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RURAL DISTRICT OF WAKEFIELD

1967

annual report

Medical Officer of Health
GEOFFREY IRELAND, B.Sc., M.B., B.Ch., D.P.H.

Public Health Inspector
E. HEALD, M.R.S.H.



RURAL DISTRICT OF WAKEFIELD

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1967

WAKEFIELD RURAL DISTRICT COUNCIL
PUBLIC HEALTH COMMITTEE

1967-1968

Councillor T. W. Newton (Chairman)

Councillor Mrs. B. E. Eastwood, J.P. (Vice-Chairman)

Councillor H. E. Elsley

Councillor J. T. Foley, J.P.

Councillor G. H. Green

Councillor B. A. Hardcastle

Councillor W. Howley

Councillor J. B. Jones

Councillor C. J. Kirk

Councillor A. Mellor

Councillor F. W. Middleton

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

Councillor P. Nussey

Councillor W. Sandham

Councillor H. Stevens

PUBLIC HEALTH STAFF

WAKEFIELD RURAL DISTRICT

Medical Officer of Health.

and Divisional Medical Officer.

Geoffrey Ireland, B.Sc., M.B., B.Ch., D.P.H.

Deputy Medical Officer of Health.

and Senior Departmental Medical Officer.

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

Chief Public Health Inspector.

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

Additional Public Health Inspectors.

A. M. Barker, M.A.P.H.I. (Resigned 31.3.67).

D. Ward, M.A.P.H.I. (Appointed 1.5.67).

Student Public Health Inspector.

M. Smith

Public Health Inspector's Clerk.

Mrs. R. Reynolds

WEST RIDING COUNTY COUNCIL.

Preventive Medical Services: Health Division 13

Departmental Medical Officers and School Medical Officers

Irene Hargreaves, M.B., Ch.B.

Janet Gordon, M.R.C.S., L.R.C.P. (Resigned 14.8.67).

Teresa Rose, M.B., B.S., M.R.C.S., L.R.C.P. (Appointed 1.2.68).

Doreen Anderson, M.B., Ch.B. (Part-time) (Appointed 1.5.68).

Medical Officer to Middlestown Child Welfare Centre

J. D. Bradshaw, M.B., Ch.B. (Part-time).

Divisional Nursing Officer.

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

Health Visitors.

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

Mrs. E. Driver, S.R.N., S.C.M., H.V. Certificate.
(Retired 30.6.67).

Mrs. D. Gaines, S.R.N., S.C.M., H.V. Certificate

Mrs. J. Pearson, S.R.N., S.C.M., H.V. Certificate

Mrs. M. Senior, S.R.N., S.C.M., H.V. Certificate
(Appointed 1.7.67).

Midwives.

Miss M. Campbell, S.R.N., S.C.M.

Miss J. Davis, S.R.N., S.C.M.

Miss B. B. Fearon, S.R.N., S.C.M.

Mrs. S. M. Stevens, S.R.N., S.C.M.

Home Nurses.

Mrs. L. Atack, S.R.N., Queen's Nurse (Relief Nurse).

Mrs. M. E. Crane, S.R.N., S.C.M.

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

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

Miss O. Hepworth, S.R.N., S.C.M., Queen's Nurse

Senior Mental Welfare Officer.

A. Emmerson.

Mental Welfare Officers.

J. R. Marshall, R.N.M.S.

H. H. Robinson, R.M.P.A., R.M.N., M.S.M.W.O.

R. D. Stephens, R.M.N.

Junior Training Centre—Ossett

Miss S. M. Thistlethwaite, N.A.M.H. Diploma—
Supervisor

Mrs. M. E. Norman

Mrs. I. Ellis

Senior Training Centre—West Ardsley.

Miss I. Beaumont, N.A.M.H. Diploma—Supervisor.
 Mrs. S. A. Bourne, N.A.M.H. Diploma
 Mrs. P. M. Earnshaw, N.A.M.H. Diploma (Appointed 6.9.67).
 Mrs. K. M. Poyner, S.E.N.
 Mrs. E. Wright
 B. K. Brook, N.A.M.H. Diploma.
 M. Grange.

Healey Croft Residential Hostel—West Ardsley.

R. Tyson, S.R.N., R.M.N. — Warden.
 Mrs. M. Tyson, R.M.N.
 Mrs. L. Jarman.

Chiropodists.

E. Fearby, F.Inst.Ch., S.R.Ch. (Part Time)
 Mrs. S. Hughes, M.Ch.S. (Part-time).

Child Guidance Service.

Dr. K. N. Maxwell, M.B., Ch.B.
 J. B. Mannix, M.Ed., Psychologist
 Mrs. J. M. Spurr, P.S.W.

Speech Therapist

Miss J. M. Davy, L.C.S.T. (Appointed 1.11.67).

Chief Clerk.

A. Wright, D.M.A., D.P.A.

Clerical Staff.

D. Leach (Deputy Chief Clerk)
 A. C. Atack
 P. M. Sheard.
 Miss C. Brennan.
 Mrs. G. Burton*
 Mrs. L. Crofton*
 Mrs. G. N. Dable*
 Miss M. Dunnett

Miss K. Edmondson.
 Miss K. Hill
 Mrs. M. E. Kilburn (Resigned 30.6.67).
 Mrs. K. Marlow
 Miss J. Senior (Appointed 30.10.67).
 Mrs. M. Stollard (Resigned 31.10.67).
 Mrs. E. H. Thornber*
 Mrs. M. Thornburn.
 Mrs. L. J. Wallis (Appointed 7.8.67).

*Part time.

LEEDS REGIONAL HOSPITAL BOARD

Consultant Staff.

Ear, Nose and Throat Surgeon.

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

Chest Physicians.

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

School Ophthalmologist.

K. K. Prasher, M.B., B.S., D.O.

Paediatricians.

J. D. Pickup, M.D., D.P.H.

C. S. Livingstone, M.B., B.S., M.R.C.P., D.P.H

Orthopaedic Surgeon.

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

Divisional Health Office,
Windsor House,
Queen Street,
Morley.
1st October, 1968.

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

Mr. Chairman, Mrs. Eastwood, Gentlemen,

I have much pleasure in presenting my Annual Report
for 1967.

From the vital statistics it will be seen that the birth rate continues at a high level and is in fact the highest since 1947 there being 472 births compared with 440 in the previous year and of these 19 were illegitimate a decrease of four when compared with 1966. The death rate at 9.3 per thousand of the population is the lowest for ten years but eleven infants under the age of twelve months died in 1967, one more than in the previous year. Of these eleven infant deaths, seven occurred in the first week of life which together with the four stillbirths produced a perinatal mortality rate of 23.3 per thousand total live births and stillbirths which is below the average for the West Riding and for England and Wales.

Heart disease caused 75 deaths and well over half of these (45) were due to coronary artery occlusion. Cancer caused 39 deaths, seven being due to cancer of the lung, cerebral haemorrhage and thrombosis caused 33 deaths and pneumonia and bronchitis 20 deaths. At this point it might be well to reflect

on a recent statement by the Chief Medical Officer to the Ministry of Health. In a letter to all Medical Officers of Health Sir George Godber states that there could be a 10% reduction in mortality and up to a 20% reduction in morbidity in this country if smoking could be given up by the whole population. These are considerable percentages based on improved survival rates of doctors who are the only group in the community who have materially altered their smoking habits and if another but similar proposal was made in connection with an epidemic disease or a more chronic disease it would be hailed as a major step forward in public health. To expect a wholesale discontinuance of smoking is perhaps a "pipe dream" nevertheless the extent to which this habit contributes towards ill health and death should not be lightly disregarded by those who are in a position to influence the behaviour of young people.

Middlestown Health Centre came into operation in 1967 and plans were completed for the mini-clinic to be built at Sharlston in 1968. A Cervical Cytology Clinic was established at Crofton as a pilot scheme and towards the end of the year arrangements were made to extend the service to other clinics in the Rural District. The possibility of using the mobile Clinic for this purpose in the smaller villages was examined and in 1968 this possibility became fact. The mobile clinic at the time of writing is now used for baby clinics, chiropody clinics and cytology clinics, and I think it can be said that the clinic services in the Rural Districts have shown a considerable improvement over the past few years.

