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Contributors

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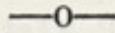




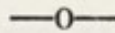
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CONISBROUGH URBAN DISTRICT COUNCIL

MEMBERS AS AT 31st DECEMBER, 1964

CHAIRMAN OF THE COUNCIL :

Councillor G. CHESHIRE, J.P.

VICE CHAIRMAN OF THE COUNCIL :

Councillor J. Prendergast (C.C.)

CHAIRMAN OF THE PUBLIC HEALTH COMMITTEE :

Councillor A. Haywood

COUNCILLORS :

Mrs. D. Lymer
Mrs. F. Warren
K. E. Collins
T. Hill
W. Mannion
F. Oakley

P. O'Neill
R. H. Shephard
J. Stewart
J. Taylor
A. E. Tyas
W. West

MEDICAL OFFICER OF HEALTH :

D. J. Cusiter, M.B., Ch.B., D.P.H., D.T.M. & H.

CHIEF PUBLIC HEALTH INSPECTOR :

E. T. Swift M.P.H.I.A.

DISTRICT PUBLIC HEALTH INSPECTOR :

G. V. WORTHY, M.P.H.I.A.

P R E F A C E

Public Health Department,
Council Offices,
The Priory,
Conisbrough.

To the Chairman & Members of Conisbrough Urban District Council.

Mr. Chairman, Ladies and Gentlemen:

I include in this annual report of the health of your district, details of the County Council health and school health services.

The population showed a natural increase of 145 and an overall decrease of 100 according to the Registrar General's estimate of the resident population for mid-1964.

There were again no maternal deaths in the district. 13 deaths were recorded in children under one year of age from a total of 349 live births, 6 of which were premature. 2 of these deaths were associated with extreme prematurity, 3 with respiratory diseases, 3 with congenital anomalies, 2 with blood disorder, 1 with meningitis, 1 with cerebral haemorrhage and 1 with gastro-enteritis.

Eleven of the total deaths were of infants under the age of one month, 5 of whom died within 24 hours of birth. The remaining 2 infants were aged one and eight months and died of meningitis and gastro-enteritis respectively. 9 of the 13 were born in hospital and all 13 died in hospital.

These deaths were associated with prematurity, overwhelming infections and congenital abnormalities and were in all probability inevitable.

A maternal mortality rate of less than 0.5 per thousand total live and still births throughout the country and the very slow decline of the neonatal (deaths under one month of age) fraction of the infant mortality rate is a clear indication of the hazards of pregnancy to the foetus, rather than to the mother. These deaths cannot be expected to diminish until we have a clearer understanding of those dangers and the knowledge with which to treat them. No valid or useful inferences can therefore be drawn from these 13 infant deaths.

The infant mortality rate (deaths under one year of age per thousand live births) was 37.2, approximating to the previous year, (West Riding 22.2; England and Wales 20.0), mean division 26 25.6. This rate shows no reduction and it is hoped that it will decline.

The corrected birth rate was 19.4 (West Riding 18.7) based on a decreasing population and is comparable with the previous year.

The corrected death rate was 15.1 in excess of that for the West Riding as a whole (12.8).

The total deaths were 204 of which 80 were due to diseases of the heart and blood vessels, 22 to cancer in various sites, 38 to respiratory diseases and 14 to vascular lesions of the nervous system. These correspond to rates of 4.49 (West Riding 4.37); 1.79 (West Riding 2.02); 2.13 (West Riding 1.37), and 0.79 (West Riding 1.74), although it would not be statistically proper to make any definitive deductions from these totals or rates, it may be significant that deaths from respiratory diseases follow closely the deaths from cancer in the division as a whole and in two urban districts exceed such deaths. In the country the commonest causes of death in descending order are heart and circulatory diseases, cancer, vascular diseases of the nervous system and respiratory diseases. It is emphasised that in this division respiratory diseases occupy a third and in two urban districts a second place.

The great superiority of the death rate from respiratory diseases over that for the West Riding as a whole in your district should be noted. It would not be valid for your council to assume that the difference is due to occupational factors.

The role of atmospheric pollution in the causation of respiratory diseases such as cancer of the lung and bronchitis need not, I hope, be restated, and I trust that your council will reconsider its attitude to smoke control.

Two deaths occurred from tuberculosis; both respiratory. No deaths were recorded from any other infectious disease.

There were 11 illegitimate births as compared with 12 in the previous year, with no deaths.

From a total of 807 infants who were examined during the year 23 had one or more congenital abnormalities in the division as a whole.

In my annual report for 1963 I included some notes on the use of our clinics by general Practitioners and also in the proposed plans of the West Riding County Council to build or adapt clinics for their use.

In this division Conisbrough clinic is now being used by general practitioners as practice premises for ante-natal purposes; it is expected that Mexborough clinic will come into use in 1965. There have been and are difficulties. Not all general practitioners wish to leave their present surgeries, and in some cases this may be due to mistrust of the intentions of local health authorities. The reaction of the public may not be entirely favourable; some mothers have a prejudice against bringing their young children to a clinic used for other purposes; the fear of risk of infection from adults is uppermost in their minds. Combined usage will produce difficulties in the organisation of the work of a divisional health service. Although difficulties are bound to arise I am fully in agreement with the idea of ever increasing co-operation with my colleagues in general practice.

The co-ordinating committee, of which I am chairman, meets at regular intervals to discuss problem families. Such families exercise the continuous attention of Medical Officers, Health Visitors, District Nurses, Home Help, Education, Welfare and Children's Officers, Housing Managers, Moral Welfare Officers, Probation Officers, N.S.P.C.C. Inspectors, N.A.B. and N.C.B. Officials and the Police. Further comments on the work of this committee are included elsewhere in this report. The difficulties experienced by such families in a modern society show no signs of diminishing and indeed appear to become more complex as the general level of prosperity rises. It would be true to say that years of experience in dealing with families such as these seem to do little to increase our knowledge. Certainly no easy remedy presents itself. We are all aware of the picture a problem family presents; ill kept, often adequately nourished, dirty, sometimes apparently happy children, the overwhelmed and inadequate mother; the inferior father, usually but not always unemployed. The inability to learn house-keeping of the simplest nature and to organise their daily life presents those of us in the community whose duty it is to serve these people, with an almost insuperable task and these problems are shared by local housing departments.

In May 1964 over 400 cases of typhoid fever occurred in Aberdeen. The infection was thought, on conclusive circumstantial evidence, to have originated in 6 lb tin of corned beef from a particular canning Establishment in Argentina. Chlorinated water is used to cool tins during canning processes; raw river water was used when the chlorination plant broke down and typhoid bacilli entered the tins through a flaw. It was therefore decided that all 6 lb tins of corned

beef bearing this particular Establishment's mark should be withdrawn from sale. The public health inspector, therefore, visited every shop in your area but no tins bearing this mark were discovered.

The Offices, Shops and Railway Premises Act in 1963 has laid down new safeguards for the health, safety and welfare of employees at work on such premises. This important act will protect 4,000,000 working in offices, 3,000,000 in shops, 1,000,000 in railways, hotels and catering industry, and 15,000 in cinemas and theatres. The act will apply the same protective legislation to such persons as workers in factories have enjoyed for many years. The work of enforcement falls upon the Public Health Department of the local authority and will place some strain on your staff.

Three slum clearance areas were represented to the council during 1964 comprising a total of 118 houses. The total of houses represented since inspection in the area began in 1962 is 213. The Barnburgh Street clearance area was completed during 1964.

I have been disturbed for some time, as have others, by the staffing difficulties in local government work in all its aspects, clerical medical and nursing. On the purely administrative side, no longer can we rely on the attraction of secure pensionable employment to provide us with a clerical staff of high quality. Unless steps are taken to make local government employment financially more attractive it will become increasingly more difficult to attract, at an early age, the young men and women whom we shall rely upon one day to run our services for us.

I wish to record my thanks to Mr. E. T. Swift, the public health inspector, for his work and co-operation during the year. In this short preface I cannot mention all those members of the medical and administrative staff whose efforts I have so greatly appreciated.

My thanks are particularly due to the staff of the divisional health office who have made the preparation of this report possible.

I remain,
Your obedient servant,
D. J. CUSITER
Medical Officer of Health.

Divisional Public Health Office,
Dunford House,
Wath-upon-Deerne.
Rotherham.
(Tel.: No. Wath-upon-Deerne 2251/2)

SECTION "A"

Natural and Social Conditions of the Area

(a) General Statistics

Area (in acres)	...	...	...	...	...	...	1,593
Registrar-General's estimate of Resident Population Mid-1964							17,830
Number of inhabited houses at	...	...	...	...	...	...	5,268
Population density (persons per house)	...	...	...	...	...	...	3.3
House density (houses per acre)	...	...	...	...	...	...	3.3
Rateable value	...	...	...	...	...	...	£306,703
Net produce of 1d. rate	...	...	...	...	...	...	£1,175

(b) Physical and Social Conditions

The town of Conisbrough is justly famous for its magnificent castle, acknowledged as among the finest examples of 12th century secular architecture in England, and certainly as the finest cylindrical keep in the world. It represents castle building of the period in its most advanced form. The only other example of a 12th century cylindrical keep with walled inner bailey defended by a ditch or moat and counterscarp, Conisbrough's counterpart, at Courcy in France, has been allowed to decay. No praise can be too high for the meticulous restoration work carried out under the supervision of the Inspectorate of Ancient Monuments, and the daily care of the castle by its resident custodian - Mr. Ames. Conisbrough Council are also deserving of the highest praise for their request to the Minister of Public Buildings and Works that the castle should be taken over for preservation in 1948.

