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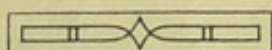
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BARNSELEY
RURAL SANITARY DISTRICT.



REPORT
OF THE
MEDICAL OFFICER OF HEALTH

(F. J. SADLER, Esq., M.A., D.M., D.P.H., Oxon.),


For the Year ending 31st December, 1922.



Barnsley—

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To the Barnsley Rural District Council.

ANNUAL REPORT ON THE YEAR 1922.

GENTLEMEN,

My Annual Report for this year is another "ordinary" report, and therefore follows the lines of that of the year 1921. I regret that through unforeseen circumstances known to you all this Report has been so much delayed.

Part I. contains the statistics, &c., required by the Ministry of Health ; Part II. those matters on which I think you would like to have my Report and comment.

PART I.

(1) General Statistics.

Area of District in Acres (exclusive of area covered by water) 9,564

Population, 1922—

(a) As determined by the Census of 19th June, 1921 4,186

(b) As corrected by the Registrar-General for 1922 4,280

(It is this latter figure on which the Death Rate, Birth Rate, &c., have to be calculated.)

Number of Inhabited Houses, 1922 874

Number of Families or Separate Occupiers, 1922 ... 898

(This means that 24 houses are occupied by two families.)

Rateable Value (assessable) £33,684 0 0

Sum represented by a 1d. Rate 140 7 0

(2) Extracts from Vital Statistics of 1922.

		TOTAL.	M.	F.	} Birth Rate, 20·5
Births {	Legitimate ...	96	50	46	
	Illegitimate ...	5	1	4	
		<hr/>	<hr/>	<hr/>	
		101	51	50	

Deaths. Total 39. Male 19, Female 20. Death Rate, 11·7.

No. of women dying in, or in consequence of, Child-birth—
From Sepsis, *Nil*; from other causes, *Nil*.

Deaths of Infants under one year of age, per 1,000 Births—
Legitimate, 49·5 ; Illegitimate, *Nil*.

Total Infant Mortality, 49·5.

Deaths from Measles	2
„ Whooping Cough	1
„ Diarrhoea (under 2 years of age) ...	1

From this table it will be seen that one of the non-pulmonary cases of Tuberculosis was not notified before death, and I may here say that there is a difficulty about the notification of Pulmonary Tuberculosis. The medical practitioner suspects Tuberculosis and sends the case to the Tuberculosis Dispensary for an opinion. He may or may not see the case again, probably not, and the case is not notified from the Tuberculosis Dispensary to the Medical Officer of Health, but only to the County Tuberculosis Officer, who very kindly sends the information on to the Medical Officer of Health concerned.

In the case of Pneumonia I think the medical practitioners too often forget that this disease is now notifiable and advise you to remind them of this fact.

The Pulmonary Tuberculosis deaths were all among notified cases. One of the two non-Pulmonary cases was not notified.

(4) Causes of Sickness during 1922.

Measles was prevalent in Carlton during October.

On the 7th October it was reported to me that there were more than 19 cases of Measles among the 192 children on the rolls of Carlton Infants' School, and on my advice you closed this School for four weeks to November 4th, 1922, by which time the epidemic had abated, but not without causing one death.

The other death was in Billingley, where the children attend a School outside your district.

Whooping Cough caused one death in Notton, but the prevalence of this disease was not sufficient in any one district to make it advisable to close the Elementary Schools.

Influenza caused one death in Woolley, and possibly was responsible for some of the Pneumonia deaths. Generally the disease was of the English type. Influenza Nostras it has been proposed to call it. The typical attack lasts 5 to 7 days, and is relieved by Salicylates and Cinchona, and is only rarely dangerous if properly nursed and not ignored by the patient.

One death was caused by Diarrhoea at Carlton, but the cold summer and autumn prevented this disease from becoming dangerous.

Of the Small-pox outbreak I have written fully in Part II. of this Report.

(5) Nursing Arrangements.

(a) GENERAL. At Carlton and Woolley District Nurses are paid by private Associations, supported by voluntary contributions. Elsewhere, what professional nursing there is, is provided by the County Council.

(b) FOR MEASLES, when epidemic, the County Council has sent Nurses to help.

The Midwives are supervised by the County Council, and specially trained Midwives, with districts arranged by the County Council, when engaged give pre-natal advice to their patients.

Medical men are also available.

