

**[Report 1969] / Medical Officer of Health, Wakefield R.D.C.**

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Wakefield (England). Rural District Council.

**Publication/Creation**

1969

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# RURAL DISTRICT OF WAKEFIELD

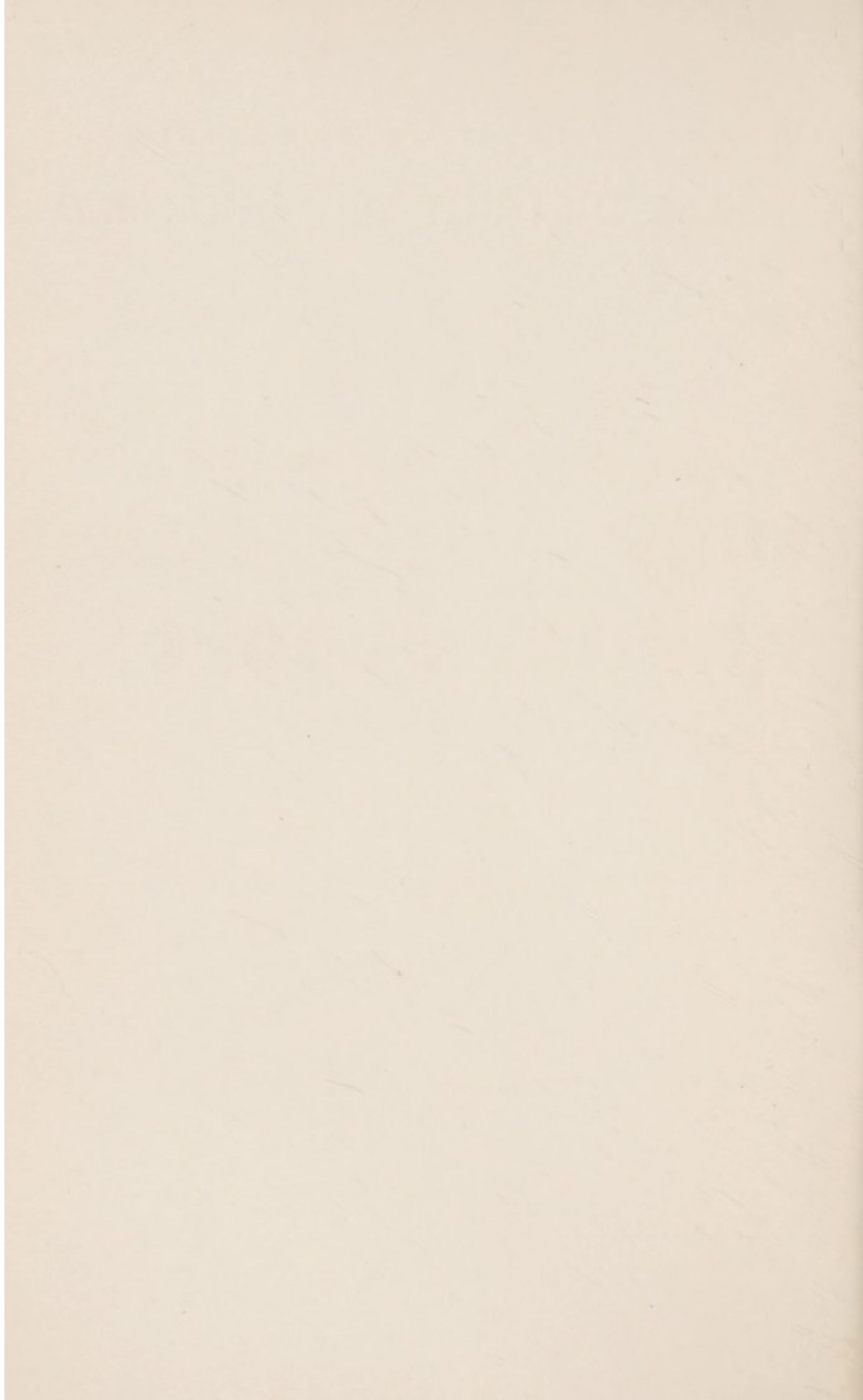
# 1969 annual report

Medical Officer of Health

GEOFFREY IRELAND, B.Sc., M.B., B.Ch., D.P.H.

Chief Public Health Inspector

E. HEALD, M.R.S.H.



**RURAL DISTRICT OF WAKEFIELD**

WAKEFIELD RURAL DISTRICT COUNCIL  
PUBLIC HEALTH COMMITTEE

**ANNUAL REPORT**

**OF THE**

**MEDICAL OFFICER OF HEALTH**

**FOR THE YEAR 1969**



RURAL DISTRICT OF WARFIELD



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**WAKEFIELD RURAL DISTRICT COUNCIL**  
**PUBLIC HEALTH COMMITTEE**

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**1969-1970**

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

Councillor J. T. Foley, J.P.

Councillor G. H. Green

Councillor B. A. Hardcastle

Councillor W. A. Hancock

Councillor W. Howley

Councillor J. B. Jones

Councillor C. J. Kirk

Councillor A. Mellor (Chairman)

Councillor F. W. Middleton

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

Councillor T. W. Newton

Councillor P. Nussey

Councillor W. Sandham

Councillor H. Stevens

WAKEFIELD RURAL DISTRICT.

**PUBLIC HEALTH STAFF**

**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 Inspector**

M. Smith, M.A.P.H.I.

**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**

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

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

Teresa Rose, M.B., B.S., M.R.C.S., L.R.C.P.  
(Resigned 15.8.69).

**Medical Officer to Middlestown Child Health 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. 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  
 Mrs. K. Simms, S.R.N. (Asst. to H.V.)

**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. M. E. Scott, S.R.N., S.C.M., Queen's Nurse  
 (Relief Nurse).  
 Mrs. M. E. Crane, S.R.N., S.C.M., Queen's Nurse.  
 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. Arey, N.A.M.H. Diploma (Appointed 5.7.69).  
 Mrs. S. A. Bourne, N.A.M.H. Diploma (Resigned 31.8.69)  
 Mrs. P. M. Earnshaw, N.A.M.H. Diploma (Resigned  
 1.11.69)  
 Mrs. J. Hellam, N.A.M.H. Diploma (Appointed 29.9.69)  
 Mrs. K. M. Poyner, S.E.N.  
 Mrs. E. Wright  
 Mrs. S. M. Brooke  
 A. W. Read (Appointed 1.1.69)  
 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 (Resigned 27.9.69)  
 R. B. Williamson (Appointed 7.5.69)  
 Mrs. J. Williamson, S.E.N. (Appointed 1.11.69)

**Lee Grange Residential Hostel, West Ardsley.**

D. H. Noble, R.M.N., R.G.N., Warden.  
 Miss B. Ingham (Resigned 11.3.69)  
 M. Greenwood (Appointed 30.6.69)

**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. A. B. Castle, B.A., Psychologist.

**Speech Therapist**

Mrs. J. M. Shields, L.C.S.T.

**General Social Worker.**

Mrs. S. Halstead, C.S.W.

**Divisional Administrative Officer**

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



**Clerical Staff.**

D. Leach (Senior Clerk)  
 Mrs. J. Anderson  
 Mrs. P. Baldwin  
 Miss M. D. Cowling (Resigned 1.10.69)  
 Mrs. G. Burton\*  
 Mrs. L. Crofton\*  
 Mrs. G. N. Dable\* (Resigned 28.11.69)  
 Mrs. A. Doidge  
 Miss M. Dunnett  
 Miss K. Edmondson.  
 Mrs. H. Ferrari (Appointed 24.9.69)  
 Mrs. K. Graham.  
 Mrs. M. Hill\* (Appointed 24.9.69)  
 Mrs. V. Lancaster\* (Appointed 22.9.69)  
 Mrs. K. Marlow  
 Mrs. A. Renshaw  
 Miss J. Senior  
 P. M. Sheard.  
 Mrs. E. H. Thornber\* (Resigned 1.8.69)  
 Mrs. M. Wilford (Appointed 24.11.69)

\*Part time.

