasitic diseases	1	1	1	1	1	1	1	1	1
10. Malignant Neoplasm-	,		0.				•	,	u
Stomach	9	4	2	4	_	2	2	7	,
11. Malignant Neoplasm-	ı		•	,		-	,		
lung and bronchus	,	- (	000	2	7	1	0	1 .	~ (
12. Malignant Neoplasm-Breast	1	٠.	٠-	1	2	~	1	7	7
13. Malignant Neoplasm: Uterus	1	-	-	1	7	7	1	1	1
14. Other Malignant and						-			0
Lymphatic Neoplasms	80	6	17	- 8	4	22	12	200	20
_	-	1	-	ı	1	1	-	7	2
16. Diabetes	1	7	2	1	_	_	1	7	2
17. Vascular lesions of nervous									
system	12	4	26	5	-8	26	9	19	32
18. Coronary disease: Angina .	27	19	46	28	17	45	26	17	43
19. Hypertension with heart									
disease	2	8	13	_	3	4	_	~	
20. Other Heart Disease	=	6	20	12	12	24	14	15	29
21. Other Circulatory Disease	5	5	01	10	4		9	7	
The same of the sa									

-	Total	10-1 2 12 1 15 1 10 1 10 1	216
1962	ı.		92
	M		124
	Total	480 1 2 -22 12 8800	223
1961	4	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	16
	M	220   w  - = w4w-	132
	Total	145 -     120   - 5004	215
0961	F	100       -     -	95
	M	122 - 1 1-2 1   20-22	120
	Cause of Death	22. Influenza 23. Pneumonia 24. Bronchitis 25. Other diseases of respiratory system 26. Ulcer of stomach and duodenum 27. Gastritis, Enteritis and Diarrhoea 28. Nephritis and Nephrosis 29. Hyperplasia of prostate 30. Pregnancy, Childbirth and Abortion 31. Congenital malformations 32. Other defined and ill- defined diseases 33. Motor vehicle accidents 34. All other accidents 35. Suicide 36 Homicide & operations of war	Total all Causes

# ANALYSIS OF DEATHS IN AGE GROUPS

PRINCIPAL VITAL STATISTICS for the YEAR 1962. Based on the Registrar-General's figures. COMPARISON WITH OTHER AREAS.

	Wake- field R.D.	Horbury U.D.	Morley M.B.	Ossett M.B.	Aggregate West Riding Rural Dis.	West Riding Admin. Cty	England and Wales (Prov- isional Figs.)
Birth Rate (per 1,000 estimated population) .	17.2	17.9	18.8	21.5	18.4	17.8	18.0
estimated resident population). All causes	10.3	13.5	11.7	11.7	10.2	12.0	6.11
Diseases	0.0	0.11	0.0	0.0	0.04	0.04	
systemOther forms of tuberculosis	0.05	0.0	0.07	0.0	0.03	0.05	0.00
Cancer	1.57	2.18	2.05	2.11	1.65	2.0	2.18
vous system	1.67	2.30	1.91	1.32	1.52	1.84	56 :
Respiratory disease (excl-	4.25	15.5	4.64	4.08	3.87	4.56	•
respiratory system)	1.15	1.03	1.30	2.44	1.25	1.52	*
of infants under 1 year per 1,000 live births) Maternal Mortality	16.7	38.5	28.3	12.2	24.6	23.3	21.4
(deaths of mothers due to pregnancy or child							
still births)	0.0	0.0	0.0	0.0	0.45	0.20	0.35
live and still births)	24.4	18.9	12.7	12.1	19.6	31.5	1.8.1
Neonatal Mortality rate	16.7	32.1	18.0	9.2	16.5	15.7	15.1
		* Fign	Figures not ava	available.			