In so scattered a district Clinics and Treatment Centres do not exist, but the County Council Tuberculosis Dispensary, Queen's Road, Barnsley, and the Barnsley County Borough Venereal Diseases Clinic, Queen's Road, Barnsley, are within an easy motor bus journey of the vast majority of the inhabitants of your Townships.

The County Council Sanatoriums are available for suitable cases of Tuberculosis, and you contribute to the upkeep of the Barnsley County Borough Fever and Smallpox Hospitals, in which the great majority of our infectious cases are efficiently nursed and when so admitted to hospital, are paid for by you.

For accidents and serious medical cases the Beckett Hospital, Barnsley, supported by voluntary contributions, is available, and largely used.

There is no institutional provision for unmarried mothers, illegitimate infants, or homeless children in the district.

In most cases the prospective unmarried mother gets married before the baby is born. This custom seems to obtain rather surprisingly high in the social scale.

The Barnsley County Borough keep a motor ambulance at the Kendray Fever Hospital, which takes all our infectious cases to the hospital, the charges of such conveyance being paid by you.

For accident cases all the pits have ambulances, and there is a motor ambulance available (on payment of cost of transport) at Barnsley for non-infectious cases requiring removal to the Beckett Hospital. This has been provided by private munificence

(6) Pathological and bacteriological examinations are made, when required, at the County Council Laboratory at Wakefield.

In case of sudden outbreaks of Diphtheria you have agreed to replace any anti-toxin injected into the case by the Medical attendant, and a supply is obtainable at one of the Barnsley chemists.

In the case of Small-pox, I was able to borrow Calf Lymph from the Medical Officer of Health of Barnsley County Borough till the ample supplies from the Ministry of Health reached me.

Adoptive Acts Byelaws
in force in District.

Date of
Adoption.

Byelaws for regulation of New Streets and Buildings, Common Lodging-houses, and Prevention of Nuisances	3rd Aug., 1880
Regulations with respect to Dairies, Cowsheds, and Milkshops	15th Nov., 1887

Byelaws with respect to Flushing of Water Closets and Paving of Yards	23rd May, 1898
Byelaws with respect to Slaughter-houses... ..	3rd Jan., 1900
Conditions of Water Supply in the Township of Notton, under the Public Health Act, 1875 ...	16th Feb., 1910

(7) During 1922 the privies at Mason's Houses, Carlton, were converted to 15 Water-closets with corresponding dry ashpits, and three water-closets were installed in two other and larger houses.

Your Sanitary Inspector regularly, and I from time to time, have inspected the four licensed Slaughter-houses in the district, three of them are at Carlton, of which only two are used, and both of these have been kept clean and in very fair condition during the year; the Slaughter-house at Billingley is in good condition.

Four Fried Fish Shops are also inspected.

In cases of Infectious Disease infected bedding and clothing are sent to the Kendray Hospital to be disinfected by a Thresh Steam Disinfecter.

The Cowsheds and Dairies in the district are regularly inspected by Mr. Thompson, your inspector of Cowsheds.

Under the Sale of Food and Drugs Acts and the Milk and Cream Regulations no specimens of Milk were taken during 1922 by our staff, but samples were taken by the County Council Inspector (with whom we co-operate) at our request.

(8) Your Public Health Staff consists of—

(1) Mr. D. Thompson, who gives his whole time to the Council, but combines the duties of Sanitary Inspector, Road Surveyor, Housing Inspector, Dairies Inspector, and Canal Boat Inspector, and is also a most efficient overseer of your various Sewage and Sullage Works.

(2) Myself as part time Medical Officer of Health.

In both cases contributions are made towards the salaries by Exchequer Grants.

(9) **Housing.**

Number of new houses erected during the year:—

(a) Total	Nil
(b) As part of Municipal Housing Scheme ...	Nil

1. *Unfit Dwelling-houses*—

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	12
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	52

(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	12
2.	<i>Remedy of defects without Service of formal Notices.</i>	
	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	18
3.	<i>Action under Statutory Powers.</i>	
	A.—Proceedings under section 28 of the Housing, Town Planning, &c., Act, 1919—	
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs ...	22
(2)	Number of dwelling-houses which were rendered fit—	
(a)	By Owners	22
(b)	By Local Authority in default of owners ...	Nil
(3)	Number of dwelling-houses in respect of which Closing Orders become operative in pursuance of declarations by owners of intention to close ...	Nil
	B.—Proceedings under Public Health Acts.—	
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	22
(2)	Number of dwelling-houses in which defects were remedied—	
(a)	By Owners	22
(b)	By Local Authority in default of owners ...	Nil
	C.—Proceedings under sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909—	
(1)	Number of representations made with a view to the making of Closing Orders	3
(2)	Number of dwelling-houses in respect of which Closing Orders were made	Nil
(3)	Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	4
(4)	Number of dwelling-houses in respect of which Demolition Orders were made	Nil
(5)	Numbers of dwelling-houses demolished in pursuance of Demolition Orders	Nil

PART II.