The fame of Conisbrough's castle is secure and needs no element of legend to support it; Sir Walter Scott's "Ivanhoe" is perhaps a greater burden upon the keep than its massive buttresses. The Anglo-Saxons believed wholeheartedly in the maxim, *si vis pacem, para bellum* - "the Saxons were not a civilised people; a state of war was to them habitual; they neither expected nor wished to dwell in peace and their fortifications were merely of what rudimentary kind would prevent them from surprise by sudden attack" (Oxford - 'Medieval England'). Anglo-Saxon fortifications were a mere improvement upon natural features with a hedge or fence. It is unlikely therefore that Conisbrough has any connection with a previous Anglo-Saxon castle and the representation of an extant Saxon Earldom in the 12th century is absurd. It is unlikely also that the castle was built on the site of an existing Anglo-Saxon fortified mound or burh; the present position just outside the town is typically Norman;

their castles first of wood and later of stone were erected on such sites primarily to defend themselves against a hostile population and thus were never built within a town itself. It was for this reason that William I built two timber keeps on hastily dug mounds (motte and bailey castles) at Pevensey and Hastings on his arrival in England in 1066; both were intended to secure his lines of retreat and provide a rallying point in the event of defeat. It is interesting, to us as a housing authority, to note that these were pre-fabricated and carried from Normandy in sections.

Mr. M. W. Thompson, Assistant Inspector of Ancient Monuments, is the author of the admirable standard guide to Conisbrough castle and this should be consulted for a full account of the castle's history and structure. The resident custodian - Mr. R. Ames - has an intimate knowledge of these details. In brief, the castle was built in its present form in about 1180, replacing the wooden keep and palisades of the first Norman Earl of Surrey, by a half brother of Henry II. The curtain wall enclosing the inner ward or bailey was begun immediately on completion of the keep. The castle fell by siege in 1317 and subsequently passed to the Crown, in whose hands it remained for the most part until it fell into disuse in the 16th Century.

The Registrar General's estimate of resident population for mid 1964 reveals an overall decrease of 100. The national increase of population i.e. excess of births over deaths for the whole year was 145.

The number of dwelling houses increased by 64, 65 houses were demolished; 129 new houses were completed, 65 by the local authority and 64 by private enterprise.

The main employment in the area is provided by coal mining (61% men), electric domestic equipment, coal by products, glass containers, stoves and grates and soft drink manufacturers. Over 400 women travel daily by organised transport to employment in the West Riding textile industry, food canning (Sheffield), engineering (York), confectionery (Rotherham). There is a need for a greater diversity of light industry suitable for females and male disabled persons.

In March 1964, John Baker & Bessemer Ltd., Kilnhurst Steelworks, closed, resulting in 947 redundancies. The majority were absorbed in the Rotherham, Sheffield and Scunthorpe steelworks. 155 unemployment claims resulted, now reduced to 32 (aged 60 and over). This followed the closure of the I.C.I. Ltd., Denaby Main, at the end of the previous year when 350 mainly women, became redundant.

The taking over by a Rotherham firm of part of the vacant Baker & Bessemer site for the manufacture of steel strappings, and the opening of a clothing factory at Bolton-on-Dearne - both in 1965 - will help to increase the availability of employment in the area. The clothing factory is expected to provide employment for some 500 women, in particular.

VITAL STATISTICS

Live Births :—

	Males	Females	Total
Total	188	161	349
Legitimate	181	157	338
Illegitimate	7	4	11
Live Birth Rate (uncorrected) per 1,000 population			19.6
Live Birth Rate (corrected) per 1,000 population			19.4
Illegitimate live birth percentage of total live births			3.2

Still-births

	Males	Females	Total
Total	2	4	6
Rate per 1,000 live and still births			16.9
Total Live and Still-births	190	165	355

Deaths of Infants under 1 year of age :—

	Males	Females	Total
Total	10	3	13
Legitimate	10	3	13
Illegitimate	—	—	—

Infant Mortality Rate per 1,000 live births	37.2
Legitimate Infants per 1,000 legitimate live births	37.2
Illegitimate Infants per 1,000 illegitimate live births	0.00
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	31.5
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	20.0
Perinatal mortality rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	36.6

Maternal mortality, including abortion

Number of deaths	Nil
Rate per 1,000 total live and still-births	0.00
Total Deaths	204
Death Rate (uncorrected)	11.4
Death Rate (corrected)	15.1
Natural increase of population	145

CAUSES OF DEATH IN 1964

	Males	Females	Total
1. Tuberculosis Respiratory	2	—	2
2. Tuberculosis, Other	—	—	2
3. Syphilitic disease	—	—	—
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal infections	—	—	—
7. Acute Poliomyelitis	—	—	—
8. Measles	—	—	—
9. Other infective and parasitic diseases	—	—	—
10. Malignant neoplasm, stomach ...	2	2	4
11. Malignant neoplasm, lung, bronchus	—	—	—
12. Malignant neoplasm, breast	—	2	2
13. Malignant neoplasm, uterus	—	1	1
14. Other Malignant and lymphatic neoplasms	9	3	12
15. Leukaemia and aleukaemia	1	2	3
16. Diabetes	1	1	2
17. Vascular lesions of nervous system ...	4	10	14
18. Coronary diseases, angina	29	8	36
19. Hypertension with heart disease ...	1	1	2
20. Other heart disease	6	25	31
21. Other circulatory disease	4	6	10
22. Influenza	—	—	—
23. Pneumonia	7	9	16
24. Bronchitis	9	7	16
25. Other diseases of respiratory system ...	6	—	6
26. Ulcer of stomach and duodenum ...	—	—	—
27. Gastritis, Enteritis and Diarrhoea ...	—	1	1
28. Nephritis and Nephrosis	—	—	—
29. Hyperplasia of prostate	—	—	—
30. Pregnancy, childbirth and abortion ...	—	—	—
31. Congenital malformation	4	—	4
32. Other defined and ill-defined diseases ...	8	9	17
33. Motor vehicle accidents	4	2	6
34. All other accidents	1	3	4
35. Suicide	3	1	4
36. Homicide and operations of war ...	—	—	—
TOTAL	111	93	204

DEATHS OF INFANTS UNDER 1 YEAR OF AGE

No.	Cause of Death	Age	Died at
1.	1a Neonatal pneumonia	3 weeks	Montagu Hosp., Mexborough.
2.	Congenital hydrocephalus with intra ventricular and sub-arach- noid haemorrhage	30 mins	Montagu Hosp., Mexborough.
3.	1a Prematurity	4 days	Western Hospital Balby.
4.	1a Haemolytic disease of newborn	3 days	City General Hosp., Sheffield.
5.	Acute laryngo tracheo bronchitis Renal Haemorrhage	2 weeks	Montagu Hosp., Mexborough.
6.	1a Acute meningitis	1 month	Thornbury Annexe Sheffield.
7.	1a Haemorrhagic disease newborn b Maternal toxæmia pregnancy	1 day	Tickhill Rd., Hosp., Doncaster.
8.	Extreme prematurity	1 hour	Montagu Hosp., Mexborough.
9.	1a Congenital heart disease	2 weeks	Children's Hosp., Sheffield.
10.	1a Intraventricular haemorrhage b Intra uterine asphyxia and anoxia c Atelectasis of both lungs	1 hour	Montagu Hosp., Mexborough.
11.	1a Anencephaly	1 hour	Western Hospital Balby.
12.	1a Bronchopneumonia b Inhalation of vomitus 11 Gross prematurity	3 weeks	Western Hospital Balby.
13.	1a Gastro enteritis b Acute bronchitis	8 months	Tickhill Road Hospital, Doncaster.

	Conisbro' Urban District		Div. 26		Aggregate West Riding Urban Districts	West Riding Administrative County	England and Wales
	1964	1963	1964	1963			
Live Births (Crude) ...	19.6	19.8	19.5	19.7	18.3	18.5	18.4
Live Births (Corrected)	19.4	19.6	*	*	18.6	18.7	18.4
Death Rate— All causes Crude ...	11.4	11.5	10.6	10.9	12.2	11.5	11.3
Death Rate— All causes Corrected ...	15.1	15.2	*	*	13.0	12.8	11.3
Infective & Parasitic Diseases—excluding Tuberculosis, but including Syphilis and other V.D. ...	0.00	0.06	0.03	0.07	0.04	0.04	*
Tuberculosis:— Respiratory ...	0.11	0.11	0.05	0.06	0.06	0.05	0.05
Other Forms ...	0.00	0.00	0.00	0.01	0.00	0.00	0.01
All Forms ...	0.11	0.11	0.05	0.07	0.05	0.06	0.05
Cancer ...	1.79	2.41	1.84	2.13	2.09	2.02	2.11
Vascular lesions of the Nervous System ...	0.79	0.90	1.22	1.24	1.88	1.74	*
Heart and Circulatory Diseases ...	4.49	4.60	3.91	3.95	4.64	4.37	*
Respiratory Diseases...	2.13	1.57	1.60	1.55	1.47	1.37	*
Maternal Mortality ...	0.00	0.00	0.46	*	0.49	0.40	0.25
Infantil Mortality ...	37.2	36.8	25.6	21.1	22.1	22.2	20.0
Neo Natal Mortality...	31.5	25.5	19.1	10.6	15.4	15.4	13.8
Early Neo Natal Mortality ...	20.0	19.8	15.3	9.1	12.6	12.6	*
Perinatal Mortality ...	36.6	36.2	34.6	33.1	30.7	30.0	*
Still-Births ...	16.9	16.7	19.6	24.2	18.3	17.6	16.3

* Figures not available

DIVISIONAL VITAL STATISTICS

In the discussion that follows it should be remembered that the rates are calculated on relatively small numbers and that variations from year to year may or may not be statistically valid. No conclusions can therefore be drawn from minor fluctuations in rates from year to year, but observation of the overall trend of the differing rates over a period of years is of value. Crude rates are relatively invalid for comparative purposes since they are affected by the population structure as to age and sex; ageing populations for example, living in the most healthy surroundings, will obviously exhibit a higher crude death rate than a young population in the industrial areas.