VITAL STATISTICS OVER THE TEN YEARS 1953—1962

No. of Deaths	Cer of Cer of T.B. lung All and forms bron-	2-426000-
No. of cases of	Polio- myelitis	w-r004400-0
		000000000
T.B. Death Rate	Non- Pul- monary	0.00
T.B. De	Pul- monary	0.10 0.21 0.15 0.00 0.00 0.00 0.05
	Cancer Death Rate	1.78 1.56 1.70 1.70 1.95 1.95 1.95
	Maternal Mortal- ity Rate	0.00
	Infant Mortal- ity Rate	26.2 22.4 22.7 22.8 34.5 28.0 22.9 13.6 16.7
	Death Rate	9.0 9.9 9.9 10.2 10.5 10.3
	Birth Rate	18.0 16.2 16.2 17.5 17.8 18.0 18.7
	Year	1953 1954 1955 1956 1958 1960 1961

### SECTION II.

### GENERAL PROVISION OF HEALTH SERVICES.

### A. HOSPITALS.

### General Hospital Accommodation.

There are no hospitals within the Rural District, but reasonably adequate facilities are available in Wakefield, Dewsbury, and Leeds, under the administration of the Leeds Regional Hospital Board.

### Isolation Hospitals.

Patients with infectious disease may be admitted to Snapethorpe Isolation Hospital, Wakefield, Kendray Isolation Hospital, Barnsley, or to Seacroft Hospital at Leeds. The latter hospital admits all cases of acute poliomyelitis from this area.

### Maternity Hospitals and Maternity Homes.

Maternity hospital facilities are available at centres in Wakefield, and there is a maternity home in the district of Walton. Priority is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement. Many expectant mothers requiring hospital confinement are booked through the Divisional Health Office, this department being in a position to advise on social circumstances.

### B. AMBULANCE SERVICE.

The local ambulance service is provided by the West Riding County Council. There is no local depot, the nearest available depot for the district being Stanley Road, Wakefield. Tel.: Wakefield 3731.

### C. LABORATORY FACILITIES.

The Public Health Laboratory at Wood Street, Wake-field (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, virological, entomological and chemical investigations from General Practioners and Public Health Department Staff,

### SECTION III.

### INFECTIOUS DISEASES.

Notifications received during 1962:-

	Total Cases
Disease	Notified (corrected)
Scarlet Fever	5
Whooping Cough	2
Acute Poliomyelitis	
Measles	202
Diphtheria	
Dysentery	
Meningococcal Infection	
Acute Pneumonia	16
Smallpox	
Acute Encephalitis	–
Enteric or Typhoid Fever	
Paratyphoid Fever	–
Erysipelas	2
Food Poisoning	
Puerperal Pyrexia	1
Ophthalmia Neonatorum	
Pulmonary Tuberculosis	6
Other forms of Tuberculosis	

### Tuberculosis Services.

A clinic is held at Pinderfields Hospital, Wakefield, and regular home supervision is carried out by the Health Visitors. Free milk, bedding, shelters, etc., are provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the clinic.

The following table gives the position regarding tuberculosis in Wakefield Rural District in 1962:—

	I	Respirat	tory	No	n-Resp	ratory	1
	M	F	Total	M	F	Total	Totals
No. on register on 1st January,							
1962	32	28	60	3	5	8	68
No. first notified during 1962	4	2	6	_	_	_	6
No. of cases res-							
No. of cases	_	_	_	-	-	-	-
entered in reg-							
ister otherwise than by							
notification	1	1	2	_	-	-	2
No. removed from register during							
(a) died	1	-	1	_	-	_	1
(b) removed from district	1		1			San A	1
(c) recovered	2	7	9	1	1	2	11
(d) diag. changed	-	-	-	-	-	-	-
No. remaining on register at 31st							
December 1962	33	2.4	57	2	4	6	63

The number of new cases and the number of deaths notified during 1962 are given in detail in the following table:—

		NEW	CASE	S		DEA	ATHS	
Age Period		pira-	Res	on- pira- ory		pira-	Res	on- pira- ory
	M	F	M	F	M	F	M	F
0- 5	_	-		_		_	_	-
6-14		-		-		_	- 3	-
15-24	1	-	_			-	_	-
25-44	-	2	_	-		-	_	_
45-64	1		-	-	1	_	_	_
65 and over	2		_		_	_	_	_
Totals	4	2	1		1			

### SECTION IV.

### W.R.C.C. PREVENTIVE HEALTH SERVICES.

### A. CLINICS AND TREATMENT CENTRES.

### Infant Welfare Clinics.

Mission Hall, Crofton—\*Monday, 2-0 to 4-0 p.m. St. Luke's Hall, Sharlston—\*Tuesday, 2-0 to 4-0 p.m. 1 Ramsey Crescent, Middlestown — \*Tuesday, 2-0 to 4-0 p.m.

