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Contributors

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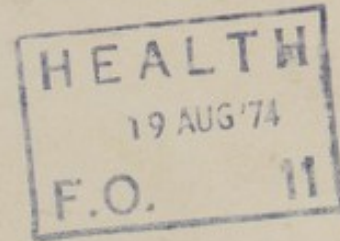
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RURAL DISTRICT OF WAKEFIELD



1972 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.



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RURAL DISTRICT OF WAKEFIELD

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1972

WAKEFIELD RURAL DISTRICT COUNCIL
PUBLIC HEALTH COMMITTEE
1972—1973

Chairman and Members:

Chairman: Councillor H. Stevens

Vice Chairman: Councillor Mrs. O. B. Brown

Councillor F. W. Middleton.

Councillor G. H. Green

Councillor W. Howley

Councillor C. J. Kirk

Councillor (Mrs.) B. E. Eastwood, J.P.

Councillor T. W. Newton

Councillor H. Daley

Councillor A. Barlow

Councillor B. A. Hardcastle

Councillor J. H. Milne

Councillor R. Reynolds

Councillor A. Mellor

Councillor W. A. Hancock

WAKEFIELD RURAL DISTRICT.

PUBLIC HEALTH STAFF

Medical Officer of Health.

and Divisional Medical Officer.

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

Deputy Medical Officer of Health.

and Senior Departmental Medical Officer.

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

Chief Public Health Inspector.

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

Additional Public Health Inspector

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

Public Health Inspector's Clerks.

Mrs. R. Reynolds

Miss C. Haigh

WEST RIDING COUNTY COUNCIL.

Preventive Medical Services: Division 13

Doreen M. M. Anderson, M.B., Ch.B.*
 Irene Hargreaves, M.B., Ch.B. (Retired 31.7.72).
 Irene Morgan, M.B., B.S., L.R.C.P., L.R.C.S.,
 L.R.C.P.S. (E)
 M. G. Patricia Moxon, L.R.C.P. and S.I., L.M.

Medical Officer to Middlestown Child Health Centre

J. D. Bradshaw, M.B., Ch. B. (Sessional)

Divisional Nursing Officer.

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

Nursing Officers

Mrs. M. Senior, S.R.N., H.V. Certificate
 Mrs. P. Grindel, S.R.N., S.C.M., H.V. Certificate, Q.N.
 Mrs. M. Lynch, S.R.N., S.C.M.

Health Visitors.

Mrs. B. E. Clayton, S.R.N., S.C.M., H.V. Certificate.
 Mrs. M. D. Mee, S.R.N., S.C.M., HV Certificate
 Mrs. I. Armstrong, S.R.N., S.C.M., HV Certificate
 Mrs. R. Crane, S.R.N.*
 Mrs. K. Simms, S.R.N.*
 Mrs. S. M. Humpleby, S.R.N., S.C.M., HV Certificate

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

Night Nursing Staff

Mrs. J. Boughton, S.E.N.*
 Mrs. E. I. Bowman, S.R.N., R.F.N.*
 Mrs. E. A. Davenport*
 Mrs. H. Garrad, R.F.N., S.E.N.*
 Mrs. L. Maude*
 Mrs. R. Newton, S.R.N.*
 Mrs. M. Oldfield, S.R.N., R.F.N.*
 Mrs. S. D. Warren, S.E.N.*
 Mrs. D. Yates*

Chiropodists.

E. Fearby, Inst.Ch., S.R.Ch.*
 Mrs. S. Hughes, M.Ch.S.*
 Mrs. J. Mason, S.R.Ch.*

Child Guidance Service.

K. N. Maxwell, M.B., Ch.B. Psychiatrist
 H. Sanderson, B.Sc., Dip.Ed., M.B., Ch.B., D.P.H.,
 D.R.M.
 J. B. Mannix, M.Ed., Psychologist.
 D. Clarke, B.A. Cert. Education, Psychologist.
 Mrs. S. M. Williams, C.S.W.

Speech Therapists

Mrs. A. M. Cooper, L.C.S.T.*
 Miss M. Slack, L.C.S.T.*

Divisional Administrative Officer

A. Wright, D.M.A., D.P.A., M.R.S.H., L.H.A

Clerical Staff.

D. Leach (Senior Clerk)
 Mrs. S. M. Aspinall*
 Mrs. P. Baldwin
 Mrs. E. Brier
 Miss S. M. Davies
 Mrs. A. Doidge
 Miss K. Edmondson, M.A.M.S., A.M.R.S.H.
 Mrs. H. Ferrari
 Mrs. K. Foster.
 Mrs. V. Lancaster*
 Mrs. J. E. Mitchell
 Mrs. D. Seekins
 P. M. Sheard.
 Mrs. B. M. Walker*
 Mrs. M. Wilford*

*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.

Paediatrician

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

Orthopaedic Surgeon.

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

CHILD HEALTH CLINICS

Mini Clinic, Crofton * Monday 2—4 p.m.

Mini Clinic, Sharlston *Tuesday 2—4 p.m.

Ramsey Crescent, Middlestown *Tuesday 2—4 p.m.

Village Institute, Crigglestone *Thursday 2—4 pm.

Mini Clinic, Walton *Wednesday 2—4 p.m.

MOBILE CLINICS

Netherton—Alternate Tuesdays 2—4 p.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.
 Hall Green—Alternate Wednesdays 3-00—4-00 p.m.

MOTHERCRAFT AND RELAXATION CLASSES

Mini Clinic, Crofton, Thursday 2—4 p.m.
 Mini Clinic, Sharlston, Friday 2—3 p.m.
 Health Centre, Ramsey Crescent, Middlestown,
 Wednesday 2—4 p.m.
 Village Institute, Crigglestone, Monday 2—4 p.m.
 Mini Clinic, Walton, Tuesday 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 Walton by appointment.

IMMUNISATION AND VACCINATION CLINICS

All child Health Centres.

FAMILY PLANNING AND CERVICAL CYTOLOGY CLINICS

Mini Clinic, Crofton (By appointment) Thursday
 9-30 a.m.—Noon
 Mini Clinic, Sharlston (By appointment) Alternate
 Wednesdays 9-30 a.m.—Noon
 Ramsey Crescent, Middlestown (By appointment)
 Alternate Thursdays 2-00 p.m.—4-00 p.m.
 Village Institute, Crigglestone (By appointment)
 Monday 9-30 a.m.—Noon

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.
 Mini Clinic, Walton Friday 2—5 p.m. by appointment

MOBILE CLINICS

Kirkthorpe—By appointment.
 Sharlston—By appointment.
 Newmillerdam—By appointment.

*Combined with School Clinic sessions

Divisional Health Office,
Corporation Street,
Morley.

14th June, 1973

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

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in submitting my Annual Report for
1972.

Coronary thrombosis continues as one of the major causes of death. It is the end result of a progressive disease of the coronary arteries (ischaemic heart disease), and the cause of this condition is not known — probably because there are many causes all interrelated and acting over a period of time from infancy onwards. What is known, however, is that there are certain risk factors which increase the probability of an attack of coronary thrombosis. For example, recent work in America has indicated that raised blood pressure and raised cholesterol are risk factors. Other known factors are age, sex, weight, smoking habits and degree of physical activity. The risk increases in the older person, men are more likely to be affected than women, as are those who are overweight, smoke and indulge in little if any physical activity.

Some of these factors can be controlled by the individual, factors such as overweight, smoking and physical activity, in fact it has been shown that the risk of a coronary thrombosis is reduced in healthy men by engaging in strenuous physical activity for a half an hour twice a week. Two other factors, raised serum cholesterol and raised blood pressure can be controlled by diet and by drug therapy. It is possible therefore for the course of this disease to be altered and the risk of a coronary thrombosis appreciably reduced.

This is the sort of advice that should be taken by all fit

middle-aged men as there is no likelihood of any instant cure for this condition in the foreseeable future.

A disease which seems to have been of little consequence for the last quarter of a century is rickets. This is a condition produced when calcium salts are not deposited in the bones resulting in a loss of rigidity and the production of deformities. Vitamin D enables calcium to be deposited in the bones and is formed naturally in the skin by the action of sunlight. Any process which cuts down the action of the sun such as smoke produced by industrialisation can result in the production of rickets unless vitamin D can be obtained by other means, and the addition of this vitamin to National Dried Milk in 1945 virtually eliminated this disease.

However, recent reports have indicated that rickets is again being diagnosed in children and a survey of urban school-children suggested that rickets detected by means of x-rays was likely to be as high as 4%. This incidence is believed to be due to mothers being unaware of the need for vitamin D supplements once dried milk feeding has been completed, and this view is supported by the relatively low uptake of cod-liver oil when it was available and now vitamin drops from the clinics. Vitamin D deficiency can also be a problem of adults as calcium is being absorbed and deposited continuously throughout life and in its most overt form the disease is known as osteomalacia. It is also now thought that the commonest bone condition of the elderly—osteoporosis—may also be due in part to a lack of this vitamin. In the elderly such a lack could be brought about by an inadequate or ill-balanced diet together with a lack of sun from a reluctance to spend much time out of doors, which in turn could be related to apathy a not uncommon condition of the elderly. We are perhaps reaching a point where consideration should be given nationally to the provision of vitamin D supplements for the elderly in a similar way to those provided for the young.