Live Births :

In this division 93 illegitimate births have been recorded as compared with 95 last year, from a total of 2,152 live births. 4.3% of divisional live births were therefore illegitimate.

For some years the number of births and the rate have progressively increased. The birth rate for the division expressed in its crude form was 19.5, slightly in excess of that for the West Riding as a whole (18.5) and corresponded to an overall decrease of population based on the Registrar General's estimate of population for mid-1964 of 290, the natural increase i.e. excess of births over deaths being 990. The birth rate is expressed as number of live births per thousand mid-year population, both male and female, and will obviously vary with the proportion of women of child bearing age, and to overcome this difficulty an area comparability factor has to be applied to crude rates. The rate is not however an accurate index of fertility. The rising trend in live birth rate has been accompanied by a general rise over the whole country of illegitimate births.

Deaths :

The death rate for the division expressed in its crude form from all causes, was 10.6 (West Riding 11.5). It remains at a fairly constant level and shows little fluctuation over the years. It approximated to that for the rest of the country and to the remainder of the West Riding. The rates, however, for individual causes reveal an interesting feature in this division. The commonest causes of death for England and Wales in descending order are as follows; heart and circulatory diseases, cancer, vascular lesions of the nervous system and respiratory diseases. In this division as a whole this ranking is not exhibited and respiratory diseases occupy a third position instead of a fourth. The rates for these causes of death (see table) reveal the superiority of the death rate from respiratory diseases in this area over that for the West Riding and the relative inferiority of the other three main causes of death. This can only be due to the unchecked atmospheric pollution to which this community is exposed.

Infant Mortality :

The infant mortality rate represents the number of children dying under the age of one year per thousand live births. The rate for the division of 25.6 (West Riding 22.2) was less satisfactory than last year and exceeds that for the West Riding as a whole. The increase is largely due to an additional 9 infant deaths in 1964 with 27 fewer births. This rate represents the most apparent gain in health of any community, showing a decline of one hundred and thirty per thousand since the end of the last century. Causes of death in the division were representative of the general pattern of infant deaths in the country from the ages of one week up to one year. Respiratory diseases were the commonest cause followed by congenital malformations, gastro-enteritis, and infectious diseases.

Peri-natal Mortality :

The infant mortality rate has proved the most useful measure of the risks during infancy in the past. It has provided an index of the relative wellbeing of a community. It is, however, most useful when employed as a vital statistic in emergent or relatively primitive communities and is not the most satisfactory guide to the standard of maternal care.

An infant mortality rate of 150 to 200 per thousand such as may still be found in the under developed countries, gives an immediate indication of its backwardness and at the same time of the measures which if brought into operation would at once reduce such a rate. In a country such as ours, however, the rate is now overweighted by those deaths occurring under the age of one month (neonatal). This combination of neonatal deaths within the infant mortality rate has the affect of reducing the apparent rate of decline of the latter. There is also a tendency, as the neonatal rate increases, for the still birth rate to diminish and it may be a fair assumption that the borderline between still birth and survival for the first week or month of life is to some degree artificial. To overcome the latter difficulty the perinatal rate, still births and deaths under one week per thousand live and still births, has been introduced.

The peri-natal mortality rate 34.6 (West Riding 30.0) revealed a more satisfactory state of affairs for the division as a whole than an examination of the neonatal and early neonatal rates without regard to the still births would reveal. The still birth rate i.e. births at or over 28 weeks not live born, per thousand births (live and still) was 19.6 (West Riding 17.6). The perinatal rate is slightly in excess of that for the West Riding and of last year's figure, the still birth rate is less than the previous year but higher than that for the West Riding. The commonest causes of death are prematurity, post-natal asphyxia, congenital malformations, birth injuries; prematurity being the dominant factor.

Tuberculosis :

The death rate for tuberculosis was 0.05 (West Riding 0.06). and remains at a satisfactory low level with a total of 5 deaths, showing a slight but not significant decrease on the previous year. With the recent influx of susceptible populations to this country, efforts at eradication must continue, and such measures as contact tracing, B.C.G. vaccination, the use of diagnostic radiological services, and continuing improvements in nutrition must be diligently applied.

Infective and Parasitic Diseases :

The rate for these diseases, including all infectious conditions excluding tuberculosis but including venereal diseases was 0.03 per thousand (West Riding 0.04) with a total of 2 deaths. This position is a satisfactory one.

Cancer :

The death rate for cancer of all sites was 1.84 (West Riding 2.02) with a total for the division of 193 deaths, 35 or 18% of these were due to cancer of the lung.

Cancer of the lung is now the most common type of malignant disease in the country and this is reflected by the very high proportion of deaths in this division from this cause. Cancer of the lung and bronchus now represent a major health hazard. In the last thirty years the deaths from these sites has increased eight fold in men and three to four fold in women. A third of the total cancer deaths in England and Wales are from these causes. The overwhelming majority of physicians have no doubt that the increase in cancer of the lung and bronchus is due to cigarette smoking, and that atmospheric pollution also plays a causal role.

Vascular Diseases of the Nervous System :

The death rate from these causes was 1.22 per thousand (West Riding 1.74), less than in the West Riding as a whole and slightly less than the previous year. Variations from year to year are only slight and it is hard to discern any trend in this area although in the West Riding an upward trend is apparent. The deaths include such factors as 'strokes', due to cerebral haemorrhage, thrombosis or embolism, and mortality increases progressively with age.

Heart and Circulatory Diseases :

This group represents the commonest cause of death in this country. The rate for this division was 3.91 per thousand (West Riding 4.37), less than for the rest of the West Riding and similar to the previous year. The various districts showed a fluctuation around this mean divisional figure from which no deductions are apparent.

Coronary disease and angina provide the largest number of deaths in this group and the mortality is appreciably high at the ages of 45 to 54 years in men, the productive years.

Diseases of the Respiratory System :

As reported elsewhere, deaths from respiratory diseases are disproportionately high in this division in comparison with other causes of death. The death rate of 1.60 per thousand was higher than the remainder of the West Riding (1.37 per thousand). Deaths from chronic bronchitis are the most numerous in this group. This disease is important not only as a cause of death but also as a cause of frequent and repeated morbidity and represents a serious loss to the country. Both atmospheric pollution and cigarette smoking are heavily incriminated in its production and play a far more important role than working conditions. Prevention of this disease is all important since once structural changes have taken place the course of the illness is relentlessly progressive. It is regrettable that despite the overwhelming medical evidence, as evinced by the innumerable publications on the subject, the role of atmospheric pollution in the production of chronic respiratory disease is still questioned and the postulate that prosperity and a dirty environment are a necessary union is still reiterated.

In only two districts of the division have any smoke control orders been made. It is not sufficient to ensure that new building shall be smokeless and I would urge the urban district councils in this area to re-consider their position in regard to atmospheric pollution and to disregard sectional interests.

Maternal Mortality :

The maternal mortality rate i.e. maternal deaths per thousand live and still births was 0.46 (West Riding 0.40). This increase in the rate from nil in the previous year was due to one death occurring as a rare and unavoidable complication of pregnancy. The steady decline in maternal mortality and its present low level throughout the country and in the West Riding are something of which local health authorities can justifiably be proud. It is agreed that possibly the major factor in this decline has been the careful ante-natal care which almost every expectant mother now enjoys. With further understanding of toxemias and other hazards of pregnancy it is a justifiable expectation that the rate will decline still further and that a death in childbirth will ultimately become a rare event. Although even a single death of this nature is to be deprecated, the rate is satisfactorily low and it is particularly pleasing in view of the shortage of midwifery beds.

SECTION 'B'

General Provision of Health Services in the Area

Divisional Medical Officer and Medical Officer of Health :

Dr. D. J. Cusiter

Divisional Nursing Officer :

Miss V. Dunford

Senior Assistant County Medical Officers :

Drs. J. D. Hall, S. K. Pande,
D. M. Bell, Margaret Bolsover.

Part-time Medical Officers :

Drs. Barbara Demaine, Marion Lister,
M. F. W. Bajorek, W. R. Porter,
P. L. Baker, Mary Scott,
B. R. Baker, H. H. Smith,
I. Campbell, J. Wilczynski.
Dora Chapman,
Jessica Core,

Obstetrician :

Dr. J. C. MacWilliam

Paediatrician :

Dr. C. C. Harvey

Ophthalmologists :

Miss M. A. C. Jones, Dr. S. K. Bannerjee.

Child Psychiatrist :

Dr. J. D. Orme

Child Guidance :

Mr. H. B. Valentine, Mrs. L. Bruce.

Health Visitors and Assitant Health Visitors

Mrs. E. Appleyard, Mrs. J. V. McLoughlin,
Mrs. J. Brown, Mrs. M. Mitchell,
Mrs. N. M. Dunford, Mrs. N. M. Noble,
Mrs. G. I. Ellis, Miss M. O'Connor,
Miss L. Ferneyhough, Mrs. I. Pettman,
Mrs. M. Fisher, Mrs. E. Pocklington,
Mrs. D. Goddard, Mrs. O. Smith,
Mrs. M. Jenkinson, Miss M. Sorby,
Mrs. M. M. Knowles, Miss D. A. Willoughby,
Mrs. G. Malpass, Miss H. Wray.

Midwives :

Mrs. D. P. J. Butler,	Miss G. Randall,
Mrs. G. M. Corley,	Mrs. A. Roberts,
Miss J. Dearden,	Mrs. N. Roe,
Mrs. O. D. Edwards,	Mrs. A. E. Smith,
Mrs. M. L. Green,	Mrs. M. Smith,
Mrs. A. Hessam,	Mrs. E. Stott,
Mrs. H. E. Hillery,	Mrs. D. A. Taylor,
Miss K. A. A. Howland,	Mrs. V. Tunney,
Mrs. F. Lauenders,	Miss A. Vernon,
Miss B. Lenton,	Mrs. R. Williams,
Mrs. V. J. Marley,	Miss D. A. M. Spencer.