As and from the 1st January, 1968, details of all children born in the Wakefield Rural District are being placed on the West Riding computer and as a result all the routine work of sending appointments for immunisation and vaccination at the correct time is taken over by the computer which in addition

to supplying information to the clinic or general practitioner (if he has decided to join the scheme) also prints out an appointment card for each child to attend the clinic or surgery. The choice of clinic or family doctor rests with the mother and is decided when the health visitor makes her first call after the birth of the baby. At this time she can also choose what protection she wishes her child to have and she can be advised by the health visitor who can supply her with up-to-date information on the various vaccines etc. now available. The computer is updated from the clinic records and will send out up to three appointments in the cases of non attendance. After the third failure to attend, the health visitor calls to see if there is any particular reason for the non-attendance and as a result of this visit a further appointment may or may not be sent.

This is the first use of the computer in the Administrative County of the West Riding on actual public health work and there is no doubt that this is only a beginning. Already use is being made of its "administrative ability" in indicating when infants should have their routine hearing test for deafness and a record of children with handicaps is gradually being compiled. There seems little doubt that the computer is here to stay and we can expect its considerable involvement in the future in the records of the school health service.

I would like to thank you Mr. Chairman and Members of the Health Committee for your support during 1967, the staff of the Divisional Office and Mr. Heald and his staff for their assistance during the year.

GEOFFREY IRELAND,

Medical Officer of Health.

VITAL STATISTICS

Area	21,344 acres
Population: Census 1961	20,211
Registrar General's Estimate of Resident Population mid 1967	22,860
No. of dwelling houses	7,824
Rateable Value	£612,915
Product of a penny rate	£2,427

Summary of Vital Statistics

	Total	M.	F.	
Live Births:				Birth-rate per 1,000 of the estimated resident population 20.5
Legitimate	449	233	216	
Illegitimate	19	9	10	
Still-Births:				Rate per 1,000 (live and still-births) 8.5
Legitimate	4	2	2	
Illegitimate	—	—	—	
Total Births:				
Legitimate	453	235	218	
Illegitimate	19	9	10	
Deaths	213	124	89	Death-rate per 1,000 of the estimated resident population 9.3

Maternal Mortality.

There was one maternal death giving a maternal mortality rate of 2.12 per 1,000 live and still births.

Infant Mortality.

Eleven infants under the age of twelve months died during 1967 giving an infant mortality rate of 23.5 per 1,000 live births.

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

Cause of Death	No. of infants dying in				
	1st week	2nd wk.	3rd wk.	4th wk.	5-52 weeks
Prematurity	6	—	—	—	—
Broncho Pneumonia ...	1	—	—	—	—
Gastro Enteritis	—	—	—	—	1
Congenital					1
Malformations	—	1	—	—	1
Cerebral Haemorrhage ...	—	—	—	—	1

Infant Mortality Rate

Total infant deaths per 1,000 live births	23.5
Legitimate infant deaths per 1,000 legitimate live births	24.4
Illegitimate infant deaths per 1,000 illegitimate live births	0.0

Neo-Natal Mortality Rate.

Deaths under four weeks per 1,000 total live births	17.1
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Early Neo-natal Mortality Rate.

Deaths under one week per 1,000 total live births ...	14.8
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Perinatal Mortality Rate.

Still births and deaths under one week combined per 1,000 total live and still births	23.3
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CAUSE OF DEATH—WAKEFIELD R.D.

Cause of Death	1965			1966			1967		
	M	F	Total	M	F	Total	M	F	Total
1. Tuberculosis of respiratory tract	—	—	—	1	—	1	—	1	1
2. Other forms of Tuberculosis	—	—	—	—	—	—	—	—	—
3. Syphilitic Diseases	2	—	2	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ..	—	1	1	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic diseases	—	—	—	1	—	1	—	—	—
10. Malignant Neoplasm—Stomach	4	1	5	2	3	5	5	1	6
11. Malignant Neoplasm—lung and bronchus	7	—	7	10	4	14	7	—	7
12. Malignant Neoplasm—Breast	—	1	1	—	6	6	—	2	2
13. Malignant Neoplasm: Uterus	—	—	—	—	3	3	—	4	4
14. Other Malignant and Lymphatic Neoplasms	8	8	16	5	10	15	8	10	18
15. Leukaemia and Aleukaemia	1	—	1	1	—	1	—	2	2
16. Diabetes	—	—	—	—	2	2	—	2	2
17. Vascular lesions of nervous system	11	21	32	14	20	34	12	21	33
18. Coronary disease: Angina ..	31	22	53	33	20	53	30	15	45
19. Hypertension with heart disease	1	1	2	1	2	3	—	4	4
20. Other Heart Disease	7	13	20	10	16	26	15	11	26
21. Other Circulatory Disease...	7	5	12	7	6	13	2	3	5

**PRINCIPAL VITAL STATISTICS FOR THE YEAR 1967. Based on the Registrar-General's figures.
COMPARISON WITH OTHER AREAS.**

	Wake- field R.D.	Morley M.B.	Horbury U.D.	Ossett M.B.	Aggregate West Riding Rural Dis.	West Riding Admin. Cty	England and Wales (Prov. tional Figs.)
Birth Rate (per 1,000 estimated population) . . .	20.5	17.6	17.5	21.9	18.3	18.0	17.2
Death Rates (all per 1000 estimated resident popu- lation). All causes . . .	9.3	10.7	11.5	10.8	9.7	11.2	11.2
Infective & Parasitic Diseases	0.0	0.0	0.0	0.0	0.02	0.03	*
Tuberculosis of respiratory system	0.04	0.02	0.0	0.0	0.03	0.03	0.04
Other forms of tuberculosis	0.0	0.0	0.0	0.0	0.00	0.0	0.01
Cancer	1.71	2.53	0.89	1.88	1.77	2.08	2.28
Vascular Lesions of ner- vous system	1.44	1.48	2.22	1.88	1.48	1.73	*
Heart & Circ. Diseases...	3.50	3.97	5.44	4.86	3.64	4.26	*
Respiratory disease (excl- uding tuberculosis of respiratory system) . . .	0.92	0.87	1.22	0.91	1.11	1.30	*
Infant Mortality (deaths of infants under 1 year per 1,000 live births)	23.5	18.2	25.3	5.5	19.4	19.2	18.3
Maternal Mortality Rate (deaths of mothers due to pregnancy or child birth per 1,000 live and still births)	2.12	0.0	0.0	0.0	0.42	0.22	0.20
Still Birth Rate (per 1000 live and still births) . . .	8.5	14.1	6.3	19.0	14.0	15.2	14.8
Perinatal Mortality rate	23.3	24.4	25.2	19.0	24.4	26.1	25.4
Neonatal Mortality rate . .	17.1	15.6	19.0	0.0	12.5	13.1	12.5

* Figures not available.

VITAL STATISTICS OVER THE TEN YEARS 1958-1967

Year	Birth Rate	Peri-natal Mortality Rate	Still-Birth Rate	Death Rate	Infant Mortality Rate	Maternal Mortality Rate	Cancer Death Rate	T.B. Death Rate		No. of cases of		No. of Deaths	
								Pul-monary	Non-Pul-monary	Diph-theria	Polio-myelitis	T.B. All forms	Can-cer of lung and bron-chus
1958	17.8	*	19.2	10.2	28.0	0.00	1.54	0.00	0.00	0	4	0	5
1959	17.3	*	22.4	9.8	22.9	0.00	1.78	0.00	0.00	0	0	0	6
1960	18.0	39.4	31.5	10.5	13.6	0.00	1.95	0.00	0.00	0	0	0	8
1961	18.7	55.4	32.7	10.8	31.2	0.00	1.90	0.00	0.00	0	1	0	7
1962	17.2	40.7	24.4	10.3	16.7	0.00	1.57	0.05	0.00	0	0	1	3
1963	19.0	34.3	9.8	10.6	39.6	0.00	1.41	0.00	0.00	0	0	0	11
1964	20.4	24.7	11.2	10.1	25.0	0.00	1.25	0.00	0.00	0	0	0	4
1965	18.0	17.4	17.4	9.8	7.6	0.00	1.36	0.00	0.00	0	0	0	7
1966	19.2	31.8	18.2	11.1	23.1	0.00	1.95	0.04	0.00	0	0	1	14
1967	20.5	23.3	8.5	9.3	23.5	2.12	1.71	0.04	0.00	0	0	1	7

* Figures not available.