In September 1972 the West Riding County Council discontinued the sale of proprietary brands of milk and food in all child health clinics, but the sale of National Dried Milk, vitamin tablets and vitamin drops continued either at the clinics or by some other arrangement. In this Division it used to be the practice that mothers would see the doctor at the clinic who would advise on the type of milk to be used and this could then be purchased on the same premises. In fact cards were used which required the initials of the doctor or health visitor before milk could be purchased. This procedure changed over the years and the sale of milk eventually became virtually divorced from the health content of any clinic visit and was really no more than a commercial transaction. Further, the development of the supermarket system resulted in the ability to purchase proprietary brands of milk and baby food at prices similar if not better than these available at the clinic. These were perhaps the two major factors which influenced the County Council in reaching the above decision.

During 1972 the relative cost of National Dried Milk and the proprietary milks was as follows:—

	Lowest Price of Proprietary Milk	National Dried Milk
Price per pint	5.05p	2.85p
Price per ounce	1.8 p	1 p

It will be seen therefore that as regards value for money, the cost of NDM was nearly half of any proprietary milk on sale at the clinic and could be considered to be the 'best buy'. It was also interesting to note that the sales of NDM nearly doubled after the discontinuance of the sales of other milk and has remained at this level.

At the time of writing this report three cases of pemphigus neonatorum, a staphylococcal skin infection of young infants which had virtually disappeared, were reported by three mid-

wives. Two of these cases were born in hospital and it is interesting to note that a hospital outbreak of this condition was recently reported in another part of the country which resulted in one death. Those involved in the hospital outbreak quickly came to the conclusion that it was due to the discontinuance of a talc containing hexachlorophane, and it will be recalled that this was a long established antibacterial agent which was implicated in causing reversible brain damage in experimental studies with animals. In order to control the hospital outbreak hexachlorophane was reintroduced on a restricted use — top and tailing of infants using the powder in the flexures and napkin area where this disease has its focus, and the outbreak terminated. One must ask therefore when we approach the subject of drugs like hexachlorophane whether the problems presented by its use outweigh on balance the problems caused by its non-use and consideration should be given to any middle way such as the controlled selective use of such drugs which might give us the best of both worlds.

As I mentioned in my Annual Report for 1971, vision testing in the School Health Service was to be increased to an annual test instead of every two years and two further age groups at 9 years and 11 years were to be given audiometric hearing tests in addition to the 6—7 year group. I am pleased to be able to report that the planned extension of this service was achieved in 1972.

Head infestation continues as a relatively minor problem compared with some parts of the country, nevertheless more time is expended on this aspect of the school health service than ever before. In 1966 some 29814 inspections were made and this has risen continuously since then until this year some 43,349 inspections were undertaken. The numbers of individual children infested has fluctuated within the limits of 300—400, each child in average being responsible for between 1.2

and 1.9 infestations since 1966. The main problem lies in the fact that a proportion of the children are re-infested at home from the adult members of the family. Each infestation is followed up by the nurse who advises the parent about the possibility of other members of the family being infested and always supplies sufficient quantities of shampoo but in spite of this some of the children still become reinfested and potential sources of spread within the school. The only answer to this situation at present would appear to be the continued surveillance of the school population, and appropriate treatment where necessary.

The day and night nursing service was extended during the year by the employment of added trained staff, as forecast in last year's Report, and the number of cases attended rose from eighteen in 1971 to ninety-seven this year. Similarly the hours worked increased from 675 to 5,383 respectively.

There has been a slight improvement in the speech therapy facilities as Miss M. Slack joined the staff working four sessions a week in addition to Mrs. Cooper who already offers us one weekly session.

Dr. Hargreaves retired this year after some twenty-five years with the West Riding County Council all of which was spent in this Division.

May I thank you, Mr. Chairman and members of the Committee for your support during the year, the staff of the Divisional Office together with Mr. Heald and his staff, for their co-operation and assistance which has been readily given.

GEOFFREY IRELAND.

Medical Officer of Health.

PRINCIPAL STATISTICS 1972

	Morley M.B.	Ossett M.B.	Horbury U.D.	Wakefield R.D.	Division 13
Population at 1961 Census	40,338	14,737	8,642	20,221	83,938
Population 1971 Census (Advanced Analysis)	44,340	17,165	8,905	23,740	94,150
Registrar General's estimate of population mid 1972	44,860	17,690	8,970	24,520	96,040
Area in acres	9,494	3,333	1,280	21,344	35,451
Average number of persons per acre	4.2	4.4	6.8	0.9	2.3
Number of dwelling houses	16,923	6,289	3,378	8,649	35,239
Rateable Value	£1,174,754	£509,931	£257,126	£634,605	—
Product of Penny Rate	£11,120	£4,900	£2,405	£5,759	—

VITAL STATISTICS 1972

	Morley M.B.	Ossett M.B.	Horbury U.D.	Wakefield R.D.	Division 13
Live Births					
Legitimate	687	282	117	402	1,488
Illegitimate	43	22	12	20	97
Total	730	304	129	422	1585
Stillbirths					
Legitimate	6	2	1	8	17
Illegitimate	—	1	—	—	1
Total	6	3	1	8	18
Total Live and Stillbirths	736	307	130	430	1603
Deaths					
Deaths under 1 week	8	4	1	4	17
Deaths under 4 weeks	9	4	1	4	18
Deaths under 1 year	14	6	1	5	26
Total Deaths all ages	565	202	97	225	1089
Rates					
Crude Birth Rate (per 1000 of population)	16.3	17.2	14.4	17.2	16.5
Standardised Birth Rate	15.3	15.3	14.7	15.8	—
Stillbirth Rate (per 1000 live and stillbirths)	8.2	9.8	7.7	18.6	11.2
Crude Death Rate (per 1000 of population)	12.6	11.4	10.8	9.2	11.3
Standardised Death Rate	14.2	15.0	12.3	12.1	—
Perinatal Mortality Rate (stillbirths and deaths per 1000 live and stillbirths)	19.0	22.8	15.4	27.9	21.8
Infant Mortality Rate (total infant deaths under one year per 1000 live births)	19.2	19.7	7.8	11.8	16.4
Legitimate Infant Mortality Rate (legitimate infant deaths per 1000 legitimate live births) ...	20.0	21.0	9.0	12.0	17.5
Illegitimate Infant Mortality Rate (illegitimate infant deaths per 1000 illegitimate live births) ...	0.00	0.00	0.00	0.00	0.00
Maternal Mortality Rate (deaths per 1000 live and stillbirths) ...	0.00	0.00	0.00	0.00	0.00
Percentage of Births which were illegitimate	5.9	7.4	9.2	4.6	6.1

CAUSE AND AGE OF DEATH IN WAKEFIELD RURAL DISTRICT IN 1972

Cause of Death	Total all ages	Male	Female	Under 4 weeks	4 weeks and under 1 year	age in years								
						1—	5—	15—	25—	35—	45—	55—	65—	75 & over
Late effects of Respiratory T.B.	1	1	—	—	—	—	—	—	—	—	—	—	—	1
Malignant Neoplasm, Stomach	6	3	3	—	—	—	—	—	—	1	—	2	—	3
Malignant Neoplasm, Intestine	8	4	4	—	—	—	—	—	—	—	1	—	6	1
Malignant Neoplasm, Lung and Bronchus	5	5	—	—	—	—	—	—	—	—	1	1	1	2
Malignant Neoplasm, Breast	5	1	4	—	—	—	—	—	—	—	1	1	1	2
Malignant Neoplasm, Uterus	2	—	2	—	—	—	—	—	—	—	1	—	1	—
Malignant Neoplasm, Prostate	1	1	—	—	—	—	—	—	—	1	—	—	—	1
Leukemia	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Other Malignant Neoplasms	13	7	6	—	—	—	—	—	—	—	1	4	4	4
Diabetes Mellitus	1	—	1	—	—	—	—	—	—	—	—	—	—	1
Chronic Rheumatic Heart Disease	3	—	3	—	—	—	—	—	—	—	—	—	2	1
Hypertensive Disease	2	1	1	—	—	—	—	—	—	—	—	—	1	1
I-chaemic Heart Disease	58	37	21	—	—	—	—	—	—	1	7	13	22	15
Other Forms of Heart Disease	16	6	10	—	—	—	—	—	—	—	—	—	5	11
Cerebrovascular Disease	30	11	19	—	—	—	—	—	—	—	1	—	11	18
Other Diseases of Circulatory System...	19	8	11	—	—	—	—	—	—	—	1	1	4	13
Influenza	1	—	1	—	—	—	—	—	—	—	—	—	—	1
Pneumonia	9	4	5	—	—	—	—	—	—	1	—	1	1	6