## 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.**

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

**Paediatricians.**

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.

18th July, 1970.

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

Mr. Chairman, Mrs. Eastwood, Gentlemen,

I have much pleasure in submitting my Annual Report for  
1969.

From the vital statistics it will be seen that the birth rate  
has fallen there being 406 live births in 1969 compared with  
490 in the previous year. The death rate has risen and there  
were nine more deaths; three deaths occurred in the first year  
of life and there were seven stillbirths. Perinatal deaths include  
all stillbirths together with those infant deaths occurring in  
the first week of life and in 1968 there were nine such deaths,  
seven stillbirths and two infant deaths. All these perinatal  
deaths were delivered in hospital and none occurred in domi-  
ciliary practice. There were 23 illegitimate births compared  
with 21 in 1968.

Heart disease caused 71 deaths, 53 of which were due  
specifically to coronary artery occlusion. Cancer caused 42  
deaths—ten being due to cancer of the lung, cerebral haemorr-  
hage and cerebral thrombosis 33 deaths and bronchitis, emphy-  
sema and pneumonia caused 24 deaths. These diseases there-  
fore are the 'captains of death' as they were the cause of 170  
out of the 213 deaths in the Wakefield Rural District in 1969.

Continuing with the aim of familiarising Members with  
the work of individual officers and services within the Health



Department I have chosen this year the Mental Welfare Officer and I have outlined the nature of his work and duties under the title "What is a Mental Welfare Officer".

Since the beginning of 1969 the emphasis in the Child Health Clinics has changed towards developmental assessments. During this period developmental examinations have been undertaken on all children attending clinic during their first year of life. The reason for this change is to try and discover as early as possible those children who require help and/or further investigation because of some major or minor mental or physical handicap, with the added long term view of planning the type of education which may be required in the future. It is the intention to extend this scheme towards the end of 1970 to include all children in the pre-school period, and as such will link with the pre-school medical examination referred to in the section on the School Health Service.

The number of cytology clinics held in the Rural District at which cervical smears are undertaken fell during 1969 and only 309 women attended compared with 531 in each of the previous two years. The reason lay in the lack of applicants for this service and at the end of 1969 there were only 42 women in the Rural District waiting for appointments.

At the time of writing this report, Walton mini-clinic approaches completion and it is likely that it will become fully operational in September 1970.

It is now estimated that, nationally, cigarette smoking in 1969 caused at least one-seventh of all deaths in this country to occur before they needed to and was responsible for about one-fifth of sickness absence from work. As Sir George Godber, Chief Medical Officer to the Department of Health and Social Security, remarked to the 1970 Congress of the Royal



Society of Health "This curse has been placed so firmly upon us because of the length of time before it operates—we now know that cigarette smoking has a direct connection not only with lung cancer but also with chronic bronchitis and coronary thrombosis". I think it would be generally accepted that there are few people who would tolerate working in conditions similar to these which they willingly subject the delicate inner lining of the lung every time they smoke a cigarette, without considering and indeed undertaking some form of industrial action. Because the threat from cigarette smoking seems remote the social habit is universal and three fifths of our men and an increasing proportion of our women still smoke a proven lethal object. It is a fantastic situation that we promote by our own voluntary actions by far the largest single avoidable cause of deaths and disability in Britain today, particularly as there is no other agent in our environment which approaches the cigarette in menace to life and health.

It will be seen from the tables in the Midwifery Section of this report that the percentage of domiciliary confinements in the Rural District has fallen and in the past five years the percentages are as follows:— 1965—53.9%; 1966—55%; 1967—58%; 1968—42%; 1969—40%. However, at the same time the number of early discharges from hospital before the tenth day have risen quite considerably and for the whole of the Division the numbers are:— 1965—318; 1966—437; 1967—538; 1968—694; 1969—686. Further the emphasis during this period has been in earlier and earlier discharge such that though there is little difference between the figures for 1968 and 1969, in fact 329 mothers were discharged in 1969 at 48 hours as compared with 233 in 1968. It will be seen therefore that though the work of the midwife has been decreasing on the one hand, on the other hand — the nursing of mothers and

babies discharged early from maternity hospitals — it has been increasing.

I would like to take this opportunity of thanking you Mr. Chairman and Members of the Health Committee for your support during the year and also Mr. Heald for his co-operation and assistance.

GEOFFREY IRELAND,

Medical Officer of Health.

	Total	M	F
Live Births	103	52	51
Still-Births	2	1	1
Total Births	105	53	52
Deaths	112	58	54



## STATISTICS

Area .....	21,344 acres
Population: Census 1961 .....	20,211
Registrar General's estimate of Resident Population	
mid 1969 .....	23,670
No. of dwelling houses .....	8,032
Rateable value (1.4.69) .....	£626,020
Product Penny Rate (1.4.69) .....	£2,572

### Summary of Vital Statistics

	Total	M.	F.	
Live Births:				Birth-rate per 1,000 of the estimated resident population <b>17.2</b>
Legitimate	383	193	190	
Illegitimate	23	12	11	
Still-Births:				Rate per 1,000 (live and still-births) <b>16.9</b>
Legitimate	7	5	2	
Illegitimate	—	—	—	
Total Births:				
Legitimate	390	198	192	
Illegitimate	23	12	11	
Deaths	213	115	98	Death-rate per 1,000 of the estimated resident population <b>9.0</b>

#### Maternal Mortality.

There were no maternal deaths during 1969.

#### Infant Mortality.

Three infants under the age of twelve months died during 1969 giving an infant mortality rate of 7.4 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
Atelectasis .....	2	—	—	—	—
Bilateral Broncho Pnuemonia .....	—	—	—	—	1

#### Infant Mortality Rate

Total infant deaths per 1,000 live births .....	7.4
Legitimate infant deaths per 1,000 legitimate live births .....	7.8
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	4.9
---	-----

#### Early Neo-natal Rate

Deaths under one week per 1,000 total live births ...	4.9
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#### Perinatal Mortality Rate.

Still births and deaths under one week combined per 1,000 total live and still births .....	21.8
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## CAUSES OF DEATH

	Cause of Death		1963		Total	1969		Total
	M	F	M	F		M	F	
B.4	—	—	—	—	—	—	—	1
B.5	—	—	—	—	—	—	—	1
B.6	—	—	—	—	—	—	—	2
B.19.1	2	2	2	2	4	1	1	8
B.19.2	2	1	1	—	3	—	—	10
B.19.3	—	4	4	—	4	—	—	2
B.19.4	—	—	—	—	—	—	—	2
B.19.5	—	—	—	—	—	—	—	1
B.19.6	—	—	—	—	—	—	—	7
B.19.7	—	1	1	—	1	—	—	3
B.19.8	16	11	11	—	27	2	—	2
B.21	1	—	—	—	1	3	—	9
B.20	—	—	—	—	—	—	—	1
B.22	—	—	—	—	—	—	—	2
B.46.1	—	1	1	—	1	—	—	1
B.46.2	—	1	1	—	1	1	—	1
B.23	—	—	—	—	—	—	—	3
B.26	—	2	2	—	2	1	—	1
B.27	—	8	8	—	8	3	—	4
B.28	40	24	24	—	64	2	—	2
B.24	6	5	5	—	11	31	—	53
B.30	15	14	14	—	29	3	—	12
B.46.5	1	3	3	—	4	20	—	33
B.31	—	—	—	—	—	4	—	12
B.32	1	8	8	—	9	4	—	1
B.33	12	1	1	—	13	9	—	14
B.36	—	1	1	—	1	7	—	10
B.37	—	2	2	—	2	1	—	2