District Nurses :

Mrs. M. Brookes,	Mrs. B. W. Hucknall,
Mrs. J. Cox,	Mrs. A. Leavers,
Mrs. S. R. Dickinson,	Mrs. M. Lidster,
MrsMrs. H. Dyson,	Mrs. M. McCormack,
Mrs. E. Elsworth,	Mrs. M. Middleton,
Mrs. R. Fairman,	Mrs. A. E. Moore,
Mrs. E. Firth,	Mrs. M. Probert,
Miss. E. Gill,	Mrs. K. Roebuck,
Mrs. I. Goldsbrough,	Mrs. M. Waldron,
Mrs. M. Harrison,	Mrs. E. Watson,
Mrs. M. Herring,	Mrs. J. Wilson.

Mental Welfare Officers :

Mrs. F. H. Redman,	Mr. R. N. Halliday,
Miss C. B. Palmer,	

Training Centre :

Supervisor: Mrs. P. M. Winstanley

Miss J. Hoyle,	Mrs. M. Gray,
Mr. L. B. Somers,	Miss P. Peart,
Mr. T. Garbett,	Miss J. Oscroft,
Mrs. E. Naylor,	Miss P. Hart,
Mrs. I. Ardron,	Mrs. M. Haywood.

Administrative & Clerical Staff: - Senior Clerks :

Mr. P. Goddard,	Mr. A. Wilkinson.
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Sectional Clerks :

Mr. C. V. Eyre,	Mr. H. Haigh,
Mr. E. K. New.	

Clerks :

Mrs. D. Billington,	Mrs. M. Mason,
Mrs. J. Gwynnette,	Mrs. F. Shaw (part-time)
Mrs. K. S. Hickling,	Mrs. H. Shirley,
Mrs. A. Howley,	Miss B. D. Smith,
Mrs. H. Mangham,	Mrs. P. A. Sturman,
Mrs. A. Mann,	Miss S. A. Winder.

Home Helps :

165 home helps

LOCAL HEALTH AUTHORITY SERVICES

Care of Mothers and Young Children - Section 22

Ante-Natal Clinics :

C.W.C. Welfare Avenue, Conisbrough	Thursday 2 - 4 p.m.	Dr. J. C. MacWilliam
C.W.C. Church Road, Denaby Main	Wednesday 10 a.m. - 12 noon	- do -
C.W.C. Welfare Park, Goldthorpe	Thursday 2 - 4 p.m.	- do -
C.W.C. Adwick Road, Mexborough	Wednesday 2 - 4 p.m.	- do -
C.W.C. Barbers Avenue, Rawmarsh	Thursday 10 a.m. - 12 noon	Dr. Mary Scott
C.W.C. Rock House, Swinton	Thursday 10 a.m. - 12 noon and 2 - 4 p.m.	Dr. H. H. Smith
C.W.C. off Houghton Road, Thurnscoe	Friday 10 a.m. - 12 noon	Dr. J. C. MacWilliam
C.W.C. Church Street, Wath-upon-Dearne	Friday 10 a.m. - 12 noon	Dr. Dora Chapman October 1964 Dr. Margaret Bolsover

Attendances :

Clinic	No. of patients who attended	No. of Attendances
Conisbrough ...	142	623
Denaby Main ...	166	687
Goldthorpe ...	111	511
Mexborough ...	136	612
Rawmarsh ...	240	975
Swinton	198	1,175
Thurnscoe ...	66	209
Wath-upon-Dearne	114	510
TOTAL	1,173	5,302

Dr. J. C. MacWilliam, who is medical officer in charge of the ante-natal clinics in the Conisbrough, Mexborough and Dearne areas, also holds a joint appointment as Senior Hospital Medical Officer at the Montagu Hospital, Mexborough. I am most grateful for his co-operation and support.

There were 2,200 live and still births in the divisional area in 1964. 53% of all expectant mothers in the area attend the Local Authority's ante-natal clinics at some time during their pregnancy.

Ante-Natal Relaxation Classes :

Relaxation classes are held at 9 centres which are listed below. The new clinic at Conisbrough opened July 1964 and relaxation classes will be held in 1965.

Clinic	No. of attendances
Denaby Main	211
Goldthorpe	605
Mexborough	103
Monkwood, Rawmarsh	166
Rawmarsh	458
Swinton	348
Thurnscoe	136
Wath-upon-Deerne	479
Kilnhurst commenced 1.7.64	95
	2,601
TOTAL	2,601

Family Planning Clinics :

The Mexborough Branch of the Family Planning Association have the use of the child welfare centre at Mexborough for their clinics. They also receive a grant-in-aid from the County Council, following an agreement that they should take over the functions of the birth control clinic, formerly run by the County Council at Rock House, Swinton. Sessions are held each Tuesday evening from 6.15 p.m. to 7.30 p.m. with the exception of the month of August.

Infant Welfare Clinics :

C.W.C. Conisbrough Monday 2 - 4 p.m.	Dr. M. Bajorek
C.W.C. Denaby Main Tuesday 2 - 4 p.m.	Dr. M. Bajorek
C.W.C. Goldthorpe Monday 2 - 4 p.m.	Dr. B. R. A. Demaine

C.W.C. Mexborough Tuesday 2 - 4 p.m. Thursday 2 - 4 p.m.	Dr. B. R. A. Demaine Dr. W. R. Porter
C.W.C. Rawmarsh (Monkwood) Thursday 2 - 4 p.m.	Dr. J. Galvin
C.W.C. Rawmarsh (Barbers Avenue) Tuesday 2 - 4 p.m.	Dr. Jessica Core
C.W.C. Swinton Monday 2 - 4 p.m.	Dr. I. Campbell
C.W.C. Thurnscoe Monday 2 - 4 p.m.	Dr. J. Wilczynski
C.W.C. Wath-upon-Dearne Monday 2 - 4 p.m.	Dr. D. M. Bell Dr. Marion Lister
C.W.C. West Melton Tuesday 2 - 4 p.m.	Dr. Marion Lister
C.W.C. Kilnhurst Wednesday 2 - 4 p.m.	Dr. Jessica Core

Attendances :

Centre	No. attendances	Total No. of attendances	
		Under 1 year	Over 1 year
Conisbrough	314	2,857	442
Denaby Main	296	1,309	555
Goldthorpe	667	3,020	426
Kilnhurst	205	663	1,126
Mexborough	526	5,180	1,112
Monkwood	292	629	780
Rawmarsh	328	1,335	916
Swinton	473	2,465	2,036
Thurnscoe	734	3,340	1,783
Wath-upon-Dearne ...	776	1,882	1,961
West Melton (Closed 30.11.64)	127	402	561
TOTAL	4,738	23,082	11,698

The numbers of children attending infant welfare clinics increased in 1964 by 700. Total attendances increased by more than 3,000, both increases being mainly in the over one year age group. Special 'toddler' clinics are held in certain areas and these have helped to increase subsequent attendances at routine infant welfare clinics. The increasing number of new purpose-built clinics in this division must also have had a beneficial effect upon the attendances. These clinics are in full use throughout the week. They provide facilities for the examination of infants at varying ages and for immunisation and vaccination procedures. Sessions are held for ante-natal and relaxation purposes. The recommended range of proprietary foods are sold at all the clinics during infant welfare clinic hours. The sale of proprietary infant foods and vitamin supplements at prices lower than in shops is primarily an inducement for the mothers to bring their babies for regular examinations and consultations with the health visitor or the clinic doctor. It is not, unfortunately, always possible to ensure that the mothers do not merely use the clinic as a shop. Efforts however are always made to persuade the mothers to use the clinic for its proper purpose. The design of the Type "B" clinics, as at Goldthorpe, is such that mothers can enter the shop without entering the clinic itself, and it is at this type of clinic that the food clerks have observed slight misuse of clinic facilities. It is not unknown for school children to be given permission during their school breaks to purchase subsidised foods.

Invitations to children under school age to attend for a routine medical examination are sent out in the form of a birthday greeting card. It is desirable that children should be examined each year until they are five years old, since it is at these ages that most defects are found. In this regard it is salutary to observe that the commonest cause of death under five years and over the age of one year is accidents; this is small tribute to our care of children in other ways but may give some indication of the generally high standard of child care in this country. The clinics are used extensively also for such purposes as health education, staff meetings of varying types, school clinics and for immunisation and vaccination purposes. In the latter regard regular and routine follow-up clinics for school children are held and the majority of assessments of physically or mentally handicapped children are carried out on clinic premises.

The projected use of clinics by general practitioners will without doubt produce problems in the use of clinic premises for local health and education purposes and it will require careful re-organisation to co-ordinate the two functions. Ordinary clinic premises are by no means the most desirable solution to the problem of provision of health centres.

The provision of new clinics is now nearing completion. Those at Thurnscoe, Goldthorpe, Wath-upon-Dearne, Monkwood, Conisbrough and Kilnhurst are now in full use; Mexbrough clinic will be completed in 1965. Rawmarsh and Denaby clinics are purpose built clinics completed before the war and although showing some faults in design by modern standards are serving a useful purpose. The clinic premises at Rock House, Swinton are not in keeping with modern standards and there is some overcrowding; the child guidance clinic and a day class for maladjusted children are held in the same building.

Premature infants :

A premature infant is one which weighs $5\frac{1}{2}$ lbs., or less at birth. This standard is a convenient one since the medical care of small babies whether they be premature or immature is along the same lines. It must be noted, however that not all babies of this weight bear the same hazard. Observations on the risks of prematurity are included elsewhere in the preface to this report.