Analysis of the Causes of Death at different Ages, and Statement of the Number of Births, in the Rural District of Barnsley, including all Deaths belonging to the District, and showing the Townships to which the Births and Deaths belong.

DISEASE.	All Ages.	Under 1 year.	1 to 2	2 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and up. wards	Carlton	Woolley	Notton	Stainbro	Billing-ley
Measles ...	2	1	1							1				1
Whooping Cough ...	1	1						1			1			
Influenza ...	1													
Tuberculosis (Respiratory)	3			1		2				3				
Tuberculosis (all other forms)	2		1			1				1				
Cancer ...	3							1		3				
Cerebral Hæmorrhage	5					2		3		3				
Heart Disease ...	1							1		1				
Bronchitis ...	4		1							2		1		
Pneumonia (all forms)	7	1	2		1	2				7				
Diarrhœa ...	1	1								1				
Deaths from Violence (not suicidal)	1									1				
Congenital Debility	1	1								1				
Old Age ...	2						1		2	1				1
Cholecystectomy ...	1						1			1			1	
Pernicious Anæmia	1						1							
Diseases of Nervous System	3	1		1						1				
TOTALS ...	39	5	4	2	2	7	7	11	26	6	2	3	2	
	M19 F20				BIRTHS ...				61	27	5	4	4	
					DEATHS under 1 year ...				M88 F28	M12 F16	M1 F4	M3 F1	M1 F8	
									4			1		

I have drawn up a table showing the ages at death from the various causes, and also showing the number of deaths and births in each of your five townships.

One third of the deaths are in children under 15, and eleven of the 39 are in old people over 65 years, about the same proportion as last year. Pneumonia (seven deaths) and Cerebral Hæmorrhage (five deaths) are the two principal causes.

The figures are so small that no trustworthy deductions can be made from them.

Still Carlton, the most urban part of your district, has 26 out of 39 deaths, including all the seven deaths from Pneumonia and the three deaths from Pulmonary Tuberculosis, its population being estimated at rather more than half of that of the whole district.

On the other hand Carlton gives 61 out of 101 Births, and so contributes more than its share to the increase of the population.

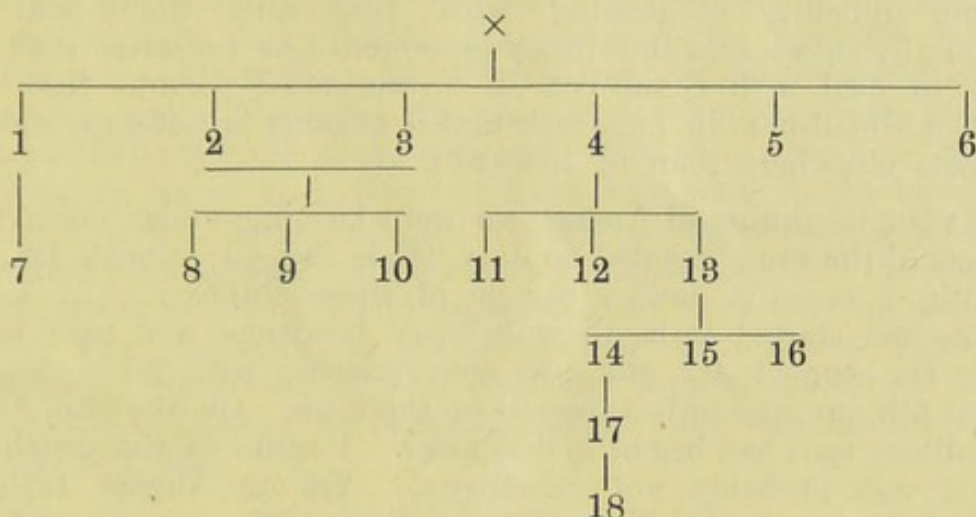
When your Death Rate is high and your Infant Mortality seriously bad, it is always commented on in these Annual Reports. So when your Death Rate is 2 per 1,000 less than that of the 155 smaller towns (the lowest Death Rate in the Registrar General's massed figures), and your Birth Rate is 2 per 1,000 more than the highest Birth Rate in the same figures (105 great towns), and your Infant Mortality 24 per 1,000 Births less than the lowest Infant Mortality (small towns) in the same return, it is only fair to give thanks that we have had an exceptional year.