**CAUSES OF DEATH (Contd.)**

Cause of Death	1969		Total	1969		Total
	M	F		M	F	
B.39 Hyperplasia of prostate .....	2	—	2	1	—	1
B.46.6 Other Disease of Respiratory System .....	1	1	2	—	—	—
B.46.7 Other Diseases of Digestive System .....	—	1	1	—	—	—
B.46.8 Other disease genito-urinary system .....	—	2	2	—	3	3
B.42 Congenital anomalies .....	2	—	2	—	2	2
B.43 Birth injuries, etc. ....	—	—	—	1	1	2
B.44 Other causes of perinatal mortality .....	3	1	4	—	—	—
B.45 Symptoms and ill defined conditions .....	—	—	—	—	1	1
BE.47 Motor vehicle accidents .....	4	—	4	1	—	1
BE.48 All other accidents .....	2	—	2	2	1	3
BE.49 Suicide and self inflicted injuries .....	1	—	1	—	1	1
Totals all causes ...	111	93	204	115	98	213

**ANALYSIS OF DEATHS IN AGE GROUPS**

Under 1	1—4		5—14		15—24		25—34		35—44		45—54		55—64		65—74		75 & over			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
2	1	1	1	1	—	—	1	—	2	1	7	2	6	6	28	18	39	31	29	38



**VITAL STATISTICS OVER THE TEN YEARS 1960-1969**

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	
								Pulmonary	Non-Pulmonary	Diphtheria	Polio-myelitis	T.B. All forms	Cancer of lung and bronchus	
1960	18.0	39.4	31.5	10.5	13.6	0.00	1.95	0.00	0.00	0	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	0	7
1962	17.2	40.7	24.4	10.3	16.7	0.00	1.57	0.05	0.00	0	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	0	11
1964	20.4	24.7	11.2	10.1	25.0	0.00	1.25	0.00	0.00	0	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	0	1
1966	19.2	31.8	18.2	11.1	23.1	0.00	1.95	0.04	0.00	0	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	0	1	7
1968	21.0	22.2	12.1	8.8	16.3	0.0	1.68	0.00	0.00	0	0	0	0	3
1969	17.2	21.8	16.9	9.0	7.4	0.0	1.77	0.04	0.08	0	0	0	3	10

\* Figures not available.

**PRINCIPAL VITAL STATISTICS FOR THE YEAR 1969. COMPARISON WITH OTHER AREAS.**  
 Based on the Registrar-General's figures.

	Wake- field R.D.	Ossett M.B.	Morley B	Horbury U.D.	Aggregate		England and Wales (Prov- isional Figs.)
					West Riding Rural Dis.	West Riding Admin. Cty	
Birth Rate (per 1,000 estimated population)	17.2	20.3	17.7	14.8	17.2	16.9	16.3
Death Rates (all per 1000 estimated resident popu- lation). All causes ...	9.0	10.1	11.5	11.7	10.0	11.6	11.9
Tuberculosis of respiratory system .....	0.04	0.0	0.0	0.0	0.03	0.03	0.02
Other forms of tuberculosis	0.08	0.0	0.02	0.0	0.02	0.01	0.02
Cancer .....	1.77	1.87	1.90	1.65	1.82	2.10	2.35
Cerebrovascular Disease .....	1.39	1.64	1.84	1.65	1.36	1.70	*
Heart & Circ. Diseases...	3.51	3.69	4.35	4.63	3.71	4.39	*
Respiratory disease (excl- uding tuberculosis of respiratory system) ...	1.06	1.23	1.54	2.09	1.41	1.69	*
Infant Mortality (deaths of infants under 1 year per 1,000 live births)	7.4	31.8	20.5	52.2	18.1	18.9	18.1
Maternal Mortality Rate (deaths of mothers due to pregnancy or child birth per 1,000 live and still births) .....	0.0	0.0	0.0	0.0	0.0	0.20	0.19
Still Birth Rate (per 1000 live and still births) ...	16.9	11.4	10.2	21.9	12.8	13.5	13.2
Perinatal Mortality rate	21.8	28.6	21.6	43.8	21.7	23.7	23.4
Neonatal Mortality rate ..	4.9	20.2	15.4	37.3	11.4	12.3	12.0

\* Figures not available.



**INFECTIOUS DISEASES**  
**Annual Notification 1965-1969**

Diseases	Year of Notification				
	1965	1966	1967	1968	1969
Infective Jaundice ...	*	*	*	2	6
Scarlet Fever .....	7	11	8	14	7
Whooping Cough .....	2	12	36	6	—
Acute Poliomyelitis ...	—	—	—	—	—
Measles .....	125	381	147	151	3
Diphtheria .....	—	—	—	—	—
Dysentery .....	3	1	5	—	19
Smallpox .....	—	—	—	—	—
Acute Encephalitis ....	—	—	—	—	—
Acute Meningitis.....	—	—	—	—	—
Typhoid Fever .....	—	—	—	—	—
Paratyphoid Fever ....	2	—	—	—	—
Food Poisoning .....	—	1	1	—	—
Ophthalmia					
Neonatorum .....	—	—	—	—	—
Pulmonary					
Tuberculosis .....	3	4	3	1	4
Other forms of					
Tuberculosis .....	—	1	1	—	2
Malaria .....	—	—	—	—	—
Leptospirosis.....	—	—	—	—	—
Anthrax .....	—	—	—	—	—
Tetanus.....	—	—	—	—	—

\* Notifiable from 15.6.68

The nineteen cases of dysentery which were notified were all due to Sonnei Dysentery and occurred in the months of June and July mainly in the Woolley and Painthorpe areas, and in several instances involved a few or all members of a family.

### 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 1969:—

	Respiratory			Non-Respiratory			Total
	M	F	Total	M	F	Total	
No. on register on 1st January, 1969 .....	20	14	34	2	2	4	38
No. first notified during 1969 .....	3	1	4	—	2	2	6
No. of cases restored to Register .....	—	—	—	—	—	—	—
No. of cases entered in Register otherwise than by notification .....	—	—	—	—	—	—	—
No. removed from Register during 1969							
(a) Died .....	1	—	1	—	1	1	2
(b) removed from district .....	1	—	1	—	—	—	1
(c) recovered .....	1	—	1	—	—	—	1
No. remaining on Register at 31st Dec., 1969 .....	20	15	35	2	3	5	40

The number of new cases and the number of deaths notified during 1969 are given in detail in the following table:—

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

### MASS RADIOGRAPHY

The mobile unit of the Leeds Regional Hospital Board visited Wakefield Rural District in 1969 and 600 persons had chest x-rays. One case of inactive tuberculosis and three non-tuberculosis abnormalities were discovered.



**WEST RIDING COUNTY COUNCIL HEALTH SERVICES****LOCAL ADMINISTRATION****CHILD HEALTH CLINICS**

- Mini Clinic, Crofton \* Monday 2—4 p.m.  
 Mini Clinic, Sharlston \*Tuesday 2—4 p.m.  
 Health Centre, Ramsey Cres., Middlestown \*Tuesday  
 2—4 p.m.  
 Village Institute, Crigglestone \*Thursday 2—4 pm.

**MOBILE CLINIC.**

- Netherton—Alternate Tuesdays 2—4 p.m.  
 Recreation Ground, Walton—Alternate Mondays  
 9-30—11-30 a.m.  
 Long Row, Sharlston — Alternate Mondays 2-00—3-00  
 p.m.  
 Park Avenue, Kirkthorpe—Alternate Mondays, 3-15—4-0  
 p.m.  
 Notton—Alternate Wednesday 2-00—3-00 p.m.  
 Woolley—Alternate Wednesday 3-00—4-00 p.m.

**MOTHCRAFT AND RELAXATION CLINICS**

- Mini Clinic, Crofton Tuesday 2—4 p.m.  
 Mini Clinic Sharlston—Monday 2—3 p.m.  
 Health Centre, Ramsey Crescent, 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 CLINICS**

All Child Health Centres.

**CERVICAL CYTOLOGY CLINIC**

By appointment through Divisional Office.

**CHIROPODY**

- Mini Clinic, Crofton—Friday 2—4 p.m. by appointment.  
 Mini Clinic, Sharlston—Tuesday 9—noon by appointment  
 Health Centre, Ramsey Crescent, Middlestown—Tuesday  
 9—noon by appointment.  
 Village Institute, Crigglestone—Wednesday 9—noon by  
 appointment.

## MOBILE CLINIC

Walton—By appointment.

Kirkthorpe—By appointment.