Village Institute, Crigglestone — \*Wednesday, 2-0 to 4-0 p.m.

\* Combined with a School Clinic Session.

Combined Ante and Post Natal sessions are held at the same places and on the same days as the Infant Welfare Sessions, but the commencing time in all cases is 1-30 p.m.

### Ante Natal Relaxation Classes for Expectant Mothers.

Mission Hall, Crofton—Tuesday, 2-0—4-0 p.m. 1, Ramsey Crescent, Middlestown — Monday 2-0 to 4-0 p.m.

Village Institute, Crigglestone-Monday 2-0-4-0 p.m.

### School Clinics (see also under Section I)

Secondary Modern School, Crofton—Minor Ailment. Monday and Thursdays 9-0 to 11-0 a.m.

Junior Mixed School, Sharlston-Minor Ailment, Tuesday

and Friday 9-0 to 11-0 a.m.

County Primary School, Walton-Minor Ailment, Tuesday 9-0 to 10-0 a.m.

County Primary School, Middlestown-Minor Ailment.

Wednesday 9-0-10-0 a.m.

County Primary School, Netherton-Minor Ailment, Wednesday 10-0-11-0 a.m.

Village Institute, Crigglestone—Minor Ailment, Wednesday 9-0-11-0 a.m.

### Smallpox Vaccination, Diphtheria Immunisation, Whooping Cough Immunisation and Tetanus Immunisation.

All Infant Welfare Centres-as required by arrangement

### B.C.G. Vaccination against Tuberculosis

(by arrangement with the Divisional Health Office, Windsor House, Morley).

### Vaccinations against Poliomyelitis

(by arrangement with the Divisional Health Office, Windsor House, Morley).

### Chiropody.

1 Ramsey Crescent, Middlestown — Tuesday, 9-0 to 12 noon.

Secondary Modern School, Crofton — Monday, 2-0 to 5 p.m.

Village Institute, Crigglestone-Tuesday, 2-0 to 5-0 p.m.

The service in Sharlston until 30th June, 1962, was administered independently by the Sharlston Darby and Joan Club and regular sessions were held at St. Luke's Hall, Sharlston. Since that date the service has been adminstered by the W.R.C.C. Sessions are held on Friday, 2-0 to 5-0 p.m.

### B. CARE OF MOTHERS AND YOUNG CHILDREN.

### Ante Natal Services

Clinic	Total No. of women who attended	Total Attendances
Crofton	33 19	8i0 5.0
Middlestown	11	33
Total	63	163

### Child Welfare Clinics.

Associated by	Sessions	No. of who at	children tended	Attende by	lances	Average attend-
Clinic	per month	Under 1 year of age	2-5 years of age	Under 1 year of age	2-5 years of age	ance per session
Crofton	4	64	45	1235	349	33
Sharlston	4	74	25	1267	368	34
Middlestown	4	59	89	916	656	33
Crigglestone	4	69	64_	1520	501	42
Total	16	266	223	4938	1874	37

### Home Visiting by Health Visitors.

No. of Ante-natal Visits:— First Visits	33
Subsequent Visits  No. of Visits to Children under 1 year:—	34
First Visits	466
Subsequent Visits	1632
No. of Visits to Children 1-5 years	2145
Special Visits	3789
Total Home Visits	8099

The Care of Premature Infants.

Weight at Birth		ature Babies Born Dead		No. Surviving 28 days
Under 2½ lb		2		=
3 to under $3\frac{1}{2}$ lb $3\frac{1}{2}$ to under 4 lb 4 to under $4\frac{1}{2}$ lb	3	-	1	2 2
4½ to under 5 lb 5 to under 5½ lb	5 10	1		5 8
Total	21	6	3	18

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

### The Care of Illegitimate Children.

Every effort is made to find a suitable home for the baby either with the mother or with grandparents. The mothers are seen in the home by the Health Visitor and encouraged to attend the Infant Welfare Clinic regularly. Close co-operation is maintained with the Children's Department where special advice about legal adoption is given if this is desired.

### Provision of Welfare Foods, etc.

Many proprietory brands of milk and other infant foods are sold at the Child Welfare Clinics for the convenience of mothers, and special brands of milk are ordered when necessary.