Of the deaths under one year four were at Carlton and one at Stainboro'.

SMALL-POX.

The outstanding sanitary event of the year was the reappearance of Small-pox in your district for the first time since 1903. On or about Monday, 29th, or Tuesday, 30th May, an unknown case infected six children attending Woolley Village School. These six children lived in four rather widely separated houses, and the six infected seven other cases, from whom three further cases were infected. One of these infected his mother, and she her husband, after which the epidemic came to an end.

DIAGRAM OF THE CASES.



Of these 1, 2, 7, 9, 10, 11, 12, 13, 14, 15, 16 and 18 were all isolated, and the earlier cases were all proved experimentally in London to have been Small-pox. 3, 4, 5, 6 and 8 had recovered so as to be free from infection before it was found that they had had Small-pox. Seventeen was thought not to be Small-pox till 18 was notified.

Of the 18 cases 12 were in unvaccinated children attending Woolley Village School, two were unvaccinated young persons known to have been in contact (12 days before onset) with previous cases, four were in adults no longer fully protected by vaccination in infancy, who had also been in close contact with previous cases.

In every case isolated it was found that the disease protected the patient against vaccination, while there were no cases among children who had been vaccinated in infancy.

In search of the original case I investigated the history of three children attending Woolley Village School, who, being unvaccinated in infancy, had failed "to take" on being vaccinated. There were only three of these.

One living at Haigh Lane had marks on his hands which might be interpreted as due to mild Small-pox, and he was subject to sick headaches, so that the initial attack might readily have been misinterpreted, while the mildness of the symptoms after the initial attack is one of the features of the outbreak.

Of the other two, neither had been observed to be ill at all, and neither showed the slightest scar or blemish. One of them had, however, come into the district from Nottingham at the end of last February at a time when Small-pox was prevalent in Nottingham, though not near his Nottingham home.

A possible explanation of our outbreak might be that the boy from Nottingham brought some infected article into the district and showed it to the Haigh Lane boy at school, who was probably infectious at the right time to give the disease to six others of his school mates.

The last case but one of the epidemic is an illustration of the extreme difficulty of dealing with very mild Small-pox, and incidentally shows that the theory propounded at Leicester that it is easier to deal with Small-pox in unvaccinated persons than with modified Small-pox in once vaccinated persons is not supported by the facts elsewhere than in Leicester.

At the beginning of August we were keeping under observation contacts of the cases isolated on July 22nd, and on August 4th, 6th and 8th, I saw the mother of one of these children. On August 2nd she had started to be ill with fever headache and pain in the back. On August 4th she was convalescent, with no spots. On August 5th one spot only appeared on the neck. On the 8th August this solitary spot had begun to disappear. I came to the conclusion that it was probably not Small-pox. Yet on August 14th her husband began to be ill, and on August 16th was recognised as suffering from Small-pox, and was isolated. The remaining occupants of the house then at last consented to re-vaccination, and there have been no further cases.

There is some difference of opinion as to when Small-pox becomes infectious. The dates here show either infection conveyed on the first day of illness with a normal incubation period of 12 days, or in the alternative an exceptionally short incubation period of nine days.

I have heard surprise expressed locally that unvaccinated children should have Small-pox so mildly. But it is nothing new. Before the days of vaccination, when everyone expected to have Small-pox, just as they now do to have Measles at least once in their lives, it is on record that unattacked babies were put into the same cradles as babies who had developed mild Small-pox in the hope that they too might have mild Small-pox and get it over. And at one time adults were inoculated from just such mild cases of Small-pox, again to get it over at a convenient time.

Unfortunately the disease thus contracted was not always as innocuous as in the original case, and such procedure is now illegal.

Further, in the old days, when Small-pox was much commoner, cases so mild as to be called Varioloid and other names were admitted to be real Small-pox.

[See (1) "Lancet," August 18th, 1838.