There were 141 premature births (including 12 sets of twins) in this division; 20 were still-born. 22% of the premature babies were born at home and 78% in hospital. Of those born at home 5 weighed under 4 lbs. 21 premature babies died in the first four weeks of life; 1 at home and 20 in hospital.

PREMATURE INFANTS BORN IN 1964

	Born Alive			Stillbirths			No survived 28 days					
	At Home		Total	At Home		In Hosp.	Total	No. removed to Hosp. after birth	Born at Home		Born in Hosp.	Total
		In Hosp.										
Conibrough	2	15	17	—	3	3	—	2	10	12		
Dearne	13	23	36	—	4	4	2	13	20	33		
Mexborough	1	18	19	—	4	4	—	1	16	17		
Rawmarsh	1	19	20	2	5	7	—	1	15	16		
Swinton	7	8	15	—	1	1	2	5	4	9		
Wath-upon-Dearne	5	9	14	—	1	1	—	5	8	13		
TOTALS	29	92	121	2	18	20	4	27	73	100		

Care of the Unmarried Mother and Child :

A total of 63 illegitimate births were notified during 1964, 57 of which were discovered by our own staff, 4 referred by a moral welfare organisation and 2 by other services.

Marital Status ;

(1) Married :

(a) with previous illegitimate children	...	...	9
(b) without previous illegitimate children	...	...	15

(2) Single :

(a) with previous illegitimate children	...	...	8
(b) without previous illegitimate children	...	...	23

(3) Widowed or Divorced :

(a) with previous illegitimate children	...	...	7
(b) without previous illegitimate children	...	...	1

Age incidence :

(1) Age 15 - 19	...	...	...	...	...	...	...	17
(2) Age 20 - 24	...	...	...	...	...	...	...	15
(3) Age 25 - 29	...	...	...	...	...	...	...	16
(4) Age 30 - 39	...	...	...	...	...	...	...	10
(5) Age 40 and over	...	...	...	...	...	...	...	5

In 5 cases the baby died; 4 were adopted; the grandparents kept the children in 3 cases and 46 of the mothers kept their child. In the remaining 5 cases the parents were eventually married with one exception.

Under the County Council's Scheme for the care of the unmarried mother and child, financial responsibility may be accepted for the maintenance of unmarried mothers in Welfare Homes for thirteen weeks. The thirteen weeks is exclusive of the lying-in period. Liaison is maintained between the health department staff and moral welfare social workers at Doncaster and Rotherham. Local interviews by the latter can be arranged if required at Mexbrough on Thursday evenings.

Problem Families :

The co-ordinating committee concerned with problem families meets at regular intervals under the chairmanship of the Divisional Medical Officer and includes the Divisional Nursing Officer and representatives from the health department, (school medical officers, health visitors, mental welfare officers, public health inspectors), the education department, welfare and children's departments, N.A.B., housing departments, N.C.B., N.S.P.C.C., and probation services. There are rather more than a hundred problem families in the division and thus it is only possible to discuss the more outstanding and difficult

cases at these meetings. Particular attention is paid to those families where the County Council have agreed to guarantee rent payment to the district council. During 1964 there were ten such families.

The rent guarantee scheme has been successful to some extent in avoiding the need for admission of the children of large families to children's homes. One problem family was helped during 1964 by the provision of a home help without assessment. This family had been known to my department since 1961. They were occupying substandard property in a proposed clearance area which they had been persuaded to purchase; they were subsequently re-housed. The conditions in the home were so unsatisfactory that arrangements were made for a home help to attend for a total of eight hours in an effort to make the children's life more comfortable.

The information obtained from all sources at the co-ordinating committee is correlated and group decisions are taken as to the best way in which families, such as the one illustrated, can best be helped. It should be understood that no satisfactory solution has ever been reached in any part of the world as to the best way to deal with such families. The methods suggested at varying times, have included the compulsory removal of such families to a type of colony with graduated re-entry following 're-education' to the outside world and the provision of special group housing schemes. Further comments about the difficulty such families present are included in the preface to this report.

MIDWIFERY - SECTION 23

The rising birth rate and increasing demands by the public and doctors for hospital confinements have increased the pressure on the maternity services during the year. The provision of midwifery beds continues to be unsatisfactory and although the hospital confinement rate has increased this has been achieved in the main by reducing the length of stay after delivery; early discharge from hospital - in some cases 48 hours after delivery shows signs of becoming the accepted pattern of post-natal care. It should be emphasised that by no means all medical officers of health or obstetricians agree that this policy is entirely desirable.

Early discharge from hospital means discharge from hospital before the end of the lying-in period, defined in the rules of the Central Midwives Board as being less than ten days and not more than twenty-eight days after the end of labour. In practice early discharge may mean discharge of the patient as soon as she is fit to be moved - which may be only a few hours after childbirth; discharge 48 hours after delivery - in practice 48 hours after the on-set of labour, or discharge on or about the seventh day.

I quote without comment the Gillie Report on "The field of work of a family doctor" - 'early discharge whether 48 hours after delivery or a few days earlier than is traditional, is acceptable if the mother has been prepared for it before delivery, if the family doctor and the local health authority are consulted in advance and if the home conditions are satisfactory; the family doctor is then willing to take over responsibility for the care of the mother and child, with the help of the local authority staff'.

It is perhaps fair to state that a report from Bradford on a series of over 2,000 mothers and babies showed that there was no greater risk to 48 hour discharge than if delivery had occurred at home. It is however, pertinent to observe that a comparison with the standard of risk operating in domiciliary confinement is not sufficiently high and that it is not so very many years ago that the Royal College of Obstetricians and Gynaecologists gave their view that all confinements should take place in hospital.

Various studies have shown that early discharge schemes should be planned and their success is dependent upon the following facts - co-operation and adequate liaison between all the health service staffs, hospital, family doctor and local authority, and in this respect it should be noted that a maternity liaison committee of which I am a member, meets at intervals in Rotherham for discussion of such problems; adequate selection of suitable mothers; provision of home helps for the discharged mother; accurate and immediate transfer of information on discharge; a well organised maternity unit; immediate re-admission to be accepted without question; and efficient ambulance service with well heated ambulances; efficient and adequate local health authority midwifery staffing.

Twenty-two midwives were employed in the divisional area at 31st December, 1964; the authorised establishment being 24. It is gratifying, in view of the national shortage of practicing midwives, to know that midwives can be recruited and retained in an industrial area such as ours. The average number of confinements attended by each midwife during 1964 was 46. All midwives are authorised to use their private motor cars on official business and the County Council in common with other local authorities operate an assisted car purchase scheme for staff classified as 'essential users'.

Refresher courses were arranged for those members of the staff who were required to attend in accordance with Section G of the Rules of the Central Midwives Board. The County Council also provided courses of instruction for midwives at the Adult College at Grantley Hall. Additionally, meetings of midwives are arranged at regular intervals locally.

The issue of Trilene Inhalers to all staff was completed during the year and arrangements were subsequently made to withdraw the "Minnitt" Gas and Air machines previously used.

Of the 2,200 live and still births in the division during 1964 the district midwives delivered 1,114 babies. 50% of all deliveries therefore were domiciliary. The Cranbrook Committee in its report on the Maternity Services recommended that provision should be made for 70% of all mothers to be confined in hospital. The need for more maternity beds in the area must again be emphasised. General practitioners were present at 177 of the home confinements and medical aid was requested on 154 occasions. Midwives also attended 57 mothers who were discharged from hospital after 48 hours, a further 184 discharged up to and including the fifth day and 361 discharged before the tenth day after delivery.

Visits :

				Ante-Natal	Post-Natal
Domiciliary cases	...	...	...	8,225	16,391
Hospital cases	...	...	...	678	2,909
				<hr/>	<hr/>
				8,903	19,300
				<hr/>	<hr/>

The numbers of deliveries show little variation from the previous year. There was, however, a 20% increase in the number of cases delivered in institutions and discharged before the tenth day. The number of 48 hour discharges increased during 1964 by 20.

HEALTH VISITING - SECTION 24

The increasing attachment of the health visiting staff to the family doctors has presented me with problems, which although not insoluble, suggest that the duties of a health visitor need reconsideration. These problems are common to the whole of the West Riding and to all local health authorities in which health visitor attachment is proceeding. At the present time the duties of the health visitor are apparently too wide; not only is she concerned with her routine visiting of families in the home, but also with the duties of a school nurse, involving her in attendance at routine medical examinations and at immunisation and vaccination sessions; she attends infant welfare clinics and ante-natal clinics and is expected also to co-operate in the fullest sense with the medical practice to which she is attached. It is apparent to us all that such a multiplicity of roles cannot be adequately supported.

It has been suggested that the primary duties of the health visitor should be as follows :—

Co-operation with general practitioners :

It is envisaged that full development of the scheme would involve a whole time attachment to a group practice or partnership with perhaps 6,000 patients for each health visitor. The health visitor would therefore no longer be based on a geographical area and in some cases would overlap with other health visitors. The medical practitioners concerned would be conducting ante-natal, infant welfare and school medical inspections for those mothers, infants and school children in their own practice, including routine immunisations and vaccinations; the health visitor would accompany the general practitioner on these occasions. This would produce new administrative problems particularly in the arrangements for school medical inspections. Since the health visitor would not be available for such special medical examinations as yearly routine eye examinations, attendances at specialists school clinics, etc., these would have to be performed either by a health visitor not wholly attached to general practice or by a new 'auxiliary' grade of public health nurse. The latter category is not clearly defined in the various reports and it would seem not unlikely that full attachment might lead to a reversal to the separate appointment of school nursing sisters.

Health Education :

The health visitor has traditionally been concerned with health education. This function has largely been carried out as an extension of normal clinic routine, e.g. advice to mothers at infant welfare clinics, expectant and nursing mothers at ante-natal clinics. Some doubt has been passed in recent years as to whether the health visitor has sufficient specialised knowledge to carry out a modern health education programme satisfactorily, and it may well be that the importance of the health visitor in this role has been overstressed.