Cause of Death	Total all ages	Male	Female	Under 4 weeks	4 weeks & under 1 year	age in years								75 and over
						1—	5—	15—	25—	35—	45—	55—	65—	
Bronchitis and Emphysema	16	15	1	—	—	—	—	—	—	—	2	1	8	5
Asthma	1	—	1	—	—	—	—	—	—	—	—	1	—	—
Other Diseases of Respiratory system	1	—	1	—	—	—	—	—	—	—	—	—	1	—
Peptic Ulcer	2	1	1	—	—	—	—	—	—	—	—	—	2	—
Appendicitis	1	—	1	—	—	—	—	—	—	—	—	—	1	—
Other Diseases of Digestive System ...	4	2	2	—	—	—	—	—	—	—	—	3	1	—
Other Diseases Genito Urinary system	1	—	1	—	—	—	—	—	—	—	—	—	—	1
Diseases of Muscular Skeletal System	1	—	1	—	—	—	—	—	—	—	1	—	—	—
Congenital Anomalies	2	1	1	—	—	—	—	—	—	—	—	1	1	—
Birth Injury—Difficult Labour, etc.	3	1	2	3	—	—	—	—	—	—	—	—	—	—
Other causes of Perinatal Mortality	1	1	—	1	—	—	—	—	—	—	—	—	—	—
Symptoms and ill defined conditions ...	1	1	—	—	—	—	—	—	—	—	—	—	1	—
Motor Vehicle Accidents	3	3	—	—	—	1	—	1	—	—	—	—	—	1
All other Accidents	4	3	1	—	1	—	—	—	—	—	—	—	1	2
Suicide and Self inflicted Injuries ...	2	2	—	—	—	—	—	—	—	—	2	—	—	—
All Other External Causes	1	1	—	—	—	—	—	—	—	1	—	—	—	—
Total All Causes ...	225	120	105	4	1	1	—	1	—	5	19	29	75	90

Principal Vital Statistics for 1972 Compared with Other Areas

	Division 13	Morley M.B.	Ossett M.B.	Horbury U.D.	Wakefield R.D.	Aggregate W.R. Urban Districts	Aggregate W.R. Rural Districts	West Riding Admin. County	England & Wales (Provisional figures)
Standardised Birth Rate (per 1000 population)	—	15.3	15.3	14.7	15.8	15.5	15.6	15.5	14.8
Standardised Death Rate (per 1000 population)	—	14.2	15.0	12.3	12.1	13.0	12.2	12.9	12.1
Cancer mortality rate	2.28	2.47	2.32	2.90	1.67	2.37	1.90	2.23	*
Cerebrovascular Disease	1.62	1.94	1.47	1.45	1.22	1.89	1.56	1.79	*
Circulatory Diseases	4.73	5.24	4.35	4.91	4.00	4.98	3.92	4.67	*
Respiratory Disease (excl. tuberculosis)	1.36	1.38	1.98	0.67	1.14	1.80	1.55	1.73	*
Infant Mortality Rate (per 1000 live births)	16.4	19.2	19.7	7.8	11.8	17.1	18.8	17.6	17.0
Maternal Mortality Rate (per 1000 live and stillbirths)	0.0	0.0	0.0	0.0	0.0	0.05	0.0	0.04	*
Stillbirth Rate (per 1000 live and stillbirths)	11.2	8.2	9.8	7.7	18.6	12.6	11.5	12.2	12.0
Perinatal Mortality Rate	21.8	19.0	22.8	15.4	27.9	22.7	21.9	22.5	22.0
Neonatal Mortality Rate	11.4	12.3	13.2	7.8	9.5	11.4	12.7	11.8	12.0

*—Figures not available

VITAL STATISTICS OVER TEN YEARS 1963—1972
Wakefield Rural District

Year	Birth Rate	Peri-natal Mortality Rate	Still Birth Rate	Death Rate	Infant Mortality Rate	Maternal Mortality Rate	Cancer Death Rate	No. of cases of				No. of Deaths	
								Measles	T.B. all forms	Diphtheria	Polio-myelitis	T.B. All forms	Cancer of lung and bronchus
1963	19.0	34.3	9.8	10.6	39.6	0.00	1.41	178	1	0	0	0	11
1964	20.4	24.7	11.2	10.1	25.0	0.00	1.25	88	0	0	0	0	4
1965	18.0	17.4	17.4	9.8	7.6	0.00	1.36	125	3	0	0	0	1
1966	19.2	31.8	18.2	11.1	23.1	0.00	1.95	381	5	0	0	1	14
1967	20.5	23.3	8.5	9.3	23.5	2.12	1.71	147	4	0	0	1	7
1968	21.0	22.2	12.1	8.8	16.3	0.00	1.68	151	1	0	0	0	3
1969	17.2	21.8	16.9	9.0	7.4	0.00	1.77	3	6	0	0	3	10
1970	18.5	28.9	17.8	8.9	18.1	0.00	1.05	131	2	0	0	1	5
1971	18.0	2.3	2.3	9.7	6.9	0.00	1.65	25	4	0	0	0	9
1972	17.2	27.9	18.6	9.2	11.8	0.00	1.67	231	1	0	0	1	5

INFECTIOUS DISEASES

Annual Notifications 1968—72

Diseases	Year of Notification				
	1968	1969	1970	1971	1972
Infective Jaundice ...	2	6	3	—	31
Scarlet Fever	14	7	4	4	10
Whooping Cough	6	—	3	8	—
Acute Poliomyelitis ...	—	—	—	—	—
Measles	151	3	131	25	231
Diphtheria	—	—	—	—	—
Dysentery	—	19	—	1	—
Smallpox	—	—	—	—	—
Acute Encephalitis	—	—	2	—	—
Acute Meningitis.....	—	—	1	—	1
Typhoid Fever	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—
Food Poisoning	—	—	—	2	4
Ophthalmia					
Neonatorum	—	—	—	—	—
Pulmonary					
Tuberculosis	1	4	1	4	—
Other forms of					
Tuberculosis	—	2	1	—	1
Malaria	—	—	—	—	—
Leptospirosis.....	—	—	—	—	—
Anthrax	—	—	—	—	—
Tetanus.....	—	—	—	—	—

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 1972.

	Respiratory			Non-Respiratory			Total
	M	F	Total	M	F	Total	
No. on register on 1st January, 1972	21	14	35	3	3	6	41
No. first notified during 1972	—	—	—	—	1	1	1
No. of cases restored to register	—	—	—	—	—	—	—
No. of cases entered in Register otherwise than by notification	1	—	1	—	—	—	1
No. removed from register during 1972							
(a) Died	1	—	1	—	—	—	1
(b) removed from district	3	3	6	1	—	1	7
(c) recovered	5	3	8	1	1	2	10
No. remaining on Register at 31st Dec., 1972	13	8	21	1	3	4	25

The number of new cases and the number of deaths notified during 1972 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	—	—	—	—	—	—	—	—
25—44	—	—	—	1	—	—	—	—
45—64	—	—	—	—	—	—	—	—
65 and over ..	—	—	—	—	1	—	—	—
Totals	—	—	—	1	1	—	—	—

The Ministry of Health Circular 18/67 drew attention to the necessity of chest X-Ray for adults coming into contact with groups of children and in consequence of this the following are referred for this examination: all adults working in nurseries, playgroups and as child-minders; all teachers commencing employment; all students in Colleges of Education; any employee of the County Council or District Council who is likely to come into contact with groups of children.

The Mass Radiography Unit visits the Division regularly and the following statistics were obtained for 1972 from the Consultant Physician in charge of the Unit.

Area Surveyed	No. Examined	Abnormalities Discovered			
		Tuberculosis		Other*	Total
		Active	Inactive		
Morley M.B.	584	1	2	5	8
Ossett M.B.	458	—	—	2	2
Horbury U.D.	—	—	—	—	—
Wakefield R.D.	302	—	—	1	1
Total	1344	1	2	8*	11

*the non-tuberculosis conditions listed were classified as follows:—

Condition	No.
Bacterial and virus infection of the lungs ...	1
Bronchiectosis	1
Pulmonary fibrosis—non-tuberculosis	1
Pneumoconiosis	3
Metastases in the lung and mediastinum ...	1
Sarcoidosis and collagenous disease	1
	8

Vaccination against tuberculosis is offered to schoolchildren aged eleven years by the School Health Service—but contacts of cases who have a negative skin test are usually offered vaccination at the Chest Clinic.

Details of BCG Vaccination undertaken at Chest Clinics.

	Age in Years			Total
	0-4	5-15	16+	
No. skin tested	14	9	7	30
No. found positive	—	—	—	—
No. found negative	14	9	7	30
No. vaccinated	14	9	7	30
No. of Babies vaccinated at birth without skin test				19

A T.B. Care Committee — a voluntary organisation — exists in Morley and offers material assistance to families who have a case of tuberculosis in the household and who are in financial difficulties.