(2) H. Von Ziemssen's Cyclopædia of the Practice of Medicine, translation 1875, Vol. II., p. 372, for Varioloid, p. 335 for infection transmitted in initial stage.]

To give an idea of what "all the usual precautions" means the following is the account of what happened at the beginning of the outbreak. Woolley Village School is five miles by road from my house, and investigations had to be carried out over a circle of $1\frac{1}{2}$ miles radius, with the School as a centre, and a very hilly circle it is.

On 30th June (Friday) I received a letter from a medical man who practices in your district, that he had two doubtful cases of Chicken-pox at Brick Row, Woolley Colliery, which he would like me to see with him. The same afternoon we saw the two cases together, and by 3-30 we arrived at the conclusion that they were both cases of Small-pox, a boy of 10 having recovered from what might have been Chicken-Pox, but having infected his elder sister at 14 with what was undoubtedly Small-pox. By 4-5 p.m. I was asking for the removal of both cases to Lund Wood Hospital, and they were removed that night. The diagnosis of Small-pox in both these cases was subsequently confirmed by Dr. Frances, Medical Officer of Health for the County Borough of Barnsley, and by Dr. Hutchinson, of the Ministry of Health.

I telegraphed to the Ministry of Health announcing the outbreak and asking for a supply of Government Calf Lymph for re-vaccination of contacts, and this arrived by Saturday afternoon's post, a further supply being sent by rail in case the first was delayed in the post.

Rumours of children absent from Woolley Village School on account of Chicken-pox had reached Brick Row, so your inspector, Mr. Thompson, obtained the names, &c., of all such children in the course of Saturday, July 1st.

On July 3rd I saw at the School or at their homes all these cases and found that I was confronted with the very difficult question of how many of them were still infectious. The medical history in each case made it clear that they had all been cases of very mild Small-pox, four of them still at home having had Chicken-pox two years before. Therefore I telephoned to the County Council Medical Officer of Health asking for the assistance of the County Council Epidemiologist, which was at once granted. However, on Tuesday, July 4th, Dr. Hutchinson, of the Ministry of Health, arrived to investigate the outbreak, and with him I visited the two cases already in Lund Wood and all the suspected cases, with the result that five children were deemed no longer infectious and three infectious, who were isolated at Lund Wood the same day. One case was considered doubtful, and this was seen with me by the County Council Epidemiologist the following morning and isolated as being really a case of Small-pox. Dr. Hutchinson subsequently endorsed this action. Dr. Frew also saw with me at the School on Wednesday, July 5th, a child with doubtful spots, which on Friday, July 7th, had so developed that this child was also isolated at Lund Wood. I also on Wednesday visited two children at Notton who had not come to School, and who were said to have spots, but they proved not to be Small-pox. These two had been vaccinated in infancy. All the Small-pox cases were in unvaccinated children. Three other children with spots were also found *not* to be suffering from Small-pox.

After consultation with Dr. Frew, of the County Council, I advised the closure of Woolley Village School for 14 days, the children to reassemble on 19th July for inspection by me. This closure you confirmed.

Dr. Hutchinson also advised you to ask the Ministry of Health to make Chicken-pox a compulsorily notifiable disease in your district for a period of eight weeks in order that we might have the opportunity of investigating all cases supposed to be Chicken-pox. This you did, and the appropriate action was taken.

You also arranged for the free vaccination of all contacts with Lymph provided by the Ministry of Health.

On the 19th July, at the School, I investigated the vaccination state of all the children present, and at their homes of all those absent, and all contacts were kept under observation for a fortnight after the last exposure to inspection, and re-vaccination was urged as the only safeguard against attack. All of which entailed a great deal of hard work.

You made vaccination free for all contacts, including those for whose vaccination the Public Vaccinator was technically not allowed to charge.

My thanks are due to all those who so kindly helped in investigating and controlling the disease ; Dr. Hutchinson, of the Ministry of Health ; Dr. Frew, of the County Council ; Dr. Millar, Public Vaccinator of the District ; Dr. Francis as Medical Officer of Health to Barnsley County Borough ; and, not least, to Mr. Gelder, Headmaster of Woolley Village School ; and your Sanitary Inspector, Mr. Thompson.

I have, Gentlemen, the honour to be,

Your obedient Servant,

F. J. SADLER,

D.M., D.P.H. M.A. (Oxford).