INFECTIOUS DISEASES

Annual Notification 1963-1967

Diseases	Year of Notification				
	1963	1964	1965	1966	1967
Scarlet Fever	6	5	7	11	8
Whooping Cough	11	5	2	12	36
Acute Poliomyelitis ...	—	—	—	—	—
Measles	178	88	125	381	147
Diphtheria	—	—	—	—	—
Dysentery	1	—	3	1	5
Meningococcal Infection	—	—	1	2	—
Acute Pneumonia	11	3	4	2	1
Smallpox	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—
Paratyphoid Fever	—	—	2	—	—
Erysipelas	—	—	1	—	1
Food Poisoning	—	2	—	1	1
Puerperal Pyrexia	2	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—
Pulmonary Tuberculosis	1	—	3	4	3
Other forms of Tuberculosis	—	—	—	1	1
Malaria	—	—	—	—	—
Anthrax	—	—	—	—	—

The case of food poisoning occurred in a man aged 59 years who was admitted to hospital with gastro-enteritis. *Salmonella stanley* was isolated from the faeces but this organism could not be traced in the immediate contacts. The patient made an uneventful recovery and was not discharged from hospital as a carrier.

TUBERCULOSIS

Cases requiring examination are referred to either the Chest Clinic at Dewsbury General Hospital, the Chest Clinic at 74 New Briggate, Leeds or the Chest Clinic at Pinderfields Hospital, Wakefield and regular home supervision is carried out by the Health Visitor. Free milk is 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 1967:—

	Respiratory			Non-Respiratory			Total
	M	F	Total	M	F	Total	
No. on register on 1st January, 1967	22	14	36	2	2	4	40
No. first notified during 1967	—	3	3	—	1	1	4
No. of cases restored to Register	1	—	1	—	—	—	1
No. of cases entered in Register otherwise than by notification	1	—	1	—	—	—	1
No. removed from Register during 1967...							
(a) Died	1	1	2	—	—	—	2
(b) removed from district	—	—	—	—	—	—	—
(c) recovered	—	2	2	—	—	—	2
No. remaining on Register at 31st Dec., 1967	23	14	37	2	3	5	42

The number of new cases and the number of deaths notified during 1967 are given in detail in the following table:—

Age Period	NEW CASES				DEATHS			
	Respira- tory		Non- Respira- tory		Respira- tory		Non- Respira- tory	
	M	F	M	F	M	F	M	F
0-5	—	—	—	—	—	—	—	—
6-14	—	—	—	—	—	—	—	—
15-24	—	—	—	—	—	—	—	—
25-44	—	—	—	1	—	—	—	—
45-64	—	1	—	—	—	—	—	—
65 and over	—	2	—	—	—	—	—	—
Totals	—	3	—	1	—	—	—	—

WEST RIDING COUNTY COUNCIL HEALTH SERVICES
LOCAL ADMINISTRATION
CLINICS

CHILD WELFARE CLINICS

Mini Clinic, Crofton * Monday 2—4 p.m.
 St. Luke's Hall, Sharlston * Tuesday 2—4 p.m.
 Health Centre, Middlestown * Tuesday 2—4 p.m.
 Village Institute, Crigglestone * Wednesday 2—4 p.m.

Mobile Clinics: Alternate Mondays

Recreation Ground, Walton, 9-30—11-30 a.m.
 Long Row, Sharlston, 2-0—3-0 p.m.
 Park Avenue, Kirkthorpe, 3-15—4-0 p.m.

MOTHER-CRAFT & RELAXATION CLINICS:

Mini Clinic, Crofton Tuesday 2—4 p.m.
 St. Luke's Hall, Sharlston, Monday 2—3 p.m.
 Health Centre, Middlestown. Wednesday 2—4 p.m.
 Village Institute, Crigglestone, Monday 2—4 p.m.

SPECIALIST SCHOOL CLINICS.

Dental Clinic, held at Ossett and Wakefield by appointment.
 Ophthalmic Clinic, held at Ossett and Wakefield by appointment.
 Child Guidance Clinic, held at Ossett by appointment.
 Speech Therapy, held at Ossett by appointment.

IMMUNISATION AND VACCINATION

All Child Health Clinics.

CERVICAL CYTOLOGY

At all clinics and mobile clinics. By appointment through Divisional Office.

CHIROPODY

Mini Clinic, Crofton, Friday 9—12 noon by appointment.
 St. Luke's Hall, Sharlston, Friday 1-30—5 p.m. by appointment.
 Health Centre, Middlestown. Tuesday 9—12 noon by appointment.
 Village Institute, Crigglestone, Wednesday 9—12 noon by appointment.

Mobile Clinics:

Recreation Ground, Walton—By appointment.

Park Avenue, Kirkthorpe—By appointment.

St. Luke's Hall, Sharlston—By appointment.

Newmillerdam—By appointment

* Combined with a School Clinic Session.

Child Health Clinics

Clinic	No. of Sessions	No. of children who attended and were born in		Total No. of attendances made by children born in		Average attendances per session
		1967	1962-66	1967	1962-66	
St. Luke's Hall, Sharlston Village Institute, Crigglestone	48	47	126	355	719	22
Mini Clinic, Crofton ...	52	95	168	587	658	24
Ramsey Crescent, Middles-town	48	85	127	481	337	17
Walton Mobile	48	59	92	694	903	33
Sharlston and Kirkthorpe Mobile	22	50	62	209	146	16
Mobile	21	22	32	147	161	13
Total	239	358	607	2473	2924	21

The health visitor is now playing a more dominant role in these clinics and is responsible for vaccination and immunisation and the assessment of normal development of those children attending the clinic, in addition to offering advice and guidance on child care. Any child about which the health visitor or the mother is concerned either in his physical or mental development is referred to the Departmental Medical Officer attending the clinic.

Cervical Cytology Clinic

In collaboration with the laboratory facilities provided by the Leeds Regional Hospital Board a cervical cytology clinic was established at Crofton Clinic, the first session being held in September, 1967.

We also undertake the examination of the breasts at these clinics and all suspicious lumps in the breast are also referred for the further opinion of the general practitioner.

The following table shows the number of women seen and the number of positive cases:—

No. of Sessions held	No of patients attending	No of smears taken	No. with positive smears	No. of women referred to G.P. for breast tumours
11	121	121	nil	1

Relaxation and Mothercraft Clinics

Clinic	No. of Sessions	Total No. of women who attended	Total attendances
Sharlston	—	—	—
Crigglestone	4	5	7
Crofton	47	24	162
Middlestown	23	20	45
Total	64	49	214

Dental Treatment for Expectant and Nursing Mothers.

Expectant and nursing mothers are referred from ante natal or child health clinics to local health authority Dental Clinics or to a dentist practising under the National Health Service. Treatment, and this includes dentures, is free of charge provided it is completed one year after the birth of the baby. Mothers referred by a local Health Authority staff and inspected for treatment were 49 in the Division, but only 34 of these completed treatment.

Provision of Welfare Foods

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

Many proprietary brands of milk and other infant foods are also sold at Child Health Clinics for the convenience of mothers and special brands of milk are ordered when necessary.

HOME NURSING

TYPE OF PATIENT UNDER CARE OF HOME NURSE

Classification	No. of individual patients attended	Total number of visits made
Medical	329	10066
Surgical	100	2622
Infectious Diseases	—	—
Tuberculosis	7	453
Maternal Complications	4	21
Other Conditions	5	44
Total	445	13206

In September, 1967 all the home nurses in the Division were attached to general medical practitioners and their work is now based on the patients on the doctor's list and not on a specific area. This means that distances travelled are greater than before (this is not as big as one might expect) but in the main the closer working relationship with the general practitioner more than compensates for the extra mileage.

Much of the home nurse's time is with the elderly but it is perhaps little realised that not all the nurse's duties are strictly nursing and she spends an appreciable amount of time teaching relatives and ambulant patients how to give injections, change dressings, how to adapt the existing home conditions to the needs of the patient, manage walking aids, how to lift elderly relatives, etc. This is an important facet of her work and one unique to the home nurse as opposed to her hospital based sisters,

Day and Night Nursing Service

This service is an extension of the home nursing service and provides a day or night nursing service for a temporary period, usually during the terminal stages of an illness. It is designed to relieve relations who may be near "breaking point" having cared for a patient at home for considerable time, and this service is very much appreciated by those relatives who have been under severe strain. Persons employed are trained nurses, persons with nursing experience or "sitters-in". The full cost of this scheme is met by the County Council.

No request for this service was received from residents in the Wakefield area during 1967.

MIDWIFERY

Resignations and retirements with no recruitment to fill the vacancies resulted in a half-crisis in 1967 and all the midwifery staff must be thanked for carrying on under these circumstances. The employment of part-time midwives and maternity nurses has helped to solve this situation and at the time of writing this report the position has vastly improved from the situation which existed at the end of 1967.