BUILDING PROJECTS

The building projects listed below are proposed as being undertaken at the time of writing this report.

Crossland Road, Churwell.

Erection of a Mini Clinic for Local Authority Services. Purchase of site approved December, 1971. Site purchased October, 1972.

Station Road, Drighlington.

Erection of a Health Centre to accommodate local General Practitioner and Local Authority Services. Site purchased late 1971. Building commenced June, 1972. Anticipated operational date late summer 1973.

Corporation Street, Morley.

Proposal to extend existing Central Clinic to accommodate a further five General Practitioners and provide extra rooms for Local Authority Services. This will mean re-designation as a Health Centre.

Prospect Road, Ossett.

Proposal to erect a purpose built Health Centre to accommodate two General Practitioners and Local Authority Services. The existing building at Croft House is inadequate and inconvenient for present day services and the fabric is deteriorating. It is proposed to erect the new Centre on land which already belongs to the County Council adjacent to Croft House. A brief for Committee and the County Architect is in the course of preparation.

High Street, Horbury.

Erection of a purpose built Health Centre to accommodate three General Practitioners and Local Authority Services. Site purchased 1971. Plan approved and working drawings and specifications prepared. Total cost estimate approved 1972.

Slack Lane, Crofton.

Proposal to erect a purpose built Health Centre to accommodate three General Practitioners and Local Authority Services. Wakefield Rural District Council have agreed to the sale of a site for these premises. Purchase of site approved September, 1972.

Upper Lane, Netherton.

Proposal to erect a Mini Clinic for Local Authority Services on a site to be purchased from the Wakefield Rural District Council on Upper Lane, Netherton. This project is in the rolling programme for 1973/74.

HEALTH VISITING

With the attachment of the nursing staff to general practitioners and the fact that their work is now based on practice lists rather than on areas or districts has meant that the records which were kept for the various districts have become meaningless and I present below therefore statistics which relate to the whole of the Divisional Area.

Summary of Health Visitors' Home Visits in the Division in 1972

TYPE OF CASE	Total number of cases (i.e. first visits)	Number of cases included in previous column seen at special request of :—	
		Hospital	G.P.
Children born in 1972	1544	5	6
Other children aged under 5	4215	8	123
Persons aged between 5 and 16 seen as part of health visiting, (i.e. excluding those seen as part of school health service)	291	7	142
Persons aged between 17 and 64	420	47	225
Persons aged 65 and over	1027	169	524
Households visited on account of Tuberculosis	94	13	5
Households visited on account of other infectious diseases	64	1	41
Households visited for any other reason	110	4	37
TOTAL ...	7765	254	1103
Number of persons included in above who are:—	Mentally handicapped	10	—
	Mentally ill	14	—
			7
			11

As regards the health visitor's work in the child health clinics, emphasis is now placed on the developmental assessment of the pre-school child at which skill she is undoubtedly becoming well experienced.

Developmental Assessment of Pre-School Children

	Year of Birth					
	1967	1968	1969	1970	1971	1972
No. of children assessed	438	655	902	688	1257	1223
No. of children referred to L.A. doctor						64
No. of children placed on Observation Register						10
No. of children placed on Handicap/Disability Register						5
No. of children screened by Stycar Vision Test						1508
No. of children with vision of 3/6 or less referred for further investigation						25
No. of children referred to ophthalmologist as ? squint...						58

She is still concerned of course with the whole family though the inception of the Social Services Department has meant the discontinuation of much of the straight-forward social work formerly undertaken by her — particularly in respect of the elderly, as this duty now falls upon the all purpose social worker in the new Department.

In addition to the attachment to general practitioners co-operation continues with the Hospital Services and five health visitors are engaged in hospital liaison work. Two undertake premature baby liaison at Wakefield General Hospital, Manygates Maternity Hospital and Leeds Maternity Hospital; one carries out geriatric liaison with Wakefield General Hospital; one diabetic liaison with Clayton Hospital, Wakefield; and one with the Leeds Chest Clinic engaging in tuberculosis liaison.

Attendances at Child Health Centres

Name of Centre	No. of infant welfare sessions held during year by					No. of children who attended during the year and who were born in			No. of attendances during the year made by children who were born in			Total attendances during the year			
	Local Health Authority Medical Officers					Health Visitors only General Practitioners employed on Sessional basis Hospital Medical Staff			Total				Total No. of children who attended during the year		
													1972	1971	1967-1970
Ardley Health Centre	8	92	—	—	—	100	159	179	231	569	682	591	354	1627	
Crigglestone	5	47	—	—	—	52	52	82	90	224	335	286	133	754	
Crofton	14	34	—	—	—	48	111	70	26	207	607	223	35	865	
Drighlington	18	30	—	—	—	48	54	47	22	123	198	207	61	466	
Gildersome	25	17	—	—	—	42	35	34	17	86	167	267	67	501	
Horbury	—	—	48	—	—	48	104	131	87	322	520	465	118	1103	
Middlestown	—	—	48	—	—	48	51	59	74	184	389	258	125	772	
Morley	36	64	—	—	—	100	296	328	221	845	1264	1157	332	2753	
Ossett	—	48	—	—	—	48	162	183	122	467	641	516	165	1322	
Sharlston	7	41	—	—	—	48	35	42	42	119	241	186	64	491	
Walton	6	46	—	—	—	52	33	57	69	159	287	220	92	599	
Mobile Clinics															
Churwell	—	25	—	—	—	25	30	23	12	65	181	99	11	291	
Crofton	—	22	—	—	—	22	8	6	16	30	40	58	29	127	
Notton Hall Green	—	22	—	—	—	22	41	19	10	70	156	81	28	265	
Netherton	—	20	—	—	—	20	22	35	21	78	83	126	42	251	
Sharlston	2	21	—	—	—	23	14	13	29	56	77	55	45	177	
W.R.C.C. Total	121	529	96	—	—	746	1207	1308	1089	3604	5868	4795	1701	12364	
Dr. Sarram's Clinic at Ossett	—	—	—	—	—	52	67	126	157	350	382	455	225	1062	
Grand Total	121	529	96	—	—	798	1274	1434	1246	3954	6250	5250	1926	13426	

HOME NURSING

As with the health visitor all the home nurses are attached to general practitioners. The home nursing service is a seven day service and in the Division two relief nurses are employed who move around the various attachments undertaking relief duties for days off, holidays and sickness. Because of this it is now impossible to maintain records on a district basis and I present below a summary of the statistics for the whole Division.

Summary of Total Number of Cases dealt with during the year in 1972

Place where first treatment during year by the home nurse took place	Number of persons treated during year aged			
	Under 5	5—64	65 and over	TOTAL
Patient's home	71	788	1102	1961
Health Centres	2	52	14	68
General Practitioners premises (excluding those in Health Centres)	34	465	48	547
Maternity and child health centres	—	97	—	97
Hospital	—	—	—	—
Residential Homes	—	—	6	6
Elsewhere	—	2	7	9
TOTAL	107	1404	1177	2688

Age Group of Cases Completed in 1972

Age Group	Classification of Completed Cases						Total
	Medical	Surgical	Tuberculosis	Other Infectious Disease	Maternal Complications	Other	
0—4	13	54	—	1	—	—	68
5—14	14	42	—	—	—	—	56
15—44	95	153	1	1	72	—	322
45—64	156	135	2	3	—	1	297
65 +	572	118	—	8	—	2	700
Totals	850	502	3	13	72	3	1443
Total visits (including injection visits)							
0—4	147	353	—	11	—	—	511
5—14	62	487	69	—	—	—	618
15—44	999	1612	73	8	575	—	3267
45—64	2189	2076	—	10	—	16	4291
65 +	10412	2614	—	74	—	75	13175
Totals	13809	7142	142	103	575	91	21862

No. of visits for injections only 4087

Referral and disposal of cases completed in 1972

Referred by:—	No. of Cases	Disposal of cases:	No. of Cases
General Practitioner ...	983	Convalescent	878
Hospital	438	Hospital	269
Health Department ...	5	Died	167
Other	17	Other	129
TOTAL	1443	TOTAL	1443

Classification of Completed Cases by Disease in 1972

Disease	No. of Cases
Tuberculosis	3
Other Infectious Diseases	13
Parasitic Diseases	—
Malignant and Lymphatic Neoplasms	122
Asthma	10
Diabetes Mellitus	25
Anaemia	123
Vascular lesions affecting Nervous System	83
Other Mental and Nervous Illnesses	19
Diseases of the Eye	2
Diseases of the Ear	—
Diseases of the Heart and Arteries	95
Diseases of the Veins	55
Upper Respiratory Disease	13
Other Respiratory Diseases	77
Constipation	84
Other Diseases of the Digestive System	176
Diseases of the Genito Urinary System	51
Diseases of the Breast and Female Genital Organs	61
Maternal Complications	72
Diseases of the Skin and Subcutaneous Tissues ...	51
Diseases of Bones, Joints and Muscles	70
Injuries	113
Senility	51
Other defined and ill defined Diseases	66
Diseases not specified	8
Total	1443

Nursing Treatments Carried out on Completed Cases in 1972

Type of Treatment	No. of Cases
Injections	308
General Nursing	427
Enemas	105
Dressings	486
Bed Baths	39
Washouts, Douches, Catheters, etc.	18
Changing of Pessaries	9
Preparation for Diagnostic investigation	16
Other	35
Total	1443

Injectons carried out on completed cases in 1972

Type of injection	No. of cases
Insulin	11
Drugs for Anaemia, debility etc.	205
Antibiotics	37
Drugs for cardio-renal cases	11
Others	44
Total	308

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.