Welfare cod liver oil, orange juice, vitamin A and D tablets, and National Dried Milk, are also sold at the Child Welfare Clinics.

### Provision of Maternity Outfits.

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

### C. PROFESSIONAL NURSING IN THE HOME.

### Home Nursing.

Three whole-time nurses and two nurses having a combined post as Home nurse/midwife serve the Wakefield Rural area.

Cases attended	No. of individual patients attended	
Medical Conditions Surgical Conditions Tuberculosis Maternity Infectious Disease	227 89 8 2 21	8185 1814 386 17 277
Total	347	10679

### Midwifery.

Five midwives (resident in their own homes) were employed by the County Council to serve the Rural District of Wakefield during 1962. Three of these midwives are whole-time and two have combined posts as home nurse/midwife.

The following table shows the number of women confined in hospital, private nursing homes, or delivered by midwives and private practitioners.

	No.	Percentage of total
No. delivered in hospital	132	35.8%
No. delivered in private nursing homes No. delivered with midwife (alone) in	7	1.9%
attendance No. delivered with doctor and midwife	219	59.5%
in attendance	11	2.8%
	369	100.0%

During 1962 the midwives summoned medical assistance to 53 mothers and babies on account of the following conditions.

Cause	No.
Retained Placenta	3
Premature Baby	5
Premature Labour	2
Puerperal Pyrexia	2
Ruptured Perineum	12
Prolonged Labour	5
Complete Abortion	8
Cyanosis	2
Hypertension	2
Threatened Abortion	2
Other Conditions	7
Total	53

### Emergency Obstetric Unit.

The "flying squad" attached to the General Hospital, Wakefield, is available for obstretic emergencies occurring within the area.

### Analgesia.

All midwives are trained in the administration of gas and air and Trilene analgesia and are provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to a satisfactory medical examination by a doctor. During the year 188 women received gas and air or Trilene analgesia.

### D. HEALTH VISITING.

The duties of the Health Visitor are combined with those of School Nurse. The principal duty of the Health Visitor is health education, and for this purpose she visits the homes to give advice on the care of children and persons (including adults) suffering from illness, and expectant and nursing mothers. The Health Visitor also gives advice in the home on the measures necessary to prevent the spread of infection.

### E. HOME HELPS.

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

There were 170 cases attended by Home Helps during 1962, as compared with 159 in the previous year, and the total number of hours worked was 26,972 compared with 25,185 in the previous year.

Of the cases attended in 1962, Home Helps were provided for the following reasons:—

Maternity	Cases 4 2 161 3	Hours 232 357 25315 68
	170	26972

### F. CARE AND AFTER CARE.

Special provisions are in operation for the care and aftercare of patients suffering from tuberculosis, mental disorder, venereal disease and other illness.

### G. MENTAL HEALTH.

The Mental Health Act, 1959 came fully into force on 1st November, 1960. As from that date the establishment has provided for the services of two Mental Welfare Officers for Wakefield R.D., Morley M.B., Ossett M.B., and Horbury U.D.

The Mental Welfare Officers are concerned with the precare and after care of mentally disordered persons, and with the admission of such patients to hospital where this becomes necessary. A twenty-four hour service is operated for the admission of patients to Psychiatric Hospitals.

The figures quoted in the following table relate to patients as at the 31st December, 1962.

### WAKEFIELD RURAL DISTRICT

### Care and After Care of Patients.

(a) SUB-NORMAL	Under		Over yrs. of M		To M	tal F
Attending Training Centre Suitably employed in industry Suitably employed at home Unemployed	10	2	5 22 4 4	4 5 5	15 22 4 4	6 5 5 1
Total No. of patients under care	10	2	35	15	45	17
(b) MENTALLY ILL	MA	LE	FEMA	ALE	TOT	TAL
Admitted to hospital Care and After-Care	19		15		20	

# H. Chiropody.

Regular sessions are held at clinics in the area and domiciliary visits can be arranged where the patient is certified to be medically unfit to attend the clinic. Details of the cases treated throughout the year are given in the following table. The figures relating to the service administered by the Sharlston Darby and Joan Club are shown separately.