Place of Delivery	No.	Percentage of total
Delivered in hospitals	199	42.0
Delivered in private nursing homes	—	0.0
Delivered by Midwife	273	58.0
Total (including still-births)	472	100.0

During 1967 the practising midwives summoned medical assistance to two mothers.

REASONS FOR MIDWIFE CALLING MEDICAL AID

MOTHERS

Cause	No.
Delayed Labour	1
Incomplete Abortion	1
TOTAL	2

Over one half of all deliveries occurred at home, but the trend continues towards hospital confinement and it is likely that with the increase in early discharges from hospital we are witnessing the gradual end of the local authority based domiciliary midwife as she exists today. In many areas a far lower percentage of domiciliary confinements exist and the future of the midwife is undoubtedly in a hospital based midwifery service with perhaps a domiciliary maternity nursing service coping with early discharges. Recruits for such a maternity nursing service would be easier to obtain as there are probably many trained midwives and State Registered Nurses who are involved with home commitments but who could staff such a service provided there were no night calls and deliveries.

EARLY DISCHARGES FROM HOSPITAL IN THE DIVISION 1966 and 1967

	1966	1967
Patients discharged at 48 hours	131	200
Patients discharged after 48 hours up to and including the 5th day	128	179
After the 5th but before the 10th day ...	178	159
Total ...	437	538

The relatively small number of midwives plus the problem of covering the off-duty periods does not allow the full attachments to General Practitioners of this branch of the nursing service. Nevertheless the midwives work in full co-operation with the doctors and in Morley, Ossett, Horbury and Wakefield Rural District attend at six antenatal clinics held by the General Practitioners.

Provision of Maternity Outfits.

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

Analgesia.

All midwives are trained in the administration of both trilene and gas and air analgesia and are provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor. During 1967, 101 women received trilene.

Emergency Obstetric Unit.

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

Care of Premature Infants.

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

SURVIVAL OF PREMATURE BABIES (Domiciliary and Hospitals)

Weight at Birth	No. of Premature Babies		No. Dying within 28 days	No. Surviving 28 days
	Born Alive	Born Dead		
Under 2½ lb.	3	—	—	3
2½ to under 3 lb. ...	1	—	—	1
3 to under 3½ lb. ...	1	1	—	1
3½ to under 4 lb. ...	3	—	—	3
4 to under 4½ lb. ...	5	—	1	4
4½ to under 5 lb. ...	5	—	1	4
5 to 5½ lb.	13	—	—	13
Total	31	1	2	29

Maternity Liaison

No invitations were received to Maternity Liaison Committees during the year.

HEALTH VISITING SUMMARY OF HEALTH VISITORS' HOME VISITS

Children aged 0-5 years	
First visits	1796
Re-visits	3999
Total	5795
Persons aged 65 years and over:	
First visits	367
Re-visits	972
Total	1339
Visits to Home Help Cases	1833
Mental Health Visits	5
Visits to Hospital Discharges	93
Household Visits (T.B. and Infectious Diseases)	27
Other Visits	337

The health visitor's role is one of health education and social advice and to this end she visits the home to offer guidance on the care of children, persons suffering from illness and expectant and nursing mothers, and attends at the school where she is able to maintain contact with the children first met in their pre-school years.

Health visitor attachment to general practitioners was first begun in 1966 and gradually extended throughout the Division, until complete attachment was achieved in Morley, Ossett, Horbury and Wakefield Rural District in September, 1967.

A little difficulty is experienced in maintaining a full establishment but we are much more fortunate in this respect than many divisions within the County and at the time of writing a recently trained health visitor joined the staff filling the only vacancy. The thirteen health visitors on the staff are supported by four assistant health visitors who undertake much of the routine work and free the health visitor for more specialised work.

Phenylketonuria

The "Phenistix" test on all new born babies has continued and during the year 1,725 babies were tested either in clinics or in the home. All children tested, except one, proved negative and thus free from a disease which, if not treated in the early weeks of life, can produce severe mental subnormality. The positive case was confirmed as positive on serum testing at the hospital laboratory.

Congenital Dislocation of the Hip (Ortolani Test).

This test has been explained in my last report and as stated there it checks the hip abduction movement. A positive case which indicates a congenital dislocation of the hip must be referred promptly to an Orthopaedic Consultant for confirmation of diagnosis and early treatment should this be indicated in order to avoid prolonged treatment or a permanent handicap in later life. In the Division six babies were referred to a specialist during 1967 and two were confirmed as cases of congenital dislocation of the hip.

Practical Training of Students

Since the new syllabus of training for Health Visitors came into operation in October, 1965, this Division has not taken such an active part in providing practical training. Students have, however, been received for weekly periods in order to obtain County health visiting experience.

Hospital student nurses have two days' district experience during general nursing training to supplement lectures on social aspects of disease. This period, though brief is very much appreciated by the students as it supplies the social, economic and cultural background of the patients they are nursing in the wards.

HOME HELPS

In accordance with the National Health Service Act, the County Council provide domestic help for householders "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".

Home Helps were provided for the following reasons:—

	Cases	Hours
Maternity	4	124
Chronic Sick and Tuberculosis	206	30538
Others	5	242
Total ...	215	30904

There were 215 cases attended by Home Helps during 1967 compared with 212 in the previous year, and the total number of hours worked was 30,904. This is 240 less than in 1966.

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 below:—

Clinic	Sessions held	No. of Patients Treated				Total Treatments Given			
		A	PH	EM	Total	A	PH	EM	Total
Crofton	10	21	—	—	21	82	—	—	82
Crigglestone	34	46	8	—	54	253	39	—	292
Middlestown	22	37	1	—	38	170	2	—	172
Sharlston	22	38	—	—	38	169	—	—	169
Mobile Clinic	23	51	—	—	51	187	—	—	187
Total	111	193	9	—	202	861	41	—	902
Domiciliary Treatments	—	101	14	—	115	369	64	—	433
Grand Total	111	294	23	—	317	1230	105	—	1335

A — Aged

PH — Physically Handicapped.

EM — Expectant Mothers.

The Chiropody Service is limited to expectant mothers, men and women of pensionable age and those of any age who are physically handicapped. Treatment is free but each person is normally limited to a maximum of six clinic or domiciliary visits in any period of twelve months.

It has been possible during 1967 to arrange for the Mobile Clinic to visit Heath, Kirkthorpe, Newmillerdam, Sharlston and Walton in order to provide a service for the residents in these areas, and so prevent a journey to the nearest static clinic which is not easily reached by public transport from these places.

NURSERY AND CHILD MINDERS REGULATION ACT

The County Council is authorised under this Act to grant or refuse registration of both Nurseries and Child Minders. Several enquiries for registration have been investigated. There is one registered Child Minder in the Wakefield Rural District caring for a maximum of six children. Quarterly inspection visits are made by the Health Department staff to these premises.

CO-ORDINATING COMMITTEE ON PROBLEM FAMILIES

Many statutory and voluntary organisations are concerned with the rehabilitation of problem families. In order to bring together, for each of these families the knowledge and activities of the organisation concerned, representatives meet quarterly in Horbury Town Hall under the chairmanship of the Medical Officer of Health. A total of 13 cases from Wakefield Rural District have been discussed at the meetings during 1967.

MASS RADIOGRAPHY

The mobile unit of the Leeds Regional Hospital Board visited Walton and Crigglestone in the middle of the year. 329 persons had chest x-rays and two inactive cases of tuberculosis were found. The cases were referred to the local chest clinic for investigation.

IMMUNISATION AND VACCINATION

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

The number of children in Wakefield Rural District who completed a primary course of immunisation or vaccination in 1967 was as follows:—

Type of Immunisa- tion or vaccination	Year of Birth					Others under Age 16	Total
	1967	1966	1965	1964	1960-63		
Diphtheria	230	156	6	3	18	7	420
Whooping Cough	230	156	6	2	4	—	398
Tetanus	230	156	6	3	18	17	430
Poliomyeli- tis	234	182	18	9	25	8	476

The number of children in Wakefield Rural District who received re-inforcing doses during 1967 was as follows:—

Diphtheria	159	114	2	186	106	567
Whooping Cough .	159	114	2	9	—	284
Tetanus	159	114	2	185	96	556
Poliomyelitis	106	24	1	180	11	322

Vaccination against Smallpox.

During the year 145 people were vaccinated against smallpox.