No. of cases and hours worked in Day and Night Nursing Service in the Division in 1972

Area	Cases Attended			Hours Worked		
	Cancer	Other Illness	Total Cases	Cancer	Other Illness	Total Hours
Morley M.B.	13	40	53	436	2957	3393
Ossett M.B.	4	6	10	153	180	333
Horbury U.D.	4	10	14	135	748	883
Wakefield R.D.	6	14	20	260	514	774
Total ...	27	70	97	984	4399	5383

Plans made for the extension and improvement of this service were put into operation early in 1972 by the employment of added trained staff. It should be emphasised however that this is a nursing service and not a "sitting service" as the provision of the latter service falls within the province of the Social Services Department.

Provision of Nursing Equipment in the Home

A wide variety of nursing equipment is available to cases being nursed at home and includes hospital type beds, mattresses, hoists, commodes, bed-pans, rubber sheets, foam rings, wheel chairs and walking aids of various types. The wheel-chairs are provided for temporary use only as chairs for permanent use are supplied by the Ministry of Pensions. During the year some 1098 items of nursing equipment were issued to patients.

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 superceded however by the use of disposable pads throughout the Division. These pads are more comfortable to the patient, can be changed more frequently than bed linen and are therefore much more convenient.

MIDWIFERY

The Divisional midwifery staff consist of 9 full time midwives and 4 part time midwives. This staff is sufficient to cope with the number of domicilliary confinements now occurring in the Division which is about 18.5% of the total births. The part time staff make a valuable contribution as regards the investigation of the home circumstances of mothers-to-be in preparation for early discharge from hospital, and their subsequent nursing, which is a section of the work which has been steadily increasing over the past few years.

The paucity in numbers of the midwifery staff however does not allow full attachment to the general practitioners, but 14 of these doctor's antenatal clinics have a midwife in attendance and this is equivalent in time to the employment of one full time midwife for antenatal clinic purposes.

Hospital and Domicilliary Confinements in 1972

Place of Delivery	District								Divisional Total	
	Morley		Ossett		Horbury		Wakefield RD			
	No.	% of Total	No	% of Total	No.	% of Total	No.	% of Total		
Delivered in Hospital	689	93.6%	273	88.9%	93	71.5%	252	58.6%	1307	81.5%
Delivered in Private Nursing Home	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Delivered by Domicilliary Midwife	47	6.4%	34	11.1%	37	28.5%	178	41.4%	296	18.5%
Total (including stillbirths)	736	100%	307	100%	130	100%	430	100%	1603	100%

Early Discharges from Hospital in the Division 1967-1972

Type of Discharge	Year					
	1967	1968	1969	1970	1971	1972
At 48 hours	200	233	329	347	328	345
After 48 hours up to and including 5th day	179	251	159	244	212	244
After 5th Day but before 10th day	159	210	198	200	375	405
Total Patients discharged before 10th day	538	694	686	791	915	994
Total Divisional Domicilliary births	488	482	348	372	336	296

Attendances at Mothercraft and Relaxation Classes

Clinic/Health Centre	No. of Sessions	No. of women attending			No. of attendances		
		Institutionally booked	Domicilliary booked	Total	Institutionally booked	Domicilliary booked	Total
Morley Central Clinic ..	51	129	4	133	643	25	668
Ardsley Health Centre ..	47	51	—	51	257	—	257
Middlestown Health Centre	43	46	18	64	225	66	291
Crigglesstone Clinic	27	5	15	20	28	80	108
Crofton Clinic	46	21	12	33	136	97	233
Walton Clinic	18	—	13	13	—	51	51
Total	232	252	62	314	1289	319	1608

Maternity packs are provided free of charge to all mothers preparing for confinement in their own homes. All midwives are trained in the administration of Trilene analgesia and are provided with the necessary equipment which is checked at regular intervals. Analgesia is available to all mothers desiring it, subject to the agreement of the doctor in attendance.

Patients receiving Analgesia

Pethidine Alone	Trilene	
	Alone	with Pethidine
36	81	112

The Emergency Obstetric Units — the 'Flying Squads' — attached to the General Hospital, Wakefield, and Staincliffe Hospital Dewsbury are available for obstetric emergencies occurring within the Division, three of which occurred during the year. Special equipment is also available for the care of premature infants as and when necessary.

Survival of Premature Infants in the Division Domiciliary and Hospital Confinements

Weight	No. of Premature Infants			
	Born Alive	Born Dead	Dying with- in 28 days	Surviving 28 days
Under 2½ lb.	6	—	4	2
2½ to 3 lb.	4	2	2	2
3 to 3½ lb.	5	2	1	4
3½ to 4 lb.	8	3	—	8
4 to 4½ lb.	11	1	1	10
4½ to 5 lb.	25	1	—	25
5 to 5½ lb.	49	1	—	49
Total	108	10	8	100

Perinatal Deaths

(Stillbirths and Deaths Occurring in the First Week of Life)

District	No. of Deaths	Place of Delivery			No. where L.A. Services Involved
		Home	Hospital	Other	
Morley	15	—	15	—	—
Ossett	6	3	3	—	4
Horbury	2	—	2	—	1
Wakefield Rural	12	—	12	—	5
Division 13	35	3	32	—	10

Of the three deaths which occurred following domiciliary confinement, one died in hospital with congenital heart disease and two were stillbirths, each being a precipitate delivery before the arrival of the midwife. The mother of one of the stillbirths had not obtained any antenatal care during her pregnancy and the second stillbirth was maserated on delivery.

Maternity Liaison Committees

Several attendances were made at the Dewsbury Maternity Liaison Committee in respect of the new Obstetric Unit at Staincliffe Hospital which is the first phase of the new district General Hospital and which became operational in June 1972.

Phenylketonuria

Between 6 and 10 days the midwife obtains several drops of blood from the heel of the baby using a sterile lancet which are absorbed on to a test card. This card is then referred to St. James's Hospital, Leeds, for the Guthrie test to be undertaken. This test indicates the presence of phenylketonuria which if not treated in the early weeks of life can produce severe mental subnormality: all children tested in the Division in 1972 proved to be negative.

Congenital Dislocation of the Hip

The midwife performs a special test — the Ortolani Test — for the detection of this condition within three days of birth. This test is repeated by the Health Visitor. Those children who have a positive result to this test are referred to their own general practitioner or clinic doctor and if the result is confirmed they are then referred to an orthopaedic specialist as a matter of some urgency for further investigation. During 1972 thirteen babies were referred to specialists and confirmed as cases of congenital dislocation of the hip.

FAMILY PLANNING SERVICE

By the end of 1972 there were six family planning clinics in existence in the Division. The Family Planning Association hold a weekly clinic at Morley Central Clinic on a Thursday afternoon and the Health Department continued their own clinic at Croft House, Ossett on Tuesday and Thursday mornings. New clinics commenced in 1972 at Ardsley and Crigglestone on a Monday morning, Sharlston on alternate Wednesday mornings, Crofton on a Thursday morning and Middles-town on alternate Thursday afternoons. The table below relates to statistics for the Local Authority Clinics only.

No. of Sessions held	145
No. of new patients seen (a) married	244
(b) unmarried	6
Total Patients seen	250
No. of new patients seen who were (a) medical cases	54
(b) social cases	8
(c) other cases	188
Total Patients seen	250
Total numbers of attendances	824

Of the 250 patients seen, 91 were advised to use an oral contraceptive, 117 were fitted with an intra-uterine device and the remaining 42 advised other methods of contraception.

Special sessions for the fitting of intra-uterine devices are held at Croft House, Ossett and at the Ardsley Health Centre. Arrangements were continued with the Family Planning Association to accept their patients provided no charge was made for that part of the treatment undertaken by local authority staff in the fitting of these intra-uterine devices.

SCREENING FOR CANCER OF THE CERVIX AND BREAST

Screening for Cancer of the Cervix and breast commenced in the Division in 1967 and we are now recalling these cases for a repeat smear — approximately 3-4 years after the first examination. In 1971 we found the non-attendance rate for these repeat smears to be very high running on average of 50% per clinic. Because of this each case is now sent a letter advising them that a further smear is due and that an appointment will be arranged as soon as the bottom half of the letter is completed and returned to the Divisional Office. Part of the problem for the high rate of non-attendance appears to be due to moving house and leaving no forwarding address.