	Jo o'N		No. of	Patien	No. of Patients Treated	ted			Total Treatments Given	reatm	ents C	iven	
	Clinic sessions held	A	At clinic	EM	AA	A PH EM	EM	A	At clinic PH E	ic EM	A	At Home PH EN	EM
Sharlston Service .	91	49			10	1	1	144	1	1	67	1	1
Direct Service	101	210	9		67	3	1	703	12		217	21	1

A — Aged
 PH — Physically Handicapped.
 EM — Expectant Mothers.

32
I. SCHOOL HEALTH SERVICE.
Number of school departments in district
Number of children in attendance at school at the
end of 1962 2512
The Number of children examined during 1962 comprised
the following: —
Entrants 293
Leavers 166
Re-examinations 40
Special Examinations 384
Special Examinations 301
002
883
TI 141 . 1 T . C 1 1
The children in the Junior Schools are covered by the Non-
routine Scheme and so are not routinely examined. The num-
ber of these children requiring a medical examination is included
in the number of "Special Examinations" in the above table.
Condition of Pupils Examined.
General Physical Condition
Satisfactory Unsatisfactory
Entrants 293 —
Leavers 166 —
No. of defects found to
require treatment
No. of defects found requiring
to be kept under
observation
Cleanliness Inspections.
The Health Visitor attends every school department at
frequent intervals throughout the year to examine the children
for unclean and verminous conditions. Where such condi-
tions exist, parents are informed and are instructed in the
application of an effective remedy. Warnings are issued in
cases of non-compliance and statutory action taken where
there is persistent default.
No. of examinations carried out during the year 6989
No. of cases of infestation found
Percentage of infestation 2.07%
I ciccinade of intestation
No. of children excluded from school
No. of children excluded from school
No. of children excluded from school 4  No. of cleansing notices issued 2  No. of cleansing orders issued —
No. of children excluded from school 4  No. of cleansing notices issued 2  No. of cleansing orders issued —
No. of children excluded from school
No. of children excluded from school
No. of children excluded from school

### Ophthalmic Clinic.

Sessions held.

No. of refractions.

Prescribed spectacles.

### Orthopædic Clinic.

Two children made two attendances during the year. These children attended the clinic held at Pinderfields Hospital, Wakefield.

### J. Immunisation and Vaccination.

In accordance with the National Health Service Act, immunisation against diphtheria, whooping cough and tetanus and vaccination against smallpox and poliomyelitis may be done either at the Clinics or by the Family Doctor.

### Diphtheria Immunisation.

Number of children in Wakefield Rural District who completed a full course of diphtheria immunisation in 1962.

Year of Birth	1962	1958-61	1948 <sub>-</sub> 1957
Completed course in 1962	133	125	53
		Total	311
Immunised in previous years re-inforced in 1962	_		128

### Whooping Cough Immunisation.

The Local Health Authority's Scheme operates in this area and immunisations under the scheme have been carried out since 1952. Immunisation against whooping cough is available under the County Council's Scheme only to infants and children up to and including the age of 4 years.

Number of children in Wakefield Rural District who completed a full course of whooping cough immunisation during 1962:—

Year of Birth	1962	1961	1958-60	1953-57	Total
No. immunised	138	122	9	2	261

During the year there were two notified cases of whooping cough and neither of these children had completed a full course of immunisation.

## Vaccination against Smallpox.

During the year 762 people were vaccinated against smallpox. In addition 250 people were re-vaccinated.

## B.C.G. Vaccination against Tuberculosis.

This scheme is approved by the Minister of Health. The vaccine used is B.C.G. and is offered to all children in their fourteenth year with a view to affording protection to adolescents in the early years of their employment in industry and elsewhere.

Vaccination was offered to all children in this age-group in the period under review, acceptance being voluntary.

The following table is a summary of the work carried out in the year:—

School	No. of children offered B.C.G. vaccina- tion	No. of children whose parents consen- ted	No. of children Heaf Tested	positive	No. with negative reaction	
Crofton Secondary Modern Crigglestone	80	65	65	30	26	26
Secondary Modern	66	40_	40	17	16	16
Totals	146	105	105	47	42	42

B.C.G. Vaccination is also available at the Hospital Chest Clinics for ascertained contacts of cases of tuberculosis.