Pre-symptomatic diagnostic tests :

Pre-symptomatic diagnostic tests includes the detection of phenylketonuria, congenital dislocation of the hip and routine audiometry in school children. Although such tests have been regarded as an exclusive duty of the health visitor there is no reason why these tests should not be performed by other adequately instructed nursing staff.

In view of the multiplicity of duties involved by health visitor attachment to general practice, the augmentation of the health visitor staff by nursing auxiliaries may become a significant factor in the work of the local health authority. It is important that this unfortunately chosen title should be understood. The auxiliary nurse would be a fully qualified state registered nurse who has not

taken her health visitor certificate. It is expected that such nurses will in due course undergo health visitor training, but in my experience all the duties of a school health service can be most adequately performed by state registered nurses without a health visitor certificate.

A further development in relieving the health visitor of some of her duties is the proposal to appoint trained social workers to a local health authority. Their area of work has not yet been clearly defined but would presumably include dealing with problem families.

I intend to report further when the position becomes more clear, in my next report.

Twenty-four nurses were employed in the health visiting service at the 31st December, 1964, 18 of whom are fully qualified health visitors. The remaining 6 are all state registered nurses.

The training of health visitors in this division in the techniques of audiometry have continued and this has proved a most important and rewarding part of their duties. Details are given later in this report of the activities of the health visitor in the ever expanding health education programmes.

The following is an analysis of the work undertaken by health visitors during 1964 :—

Visits :

Expectant mothers	...	...	...	207
Children under 1 year	...	...	7,188	
Children aged 1 - 2 years	...	...	5,525	
Children aged 1 - 5 years	...	...	9,403	22,116
			<hr/>	
Tuberculosis households	...	...		694
Other cases	...	...	...	13,757
School health cases	...	...	...	1,163
Ineffective	...	...	...	3,313
				<hr/>
			Total	41,250
				<hr/>

Clinic and School Sessions :

Maternity and Child Welfare	...	...	...	2,046
Ultra Violet Light	...	...	...	15
Specialist - Chest	...	...	...	5
- Other	...	...	...	274
School Health	...	...	...	1,573
				<hr/>
			Total	3,913
				<hr/>

There has been little change in the pattern of cases visited and the number of visits made compared with last year's return. A slight increase is noted in the total number of 'toddlers' visited with a subsequent increase in the total number of visits. There were fewer visits to those aged 65 and over; in the two preceeding years, however, many initial visits were made for assessment of chiropody treatment.

HOME NURSING - SECTION 25

The staff of the home nursing service in the division at 31st December, 1964 consisted of 22 full-time nurses and 1 employed part-time. The staff who are able to drive cars are either authorised to use their own vehicles on official business or have been provided with County owned motor vehicles.

Only two of the home nursing staff have not received district training, and one of these has now reached the age of optional retirement. Two nurses successfully attended district training courses in 1964.

Instructions regarding treatment are sent directly by the family doctors to the home nurses; this type of team work is desirable for all domiciliary nursing services. A full range of modern nursing equipment is available for issue by the home nurse to facilitate her work and to improve the comfort of the patient. The supply of disposable bed pads and pants for incontinent patients are authorised by the County Council. The issue of these items means much less laundry for the patients' relatives and saves the time of the nurse: arrangements were completed with the Regional Hospital Board for the provision of a laundry service at Wathwood hospital for incontinent patients. This service ceased at the end of 1964 when the hospital laundry was transferred to Rotherham.

The home nurses and health visitors are often instrumental in arranging financial relief for patients through such agencies as the National Society for Cancer Relief and the Marie Curie Fund. I am grateful for the help which we receive from these voluntary organisations. The total sum disbursed in the year was £341.

A night and day sitting service has been established. The strain experienced by relatives in nursing terminal illnesses can be relieved by the provision of a nurse or a lay person to remain with the patient during the day or the night. The cost is supported either by the County Council or the Marie Curie Fund. Two patients were supplied with this service during 1964. The time involved was 16 hours and the cost was borne by the above fund.

The following are statistics relating to the work of the home nurses in 1964. It will be seen that they made 53,370 visits to 1,684 patients. Nearly half of the patients nursed were aged 65 or over and they were visited on 31,249 occasions. 510 patients had more than 24 visits each during the year.

Case Summary :

Classification	No. of cases attended	No. of visits made
Medical	1,242	41,785
Surgical	311	8,971
Infectious Diseases ...	14	68
Tuberculosis	20	1,740
Maternal complications ...	97	806
TOTALS	1,684	53,370
Patients included in above aged 65 or over	838	31,249
Children included in above aged 5 years or less ...	59	402
Patients included in above 24 visits or more	510	34,123

The total number of staff weeks worked during the year on home nursing 980

Of the total of 1,684 patients nursed during the year 1,165 cases were completed by the 31st December, 1964. The main categories of diseases for which these patients were treated included respiratory diseases (i.e. bronchitis, pneumonia but not tuberculosis) 181 anaemias 97; complications of pregnancy 88; skin diseases (i.e. boils, carbuncles etc.) 96; constipation 70; diseases of the heart and arteries 80. The treatment consisted of injections in 578 cases and general nursing in 346 cases. Antibiotics were administered by injection in 331 cases and drugs for anaemias accounted for 162 cases in which injections were given. 7,956 visits were made by home nurses for the sole purpose of giving injections.

Training Scheme :

The County now trains its own home nurses. Nurses with S.R.N. qualification can only be accepted for temporary appointments. If they accept the approved course of training for the Queen's Institute of District Nurses and have had less than eighteen months experience of home nursing they are seconded to another division for a period of three or four months. In our own division, Mrs. Hucknall Senior Nursing Sister, Rawmarsh, and Mrs. E. Brooks, Senior Nursing Sister, Thurnscoe, have been selected as Sisters in charge of training.

The nurse under instruction remains under the supervision of one or other of these senior sisters for the whole of the period. Lectures are held at Wakefield and three weeks are spent at the Johnson Memorial Home, Sheffield. Miss N. I. Harris, Home Nurse Tutor and Miss V. Dunford, Divisional Nursing Officer, supervise the overall training programme. During 1964 2 nurses have been trained in the division under this scheme and all passed the examination conducted by an independent examiner of the Queen's Institute of District Nurses. Two of our own staff of home nurses have been similarly trained in other divisions and passed the examination at the end of the training period. The fully trained nurses attend refresher courses at regular intervals. Three attended such a course at Grantley Hall.

VACCINATION AND IMMUNISATION - SECTION 26

Smallpox Vaccination :

Age at 31/12/64	Under 1 1964	1—4 1960/63	5—14 1950/59	15 or over before 1950	Total
No. Vaccinated					
Dearne	3	27	3	—	33
Conisbrough	1	15	—	1	17
Mexborough	—	17	—	10	27
Wath	4	27	1	6	38
Swinton	2	16	—	9	27
Rawmarsh	2	32	2	4	40
Total	12	134	6	30	182
No. Re-vaccinated					
Dearne	—	—	—	—	—
Conisborough	—	—	—	—	—
Mexborough	—	—	—	—	—
Wath	—	—	—	4	4
Swinton	—	1	1	3	5
Rawmarsh	—	—	—	—	—
Total	—	1	1	7	9

Diphtheria Immunisation :

Urban District	No. of children primarily immunised			No. of children given booster doses during 1964
	Under 5 yrs.	5—14 years	Total	
Conisbrough	260	63	323	271
Dearne	311	111	422	398
Mexborough	191	2	193	134
Wath	228	43	271	273
Swinton	259	20	279	383
Rawmarsh	271	93	364	463
Total	1,520	332	1,852	1,922

The immunisation rate in this division is at a satisfactory level, and no cases of diphtheria have been reported for some time. It is of the utmost importance to ensure the immunisation of all children in their first year of life and that this immunity be boosted at the age of five years and again at ten years.

Poliomyelitis Vaccination :

	No of persons completely vaccinated		Total persons completely vaccinated	
	3 injections	4 injections	3 injections	4 injections
Children born in years 1949 - 1964	1,787	604	26,707	8,832
Young Persons	12	—	12,247	—
Total	1,799	604	38,954	8,832

Vaccination against poliomyelitis is now carried out by means of oral vaccine only and is given as three doses in the first year of life followed by a booster dose at the age of five years. The advent of the Sabin vaccine has produced what may well be an almost total acceptance with the general public. The efficacy of poliomyelitis immunisation is shown by the lowest ever record figure of 1.1 cases per million in 1963 in England and Wales and there have been no major outbreaks of poliomyelitis since vaccination began.

AMBULANCE SERVICE - SECTION 27

The divisional area is served by the County Ambulance Station at Dunford House, Wath-upon-Dearne. The Station Officer is Mr. F. Hyde, G.I.A.O., who has kindly supplied the statistics listed below. The staff of 31 includes 22 male driver-attendants, 2 female driver-attendants, 5 shift leaders and 2 clerk/telephonists.

No. of patients conveyed	...	...	...	...	39,107
No. of journeys	...	...	...	...	6,639
Total mileage 1.1.64 to 31.12.64	...	...	...	...	203,034

The eight vehicles stationed at Wath-upon-Dearne are all equipped with short wave radio communication sets. The Station Superintendent and his staff have all received instruction in emergency resuscitation, emergency midwifery and emergency treatment of unconscious casualty. The Station Superintendent received this instruction at a course at Leeds Infirmary and the remainder of the station staff received instruction from myself. Films have also been shown on mouth to mouth breathing and emergency childbirth by the Divisional Nursing Officer. The ambulance depot has been modernised and has its own inspection pit and maintenance department. Major repairs are referred to County Ambulance Headquarters, Birkenshaw, Bradford.