This service provides for the examination of well women who may be suffering from a symptom free pre-cancerous condition which if detected can be successfully treated.

Clinic	No. of Sessions	No. of Patients	No. of smears taken	No. of Positive Smears	No. of patients referred with Breast tumours	No. of patients referred with gynaecological conditions
Morley Central Clinic	35	568	566	4	4	34
Ardsley Health Centre	15	187	187	1	1	13
Ossett Clinic	16	220	219	—	—	10
Middlestown Health Centre	6	80	80	—	—	1
Crigglestone Clinic	4	54	54	—	1	1
Walton Mini Clinic	4	52	52	—	—	1
Crofton Mini Clinic	11	129	129	—	1	10
Sharlston Mini Clinic	6	61	61	—	1	2
Mobile Clinic W.R.D.	4	48	48	—	—	—
Totals	101	1399	1396	5	8	72

It will be seen that five cases were detected during the year and two of these were still being investigated at hos-

pital at the time of writing this report, and the remaining three cases underwent cone biopsy.

All women who attended these screening clinics have a gynaecological examination and a breast examination and any with abnormalities are referred to their general practitioners.

Some 1158 cervical smears were also undertaken by general practitioners, family planning clinics, works medical officers and at hospital out-patient departments, and records were received indicating that eight cases were positive.

CHIROPODY

The West Riding County Council's chiropody scheme provides up to six free treatments a year for expectant mothers, the physically handicapped and elderly persons over the age of 65 years in the case of males and over 60 years in the case of females. Eight chiropodists working on a sessional basis were employed in the Division at end of 1972 and they provided a clinic and a domiciliary service — the latter being for those cases who were medically certified as being housebound.

Chiropody Treatment in the Division in 1972

Clinic	No. of Sessions held during year	No. of Patients Treated			Total Treatments Given		
		P	PH	EM	P	PH	EM
Morley Central Clinic	198	338	7	—	1598	25	—
Ardley Health Centre	96	159	4	—	737	16	—
Drighlington Clinic	21	36	1	—	171	4	—
Gildersome Clinic	31	52	1	—	225	5	—
Horbury Clinic	52	70	2	—	402	11	—
Croft House, Ossett	93	182	10	—	767	35	—
Crofton Mini Clinic	21	35	2	—	153	9	—
Crigglestone Clinic	39	66	4	—	299	19	—
Middlestown Health Centre	26	44	3	—	202	14	—
Sharlston Mini Clinic	23	34	—	—	181	2	—
Walton Mini Clinic	12	18	1	—	95	4	—
Mobile Clinic	19	43	1	—	156	5	—
Domiciliary Cases	—	625	141	—	3155	646	—
Totals	631	1702	177	—	8141	795	—

P—Pensioners. P.H.—Physically handicapped. E.M.—Expectant mothers.

IMMUNISATIONS AND VACCINATIONS

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

During 1972, all clinic appointments and about two-thirds of general practitioners' appointments in the Division for primary immunisation and vaccination were issued by the central computer housed at County Hall in Wakefield.

As regards booster protection, we are still dealing with children who were initially protected against diphtheria and tetanus by the original method of three injections at monthly intervals, and for this to be effective more frequent booster protection is considered to be necessary. Such children, therefore, are still receiving booster injections and oral poliomyelitis vaccine at the age of nine years but this will discontinue in 1975.

Protection against tuberculosis by BCG vaccine is now given at 11 years (first year in Secondary School). Protection against rubella (German Measles) is also given at the age of 11 years—but is of course confined to girls, as the danger lies not in the effects of the disease on the schoolchild or adult, but on the development of an unborn infant should the mother contract the disease during pregnancy.

The number of children who were recorded as completing a primary course of immunisation and vaccination in 1972 was as follows:—

Type of Immunisa- tion or Vaccination	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
Diphtheria	1	1183	348	6	71	51	1660
Whooping Cough	1	1175	334	6	6	—	1522
Tetanus	1	1183	348	6	70	52	1660
Poliomyeli- tis	1	1187	348	6	79	62	1683
Measles	—	806	528	25	62	4	1425
Rubella	—	—	—	—	—	449	449

The total Divisional births in 1971 was 1759 which means that about 67% of children were protected against diphtheria, whooping cough and tetanus.

The number of children who received re-inforcing doses in 1972 was as follows:—

Diphtheria	—	10	7	2	1578	1159	2756
Whooping Cough	—	—	—	—	7	1	8
Tetanus	—	10	8	6	1560	1173	2757
Poliomyelitis	—	18	8	1	1580	1199	2806

Smallpox Vaccination

Following the Secretary of State's decision to accept the advice of the Joint Committee on Vaccination and Immunisation that the routine vaccination of children against smallpox need no longer be recommended, the County Council discontinued such vaccinations during 1971.

B.C.G. Vaccination against Tuberculosis

The recommended age of vaccination against tuberculosis has been between 10—14 years and it has always been the older child who has been offered the vaccine in former years. In 1971 the age range 11—14 years was offered vaccination in an endeavour to lower the age of vaccination and increase the acceptance rate and this accounts for the larger number of children skin tested and vaccinated. In 1972 only the 11 year old age range were vaccinated.

The acceptance rate was 80.6% though only 91.9% of these were actually skin tested and the test read. Of these, 98.5% had a negative or Grade 1 reaction and 1.5% a positive reaction, the former being given BCG vaccine. Of the 14 children recorded as having a positive reaction 4 were sent for chest x-ray and all were normal.

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

School	No. of children eligible	No. of Children who consented	No. of Children Heaf Tested	No. Positive	No. Negative	No. Vaccinated	No. absent for reading of skin test
Bruntcliffe Sec.	264	198	184	4	171	171	9
Morley Grammar	122	111	106	2	101	101	3
Woodkirk Sec.	199	148	131	—	118	118	13
Crigglestone Sec.	71	56	56	1	54	54	1
Crofton Sec.	105	65	63	4	57	57	2
Horbury Sec.	150	126	124	—	120	120	4
Ossett Comp.	281	257	251	3	248	248	—
Total	1192	961	915	14	869	869	32

HEALTH EDUCATION

In 1972 Health Education covered similar subjects as in the previous year, however a considerable extension of the work was undertaken. For example in the holding of relaxation classes for ante-natal mothers, preparation by the midwife for the birth of the baby, and analgesia, also instruction by the Health Visitor, on their own work, feeding, immunisation and development and progress of the child.

Two Geriatric Screening clinics were held by Health Visitors and General Practitioners, combining, to give advice in the form of films, and a subsequent medical examination by the Doctor. There were two approaches to these types of clinics, one consisted of a four weekly session of Health Education films, the subjects being, accident prevention, food for the over sixties, preparation for retirement, exercises for the elderly, and a film showing what the Geriatric Screening clinic hoped to achieve. During the discussions which followed the film, tea and biscuits were served, and patients were asked if they wished to have a medical examination, in most cases they were only too eager to participate. However the examination was not compulsory and they still benefitted from the films, and from the meeting with their contemporaries. The other approach which was initiated by a general practitioner was to medically examine elderly patients at a Health Centre, in more convenient circumstances than the patient's own home, however the films on Health Education for the elderly proved so popular that the second group decided to include this in their scheme. The Health Visitors played a large part in setting up these clinics, selecting and showing the films, and generally by their own enthusiasm creating an atmosphere in which the elderly felt able to participate. There was a great deal of good humour whilst groups of exercises were being performed by the groups.

In senior schools the Health Visitors have found their scope being much increased and their courses are being included in the "Design for Living" Courses and Humanities Courses.

Extracts from Health Visitors reports give some idea of the range of the talks undertaken.

"Child development 0-5 years, the Importance of Play — Emotional development and character training. The Importance of family life, with father taking an equal share in caring for the family. General care, clothing, bathing and feeding baby, care of toddler, expectant mothers care, development and delivery of the baby".

"I talk to two groups each week, each group consists of from 12—16 boys and girls. The full parentcraft programme is to be undertaken through the whole school year, plus talks, films and discussions, on any subjects we, the teachers and myself, think will be of interest and use to them in their future life, e.g. General welfare of the community, venereal disease, contraception, smoking, drugs and alcoholism. My contribution is included in the schools Humanities programme, I use film-strips, posters and films provided by the department".

"In September I commenced a course on Maternal and Child Care. This course is arranged by the National Association for Maternal and Child Welfare. The course covers from the pre-natal period to the toddler stage. During the summer of 1973 the girls will have an oral examination, they also have to prepare a scrap book of the work carried out during the year.

Providing they pass the examination they will be awarded a certificate, which will state they have studied this course on Maternal and Child Welfare".

These last children are attending a school for the educationally subnormal and many do not read or write. This will be the first certificate they have ever received for an educational course.

There are four Mothers Club Groups. All under the guidance of the Health Visitor in the area.

Teaching First Aid was also undertaken in two schools for the Duke of Edinburgh's Bronze Award. Also various talks were given throughout the year to Womens Groups and to children interested in obtaining various awards.