#### Immunisation against Tetanus.

Number of children in the Rural District who completed a full course of immunisation against tetanus during 1962:—

Year of Birth	1962	1961	1958-60	1953-57	1948-52	Total
No. immunised	133	110	10	130	5	388

Immunised in previous years re-inforced in 1962 ... 61

## Vaccination against Poliomyelitis.

In February the Minister of Health announced that Local Authorities could obtain supplies of a live attenuated poliovirus vaccine which had been prepared from strains developed by Dr. A. B. Sabin.

The vaccine is administered orally and can be taken on a sugar lump or in syrup. A primary course of vaccination consists of 3 doses of vaccine, each of three drops given at intervals of four to eight weeks, and the vaccine can also be used to reinforce protection previously provided by injections of "Salk" vaccine.

Number of persons completing a primary course ... 479

Number of persons receiving reinforcing doses ..... 1020

## K. Children Neglected or Ill-treated in Their Own Homes.

In 1950 a joint circular was issued by the Ministries of Health and Education indicating that steps should be taken to set up a Committee to discuss problem families. The main function of this Committee is to bring together all the Statutory and Voluntary Bodies who can in any way assist in the rehabilitation of a problem family. The Committee meets quarterly in the Horbury Town Hall, under the Chairmanship of the Medical Officer of Health, and considers cases for the Wakefield R.D., Ossett M.B. and Horbury U.D. A total of sixteen cases has been discussed at the meetings during 1962.

#### SECTION V

#### SANITARY CIRCUMSTANCES OF THE AREA

## Water Supply.

Water supplies in the Rural District for the parishes of Bretton, Chevet, Crigglestone, Crofton, Sharlston, Sitlington, and Warmfield-cum-Heath were taken over on the 1st October, 1961 by the Wakefield and District Water Board and the parishes of Notton, Woolley and Wintersett were taken over on the 1st April, 1962.

A total of 6,823 houses are on public supply and the remaining six have a satisfactory private piped supply.

The supply at Sitlington has occasionally been insufficient but is to be improved.

In general the supply of water has been satisfactory both in quality and quantity. Two chemical examinations were made during the year with satisfactory results.

## Drainage and Sewerage.

During the year 18 houses which were previously served by cesspool were connected to the public sewer via a pumping station at Doncaster Road, Crofton. Work was begun on a further 80 houses which will also be served by this station. The Training College at Bretton is being enlarged to accommodate more students, and the necessary extensions to the sewage system have been completed.

A sewerage scheme for part of Heath village was under construction at the end of the year.

In preparation during the year were the re-design of the sewerage works at Crofton and the provision of works at Notton and at Brice Hill, Calder Grove.

#### Housing.

There is a total of 6.829 dwelling houses in the district,

including 92 back-to-back houses.

During 1962 there were 197 new houses completed in the Wakefield Rural Area, 34 being provided by the Council and

163 by private enterprise.

There were 24 houses officially represented in Clearance Areas and 16 individual unfit houses were dealt with. During the year 23 houses in Clearance Areas were demolished; 16 individual houses were closed, and three houses were demolished under Section 17 (1) of the Housing Act, 1957.

#### Rent Act 1957.

Two certificates of disrepair were granted and two undertakings to execute repairs were given by owners to the Local Authority.

#### Grants for Conversion or Improvement of Housing Accommodation.

During the year 119 formal applications were received for improvement and conversion works, all of which were approved. Of these, 104 were for discretionary grants, 46 of which were completed during the year; six were for standard grants, a total of seven being completed in that year and nine were for conversion works.

## Nuisance Inspections.

Fifty-five informal notices were issued and all nuisances were abated by the end of the year.

## Closet Accommodation.

No. of houses provided with water closets	6729
closets	
No. of houses provided with chemical closets	
No. of houses provided with earth or pail closets	100
No. of earth closets, etc., converted to water closets	20
No. of earth closets demolished	5
No. of houses served with earth closets, etc., due to	
lack of sewer or water facilities	100
During the year notices were served under Section	
the Public Health Act 1936 to secure conversion of earth c	

etc. Grants were made as required.