Sharlston—By appointment.

Newmillerdam—By appointment.

\* Combined with a School Clinic Session.

## CLINICS

## 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
		1969	1964-68	1969	1964-68	
Mini Clinic Sharlston ...	49	41	145	271	302	12
Village Inst. Crigglestone	51	83	110	374	444	16
Mini Clinic Crofton ...	49	110	96	559	320	18
Health Centre Middlestown	49	43	109	412	722	24
Walton Mobile .....	22	33	102	120	204	15
Sharlston and Kirkthorpe Mobile .....	22	16	33	64	75	6
Notton and Woolley Mobile .....	27	8	9	52	83	6
Netherton Mobile .....	24	22	36	149	138	5



### Mothercraft and Relaxation Clinics

Clinic	No. of Sessions	Total No. of women who attended	Total attendances
Mini Clinic, Crofton ...	46	30	213
Health Centre, Middlestown .....	45	134	471
Total .....	91	164	684

Due to an acute shortage of midwives throughout the Division Mothercraft and Relaxation were able to be held only at the above Clinics.

### Cervical Cytology Clinics

Clinic	No. of Sessions held	No. of Patients attending	No. of smears taken	No. of Positive Smears	No. of women referred to G.P. for breast tumours
Mini Clinic, Crofton .....	4	52	52	—	1
Mini Clinic, Sharlston .....	5	62	59	—	—
Village Institute, Crigglesstone	4	67	66	—	—
Health Centre, Middlestown ...	3	51	51	—	—
Mobile Clinic, Wakefield R.D.	11	77	76	—	—
Totals .....	27	309	303	—	1

### Dental Treatment for Expectant and Nursing Mothers

Expectant and nursing mothers are referred from ante natal or child health clinics to the 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 30 in the Division, but only 18 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, and some proprietary brands of milk and other infant foods are also sold at the Child Health Clinics for the convenience of mothers.

### HOME NURSING

The Home Nursing Service in the Rural District of Wakefield is undertaken by four whole-time nurses attached to general practitioners within the area. A relief nurse is available when required.

#### Type of Patient under Care of Home Nurse in the Rural District during 1969

Classification	No. of individual patients attended	Total number of visits made
Medical .....	410	10,989
Surgical .....	121	2,348
Infectious Diseases .....	2	9
Tuberculosis .....	3	136
Maternal Complications .....	17	107
Other Conditions .....	5	44
<b>Total .....</b>	<b>558</b>	<b>13,633</b>

### 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. Two cases in Wakefield Rural District received assistance under this scheme during 1969. The total number of hours assistance being one hundred and sixty three.



**No. of cases and hours worked in Day and Night Nursing  
Service in the Division in 1969**

Area	Cases			Hours		
	Cancer	Other Illness	Total Cases	Cancer	Other Illness	Total Hours
Ossett .....	1	2	3	95	257	352
Morley .....	4	8	12	192	618	810
Horbury .....	3	1	4	206	43	249
Wakefield Rural .....	1	1	2	68	95	163
Total ...	9	12	21	561	1013	1574

**MIDWIFERY**

Four whole-time midwives were employed by the County Council to serve the Wakefield Rural District during 1969.

The following table shows the number of women confined in hospital, private nursing home, or delivered by midwives and private practitioners in Wakefield Rural District and elsewhere.

Place of Delivery	No.	Percentage of total
Delivered in hospitals .....	251	60%
Delivered in private nursing homes	—	0.0%
Delivered by Midwife	162	40%
Total (including still-births) .....	413	100%

During 1969 the practising midwives did not summon medical assistance to any mother.

**Early discharges of mothers from hospitals in the Division  
1968-69**

	1968	1969
Patients discharged after 48 hours		
Patients discharged at 48 hours .....	233	329
(up to and including the 5th day) .....	251	159
After the 5th day but before the 10th day...	210	198
Total Patients discharged before 10th day...	694	686
Total Divisional Institutional Births .....	1446	1355
Total Divisional Domiciliary Births .....	486	348

### 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 trilene analgesia and are provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor.

### 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 in the Rural District in 1969 (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. ....	1	1	1	—
2½ to 3 lb. ....	—	1	—	—
3 to 3½ lb. ....	—	—	—	—
3½ to 4 lb. ....	5	—	—	5
4 to 4½ lb. ....	1	—	—	1
4½ to 5 lb. ....	8	—	—	8
5 to 5½ lb. ....	9	—	—	9
<b>Total .....</b>	<b>24</b>	<b>2</b>	<b>1</b>	<b>23</b>

### Maternity Liaison

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



## HEALTH VISITING

There are four Health Visitors working in the Wakefield Rural District. One is attached to the practice of Dr. Bradshaw, one to the practice of Dr. Collomosse and Smith, one to the practice of Dr. Ashwell and one to the practice of Drs. Wightman, Henderson and Mulroy. They are helped by two part-time assistant Health Visitors.

### Summary of Health Visitors' Home Visits

Children aged 0-5 years .....	1539
Persons aged 65 years and over .....	286
Mental Health Visits .....	4
Visits to Hospital Discharges .....	26
Household Visits (T.B. and Infectious Diseases) .....	11
Other Visits .....	426

Figures quoted are for first visits only.

### Phenylketonuria

The "Phenistix" test on all new born babies has continued in the Division and during the year 1,665 babies were tested either in Clinics or in the home. All children tested proved negative and thus free from a disease which, if not treated in the early weeks of life, can produce severe mental subnormality.

### Congenital Dislocation of the Hip (Ortolani Test).

This test 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 a prolonged treatment or a permanent handicap in later life. In the Division seven babies were referred to a specialist during 1969 and 4 were confirmed as cases of congenital dislocation of the hip. Two were given further appointments for observation and one was proved negative. Of the four confirmed cases, three were resident in Morley and one in Ossett.

### 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 subnormal, aged, or a child not over compulsory school age".

Home Helps were provided in the Wakefield Rural District for the following reasons:—

	Cases	Hours
Maternity .....	3	47
Chronic Sick and Tuberculosis .....	182	24737
Others .....	4	24
Total ...	189	24808

There were 189 cases attended by Home Helps during 1969 compared with 181 in the previous year, and the total number of hours worked was 24,808.



## 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 .....	15	35	—	—	35	119	—	—	119
Crigglestone .....	40	61	6	—	67	291	38	—	329
Middlestown .....	22	44	—	—	44	174	—	—	174
Sharlston .....	22	40	3	—	43	157	13	—	170
Mobile Clinic .....	31	66	—	—	66	272	—	—	272
Total .....	130	246	9	—	255	1013	51	—	1064
Domiciliary Treatments .....	—	95	14	—	109	447	70	—	517
Grand Total .....	130	341	23	—	364	1460	121	—	1581

A — Aged

PH — Physically Handicapped.

EM — Expectant Mothers.

The Chiropdy Service is limited to expectant mothers, men and women of pensionable age and of 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.

### **NURSERIES AND CHILD MINDERS REGULATIONS ACT 1948**

This Regulation Act was amended during the year by the Health Services and Public Health Act 1968 but the amendment did not become operative in the West Riding until early in 1969. Under this Act the County Council is authorised to grant or refuse registration of both nurseries and child minders. Several enquiries for registration have been investigated and three child minders have been registered during the year in the Wakefield Rural District. Three playgroups commenced in the District in 1968 and have been officially registered under the Act.

### **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 fifty cases have been discussed at the meetings during 1969, fourteen of them from Wakefield Rural District.



### WHAT IS A MENTAL WELFARE OFFICER ?

The Mental Health Act of 1959 placed the treatment of mental disorder as far as possible in the same position as the treatment of other forms of illness. Such treatment is provided as part of the National Health Service and patients can consult their family doctor and receive specialist advice as they would for any physical illness. If hospital admission is required this can be arranged without any formalities. However, where necessary and when in the interests of the patient as an individual or society as a whole, patients can be compulsory admitted to and detained in hospital. The Mental Health Act recognises four main categories of mental disorder: (1) mental illness; (2) severe subnormality; (3) subnormality (2) and (3) can be grouped together as the difference is one of degree of the state of arrested or incomplete development of the mind); (4) psychopathic disorder. In the latter case there must be a persistent disorder or disability of the mind which results in abnormally aggressive or seriously irresponsible behaviour and requires or is susceptible to medical treatment.