HEALTH EDUCATION SESSIONS

Number of health education sessions attended by Health Visitors (Each session is at least 30 minutes)	At health centres	41
	At G.P. premises (excluding those in health centres)	10
	At maternity and child health centres ...	32
	At school	203
	In hospital	1
	Elsewhere	24
	Total	311

SCHOOL HEALTH SERVICE

The traditional, and indeed, statutory three school medical inspections — infant, junior and senior — have undergone a re-appraisal in recent years, and current opinion is that the first examination should be made in some detail and the remaining two dealt with as screening examinations. In this Division this policy has been adopted for the last 11 years—but three, not two, screening examinations are made. The first medical examination has been advanced into the immediate pre-school period and coincides with the last of the pre-school examinations by the health visitor. The health visitor's record cards for all children who will attain the age of five years in a particular year are extracted from the files and these form the basis of children to be examined in that year. Of course a number may have entered school early, in which case this is essentially a school medical examination performed in the clinic. The medical officer records any child who requires to be followed up in school or at a special clinic and appointments are made if this is necessary. Regular visits (depending on the availability of medical staff) are paid to the schools when the doctor can discuss those children she feels necessary with the headteacher. Booster protection against diphtheria, tetanus and poliomyelitis is given during the pre-school period.

Screening examinations occur at 7 and 10 years, both in the junior school, and replace the second statutory examination. The parents of all children in these age groups are asked to complete a health questionnaire, which in turn is vetted by a school medical officer, and the children she selects plus those nominated by the head-teacher, health visitor or requested by the parents, are examined. The junior schools are similarly visited by the medical officer so that any children with problems can be the subject of mutual discussion between the doctor and the teacher.

The last examination — again a screening examination — occurs in the 15th year. The selection is the same as before but includes the addition of any older children nominated by the head-teacher, health visitor and parents, as an increasing number of children are remaining in school beyond the statutory leaving age.

These then are the main examinations, but in addition there are other tests which are performed by the nursing staff. A regular vision test is given every year. Colour vision is tested at 11 years and information about children with a colour defect passed to the parent and head teacher of the junior school and

later to the head teacher of the Senior School and the Youth Employment Service. Hearing is tested between the ages of six and seven years, nine and ten years, and eleven and 12 years using audiometry. Regular visits are paid to the schools by the health visiting staff to inspect for head infestation.

One of the main purposes of all these screening tests is to pick out those children with handicaps and disabilities — particularly where the condition has a direct bearing on the present or future education of the child — and ensure that all the medical treatment and social help available has or is being obtained, and then plan the best type of education for a particular child.

Under the routine and selective scheme of medical examinations 2261 children were examined in 1972 and there were no children who were considered to have an unsatisfactory general physical condition.

SCHOOL POPULATION

	Morley	Ossett	Horbury	Wakefield R	Total
No. of departments ...	30	12	6	20	68
No. of children in attendance	7368	3549	1536	3701	16154
No. of children examined	1033	506	182	540	2261

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

Group	Morley		Ossett		Horbury		Wakefield R		Total	
	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis
Entrants	703	—	364	—	110	—	402	—	1579	—

Type of Examination	Morley	Ossett	Horbury	Wakefield Rural	Total
Special examinations	498	117	65	347	1027
Selective Meds.—					
Juniors	320	142	69	134	665
Selective Meds.—					
Seniors	10	—	3	4	17
Total	828	259	137	485	1709

Cleanliness.

146 children were excluded from school — some on more than one occasion during the year — because of head infestation and of these one was compulsorily cleansed. This compares with 148 exclusions and 10 compulsory cleansings in 1971. The percentage of infestation in the Division has fallen, being 0.7 as compared with 1.4 in 1971.

As it appeared that the head louse was becoming resistant to the preparations being used (Gamma Benzene Hexachloride — 'Lorexane' and 'Quellada') for cleansing purposes a new lotion 'Prioderm' containing malathion was obtained towards the end of 1971. The value of preparations containing malathion is that they are also lethal to the louse egg or nit and that they have a marked residual action which is a boon to children who might if treated by any other means, immediately be re-infected in their homes from older members of the family who refuse to accept the advice and treatment offered by the health visitor.

CLEANLINESS INSPECTIONS

	Morley	Ossett	Horbury	Wakefield R	Total
No. of examinations ...	15541	12910	5394	9504	43349
No. of cases of infestation	333	200	7	68	608
% of infestations	2.1	1.5	0.12	0.7	0.75
No. of individual children infested	189	85	6	47	327
No. of children excluded from school	138	5	—	3	146
No. of cleansing notices issued	21	1	—	—	22
No. of cleansing orders issued	2	—	—	—	2
No. of children compulsorily cleansed	1	—	—	—	1
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. Ex- amined	Normal		Observation		Treatment	
		No.	%	No.	%	No.	%
5	1187	1070	90.2	87	7.3	30	2.5
6	842	714	84.8	53	6.3	75	8.9
7	1182	1053	89.09	81	6.85	48	4.06
8	1381	1253	90.7	91	6.6	37	2.7
9	1395	1255	90.0	103	7.3	37	2.7
10	1291	1175	91.0	83	6.4	33	2.6
11	821	745	90.7	60	7.3	16	2.0
12	623	554	88.9	40	6.4	29	4.7
13	668	601	90.0	47	7.0	20	3.0
14	388	355	91.5	15	3.9	18	4.6
15	98	94	95.9	—	—	4	4.1
Total	9876	8869	89.8	660	6.7	347	3.5

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. Both the parent and headteacher are informed if any defect is found to be present.

Hearing

561 children had their hearing assessed by audiometric examination between the ages of 6—7 years and 4 were referred to the School Medical Officer for further investigation. 2791 children in the 9 and 11 year age group had their hearing assessed and 29 were referred for further investigation. No hearing aids were provided 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 Psychiatrists, Psychologists and the services of three ophthalmologists on a sessional basis.

Child Guidance Clinic

The Child Guidance Clinics at Ossett and Morley continue to be held weekly, each clinic now having one full day. The Morley clinic is now busier than Ossett and the number of children treated in Morley continues to be higher than in

previous years—Ossett cases falling slightly in comparison with 1971.

Clinic accommodation remains the same, Dr. H. Sanderson and Mr. D. Clark being at Ossett and Dr. Maxwell and Mr. Mannix remaining at the Morley clinic. Mrs. S. M. Williams, Psychiatric Social Worker, works at both clinics in place of Miss T. Fairburn who has left this Division.

CHILDREN ATTENDING CHILD GUIDANCE CLINICS IN 1972

	Morley	Ossett
Number of sessions held	96	97
Number of new cases	62	36
Number of cases referred from 1971	60	58
Number of cases discharged or referred for residential treatment	69	48
Number of cases carried forward to 1973	53	46

NUMBER OF NEW CASES SEEN AT THE CHILD GUIDANCE CLINICS 1968-1972

Clinic	1968	1969	1970	1971	1972
Ossett	24	28	40	53	36
Morley	32	40	47	46	62

Refraction Clinic

Refraction clinics, staffed by specialists are held at Morley, Ossett and Wakefield. In February 1972 Mr. W. Higginbottom, Consultant Ophthalmologist, commenced an eye clinic at Morley, held every Friday morning in place of Dr. Wittels who retired the previous year.

At the end of 1972 the Morley waiting list had been reduced to 68 children, which is equivalent to approximately one month.

There were 101 children on the waiting list for Ossett eye clinic, equivalent to a period of 3 months. Unfortunately, Dr. Pickering, who had been doing 2 extra half day sessions per month for us, left the area in April 1972, and this was the reason for the build up of the waiting list.

At the Wakefield clinic the appointments were being given approximately 7 months behind, there being 113 children on the waiting list.

Every effort is being made to secure the appointment of a successor to Dr. Pickering and to arrange for additional sessions in Wakefield with the relevant Hospital Management Committee but the problem is one of suitably trained medical staff.

ATTENDANCE AT REFRACTION CLINIC IN 1972

	Morley	Ossett	WakefieldR	Total
No. of sessions held	31	26	20	77
No. of new cases	112	76	83	271
No. of refractions carried out ..	415	290	232	937
No. of new cases where spectacles were prescribed	106	100	98	304

Ear, Nose and Throat Clinic

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

Speech Therapy Clinic

In addition to Mrs. Cooper who holds a half-day clinic at Walton each Thursday morning, we have now obtained a Speech Therapist for Morley and Ossett areas. Miss M. Slack has a full day session each week on Tuesday at Morley and Wednesday at Ossett.