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 1967.

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

School	No. of children whose parents accepted	No. of children Heaf Tested	No. with positive reaction	No. with negative reaction	No. vaccinated
Crofton Cty. Secondary School	77	70	7	63	61

B.C.G. Vaccination is also available at the Local Chest Clinic for the protection of ascertained contacts of cases of tuberculosis and in certain other cases.

WEST RIDING COUNTY COUNCIL HEALTH SERVICES
DIVISIONAL ADMINISTRATION
HEALTH EDUCATION

The subject matter of the 1967 health education programme continued to be changed bi-monthly and during the year the following topics were dealt with, using posters, leaflets, bookmarks and displays in the clinics:

Are You Fit or are you Fat
Immunisation and Vaccination
Mental Health (two weeks)
Home Safety—Cuts Can Cripple
Learn to Swim
Food Hygiene
Hazards of Fireworks (one week)
Cervical Cytology

The health education displays in those clinics where a general practitioner holds his surgery now reach a new and larger audience — and one might think a receptive audience since attendance at such a surgery will undoubtedly be because of ill health.

In addition to the main subjects detailed above each health visitor by means of individual and group discussions, in the homes, schools and clinics disseminates a much larger variety of health education principles. To aid her in this respect are the resources of the expanding West Riding Health Education Section who can supply flannelgraphs, films and filmstrips and other material which by means of their visual nature are of great assistance when talks and lectures are given. Senior members of staff are also closely concerned with the programme and are frequently called upon to talk to groups such as Church and Chapel Associations, Townswomen's Guilds, Mothers' Clubs, Parent-Teacher Associations and Old People's Clubs.

To organise a reasonable health education programme requires considerable administrative effort, then when all is ready the material has to be despatched to all parts of the Division, the posters have to be pinned up, the leaflets distributed, displays transported and erected (and what is equally important dismantled in time for the next user) films ordered to arrive at a certain date have to be matched with arrangements for the film projector and screen etc., etc.—all this requires effort by many people and indeed the success or failure of any particular

venture is dependent upon the enthusiasm or lack of enthusiasm of the various individuals concerned.

Health visitors have continued to give health education lectures to the senior girls in all except two of the County Secondary Schools in the Division. The topic venereal disease is incorporated in the talks on infectious diseases and special emphasis placed on the relationship between smoking and diseases of the chest. The latter subject was extended to the 10-11 year old children in some of the Junior Schools this year as there is no doubt that experimentation in the art of smoking begins in many cases in the Junior School. Nevertheless unless examples are set by parents, teachers and others who come in close contact with children much of this health education is wasted. It is the rule in the West Riding that no adult is employed in work which brings him or her in contact with children, without a chest x-ray because of the risk of a case of tuberculosis spreading the disease in a very susceptible population, but we should also wonder whether the time is coming when the question "are you able to stop smoking when in the presence of children", should be asked as this habit spread by example is equally infectious in this context.

THE UNMARRIED MOTHER AND MOTHER AND BABY HOMES

The unmarried mother is referred usually by the Moral Welfare Organisation, our own staff or other services. Should the unmarried mother require a place in a Home prior and after delivery of her baby this can be arranged and financial responsibility is undertaken by the County Council provided she is a bona fide resident of the West Riding. The mother enters the Home during the latter period of her pregnancy, is admitted to hospital for her confinement and returns to the Home for a further few weeks after the birth of her baby. Sixteen such cases were accommodated in Mother and Baby Homes during the year.

Of the total of 103 live illegitimate births 52 were dealt with in this Division as indicated below:—

	West Riding Cases	Non- County Cases	Total
1. No. of cases dealt with during the year			
(a) Referred by Moral Welfare Organisations	5	—	5
(b) Ascertained through own staff (midwives, etc.)	26	—	26
(c) Referred by other services	21	—	21
TOTALS ...	52	—	52

2. Analysis:—

(a) Married* (i) with previous illegitimate children

2

—

2

(ii) Without previous illegitimate children

4

—

4

(b) Single (i) with previous illegitimate children

10

—

10

(ii) without previous illegitimate children ...

34

—

34

(c) Widowed or Divorced

(i) with previous illegitimate children

—

—

—

(ii) without previous illegitimate children ...

2

—

2

TOTALS ...

52

—

52

*For the purpose of the scheme, a married mother of an illegitimate child is included, when known as such, as an unmarried mother.

3. Ages:—

(a) Under 15

—

—

—

(b) 15—19

19

—

19

(c) 20—24

18

—

18

(d) 25—29

7

—

7

(e) 30—39

5

—

5

(f) 40 and over

3

—

3

TOTALS ...

52

—

52

	West Riding Cases	Non- County Cases	Total
4. Disposal:—			
(a) Cases settled:—			
(i) Marriage	1	—	1
(ii) Baby died	3	—	3
(iii) Grandparents to take baby home	—	—	—
(iv) Baby adopted	5	—	5
(v) Baby fostered	—	—	—
(vi) Mother keeping baby	43	—	43
(b) Cases referred else- where	—	—	—
(c) Cases in which action has been taken but not finally settled	—	—	—
TOTALS ...	52		52

CARE AND AFTER-CARE

Recuperative Home Treatment

Ten patients were sent to various convalescent homes from this Division during the year following the medical recommendation from the family doctor. Applications are only considered where the patient is recovering from an illness and when it is likely that a period in a convalescent home would hasten recovery.

Provision of Nursing Equipment in the Home

1,207 items of nursing equipment were issued to patients being nursed in their own homes. Such equipment included commodes, bed pans, rubber sheets and wheelchairs. The latter are for temporary use only as chairs for permanent use are supplied by the Ministry of Pensions through the hospital service.

Incontinent Patients

A laundry service for these patients is available in Morley Borough where arrangements can be made for the soiled linen to be collected and taken to Dewsbury General Hospital for washing. This service has been largely superseded by the use of disposable pads. These pads are more comfortable to the patient, can be changed more frequently than bed linen and are therefore much more convenient.

Hospital Liaison

Four health visitors are engaged in hospital liaison work, two undertaking premature baby liaison at Wakefield General Hospital, Manygates Maternity Hospital and Leeds Maternity Hospital, one carrying out geriatric liaison with Headlands Hospital, Pontefract, and one diabetic liaison with Clayton Hospital, Wakefield.

Premature Baby Liaison

This takes place at Manygates Hospital and Wakefield General Hospital. The Health Visitor visits weekly and obtains environment reports for the Paediatricians and notifies the Divisions of the pending discharge of a premature baby. The Health Visitor also attends a follow-up clinic at Manygates Hospital.

At Leeds Maternity Hospital premature baby liaison consists of the health visitor joining a ward round on the premature baby unit, providing Professor Craig with environmental details obtained by telephone contacts with the respective health visitor and attending a follow-up clinic.

Diabetic Liaison

The Health Visitor attends Dr. Fletcher's Diabetic Clinic every Monday at Clayton Hospital. She does follow-up visits to diabetic patients in her own area and refers patients together with detailed instructions regarding diet and insulin therapy to the health visitor responsible for the patients seen from other Divisions.

Geriatric Liaison

Geriatric Liaison work at the beginning of the year consisted of social reports and discharge rounds at the County Hospital Wakefield and Headlands, Pontefract.

Most of the patients from Division 13 are now admitted to the County Hospital Wakefield and as the Geriatrician, Dr. Seinathamby discontinued the discharge rounds work now consists of social reports for the Wakefield Hospital when requested

MENTAL HEALTH

Mental Welfare Officers

There are three Mental Welfare Officers in the Division who are concerned with the pre-care and after-care of mentally disordered persons and with admission of such persons to hospital when this becomes necessary. A twenty-four hour admission service is operated. Recognition of the Mental Welfare Officers' services in the community continues to gain ground and many requests are made for assistance in dealing with social problems which do not necessarily involve clinical diagnosis. The number of people visiting the Divisional Office has continued to build up and many of the questions concern social problems, such as family difficulties and marital disharmony. The excellent relationship which exists between the Mental Welfare Officers and Probation Officers in the area provides opportunities for discussion which result quite frequently in helping patients to a better understanding of their problems.

Since the attachment of health visitors to general practitioners many more border-line cases have been brought to the attention of the mental health service, but there is no doubt that more can be done in this direction as regards the direct contact between Mental Welfare Officers and General Practitioners. Clearly it is not possible to attach three mental welfare officers to the many general practitioners in the Divisional Area. However the future health centre at West Ardsley and the use of Morley Central Clinic by the general practitioners gives us an opportunity to experiment in this field. Generally speaking there is still much to be done in regard to the General Practitioner's appreciation of mental health problems as some doctors are not psychiatrically orientated. Where the General Practitioner is appreciative of the Mental Welfare Officer's experience in mental health problems there is little doubt that the patient does derive considerable benefit.