Local health authorities have a duty to make arrangements for the care and aftercare of mentally disordered patients in the community and as recent advances in medical treatment enable patients to be discharged from hospital more quickly, this produces an added demand for the local authority services. Such community arrangements may include residential accommodation, facilities for training or occupation and the provision of mental health social workers—the mental welfare officers.

The mental welfare officer is a descendant of the Parish Overseer who became the Relieving Officer, who in turn became the Duly Authorised Officer, part of whose job it was to compulsorily admit to hospital people with unmanageable mental illness. The work of these various officers included other duties than mental health which have been shed by successive Acts of Parliament and now the mental welfare officer is concerned with the community problems of mental disorder.

The minimum educational requirements for becoming a mental welfare officer are five G.C.E. 'O' level passes and the qualification which should be obtained is the certificate in Social Work awarded by the Central Council for Training in Social Work, though it must be said that many recruits to this field in the past came from the nursing profession and were equipped with one or more nursing qualifications. The course leading to the the Certificate in Social Work is of two years



in duration and it must be preceded by some practical experience in social work. Many local health authorities have schemes whereby they appoint young applicants as welfare assistants and if they prove suitable the authority seconds them on a training course on full salary and with expenses. Usually such secondment is tied to an agreement whereby the candidate promises to return and work for the authority for a specified period. The training includes the principles and practice of social work, social policy and its administration and the study of the problems of human growth and behaviour and how they are influenced by society. In addition the students do field work so they are able to relate theory and practice.

Obviously the personality of the potential student is important as in addition to the qualities of sympathy and kindness one needs a logical mind in order to be able to unravel the intricacy of problems with which a family may be surrounded and to be able to keep clear a way through, for the benefit of the patient and his family. He will also require a decisive mind capable of making firm decisions as on occasions he may be working against the sometimes well meaning opposition of the family or friends of the patient.

Now what exactly are the duties of a mental welfare officer? The recognition of mental illness is usually made by the family doctor who, depending upon the severity of the condition, may either decide to treat himself or refer the patient to a consultant psychiatrist. Usually in the majority of such instances the mental welfare officer is not involved and even if the patient is referred to hospital for admission on a voluntary basis it is possible for the mental welfare officer to have no knowledge of the case. However, there are occasions when the general practitioner feels that the patient or his family need further advice or help with social problems while medical treatment is pending or taking place and may well call upon the mental welfare officer to visit and assist and even undertake the arrangements for the voluntary admission to hospital. On the other hand the mental welfare officer is usually always involved in emergency or crisis situations where not only the general practitioner but also the police and others may be concerned. In such cases compulsory admission to hospital may have to be arranged and the procedure involves two medical recommendations, one usually given by the doctor who knows the patient and the other by a consultant psychiatrist or a doctor having special experience in the diagnosis or treat-



ment of mental disorder. An application for admission also has to be made either by the patient's nearest relative or by a mental welfare officer, who, whether or not he actually makes the application, undertakes the necessary administration including the escorting of the patient to hospital. In an emergency only one medical recommendation need be given but the second must be provided within 72 hours of admission to hospital.

The mental welfare officer is also closely concerned with the after-care of the patient discharged from hospital because mental illness may have a wide variety of social causes and repercussions. For example jobs and homes may be lost and marriages may become strained or breakdown. Very frequently the patient's financial affairs have become hopelessly involved and it is the mental welfare officer who tries to unravel all the factors which contribute towards these problems, who helps the family solve the ones they are capable of solving and helps them make realistic plans to cope with their difficulties. He is in a position to explain what material assistance can be obtained from the various social welfare agencies and he is always able to give support, encouragement, comfort and sympathy.

Dealing with those suffering from mental illness and their families is only part of the work of the mental welfare officer. A large part deals with another side of mental disorder—the mentally subnormal. The diagnosis of mental subnormality may be made early in the life of a child, sometimes at birth. On the other hand the child may reach school attendance age before a diagnosis is made. In these days developmental assessments of children occur at regular intervals in the clinics and a diagnosis can be made or suspected at an early age and the parents gently and sympathetically prepared, but some parents who consciously or subconsciously suspect that all is not well shield their children from positions where assessments or comparisons can be made—and a small number will go even further and arrange a private education so that a subnormal child may not present itself with any problems until school leaving age or later. Fortunately such cases are few these days as subnormality is no longer recognised as a stigma on the family and help and advice can be given very early on in a child's life. It is after the diagnosis has been made and after the acceptance of the diagnosis by the parent that the mental welfare officer can be of assistance. He can explain to the parents all the facilities for training, employment and long-term care when the parents are ill or elderly and unable to cope. He can arrange for admission to a training centre, sometimes from the age of three years,



and if the child is severely subnormal he can offer attendance at a special care unit attached to the training centre. Further, if the child has associated physical handicaps, the mental welfare officer may wish to involve the nursing aids section of the health department or the Welfare Department who will be able to provide beds, mattresses, walking aids, ramps and handrails etc. in the child's own home. Transport to and from the centre will also be arranged by the mental welfare officer if this is thought to be required.

As the child grows older and enters the adult training centre at the age of 16 years the question of employment will raise itself and again the mental welfare officer, knowing his area, the industry and possibly a number of sympathetic employers, is in a strong position to offer good advice to the parents. The placing of a subnormal adult in employment is not the end of the matter, however, as it may require as much, if not more, effort on the part of the mental welfare officer to keep him in employment. As the adult subnormal grows older the parents also age and through age, illness or death may be unable to care for their son or daughter any longer. In such circumstances it may be possible to arrange hostel accommodation though in cases of severe subnormality hospital accommodation may be the only possible solution.

It is not uncommon now for the mental welfare officer to establish and organise a social club in his area to which people who have suffered from mental disorder are invited to attend and engage in various social activities. Such clubs usually held in clinics in the evening enable ex-patients to meet together and talk amongst themselves and to the mental welfare officer. These clubs are thus in part therapeutic since they offer company to the withdrawn and lonely individual and also a near at hand advisory service.

The mental welfare officer can also become concerned with the elderly as senility may present in various anti-social ways which disturb relations and neighbours and it is in such cases that the greatest pressure is sometimes exerted by relatives for the compulsory removal of some aged members of the family and it is in these circumstances that the mental welfare officer must make a careful assessment of the needs of a particular patient before reaching a decision regarding admission. In most instances he discusses the case with the general practitioner and the officers of any other related services. Sometimes he may seek the advice of a consultant psychiatrist and arrange for a domiciliary visit to the patient's home and as a result of these



investigations he will reach a decision which may mean that the patient remains at home, is admitted to hospital or is admitted, with the co-operation of the Welfare Officer, to welfare accommodation.

It will be seen that the work of the mental welfare officer covers all age ranges, young and old, the ill and the recovered, the normal and the subnormal. The material assistance he can offer can be invaluable to those in need but his capacity to sit, listen and sympathise with the cares and problems of others is of equal if not greater importance. His powers are not inconsiderable and when invoked can mean the removal of a patient to hospital but this is always done primarily in the interests of the patient. His association with the medical profession is extremely close and it is with some regret therefore that we are to witness the passing of this service into the orbit of the new Social Services Department in the immediate future and we hope that the good relationships which have existed in the past will continue in the future as any failure in this respect must adversely affect the patient who is after all our prime consideration.

**WEST RIDING COUNTY COUNCIL HEALTH SERVICES  
DIVISIONAL ADMINISTRATION  
HEALTH EDUCATION**

During 1969 health education was undertaken in every senior school in the division. Overall there was an extension of the work by health visitors to two more senior schools and three junior schools. Some special work was also undertaken such as talks to Women's Guilds, leaders of play-groups and schoolboys taking part in the Duke of Edinburgh award scheme. Further by arrangement a number of groups were shown round the training centres and Hostels.