The Ambulance Depot telephone number is Wath-upon-Dearne 2234/5 night and day, and any person can order an ambulance for any accident or emergency childbirth where it is apparent that emergency hospital treatment is required. All members of the service hold a valid certificate of the St. Johns Ambulance Association.

PREVENTION OF ILLNESS - CARE AND AFTER CARE SECTION 28

Nursing Equipment in the Home :

1,365 issues of various forms of nursing equipment were made in 1964. These items ranged from feeding cups and walking sticks to hospital beds and hydraulic hoists.

Each home nurse keeps a stock of smaller items of equipment and the larger items are stored with a reserve supply of minor items at Wath-upon-Dearne and Mexborough. A monthly return of available equipment is sent to Central Office at Wakefield so that transfers can be readily effected between divisional areas as the occasion demands.

Every use is made of disposable items of equipment such as bed pads and pants for incontinent patients and plastic syringes and disposable needles.

Enuresis alarms are made available for use with children who are habitual bed-wetters on medical recommendation. 28 alarms were available at the end of December 1964 and they had been issued 42 times in all.

Hospital After-care :

Two health visitors in the division visit the Montagu Hospital, Mexborough, Fullerton Hospital, Denaby Main, Wathwood Hospital, Wath-upon-Dearne, Doncaster Gate and Moorgate Hospitals, Rotherham, each week for the purpose of liaison duties. The hospitals at Mexborough and Denaby Main provide for all categories of patients, whilst Wathwood is primarily for chest cases.

The health visitor Mrs. M. Jenkinson reports as follows :—

I have to report once more a happy year visiting those hospitals for which I am responsible. The main concern was with the aged and chronically ill. Visits were made weekly and all wards concerned were visited and patients interviewed where necessary.

Rotherham Moorgate Hospital notified me of patients on the pre-admission list and the health visitor concerned gave me a home background report. Each month Dr. Cantor, Consultant Geriatrician, and I discussed the most urgent cases; before our discussion I visited Ward F and afterwards Oakwood and Badsley Moor Lane hospitals. Differing views as to urgency of admission between health visitors resulted in August 1964 in my taking over home visiting of all pre-admission patients personally, after notifying the health visitor concerned.

I found some confusion during the year as to the difference between Part III and Hospital accommodation among some health visitors and family doctors. Some of the pre-admission patients I visited were clearly more suitable for Part III accommodation and more rarely dying patients were included in such lists. In such cases Dr. Cantor recommended to the general practitioner their transferal to Part III accommodation lists.

In some cases, the houses of old people admitted to hospital, were disposed of by their children, who refused hospital discharge, to their own care. Hospital beds were blocked therefore by patients awaiting admission to Part III accommodation.

Wathwood hospital is fortunate in its geriatric unit, which admits old people from Moorgate. Blockage of beds occurred here also and for a similar reason to that mentioned above. At Wathwood details of patients admitted and discharged during the previous week were obtained from the general office, discussions between ward sister, staff nurses and myself were held, and each ward was visited. The patients at this hospital are now well used to me and often asked to see me during the year to discuss domestic problems.

Doncaster Gate Hospital :

No. of visits to hospital	...	...	...	...	...	47
No. of interviews in hospital	...	...	...	...	...	113
No. of home visits	...	...	...	...	...	55
No. of investigations of home conditions	...	...	...	...	...	53
No. of cases for supervision by health visitors on discharge	...	...	...	...	...	35
No. of home nurses arranged for patients on discharge	...	...	...	...	...	5
No. of home helps arranged for patients on discharge	...	...	...	...	...	7
No. of cases for which convalescent home treatment arranged	...	...	...	...	...	-
No. of cases of special environmental investigations	...	...	...	...	...	3

Moorgate Hospital :

No. of visits to hospital	...	...	...	...	...	53
No. of interviews in hospital	...	...	...	...	...	109
No. of investigations of home conditions	...	...	...	...	...	49
No. of cases for supervision by health visitor on discharge	...	...	...	...	...	52
No. of home nurses arranged for patients on discharge	...	...	...	...	...	5
No. of home helps arranged for patients on discharge	...	...	...	...	...	21
No. of cases for which convalescent home treatment arranged	...	...	...	...	...	-
No. of cases of special environmental investigations	...	...	...	...	...	47

Fifty-six visits were made 9 for consultation with Dr. Cantor. On each of my visits I saw the secretary, Miss Usher, and received from her the names of those geriatric patients whose names appear on the pre-admission list; at the same time I passed on to her any information which I felt could not wait until I saw Dr. Cantor again.

Wathwood Hospital :

No. of visits to hospital	...	...	...	...	...	48
No. of interviews in hospital	...	...	...	...	...	221
No. of home visits	...	...	...	...	...	174
No. of investigations of home conditions	...	...	...	...	...	137
No. of cases for supervision by health visitor on discharge	...	...	...	...	...	56
No. of home nurses arranged for patients on discharge	...	...	...	...	...	4
No. of home helps arranged for patients on discharge	...	...	...	...	...	11
No. of cases for which convalescent home treatment arranged	...	...	...	...	...	-
No. of cases of special environmental investigations	...	...	...	...	...	10

Eye cases are now admitted under the care of Mr. Maw to relieve waiting lists. Orthopaedic cases are transferred from the Barnsley Beckett Hospital under the care of Mr. Price. The hospital also has geriatric beds under Dr. Cantor, the majority being transferred from Moorgate or Badsley Moor Lane hospitals.

The major problem during the year has been the long wait in hospital - in some cases as long as a year - for admission to Part III accommodation. In some cases the difficulty could have been avoided by the exhibition of a better sense of social duty on the part of the children of these old people. I feel however, that we should not judge too harshly, the apparently unfeeling behaviour of some daughters and sons. Old people can be most trying, often exhibit a high degree of self pity, and do not always show that tolerance to youth, which we may rightly expect from the elders of the community. Old people have to some extent suffered from the same type of publicity afflicting adolescents to-day.

It is not in the best interest of the community to continue the artificial groupings of adolescence, middle age and old age. A less sentimental and more practical approach to the care of all age groups might yield better results.

Tuberculosis After-care :

The divisional area is served by two consultant chest physicians, Doctors J. D. Stevens at Mexborough and A. C. Morrison at Rotherham. Excellent co-operation is maintained; a health visitor visits the Mexborough chest clinic each week to consult with the chest physician and a further health visitor attends each week at the Wathwood Hospital for the same purpose. Both these health visitors are con-

cerned with the arrangements for after-care and to help in the resolution of any problems experienced by any of the patients on their discharge from hospital. All applications for extra nourishment grants are initiated by the health visitor and countersigned by the chest physician; such applications are reviewed every two months.

Health visitors continue to render background reports and lists of contacts in respect of all notified cases. An average of 6 contacts for every notified case is checked. B.C.G. vaccination of contacts was carried out in 122 cases during 1964; 51 being under the age of one year B.C.G. vaccination of school children was continued; 2,038 children were offered vaccination, 1,426 accepted. Twenty-five percent of all those school children skin tested gave positive results.

The initial return of consent forms from some schools were disappointing and lists of children who had not returned consent forms were obtained and individual letters sent to the parents. The eventual overall acceptance was 70%. Lists of all children who had been Heaf tested, and the results, were sent to both chest physicians in the area. Children with strongly Heaf positive results were seen by these physicians. The family doctors were also informed of all results. No cases of active tuberculosis were discovered. In those positive cases where there was no known contact from previous history of B.C.G. vaccination, the chest physician arranged for the children's families to be x-rayed. These x-rays were all normal.

The South Yorkshire Area Mass Radiography Unit held public sessions in Denaby Main, Conisbrough, Mexborough, Wath-upon-Deerne and Rawmarsh during 1964 and 10,369 x-rays were performed. Attendances showed an encouraging increase compared with the attendances for 1962. Use was made of the new post-office service for delivery of unaddressed mail in Mexborough over a limited area. The whole town could not be covered because of the cost. There was a 50% increase in the general public attendances at these sessions. 1,308 members of the general public attended the session at Wath-upon-Deerne in July 1964 compared with 715 in 1962. At the Parkgate Iron & Steel Co., sessions in November and December there was an increase of 2,600 compared with 1962. Four cases of tuberculosis and 48 inactive cases were discovered out of the 10,369 examined. A total of 246 abnormalities were discovered at all sessions.

Non-tuberculous abnormalities discovered are classified as follows :—

Abnormalities of the Bony Thorax and Soft Tissues - Congenital	5
Abnormalities of the Bony Thorax and Soft Tissues - Acquired	5
Bacterial and virus infections of the lungs	7
Bronchiectasis	10

Emphysema	...	...	...	...	...	...	...	6
Pulmonary fibrosis - non-tuberculous	...	...	...	...	...	...	...	13
Pneumoconiosis - not previously certified	...	...	...	...	...	...	...	62
Pneumoconiosis - previously certified	...	...	...	...	...	...	...	9
Benign tumours of the lungs and mediastinum	...	...	...	...	...	...	...	1
Carcinoma of the lung and mediastinum	...	...	...	...	...	...	...	2
Enlarged mediastinal and bronchial glands non-tuberculous	...	...	...	...	...	...	...	1
Sarcoidosis and collagenous disease	...	...	...	...	...	...	...	1
Pleural thickening or calcification - non-tuberculous	...	...	...	...	...	...	...	11
Abnormalities of the diaphragm and oesophagus; congenital and acquired	...	...	...	...	...	...	...	7
Congenital abnormalities of heart and vessels	...	...	...	...	...	...	...	2
Acquired abnormalities of heart and vessels	...	...	...	...	...	...	...	20
Miscellaneous	...	...	...	...	...	...	...	3

Beds and bedding are available on loan to those patients who require bedroom segregation and subject to the recommendation of the chest physician, extra nourishment in the form of milk is provided free of charge to all patients suffering from active pulmonary tuberculosis; the number of such patients continues to decrease. Two of the 55 cases receiving extra nourishment at the 31st December 1964 received one pint of milk daily instead of the usual two. 33 grants were made during the year and 29 discontinued.