Many old people are not coming to the notice of the Welfare Services until they present a real emergency in the community. A number of the problems passed on to the Mental Welfare Officers concern the elderly person who has become disturbed mentally and because of the mental condition a regular and adequate diet has not been maintained. There is no doubt that the poor nutritional state contributes to the deteriora-

tion as much as the mental condition and on admission to hospital such cases respond well to medical treatment and a balanced diet.

Shortage of hospital beds during 1967 has been less acute on the male side but there are still difficulties in obtaining short-term in-patient treatment for females. If there is no increase in beds for short-term admission on an informal basis we shall continue to have difficulties in implementing the 1959 Mental Health Act to its most beneficial extent. During the year there has been good liaison between Consultant Psychiatrists, the Mental Welfare Officers and Stanley Royd Hospital Day Centre. Some patients who were unable to receive sufficient continued support in the community have been able to attend daily or once or twice weekly — sufficient in many cases to obviate the need for admission. Twenty-one patients in this Division were attending as at 31st December, 1967.

Psychiatric Social Club

This Club meets every week at Morley Central Clinic on Thursday evenings at 7-30 p.m. Twenty five names appear on the register. About 15 members on average turn up at the club evenings and the Mental Welfare Officers help them to arrange their activities.

It is essentially a friendly club where members can meet others who, if they do not share their problems, at least understand them. Its purpose is to assist in the social reintegration of patients discharged from hospital and to serve as a link between the hospital and domicilliary services.

Since it started in 1962 many people have gained benefit and at least 20 members have after a time been in a position to mix more freely in the community, finding themselves able to return to previous leisure interests and social activities without need of the therapeutic atmosphere of our Social Club. We therefore have a changing membership but nevertheless there are some who have attended regularly since its inception in 1962.

Ossett Junior Training Centre

At the beginning of 1967 there were 22 children attending the Centre. Their ages ranged between three and 10 years, the average age being seven years. During the year four children were admitted and three were discharged, so that at the 31st December there were 23 children in attendance.

Sex	AGE								Total
	3+	4+	5+	6+	7+	8+	9+	10+	
Male	—	2	—	4	3	3	1	—	13
Female	1	—	—	—	2	5	—	2	10
Total ..	1	2	—	4	5	8	1	2	23

It will be recalled that in 1965 the age of transfer to West Ardsley Training Centre was lowered from eleven to nine years of age and in January, 1966, ten children aged five to nine years living in Morley were transferred to West Ardsley in order to ease overcrowding at Ossett. Because of this situation consideration was given during 1967 to the erection of prefabricated buildings to accommodate all the children under eleven years of age but it was finally decided to convert the existing West Ardsley Training Centre into a Junior Centre and build a new adult Training Centre/Workshop on adjoining land. Plans for this conversion are now being formulated.

The training programme is wide and geared to the all round social development of the children, and every child without exception appears to have improved socially and intellectually. Visits and outings have been a main part of the programme, promoting a wide variety of projects and interests outside the centre.

The staff consists of the Supervisor, an Assistant Supervisor and a General Assistant. A cadet was attached to the Centre and students on the Leeds Course for Teachers of the Mentally Handicapped were seconded for periods of practical training. There is a kitchen staff of one who works part-time, the meals being provided by the Schools Meals Service, a cleaner and a handyman gardener.

The Parent Teacher Association held regular meetings during the year and the membership has shown an increase.

A number of gifts to the centre were made by Inter-aid and these consisted of a television set, play equipment and a set of swings for external use.

Ten Morley children, aged five to nine years were transferred from Ossett Training Centre in the January, and during the year there were a further five admissions to the Junior Section. One of the admissions, a boy of 15 years, was fatally injured in a road accident. This influx of young children has meant a reorganisation of the time-tables and the provision of suitable apparatus and play material. The junior group in the Junior Section now accommodates the children aged five to eleven years and is run on Nursery School lines—plenty of free and guided activities with opportunities for the child to explore and experiment in the environment surrounding him. Steady progress has been maintained by all children in the Junior Section and one boy after re-assessment was recommended for admission to a school for educationally subnormal pupils.

During 1967, eight trainees from the Junior Section were transferred to the Adult Section and in addition ten new trainees were admitted—all residents at Healey Croft Hostel. There were five discharges during the same period. As a result of these admissions the female workshop tends to be overcrowded and the lack of space is accentuated when one considers the considerable range of ability of the trainees and the difficult if not impossible problem of grouping them in accordance with their ability. The problem is not quite as bad in the male workshops which are now well equipped with the following machinery:—

Fixed Power Machines

Circular Saw 15in. Blade
Mortice Machine
Pillar Drill
Disc Sander 14in.
Grinder 6in.

Portable Hand Power Tools

Pistol Drills
Orbital Sanders
Jig Saw
Router
Belt Sander
Paint Sprayer

together with a full range of hand tools for wood and metal construction.

The Industrial Work carried out during 1967 for the County Supplies Department is as follows:—

FEMALE WORKSHOP

Large Blotting Pads—offices etc.	150
Dressing Gowns—Clinics	110
Workholder Cases—Schools	9500
Pillow Cases—Bleached	108
Pillow Cases—Unbleached	289
Washleather Mops (Ambulances, Fire Stations)	60
Screen Curtains—Clinics (64 curtains)	16 sets
Anti-Sunglare Curtains Sch. A.A.E.	108 curtains
Blackout Curtains Sch. 12	64 curtains
Pinarettes—Homes	7
Library Book Pockets	19776
Laundry (Articles per week)	480
Christmas Crackers (6,000)	500 boxes

MALE WORKSHOP

Firewood chopping for homes, etc.	1257 sacks
Children's Blackboard Cleaners—Schools ...	550
Art Easels 4ft.—Schools	133
Corner Flag Poles—Schools	544
Map Poles—Schools	245
Stilts 3ft.	150 pairs
Stilts 4ft.	120 pairs
Height Measures 5ft.—Schools	54
Furniture Renovation (Stacking Chairs)	135
Maintenance of Grounds—as required	

In addition the male trainees and staff covered in an existing part of the building forming an extension which is now used for the chopping of firewood and offers protection from inclement weather. Various apparatus for use in the Centre has also been made, including a sectional stage, stands for machinery and shelves for storage purposes.

Private contracts have been undertaken during the year and strings were inserted in 133,250 carrier bags for Jappa Paper Mills.

The Parent/Teacher Association is extremely active and during the year it was decided to raise funds in order to provide a learner Swimming Pool for the Centre, a target of £1,500 being set which was later raised to £2,000. The Mental Health Sub-Committee agreed to the project but were unable to make a financial contribution and by their own efforts and with the assistance of the Morley Rotary Club the sum of £800 had been obtained by the end of the year. A Swimming Pool Committee has been formed which consists of five parents, five members of staff and representatives of Morley Rotary Club and it is hoped to have reached the target by the end of 1968.

Special Care Unit

The Special Care Unit is situated in the West Ardsley Training Centre and has six places for the severely sub-normal who are in many cases also badly physically handicapped. The ages of those in the Unit are varied and are as follows:—

Ages of Trainees Attending Special Care Unit

	Male			Female		
Age	27	7	7	19	9	7

This Unit continues to prove valuable in caring for the severely subnormal and providing relief for the parents during the day. Five out of the six in attendance are doubly incontinent though one seven year old child can now walk unaided.

Healey Croft Hostel.

This Hostel which was completed in 1965 has places for 29 subnormal adults, 14 male and 15 female and there is a bed in the sick-bay which can be used for short stay cases in an emergency. The staff consists of a warden, two assistant wardens (all residential) an attendant (non-residential but sleeping in if the warden and his wife, who is one of the assistant wardens, are away), two part-time cooks, five part-time domestic assistants and a part-time caretaker.