As always much teaching is done in the home and at the clinics by personal contact and use is made of displays, posters and leaflets. Posters are also displayed in doctors' surgeries and public places such as local libraries, post offices and district health offices.

The topics used in 1969 were as follows:—

Coughs and Colds	January—February
Protect your eyes	March—April
Water Safety	May—June
Use the Correct Fuse	July—August
Flame Resistent Fabrics	September—October
Buy for Safety	November—December
Bonfire and Xmas Posters were also displayed in Nov. & Dec.	

Materials used during the year included films, filmstrips and flannelgraphs and the increase in usage of such materials is undoubtedly due to the variation and suitability of the subject matter now available.

Two Home Safety Committees are active in the Division one covering Ossett, Horbury and Wakefield Rural (the Gaskell area) and the other, which is a sub-committee of the Health Committee with co-opted members, at Morley.

**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 later 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. Nineteen such cases were accommodated in Mother and Baby Homes during the year.

Of the total of 109 live illegitimate births, 78 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	20	—	20
(b) Ascertained through own staff (midwives, etc.) .....	26	—	26
(c) Referred by other services .....	32	—	32
TOTALS ...	78	—	78

	West Riding Cases	Non-County Cases	Total
2. Analysis:—			
(a) Married* (i) with previous illegitimate children .....	5	—	5
(ii) Without previous illegitimate children .....	11	—	11
(b) Single (i) with previous illegitimate children .....	9	—	9
(ii) without previous illegitimate children ...	52	—	52
(c) Widowed or Divorced			
(i) with previous illegitimate children .....	—	—	—
(ii) without previous illegitimate children ...	1	—	1
TOTALS ...	78	—	78

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

	West Riding Cases	Non-County Cases	Total
3. Ages:—			
(a) Under 15 .....	—	—	—
(b) 15—19 .....	33	—	33
(c) 20—24 .....	31	—	31
(d) 25—29 .....	5	—	5
(e) 30—39 .....	9	—	9
(f) 40 and over .....	—	—	—
TOTALS ...	78	—	78



	West Riding Cases	Non-County Cases	Total
4. Disposal:—			
(a) Cases settled:—			
(i) Marriage .....	2	—	2
(ii) Baby died .....	—	—	—
(iii) Grandparents to take baby home .....	—	—	—
(iv) Baby adopted .....	17	—	17
(v) Baby fostered .....	—	—	—
(vi) Mother keeping baby .....	59	—	59
(b) Cases referred elsewhere .....	—	—	—
(c) Cases in which action has been taken but not finally settled .....	—	—	—
<b>TOTALS ...</b>	<b>78</b>	<b>—</b>	<b>78</b>

## CARE AND AFTER-CARE

### **Recuperative Home Treatment**

Fifteen 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**

1,404 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 Wakefield General Hospital, and one diabetic liaison with Clayton Hospital, Wakefield.

### **Premature Baby Liaison**

This takes place at Manygates Hospital, Wakefield General Hospital and Leeds Maternity 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.



### 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 General Hospital Wakefield.

The majority of patients from Division 13 are admitted to the General Hospital, Wakefield and Staincliffe Hospital, Dewsbury. A few cases requiring active treatment only are admitted to St. James' Hospital, Leeds.

## 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 the admission of such persons to hospital when this becomes necessary. A twenty-four hour admission service is operated in conjunction with other Mental Welfare Officers in adjoining Divisions.

### Psychiatric Social Club

This Club meets every week at Morley Central Clinic on Thursday evenings at 7-30 p.m. About 15 out of a possible 25 members turn up at the Club evenings and the mental welfare officers help in the arrangement of activities. The purpose of the club is to assist in the social re-integration of patients discharged from hospital and to serve as a link between hospital and domiciliary services. It is essentially a friendly group where members can meet others who, if they do not have their problems at least understand them.

### Ossett Junior Training Centre

The year started with 22 children on the register; three children were admitted and two left such that at the 31st December, 1969, 23 children were in attendance. Of the two discharges, one was transferred to the West Ardsley Centre on attaining the age of 11 years and one was admitted to Crofton Priory School for educationally subnormal pupils.

Age and Sex of Children in Attendance at Ossett  
Training Centre at 31st December, 1968

	AGE						Total
	5+	6+	7+	8+	9+	10+	
Sex ...	5+	6+	7+	8+	9+	10+	Total
Male	1	3	1	6	1	3	15
Female	2	—	—	—	3	3	8
Total ..	3	3	1	6	4	6	23

### West Ardsley Training Centre

There were 84 trainees in attendance at the Centre at the end of 1969, with ages ranging from 3 to 54 years.



## West Ardsley Training Centre

Age and Sex of Children in Attendance at West

Ardsley Training Centre at the 31st December, 1969

Section	JUNIOR WING														Spec- ial Care Unit	Total			
	Junior Group							Transitional									Adult		
	3+	4+	5+	6+	7+	8+	9+	10+	11+	12+	13+	14+	15+	16+			20+	30+	40+
Age																		Various Ages	42
Male	1	—	1	—	2	3	—	—	2	1	2	—	—	4	13	2	6	2	39
Female	—	—	—	—	1	1	—	2	2	—	—	1	1	4	14	6	7	4	45
Totals	1	—	1	—	3	4	—	2	4	3	2	1	1	8	27	8	13	6	84
Places															M 25 F 31	6	84		
															M.23	6	76		
															7	12	F23	76	

Seventeen persons were admitted during the year including five children under the age of sixteen and twelve adults, nine of whom resided at Healey Croft Hostel. One of the children was admitted to the Special Care Unit.

There were 17 discharges in the period, all of whom were adults. Ten obtained work in open industry, three were admitted to hospital for long-stay care, one moved to private lodgings, one was a short-stay admission to Healey Croft Hostel, one was discharged as unmanageable and one trainee died.

### Healey Croft Hostel.

Healey Croft, completed in 1965, has places for 30 sub-normal adults, 15 male and 15 female. There were seven admissions during the year summarised as follows:—

Short stay admissions .....	1
Admission from hospital .....	3
Admissions from community on social grounds .....	2
Re-admission from residential employment .....	1

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

Short-stay admissions .....	1
Discharged to lodgings .....	3
Discharged to residential employment .....	2

There was a waiting list of 29 potential residents at the end of the year.

### Age and Sex of Residents at Healey Croft at the 31st December, 1969

Sex	AGE								Total
	16+	19+	22+	25+	30+	40+	50+	60+	
Male .....	—	3	—	1	5	3	2	1	15
Female .....	—	5	—	1	3	2	4	—	15
Total.	—	8	—	2	8	5	6	1	30

By the end of the year nine male and five female residents were in employment while the remainder attended West Ardsley Training Centre. Eleven residents admitted between August and December, 1965, and seven residents admitted between January and December, 1966, remain in residence at Healey Croft.



A house in Morley which had been adapted to take sub-normal adults as lodgers was opened during the year and a landlady was appointed. Three residents 1 male and two female were transferred from Healey Croft and settled in remarkably quickly.

### Lee Grange Hostel.

Lee Grange opened in July, 1968 and has places for 20 adults, 10 male and 10 female, who are recovering from mental illness. There have been 29 admissions and one re-admission and 24 discharges during 1969.

#### Age and Sex of Residents at Lee Grange at 31st December, 1969

Sex	AGE								Total
	16+	19+	22+	25+	30+	40+	50+	60+	
Male .....	1	1	—	4	1	2	1	—	10
Female .....	1	1	—	1	—	—	2	—	5
Total ....	2	2	—	5	1	2	3	—	15

This is a short stay hostel and its use must depend upon good liaison with the nearby hospitals in Wakefield, Leeds, Bradford and Huddersfield.

## IMMUNISATIONS AND VACCINATIONS

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

During 1969 all appointments for immunisation and vaccination were transferred on to the central computer housed at County Hall in Wakefield. Whilst this computerisation of records will no doubt lead to greater efficiency in the initial invitation of children for injections and subsequent follow-up of defaulters, etc. I am unable to provide separate statistics for individual County Districts. The following tables therefore relate to the whole of Division 13.