## Public Cleansing.

This is in operation throughout the whole of the district. Bins and pails are emptied weekly as far as possible. Privies are emptied weekly or fortnightly depending on local circumstances

September of this year saw the introduction of the paper sack method of refuse collection. A pilot scheme of approximately 450 units was established and working efficiently by December, 1962. The areas selected were the villages of Bretton, Notton and Woolley, also Crofton, Sharlston and Sitlington.

This is the only system which ensures a dustless collection from door to vehicle. Experience of the system has been favourable, and extensions to it are planned.

## Disposal of Refuse.

All refuse in this area is disposed of by controlled tipping.

#### Food Premises

There are, in the district, 119 premises, retailing food, excluding works canteens of which there are a further twelve premises.

Eleven premises are butchers' shops and seventeen are fish and chip shops.

A total of 331 inspections and visits were carried out during the year under Food Hygiene Regulations.

Any food which was found unsuitable for human consumption was condemned, and after being dyed, it was disposed of either by collection by the manufacturers of fertilisers or buried on the refuse tip.

#### Ice Cream.

Under Section 16 of the Food and Drugs Act, 1955, fortyseven retailers are registered for the sale of ice cream.

## Processed, Preserved and Manufactured Meats.

Under Section 16 of the Food and Drugs Act, 1955, fourteen premises are registered for the production or sale of processed, preserved, pickled and manufactured meats.

## Prevention of Damage by Pests Act, 1949.

Under this Act a total of 214 inspections were made and 120 cases of infestation were dealt with during the year.

## Swimming Baths and Bathing Pools.

There are no swimming baths or bathing pools in the area.

#### Clean Air Act.

Thirty-nine observations and inspections were undertaken. Where any breach of the Act occurred the offenders were immediately informed and the suitability or otherwise of fuels, techniques and plants established.

Improvements have been, and are being effected at collieries within the area and a survey of larger types of institution has been undertaken.

## MEAT INSPECTION.

The following table gives details of the carcases and offal inspected and condemned in whole or in part:—

	Cattle, excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	139	4	Nil	733	48	Nil
Number inspected	139	4	Nil	733	48	Nil
All diseases ex- cept Tubercolisis and Cysticerci Whole carcases condemned	Nil	Nil	Nil	2	Nil	Nil
Carcases of which some part or organ was condemned	16	Nil	Nil	Nil	6	Nil
Percentage of the number inspec- ted affected with disease other than tuberculo- sis & cysticerci	11.51%	0.0%	0.0 %	0.0%	12.5%	0.0%
Tuberculosis only Whole carcases condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcases of which some organ or part condemned	Nil	Nil	Nil	Nil	Nil	Nil
Percentage of the number inspec- ted affected with tuberculosis	0.0%	0.0%	0.0%	0.0 %	0.0%	0.0%
Cysticercosis Carcases of which some part or organ was condemned	2	Nil	Nil	Nil	Nil	Nil
Carcases submit- ted to treatment by refrigeration	Nil	Nil	Nil	Nil	Nil	Nil
Generalised Dis- eased & totally condemned	Nil	Nil	Nil	Nil	Nil	Nil

# Prescribed Particulars on the Administration of the Factories Act, 1961

#### PART 1 OF THE ACT

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

	Number on Register	Number of			
Premises (1)		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 Author- ities	7	10	-		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	42	30		minut much much	
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	41	37	_		
Total	90	77	_	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 as two, three or more "cases").

Number of cases in which defects were found							
Particulars	all duff		Refe	rred	Number of cases in which prosecutions		
	Found	Reme- died	To H.M. Inspec-	By H.M. Inspec-	were instituted		
(1)	(2)	(3)	(4)	(5)	(6)		
Want of cleanliness (S.1)		negative at					
Overcrowding (S.2)		<u></u>		_00			
Unreasonable temperature (S.3)	_	_	_	_			
Inadequate ventilation (S.4)		_			beauties abl_v		
Ineffective drainage of floors (S.6)		_	n bebe				
Sanitary Conveniences (S.7) (a) Insufficient	_	_	daids odered by		red (C Au)		
(b) Unsuitable or defective		_	_	_			
(c) Not separate for sexes	10	_	LatoT				
Other offences against the Act (not including offences relating to Out-work)	_	_	_	_			
Total	_	_		_	_		

# PART VIII OF THE ACT

# OUTWORK

(Sections 133 and 134)

There are no Outworkers in the area.