1. Total number of sessions held during year (half-days) 104
2. (a) Number of new cases treated during year 67
(b) No. of cases already attending for treatment
from previous year 57
(c) Total number of cases treated (a and b) 124
3. Number of cases awaiting treatment at end of year 27
4. Number of visits made at school 9
5. Number of home visits —

Analysis of Cases treated during year	Boys	Girls
1. Stammering	8	—
2. Defects of articulation:—		
(a) Cleft palate	2	2
(b) Cerebral palsy	—	1
(c) Other structural malformations (jaw and teeth)	2	1
(d) Other causes e.g. neurological (emotional)	1	—
(e) No specific cause found	39	22

3. Disorders of language due to—

(a) Retarded language development (non specific)	16	13
(b) Retardation with associated subnormality	4	3
(c) Retardation associated with deafness	1	1
(d) Dysphasia	2	1
(e) Aphasia	—	—
(f) Other reasons	2	2
4. Dysphonia	1	—
5. Other defects	—	—

Analysis.

Children discharged during the year.

Total	48	28
Speech normal	11	9
Speech improved	17	5
Unsuitable for treatment	—	2
Non co-operation	5	4
Admitted to special schools	1	—
Left school	—	—
Left district	9	6
Other reasons	5	2

Handicapped Pupils

One hundred and ten children were initially ascertained during the year and at the end of 1972 we had 412 handicapped children on our register. Of these 220 were already receiving appropriate education in special schools, but 13 Physically Handicapped, 6 Severely Sub-normal, 5 Maladjusted and 45 Educationally sub-normal children were awaiting placement in special schools at the end of the year. Of the remaining 123, 122 — 56 of whom were Physically Handicapped — were recommended for special educational treatment in ordinary school and one required Home Tuition.

**HANDICAPPED PUPILS RECOMMENDED FOR
EDUCATION IN SPECIAL SCHOOLS AT
31st DECEMBER, 1972**

Category	Morley	Gaskell	Total
Blind	1	—	1
Partially Sighted	5	3	8
Deaf	1	4	5
Partially Hearing	8	2	10
Educationally Subnormal	104	113	217
Physically Handicapped	11	9	20
Maladjusted	9	7	16
Delicate	4	6	10
Epileptic	—	2	2
Total	143	146	289

Pre-School Handicapped Children

In 1971 medical information which was being obtained about any particular child from the congenital malformation returns and from the immunisation consent form and the hearing schedule completed by the health visitor was processed for inclusion on the computer. As many of the disabilities recorded in the first year of life improve of their own accord or are amenable to treatment, any child with a potential defect is placed on an observation register until the age of eighteen months. At eighteen months the register is processed by the computer and the relevant details of each child are issued on a prescribed form, which when completed by the examiner is returned for updating the computer.

One of three recommendations can be made as a result of this examination:

- (a) the child be regarded as handicapped or disabled and transferred to the handicap/disability register and followed up at those intervals recommended by the examining medical officer.
- (b) the child be considered to be suffering from no condition and his name removed from the observation register.
- (c) no decision can yet be made in which case this child will remain on the observation register for further review.

Children and Young Persons Act, 1933

Thirty 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 Division but reasonably adequate facilities are available in Wakefield, Dewsbury and Leeds, under the administration of the Leeds Regional Hospital Board.

A Regional Burns Centre built in the grounds of Pinderfields Hospital, Wakefield in 1966 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 any cases of acute poliomyelitis from this area.

Maternity Hospitals and Maternity Homes

Maternity hospital facilities are available at centres in Wakefield, Dewsbury and Leeds. The Maternity Home in Morley closed in 1972 when the new maternity hospital opened in Dewsbury. This maternity hospital is the first part of a new District General Hospital which will be built in Dewsbury. Priority of admission 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, Fieldhead Hospital for mentally sub-normal patients was completed on a site adjacent to Pinderfields and Stanley Royd Hospital, Wakefield. This hospital has beds for 480 of which 100 are for children and 46 for adolescents. There is also an "infirmary" unit for 20 beds for those sub-normal patients suffering from acute medical and surgical conditions. A rehabilitation unit has been provided and in order to facilitate the close liaison with the Local Authority Social Services Department and accommodation is provided for their staff. Provision of a psychiatric unit is planned for Staincliffe Hospital, Dewsbury in 1974 in premises which were formerly Moorlands Hall Maternity Home.

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 facilities at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health) are to be terminated in 1973 and all specimens for bacteriological, virological entomological and chemical investigation will be dealt with at the Public Health Laboratory, Seacroft Hospital, Leeds.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

Water Undertaker	Nature/Origin of supply	Natural Fluoride Content	No. of Dwellings Supplied
Wakefield and District Water Board	Upland Surface Water	Halifax C.14 ppm	7955
Barnsley	Boreholes and Upland Surface Water	C.11 ppm	694
Total			8649

No. of dwelling houses on public supplies 8649

No. of houses not supplied from Public mains but have 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 none

(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	—	—	2	—	—	—
Total	—	—	6	—	—	—

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

Drainage and Sewerage

There are 8069 houses connected to sewers and 580 houses with private drainage. There are no houses with unsatisfactory drainage. The new pumping station at Middlestown was completed and the Woolley village sewage disposal scheme was under construction by the end of the year. The partial drainage scheme at West Bretton, the phase II drainage scheme for Crigglestone and the Sharlston sewage works diversion

scheme were awaiting approval at the end of the year. A re-drainage scheme for Painthorpe and Hall Grenn is under preparation.

Housing

There is a total of 8649 dwelling houses in the district, including 6 back-to-back houses and 20 single back houses all with through ventilation.

During 1972 there were 304 new houses completed in the Wakefield Rural Area, of which 300 were provided by private enterprise.

No houses were officially represented in Clearance Areas during the year. Three individual unfit houses under Section 17(1) of the Housing Act, 1957, were demolished.

Rent Act 1957

No certificates of disrepair were applied for or granted.

Food Hygiene Regulations 1960 (as amended) and ice-cream

(i) No. of food premises in the area:—

(a) Catering Establishments	45
(b) Bakehouses	—
(c) Other Food Shops	84

(ii) No. of food premises registered under Section 16 of the Food and Drugs Act, 1955:—

(a) Ice Cream	
(1) Manufacturers:—NIL	Retailers—56
(b) Sausages, Potted or preserved foods:—12	

Food Premises

There are in the district 129 premises retailing food excluding works canteens of which there are a further 13 premises.

MILK

Sampling

Biological Samples

No. of samples taken for:—

(a) Tuberculosis—None No. Positive—None.

(b) Brucellosis:—

Culture Test—116. No. Positive—Nil.

Guinea Pig—Nil. No. Positive—Nil.

Statutory Samples	No. exam- ined	No. Satisfactory			Colony Count
		Phos.	Meth. Blue	Turbid- ity Test	
Untreated	116	—	108	—	—
Pasteurised	—	—	—	—	—
Sterilised	—	—	—	—	—
Ultra heat treated ...	—	—	—	—	—

No milk samples were taken for analysis under the Food and Drugs Act 1955.

Prevention of Damage by Pests Act 1949

Under this Act 399 inspections were made and 341 cases of infestation were dealt with during the year.

Swimming Baths and Swimming Pools

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

Clean Air Act

Thirteen 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.

Grants for Conversion or Improvement of Housing Accommodation

During the year 151 formal applications were received for improvement and conversion works, 135 of which were approved.

Nuisance Inspections

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

Sanitary Accommodation

No. of houses provided with water closets	8638
No. of house provided with waste water or trough closets	—
No. of houses provided with chemical toilets	1
No. of houses provided with earth or paid closets	10
No. of earth closets etc. converted to water closets	2
No. of earth closets demolished	—
No. of houses served with earth closets etc. due to lack of sewer or water facilities	11

Public Cleansing

This is in operation throughout the whole 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 540 units, bringing the total properties now in the system to 8668.

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

Disposal of Refuse

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

Meat Inspection

There is no slaughter house in the district and consequently meat inspections were unnecessary.

Poultry Inspections

(i) No. of poultry processing premises in District 2 (birds despatched uneviserated)	
(ii) Total No. of birds processed during the year	NIL
(iii) Types of birds processed (e.g. turkeys, ducks, hens, broilers, capons etc.)	NIL
(iv) Percentage of birds inspected	NIL
(v) Percentage of birds rejected as unfit for human consumption	NIL
(vi) Weight of poultry condemned as unfit for human consumption	NIL
(viii) Comments on poultry processing and inspections ..	NIL

**ANNUAL REPORT OF THE MEDICAL OFFICER OF
HEALTH IN RESPECT OF THE YEAR 1972 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)	Inspection		
		Inspec- tions (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	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	44	20	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	5	3	—	—
Total ...	53	23	—	—

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 (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	—	—	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) ...	—	—	—	—	—
Total ...	—	—	—	—	—

PART VIII of the ACT**OUTWORK**

(Sections 133 and 134)

Nature of Work	SECTION 133			SECTION 134		
	No. of out- workers in Aug. list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of Prosecu- tions for failure to supply lists (4)	No. of instan- ces of work in unwhole- some premises (5)	Notices served (6)	Prosecu- tions (7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel—						
Making	2	—	—	—	—	—
etc.						
Cleaning					—	
and						
Washing	—	—	—	—		—