The number of children who completed a primary course of immunisation and vaccination in 1969 was as follows:—

Type of Immunisation or Vaccination	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
Diphtheria	20	861	69	13	108	59	1130
Whooping Cough	20	854	69	13	18	1	973
Tetanus	20	861	67	13	106	66	1135
Poliomyelitis	20	865	79	22	145	58	1189
Measles	—	111	638	348	429	6	1532

The number of children who received re-inforcing doses in 1969 was as follows:—

Diphtheria	—	2	610	26	1103	884	2625
Whooping Cough	—	2	587	17	85	4	695
Tetanus	—	2	610	26	1101	875	2614
Poliomyelitis	—	2	593	25	1071	930	2621
Measles	—	—	—	—	—	—	—



### Smallpox Vaccination

The number of children receiving vaccination against smallpox during 1969 was as follows:—

	Age at Vaccination							Total
	0-3 M'ths	3-6 M'ths	6-9 M'ths	9-12 M'ths	1 Yr.	2-4 Yrs.	5-15 Yrs.	
No. Vaccinated	—	1	—	1	578	69	17	666
No. Re-vaccinated	—	—	—	—	—	3	22	25

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

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 early years of their employment in industry and elsewhere.

Vaccination was offered to all children in this age group in 1969 and the overall acceptance rate was only 56%.

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

School	No. of Consent Forms Issued	No. of Children whose parents Consented	No. of Children Heaf Tested	No. with Positive Reaction	No. with Negative Reaction	Not Ascertained	No. Vaccinated
Horbury Sec. ....	120	92	84	2	82	—	77
Ossett Grammar ....	120	15	13	—	13	—	12
Ossett Sec. ....	120	27	21	6	15	—	15
Crigglestone Sec. ....	48	27	31	3	28	—	28
Crofton Sec. ....	98	14	11	3	8	—	8
Morley Grammar ....	120	110	110	6	104	—	104
Woodkirk Sec. ....	150	125	114	8	106	—	106
Bruntcliffe Sec. ....	200	126	126	8	118	—	118
<b>Total</b> .....	<b>976</b>	<b>546</b>	<b>510</b>	<b>36</b>	<b>474</b>	<b>—</b>	<b>468</b>

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



## SCHOOL HEALTH SERVICE

Under the routine and selective scheme of medical examinations, 2,638 children were examined in 1969, 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 .....	6960	3039	1430	3119	14548
No. of children examined .....	1362	256	292	728	2638

The number of children routinely examined on entering Infant schools are as shown in the following table:—

Group	Morley		Ossett		Horbury		WakefieldR		Total	
	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis
Entrants	929	—	146	—	243	—	626	—	1944	—

## ROUTINE SCHOOL INSPECTIONS

Commencing September, 1969, the routine school leavers examination was superceded by a selective form of examination similar to that in use in the junior schools, and in addition the entrants examination was advanced into the pre-school period. In practice this meant that the total number of school leavers examined fell as the examination only took place for specific reasons. Selection for this examination followed perusal of questionnaires received from the parents and after consideration of recommendations made by head-teachers and medical and nursing staff. Further, the time saved by use of the selective procedure at the school leaving period was utilised on this one occasion to begin the entrants examination in 1969 instead of the usual time in the second term. This was because the advancement of the entrants examination into the pre-school period meant twice as many children had to be examined. This accounts, therefore, for the increase in entrants examined in 1969. In future years the time saved by the selective examination will be used to visit all the schools in the Division on a regular basis in order to discuss with the headteacher and staff



Type of Examination	Morley	Ossett	Horbury	Wake- field Rural	Total
Special examinations	527	62	43	169	801
Selective Exam.—					
Juniors .....	324	41	17	102	484
Selective Exam.—					
Seniors .....	109	69	32	—	210
Total .....	960	172	92	271	1495

### Cleanliness.

One hundred and two children were excluded from school, some on more than one occasion, during the year, because of head infestation and of these three children were compulsorily cleansed. This compares with 135 exclusions and three compulsory cleansings in 1968, and the percentage of infestation in the Division has fallen to 1.2 in 1969 as against 1.7 in 1968.

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	Wake- field R	Total
No. of children examined .....	16031	8627	5075	7132	36865
No. of cases of infestation .....	214	148	11	101	474
% of infestation .....	1.3	1.7	0.2	1.4	1.2
No. of individual children with infestations	150	102	9	75	336
No. of children excluded from school .....	99	3	—	—	102
No. of cleansing notices issued .....	19	—	—	—	19
No. of cleansing orders issued .....	7	—	—	—	7
No. of children compulsorily cleansed .....	3	—	—	—	3
Successful 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.	%
7	1309	1238	94.5	50	3.8	29	2.2
9	1136	996	87.6	87	7.6	53	4.5
11	1189	1068	89.8	70	5.8	51	4.2
13	959	864	90.09	63	6.6	32	3.3
Total	4593	4166	90.6	270	5.8	165	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

One thousand three hundred and six 7 year old children had their hearing tested as a routine, and 66 were referred to the School Medical Officer for further investigation. Two children have been provided with hearing aids 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, Part-time speech therapist and the services of several ophthalmologists on a sessional basis.

### Child Guidance Clinic

The Child Guidance Clinics at Ossett and Morley continue to be held weekly, each clinic having one half-day session. The Morley Clinic is still the busier and the case material presented there would justify one full day weekly if that became possible. The number of children treated in both clinics is higher than in previous years.

The clinic accommodation and staff remain unchanged since 1968. Mr. J. B. Mannix and Mrs. A. B. Castle, Psychologists, are working in both clinics and Mrs. S. Halstead continues to carry out the social work duties.



The case material referred to the clinics is chosen well, varies widely and is of very great interest to all members of the clinic team. Occasional talks relevant to the work are requested and undertaken in the area.

### CHILDREN ATTENDING CHILD GUIDANCE CLINICS IN 1969

	Ossett	Morley
Number of sessions held .....	47	47
Number of new cases .....	28	40
Number of cases carried forward to 1970	23	36
Number of cases discharged or referred for residential treatment .....	27	30
Number of cases referred from 1968 .....	24	46

### NUMBER OF NEW CASES SEEN AT THE CHILD GUIDANCE CLINICS 1965—1969

Clinic	1965	1966	1967	1968	1969
Ossett .....	15	20	17	24	28
Morley .....	19	31	32	32	40
Total .....	34	51	49	56	68

#### Refraction Clinic

Refraction Clinics staffed by specialists are held at Morley Ossett and Wakefield. There were 210 children, equivalent to a waiting period of three months still waiting to be seen at the Morley eye clinic at the end of the year. This was an improvement on the length of the waiting list in 1968 due to the increased number of sessions held at this clinic. There were 109 children on the waiting list for the Ossett Eye Clinic, which is equivalent to a waiting period of four months, this being due to the number of new referrals. Also for this reason there were 140 children on the waiting list for Wakefield Eye Clinic—a five month waiting period.

## ATTENDANCE AT REFRACTION CLINIC IN 1969

	Wakefield	Morley	Ossett	Total
No. of sessions held .....	24	36	20	80
No. of new cases .....	70	133	48	251
No. of refractions carried out ..	235	430	207	872
No. of cases where spectacles were prescribed .....	103	146	91	340

**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.

**Speech Therapy Clinic**

This clinic was recommenced in September, 1967 with two Speech Therapists working in the Morley and Gaskell parts of the Division respectively. There is now only one who continues to run both clinics along with her duties in other areas of the West Riding which is equal to half a therapist which is only 50% of our present establishment.