Age and Sex of Residents at Healey Croft at the 31st December, 1967

Sex	AGE								Total
	16+	19+	22+	25+	30+	40+	50+	60+	
Male	2	1	—	3	2	3	3	—	15
Female .	1	4	1	—	4	3	3	—	15
Total .	3	5	1	3	6	6	6	—	30

There have been ten admissions during the year, three of whom were re-admissions, and these ten admissions can be summarised as follows:—

- (a) Subnormal children residing in County Children's Homes who attain the age of 18 years and are considered to be in need of continuous supervision 1
- (b) Short stay admissions 4
- (c) Admissions from the community on social grounds 5

The nine discharges which occurred during the same period are summarised as follows:—

- (a) Discharged to a Wakefield hostel 1
- (b) Discharged to residential work 2
- (c) Returned to former home environment 3
- (d) Short stay admissions 3

The discharging of a case to a Wakefield hostel was a disciplinary action and concerned a male who transgressed the rules in the hostel on two occasions.

Of the ten admissions, two were considered capable of employment and the remainder attended the West Ardsley Training Centre. However, the admission from the Children's Home progressed so well at the centre that she was able to be placed in her first employment and quickly settled into a regular routine.

By the end of the year eleven residents, eight males and three females, were in regular employment and the remaining nineteen residents attended the Training Centre.

1967 was the first year that the hostel could be considered to be really full and by December a small waiting list for admission had developed. The sick-bay bed was used during the year for short-stay cases as the occasions it was required for sickness proved negligible. Towards the end of the year it was also decided to admit those on the waiting list into this bed on a trial basis for periods of four weeks. In this way it was hoped to avoid the long term admission of unsuitable cases from the waiting list.

By the 31st December, 1967, eighteen residents had been in residence for over two years and the combination of a low level of ability and poor or non-existent home conditions had led to the consolidation of such residents who now look to the hostel for security and a home. It would seem unlikely that this situation will show any dramatic change in the near future as the habilitation of this type of subnormal adult in the community can only be a slow process. We must now face the question whether Healey Croft was really intended for this purpose as it would appear the turnover in residents is going to be very small. However, the house in Zoar Street, Morley, which is to be used as a means of assessing the practical possibilities of placing subnormals in a lodging situation may indicate in due course a partial solution to this problem.

Lee Grange Hostel.

This hostel, for persons recovering from mental illness, was opened in July, 1968.

Further Projects.

It has now been decided to adapt the existing West Ardsley Training Centre as a junior centre for 60 children with a new special care unit attached for 12 patients. A new adult centre is to be built with improved workshop facilities which will accommodate 60 adults on a site adjoining the existing centre.

SCHOOL HEALTH SERVICE

Under the routine and selective scheme of medical examinations 2,905 children were examined in 1967 and there were no children who were considered to have an unsatisfactory general physical condition.

SCHOOL POPULATION

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of departments ...	29	11	6	18	64
No. of children in attendance	6418	2413	1368	2636	12835
No. of children examined	1529	479	331	567	2906

The numbers of children examined on entering Infant schools and the numbers leaving Secondary Schools were as shown in the following table:—

ROUTINE SCHOOL INSPECTIONS

Group	Morley		Ossett		Horbury		WakefieldR		Total	
	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis
Entrants	734	—	168	—	141	—	287	—	1330	—
Leavers	460	—	206	—	138	—	170	—	97 ^d	—
Total	1194	—	374	—	279	—	457	—	230 ^e	—

Children attending Junior Schools are covered by the non-routine Scheme, and the numbers of these children who were examined are shown under "Selective Examinations" in the following table:—

Type of Examination	Morley	Ossett	Horbury	Wakefield Rural	Total
Special examinations ...	380	143	89	151	763
Selective examinations .	335	105	52	110	602
Total	715	248	141	261	1365

CLEANLINESS

Seventy-three children were excluded from school, some on more than one occasion, during the year, because of head infestation and of these eight children were compulsorily cleansed. This compares with 55 exclusions and 14 compulsory cleansings in 1966, though the percentage of infestation in the Division fell from 2.2 in 1966 to 1.5 in 1967.

The health visiting staff makes routine inspections to the schools and all cases of infestation are followed up with advice and supplies of shampoo for the affected child and where necessary for other members of the family.

CLEANLINESS INSPECTIONS

	Morley	Ossett	Horbury	Wakefield R	Total
No. of children examined	13966	5314	3967	7132	30379
No. of cases of infestation	297	139	3	60	499
% of infestation	2.1	2.6	0.08	0.8	1.5
No. of individual cases of infestation	264	95	3	47	409
No. of children excluded from school	61	12	—	—	73
No. of cleansing notices issued	22	5	—	—	27
No. of cleansing orders issued	9	—	—	—	9
No. of children compulsorily cleansed	8	—	—	—	8
Legal Proceedings	—	—	—	—	—

VISION

All children with a visual acuity of 6/9 are kept under observation and those with less than this are referred for specialist examinations. The following table summarises the findings during the past year.

RESULTS OF VISION TEST

Age	No. Examined	Normal		Observation		Treatment	
		No.	%	No.	%	No.	%
5	1329	1221	91.9	60	4.5	48	3.6
7	643	614	95.6	25	3.8	4	0.6
9	1192	1059	89.0	70	5.8	63	5.2
11	985	929	94.4	53	5.3	3	0.3
13	291	282	96.9	2	0.7	7	2.4
15	966	795	82.5	101	10.4	70	7.1
Total	5406	4900	90.7	311	5.7	195	3.6

A colour vision screening test is undertaken at 11 years of age by means of the Ishihara Colour Plates. The shortened version is used by the health visitor and the test is repeated by the school medical officer using the complete set of plates when a child fails the first test. Colour vision is important when one is considering a future career as with certain occupations in the Royal Navy, Royal Air Force, Merchant Navy, Railways, G.P.O., Police, Pharmacy, Textile Manufacture, Electrical industries, Printing and Paint Trades defective colour vision would be a bar to employment.

HEARING

All the 7 year old children had their hearing tested by audiometer as a routine and of 886 children tested by the nursing staff 35 were referred to the school medical officer for further investigation. No child has been provided with a hearing aid during the year.

CLINIC AND CONSULTANT SERVICES

The Division is well served by neighbouring hospitals and hardly any delay occurs when a consultant's opinion is required. The Division has its own Psychiatrist, Psychologist and the services of several Ophthalmologists on a sessional basis.

Since September we have also been fortunate in having the services of two speech therapists working part-time; the whole time equivalent is equal to a half-time speech therapist, which has led to recommencement of the service.

REFRACTION CLINIC

Refraction Clinics staffed by specialists are held at Morley Ossett and Wakefield. There were 171 children, equivalent to a waiting period of six months who were still waiting to be seen at the Morley eye clinic at the end of the year. This was due to the number of new referrals. There is virtually no waiting list for the Ossett Eye Clinic, but owing to new referrals there are 48 children awaiting refraction which is equivalent to a two months waiting period for the Wakefield Eye Clinic.

ATTENDANCE AT REFRACTION CLINIC IN 1967

	Wakefield	Morley	Ossett	Total
No. of sessions held	28	39	24	91
No. of new cases	82	123	47	252
No. of refractions carried out ..	285	481	235	1001
No. of cases where spectacles were prescribed	76	186	91	353

EAR, NOSE AND THROAT CLINIC

With the consent of the general practitioner children requiring specialist attention are referred to the hospital clinics at Batley and Wakefield.

CHILD GUIDANCE CLINIC

Child Guidance Clinics continue to be held at Morley and Ossett, each clinic having one weekly session. There has been ample work in both clinics but at present new cases can be seen at once in the Ossett clinic while at Morley even the less urgent cases can be seen within two to three weeks. The work has been facilitated at the Ossett clinic by the much improved accommodation and the more recent alterations at Morley should prove of benefit in the future.

CHILDREN ATTENDING CHILD GUIDANCE CLINICS IN 1967

	Ossett	Morley
Number of sessions held	42	42
Number of new cases	17	32
Number of cases referred from 1966	19	36
Number of cases discharged or referred for residential accommodation	17	28
Number of cases carried forward to 1968...	19	40

NUMBER OF NEW CASES

Clinic	1964	1965	1966	1967
Ossett	9	15	20	17
Morley	10	19	31	32

SPEECH THERAPY CLINIC

This clinic was recommended in September, 1967 after a lapse of two years, with two speech therapists working in the Morley and Gaskell parts of the Division respectively. They are both employed full-time by the West Riding County Council but as they have duties in other areas their whole time equivalent in this Division is equal to a half a therapist which is 50% of our present establishment. As one might expect a great deal of sorting out of existing files had to be undertaken and though 78 cases were discharged from the clinic for reasons specified in the table, 42 other cases were seen for treatment during the last few months of 1967.

1. Total number of sessions held during year ...	46
2. (a) No. of new cases treated during year ...	42
(b) No. of cases already attending for treatment from previous year	—
(c) Total No. of cases treated (a + b)	42
3. No of cases awaiting treatment at end of year	29
4. No. of visits made to schools	2
5. No. of home visits	Nil

Analysis of Cases treated during year	Boys	Girls
1. Stammering	6	4
2. Defects of articulation:—		
(a) Dyslalia	9	3
(b) Sigmatism	1	2
(c) Rhinolalia, due to—		
(i) Cleft Palate	—	1
(ii) Nasal obstruction	—	—
(d) Dysarthria	—	—
3. Aphasia	—	—
4. Defective speech due to—		
(i) Educational subnormality	5	—
(ii) Deafness	1	—
5. Retarded speech development	4	5
6. Dysphonia	—	—
7. Other defects	—	1
Total	26	16

Analysis of cases discharged

No. of children discharged during year	58	20
1. Speech normal	24	9
2. Speech improved	9	3
3. Unsuitable for treatment	—	—
4. Non co-operation	3	1
5. Left school	3	2
6. Left district	16	4
7. Other reasons:—		
Admitted to Special School ...	3	1

HANDICAPPED PUPILS

Forty-nine children were either initially ascertained or re-examined during the year and at the end of 1967 we had a total of 218 handicapped children on our register, twenty-two less than in 1966. Of these 108 children were already receiving appropriate education in special schools. Nine physically handicapped children remain to be placed in special schools but the biggest problem remains the provision of appropriate special education both in special schools and the ordinary school for the educationally subnormal child. Forty-one of these children still await placement in special schools and fifty-four have been recommended for special educational treatment in the ordinary school. There is no doubt that there is a need for a Remedial Centre at which such children, normally in attendance at the ordinary school, could attend, say for one day a week. At such a Centre educational therapeutic methods could be undertaken by experienced staff and would undoubtedly be of benefit to such educationally subnormal children.

Handicapped Pupils recommended for Special Education at 31st December, 1966

Category	Morley	Gaskell	Total
Blind	1	—	1
Partially Sighted	2	4	6
Deaf	4	6	10
Partially Hearing	3	2	5
Educationally Subnormal	72	36	108
Physically Handicapped	6	10	16
Maladjusted	7	3	10
Delicate	1	—	1
Epileptic	—	1	1
Total	96	62	158

Pre-School Handicapped Children

Under the normal scheme congenital abnormalities are notified by the midwife on the birth notification card and in addition to this a card index is kept in the Divisional Health Office of all children who are born with or develop a handicap either physical or mental which may be of such a degree as to necessitate special arrangements for the child's education. These children are closely supervised, frequently visited by the health visitor, and their reports are submitted to the Medical Officers who will eventually come to a decision re the best possible arrangements for every particular child.

Children and Young Persons' Act, 1933

Eighty-four children made application to take part-time employment during the year and all were considered physically fit for such work.

GENERAL PROVISION OF HEALTH SERVICES 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.

A new Regional Burns Centre built in the grounds of Pinderfields Hospital, Wakefield, was officially opened in the Spring of 1966. This Centre provides the most modern equipment and intensive specialist treatment designed to give severe burns cases the greatest possible chance of recovery.

Isolation Hospitals

Patients with infectious disease may be admitted to Snape-thorpe Hospital, Wakefield, or Seacroft Hospital, 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, Dewsbury and Leeds, and there is a maternity home in Morley. Priority is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement.

Hospitals Specialising in Mental Disorder

In addition to the Stanley Royd Hospital, Wakefield, Meanwood Park Hospital, Leeds and Westwood, Bradford, the Regional Hospital Board has now received Ministry of Health approval for the provision of a new hospital for mentally sub-normal patients on a site adjacent to Pinderfields and Stanley Royd Hospitals, Wakefield. This hospital will have beds for 480 of which 100 will be for children and 46 for adolescents. There will also be an 'infirmary' unit of 20 beds for those subnormal patients suffering from acute medical or surgical conditions. A rehabilitation unit will be provided and in order to facilitate the close liaison with the Local Health Authority Service, accommodation is to be provided for the mental welfare staff. It is expected that work will commence on the hospital towards the end of 1968.

AMBULANCE SERVICE

The local ambulance service is provided by the West Riding County Council. All calls for the ambulance service should be made to the Ambulance Headquarters, Tel. No. Bradford 682211.

LABORATORY FACILITIES

The Public Health Laboratory at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, biological, entomological and chemical investigations from General Practitioners and Public Health Department Staff.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.

A total of 7,824 houses are on public supply.

The work to effect improvement in supply at Sitlington, Crofton and Sharlston has been completed. Extensions of supplies has been effected at Crigglestone. Work is in hand to improve the supply at Woolley Windhill area.

In general the supply of water has been satisfactory both in quality and quantity.

Drainage and Sewerage.

The scheme for the improvement at Crofton and Walton were awaiting approval at the end of the year. The schemes in preparation during the year were the re-design of the sewerage works at Warmfield, Middlestown and Calder Grove.

Housing.

There is a total of 7,824 dwelling houses in the district, including 26 back-to-back houses and 20 single back houses.

During 1967 there were 331 new houses completed in the Wakefield Rural Area 79 being provided by the Council and 252 by private enterprise.

There were 93 unfit houses officially represented in Clearance Areas during the year. 38 houses not in clearance areas were demolished, and 45 individual unfit houses closed under Section 17(1) of the Housing Act, 1957.

Rent Act, 1957.

No certificates of disrepair were applied for or granted.

Grants for Conversion or Improvement of Housing Accommodation.

During the year 96 formal applications were received for improvement and conversion works, all of which were approved.

Nuisance Inspections.

Nine informal notices and one Statutory Notice were issued. All were abated by the end of the year.

Sanitary Accommodation.

No. of houses provided with water closets	7810
No. of houses provided with waste water or trough closets	—
No. of houses provided with chemical closets	—
No. of houses provided with earth or pail closets	14
No. of earth closets etc. converted to water closets	6
No. of earth closets demolished	2
No. of houses served with earth closets, etc., due to lack of sewer or water facilities	14

During the year notices were served under Section 47 of the Public Health Act 1936 to secure conversion of earth closets. 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.

The paper sack system of refuse storage and collection was further extended by 866 units, bringing the total properties now in this system to 4,468.

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 using mechanical aids.

Food Premises.

There are, in the district, 108 premises retailing food, excluding works canteens of which there are a further eighteen premises.

Twelve premises are butchers shops, seventeen are fish and chip shops, and three bakehouses.

A total of 306 inspections and visits were carried out during the year under Food Hygiene Regulations and Meat Inspections. Foods condemned, and meat unfit for human consumption were 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, 40 retailers are registered for the sale of ice cream.

Processed, Preserved and Manufactured Meats.

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

Prevention of damage by Pests Act, 1949.

Under this Act a total of 247 inspections were made and 227 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.

Eleven 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 to existing plant have been, and are being effected at collieries within the area.

MEAT INSPECTION.

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

	Cattle, excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	417	3	1	1312	3	—
Number inspected	414	3	1	1312	3	—
All diseases except Tuberculosis and Cysticerci						
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	71	2	—	17	1	—
Percentage of the number inspected affected with disease other than tuberculosis & cysticerci	17.1%	66.6%	—	0.13%	33.3%	—
Tuberculosis only						
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some organ or part condemned	—	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis ...	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cysticercosis						
Carcasses of which some part or organ was condemned	—	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	—	—	—	—	—
Generally diseased & totally condemned	—	—	—	—	—	—

**ANNUAL REPORT OF THE MEDICAL OFFICER OF
HEALTH IN RESPECT OF THE YEAR 1967 FOR THE
RURAL DISTRICT OF WAKEFIELD IN THE COUNTY
OF YORKSHIRE**

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

PART I OF THE ACT

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

Premises (1)	Number on Register (2)	Number of		
		Inspection s (3)	Written notices (4)	Occupi- ers prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	4	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	52	47	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	19	19	—	—
Total ...	75	69	—	—

2—Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) ...	—	—	—	—	—
Total ...	—	—	—	—	—

PART VIII OF THE ACT

OUTWORK

(Section 110 and 111)

	Section 110			Section 111		
	No. of outwork ers in Aug. list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of Prose- cutions for failure to supply lists	No. of instan- ces of work in unwhole- some premises	Notices Served	Prose- cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing, apparel Making, Cleaning and Washing, etc.	2	—	—	—	—	—