1. Total number of sessions held during year ..... 199
2. (a) Number of new cases treated during year ..... 80
- (b) No. of cases already attending for treatment  
        from previous year ..... 85
- (c) Total number of cases treated (a + b) ..... 165
3. Number of cases awaiting treatment at end of year... 10
4. Number of visits made to school ..... 8
5. No. of home visits ..... —



Analysis of Cases treated during year	Boys	Girls
1. Stammering .....	18	9
2. Defects of articulation:—		
(a) Cleft Palate .....	3	2
(b) Cerebral Palsy .....	—	2
(c) Other structural malformations	4	2
(d) Other causes, e.g. Neurological	10	1
(e) No specific cause found .....	30	22
3. Disorders of Language due to:—		
(a) Retarded language development (non-specific) .....	28	15
(b) Retardation with associated subnormality .....	17	5
(c) Retardation associated with deafness .....	5	6
(d) Dysphasia .....	1	1
(e) Aphasia .....	—	—
(f) Other reasons .....	2	—
4. Dysphonia .....	1	—
5. Other defects .....	—	—
Children discharged during the year.		
Total .....	29	29
Analysis.		
Speech normal .....	7	16
Speech improved .....	8	8
Unsuitable for treatment .....	—	—
Non Co-operation .....	7	1
Admitted to special schools .....	3	1
Left school .....	—	—
Left district .....	3	3
Other reasons .....	1	—

### Handicapped Pupils

Sixty four children were initially ascertained during the year and at the end of 1969 we had a total of 308 handicapped children on our register. Of these 159 were already receiving appropriate education in special schools, but 17 physically handicapped children and 52 educationally sub-normal children



remain to be placed in special schools. Of the remaining 80, seventy nine, ten of whom were physically handicapped, were recommended for special education treatment in the ordinary school and one required home tuition. There is no doubt that there is a need for a remedial centre at which slow children (69 in the Division) who normally attend at the ordinary school, could visit, 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 border-line educationally sub-normal children.

**HANDICAPPED PUPILS RECOMMENDED FOR  
EDUCATION IN SPECIAL SCHOOLS AT  
31st DECEMBER, 1969**

Category	Morley	Gaskell	Total
Blind .....	1	—	1
Partially Sighted .....	2	6	8
Deaf .....	7	7	14
Partially Hearing .....	3	2	5
Educationally Subnormal .....	89	59	148
Physically Handicapped .....	13	13	26
Maladjusted .....	8	6	14
Delicate .....	2	9	11
Epileptic .....	—	1	1
<b>Total .....</b>	<b>125</b>	<b>103</b>	<b>228</b>

**Pre-School Handicapped Children**

Under the present scheme, congenital abnormalities are notified by the midwife on the birth notification card and details are passed to the County Medical Officer for statistical purposes. In addition to this a card index is kept in the Divisional Health Office of all known 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 and frequently visited by the health visitors, and their reports are submitted to the relevant departmental medical officer at the Child Health Clinics who will eventually come to a decision regarding the best possible arrangements for every particular child. It is likely that much of the administration of this scheme will be taken over by the computer in the future.

**Children and Young Persons Act, 1933**

Twenty seven children made special 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 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, but this is likely to close in 1972 when the first phase of the new District Hospital in Dewsbury is completed. 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, work has commenced on a new hospital for mentally sub-normal patients on a site adjacent to Pinderfields and Stanley Royd Hospitals, Wakefield. This hospital will have 480 beds of which 100 will be for children and 46 for adolescents. There will also be an "infirmary" unit for 20 beds for those sub-normal 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 Services, accommodation is to be provided for the mental welfare staff.

### 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.

Water undertaker	Nature/origin of supply	Natural Fluoride Content	Number of supplied dwellings
Wakefield and District Water Board	Upland Surface Water	Halifax C.14 ppm	7366
Barnsley	Boreholes and Upland Surface Water	C.11 ppm	666
	Total		8032

No. of dwelling houses on public supplies .....	8,032
No. of houses not supplied from Public mains, but having a satisfactory Private and piped supply .....	none
Any insufficiency of supply and No. of houses involved .....	none
Any unsatisfactory supply and No. of houses involved ...	none
Any improvement of supply (a) effected—Part Woolley Windhill area (b) still required .....	none
Any extension of supply (a) effected .....	none
(b) Still required .....	none

No. of samples examined:—

	Chemical		Plumbo-Solvency		Bacteriological	
	Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.
Public Supply	—	—	4	—	—	—
Private supply	—	—	—	—	—	—
Total .....	—	—	4	—	—	—

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



### **Drainage and Sewerage.**

There are 7,437 houses connected to sewers and 595 houses with private drainage. There are no houses with unsatisfactory drainage.

Improvement of the storm water overflow at Netherton and the new sewer at Warmfield were completed during the year and the new sewage works for Crofton and Walton was under construction by the end of the year. The scheme for the improvements at Crigglestone (phase I) is awaiting approval and schemes are under preparation for Woolley Village and Middlestown.

### **Housing.**

There is a total of 8,032 dwelling houses in the district including 8 back-to-back houses and 20 single back houses all with through ventilation.

During 1969 there were 172 new houses completed in the Wakefield Rural Area 23 being provided by the Council and 149 by private enterprise.

Thirty six houses were officially represented in Clearance Areas during the year. Twenty three houses in clearance areas were demolished together with three individual unfit houses under Section 17 (I) 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 67 formal applications were received for improvement and conversion works, all of which were approved.

### **Nuisance Inspections.**

Seven informal notices were issued. All were abated by the end of the year.

### **Sanitary Accommodation.**

No. of houses provided with water closets .....	8019
No. of houses provided with waste water or trough closets .....	—
No. of houses provided with chemical closets .....	1
No. of houses provided with earth or pail closets .....	1
No. of earth closets, etc., converted to water closets ...	1
No. of earth closets demolished .....	—
No. of houses served with earth closets, etc., due to lack of sewer or water facilities .....	13

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

The paper sack system of refuse storage and collection was further extended by 470 units, bringing the total properties now in this system to 6,588.

This is the only system which ensures a dustless collection from door to vehicle.

### **Disposal of Refuse.**

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

### **Food Hygiene Regulations, 1960 (as amended) and Ice Cream.**

- (i) No. of food premises in the area:—
  - (a) Catering establishments—16: (b) Bakehouses—3:
  - (c) Other food shops—100.
- (ii) No. of food premises registered under Section 16 of the Food and Drugs Act, 1955:—
  - (a) Ice-cream
    - (i) Manufacturers — Nil                      Retailers — 41
  - (b) Sausages, Potted or preserved foods — 12.

### **Food Premises:**

There are, in the district 100 premises retailing food, excluding works canteens of which there are a further sixteen premises.

### **Milk**

Sampling.

Biological Samples.

No. of samples taken for:—

- (a) Tuberculosis—None                      No. positive—None.
- (b) Brucellosis:—
  - Culture Test—228: No. positive—8
  - Guinea Pig—None: No. positive—None.



Stat. Samples	No. examined	Phos.	No. Satisfactory		
			Meth Blue	Turbidity Test	Colony Count
Untreated .....	228	—	223	—	—
Pasteurised .....	—	—	—	—	—
Sterilised .....	—	—	—	—	—
Ultra heat treated	—	—	—	—	—

No. of milk samples taken for Analysis under the Food and Drugs Act 1955 — None.

### **Prevention of damage by Pests Act, 1949.**

Under this Act a total of 316 inspections were made and 278 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.**

Twenty 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.

## 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	164	—	—	485	44	—
Number inspected	164	—	—	485	44	—
All diseases except Tuberculosis and Cysticerci Whole carcasses condemned ....	—	—	—	—	—	—
Carcasses of which some part or organ was condemned ....	40	—	—	46	2	—
Percentage of the number inspected affected with disease other than tuberculosis & cysticerci	24.25%	—	—	9.5%	4.6%	—
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	—	—	—	—	—	—
Gen. diseased and totally condemned	—	—	—	—	—	—





**ANNUAL REPORT OF THE MEDICAL OFFICER OF  
HEALTH IN RESPECT OF THE YEAR 1969 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		
		Inspections (3)	Written notices (4)	Occupiers prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	4	4	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	40	83	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	12	7	—	—
Total ...	56	53	—	—



## 2—Cases in which DEFECTS were found.

Particulars  (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted  (6)
	Found  (2)	Remedied  (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) .....	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	18	18	—	3	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) ...	—	—	—	—	—
Total ...	18	18	—	3	—