The Doncaster and Rotherham Care Committee have provided personal clothing for such patients where a need exists and when the recommendation is supported by the chest physician.

All the district councils in the division allow priority of housing on the recommendation of the Medical Officer of Health for active cases of pulmonary tuberculosis where the Medical Officer of Health considers that their present housing accommodation is inadequate or where there is over-crowding, or where the house is situated in areas of gross atmospheric pollution.

Further observations on prevention of tuberculosis are contained in the preface to this report. Some measure of the progress made in containing this disease may be gained from a comparison of 421 deaths under the age of twenty-five in 1953 in England and Wales with 15 deaths in 1963.

Chiropody :

The number of patients receiving chiropody treatment increased by 650 compared with 1963. Of the 3,356 patients on the register approximately 800 received treatment at home. The total number of treatments given showed no increase from the previous year. In April 1964 a direct service was introduced in the Conisbrough and

Denaby Main areas and equipment was installed in the new infant welfare clinic at Conisbrough. Owing to the number of cases receiving treatment a chiropody service was also operated through the agency of the Conisbrough Old People's Welfare Committee.

It is estimated that there are 10,300 residents aged 65 and over in the area; our figures therefore indicate that 25% of all pensioners are receiving the service. On the introduction of the scheme in 1960, estimates were based on a 15% rate. All cases referred for treatment are subject to the approval of the Medical Officer of Health before treatment can commence. Those chiropodists' fees paid by the Voluntary associations, are re-imbursed by the County Council on submission of certified claims.

Summary of treatments :

Voluntary Association	Total Sessions	No. of Patients treated			Attendances
		Domi-ciliary	Non-Domi-ciliary	Total	
Bolton-on-Dearne O.A.P. Association	188	155	432	587	2,357
Goldthorpe O.A.P. Association					
Thurnscoe O.A.P. Association					
Thurnscoe W.V.S.... ..					
Conisbrough & Denaby Main O.A.P. Welfare Committee	126	85	305	390	1,442
Mexborough Old Folk's Welfare Committee	211	133	511	644	2,353
Swinton Aged Peoples Welfare Committee	121	144	360	504	1,532
Rawmarsh Aged Peoples Welfare Committee	226	186	423	609	2,583
Wath-on-Dearne Aged Peoples Welfare Com'tee	162	190	319	509	1,963
Total	1,034	900	2,356	3,256	12,230

I would like to express my thanks to the officials of the voluntary association.

National Assistance Act, 1948 - Section 47 :

This section of the Act is concerned with the compulsory removal of persons in need of care from their homes on a Court Order or in an emergency on an Order signed by two medical practitioners and a Justice of the Peace.

Such person may be removed to a County Home or hospital, provided that all the sections of the Act are satisfied. It was not necessary to take any action under this section in 1964.

Joint Wardens Schemes for the supervision of the aged :

The scheme, organised jointly by the county council and the local district councils, provides for the supervision by wardens of aged persons, both in units or other purpose-built accommodation and in ordinary dwellinghouses. The wardens may or may not be resident. In all cases, the wardens are provided with a telephone, an illuminated sign where this is necessary, and are paid a salary, the amount of which is at the discretion of the local district council. In those circumstances where the warden is non-resident, it is their duty to visit once each day and to direct the help of the appropriate agency where this is required. No physical help, other than in an emergency, is required of the warden.

Residential accommodation for the aged who are suitable for supervision under the wardens scheme has been provided in this area as follows —

Conisbrough:	2 Wardens	Bungalows - Shepherds Close, Denaby Main Coronation Cottages, Conisbro'. Flats - Marchgate, Conisbrough.
Dearne:	6 Wardens	Bungalows - Chestnut Grove, Thurnscoe. Low Grange, Thurnscoe. Market Square, Goldthorpe. King Street, Goldthorpe. Green Gate Close, Bolton - on - Dearne.
Mexborough:	2 Wardens	Bungalows - Crossgate, Mexborough. Montague Street, Mexborough. Flats - Maple Leaf Court, Mexborough. (New unit under construction in Hallgate)

Rawmarsh:	1 Warden Bungalows - Greenfield (to be opened in 1965)
Swinton:	6 Wardens Bungalows - Church Close, Swinton. Brameld Road, Swinton. St. Mary's Crescent, Swinton. Russell Road, Kilnhurst.
Wath-upon-Dearne	6 Wardens Bungalows and Flats - Almond Place, Wath-upon- Dearne Bungalows - Cemetery Road, Wath-upon-Dearne Mount Pleasant Road, Wath-upon-Dearne. Coleridge Road, West Melton Stokewell Road, West Melton Tennyson Rise, West Melton.

The county council have now decided that the scheme should be extended to cover aged persons in need of the service not resident in council houses. An estimate of the additional number of wardens required has been submitted to the County Council and it is expected that the extension of the scheme in this manner will proceed during 1965. The scheme is intended to prevent the isolation of those old people whose own families are not able to visit them as often as is desirable. It is not intended in any way to relieve families of their responsibilities towards their aged parents, and indeed, it would be most undesirable if local councils proceeded in this way. This area is more fortunate than the large cities in that it is rare for old people to be so isolated as to be rendered helpless by illness and left without aid. It is unlikely therefore that the numbers requiring daily visits by a warden will reach any magnitude.

Meals on Wheels :

Meals on wheels services were in operation in all six county districts by the end of 1964. Under the provisions of the scheme meals are provided to people who are suffering from malnutrition or who are unable to cook their own meals due to disability and have no-one else to cook their meals for them. Containers for the service are provided by the County Council who also subsidize the meals to the extent of 1s. 6d. per head. The recipient is charged 1s 0d. per meal.

In respect of the services provided in Conisbrough, Mexborough, Wath-upon-Dearne, Dearne and Swinton, the meals are all cooked at the Manvers Main Colliery Canteen. In Rawmarsh the council made arrangements for meals to be prepared at the South Yorkshire Chemical Works.

The first service started in Rawmarsh in May 1963 with a twice weekly delivery to 33 selected aged persons. The scheme was extended to cater for 50 persons in November 1963.

The service in Conisbrough and Denaby Main started in April 1964 and superseded a limited scheme which had been operated through the home help service since February 1959. The new scheme provided for the delivery of meals to 36 persons each Friday and 24 persons at a weekly Luncheon Club held at the Denaby Main Old People's Community Centre. The van used for the delivery of meals in Conisbrough and Denaby Main was shared with Mexborough and Wath-upon-Dearne and was provided through the generosity of the Mexborough and District Round Table; the Conisbrough and Denaby Main Old People's Welfare Committee have now decided to purchase their own van and in anticipation of this being delivered in January 1965 a twice weekly service has been introduced.

In Mexborough a twice weekly service for 36 persons was started in March 1964 through the agency of the Women's Voluntary Service.

Wath-upon-Dearne Aged People's Welfare Committee also initiated a scheme for supplying meals to 36 persons on two days per week in March 1964 making use of a van supplied by the Round Table.

A vehicle was donated to the Dearne Meals on Wheels Committee by the Dearne District (S.P.) Bookmakers and Trades People's Charities Association and was brought into use in October 1964 for the delivery of meals to 36 people on Mondays and Tuesdays and a further 36 on Wednesday and Thursdays each week.

The services in Swinton and Kilnhurst started on the 29th September 1964 and provides for 36 meals to be delivered on Tuesdays and Thursdays each week in a vehicle loaned to the Committee by Mr. F. Calladine.

The success of the meals on wheels scheme has been due in no small part to the ready co-operation and help given by the National Coal Board, South Yorkshire Chemical Works, the Women's Voluntary Service and the many private and unpaid volunteers.

I am grateful to Mrs. McNaney, Supervisor No. 3 Area N.C.B. Canteens and to Miss Wright, Manageress, Manvers Main Canteen; to the Directors, South Yorkshire Chemical Works and to Mrs. Marriott, Manageress of their canteen, for their help. My thanks are also due to the various local organisers of the Women's Voluntary Service and to the volunteer drivers and staff who serve the meals to the old people.

Health Education :

The health education programme in this division includes the teaching of mothercraft and general hygiene at almost all the secondary modern schools; talks to parents of leavers and entrants at the schools; talks on home safety in many of the junior schools and to the aged. Further health education programmes were carried out at the Wath-upon-Deerne Mothers' Club and at young wives groups. Relaxation classes are especially valuable for the special teaching of expectant mothers. Health education is a routine part of the work at all infant welfare clinics.

A comprehensive course of lectures on the subjects of personal hygiene, mothercraft, the dangers of smoking and home safety has been given to school children in six secondary schools. At the same time the opportunity was taken to explain the work of the public health department and general nursing services. The children were introduced to midwives, home nurses and public health inspectors who have explained their various roles in the public health service.

Parents have also been invited to schools and clinics to see some of the films on personal hygiene before these were shown to their children. Discussions also took place with the parents on particular problems presented by their daughters and sons. The number of parents attending these sessions has varied with the locality. No specific talks have been given on venereal diseases during these courses.

Mothers' Clubs :

Three Mothers' Clubs continue to hold fortnightly meetings. Members of the health department and outside speakers presented talks or films on some aspect of health education on each occasion. A fourth Mothers' Club which was opened at Monkwood infant welfare centre during the summer months was not well attended.

Relaxation Clinics :

Midwives in all areas of this division hold regular relaxation classes weekly, and full use was made of films, film strips and other health education material.

Exhibitions :

Two Home Safety exhibitions have been held in Rawmarsh and the health department's puppet theatre was used with great success in Wath-upon-Dearne and Rawmarsh during December, 1964.

No opportunity was lost by the medical or nursing staff to give advice on health measures either in the home, at school medical inspections or at other meetings which they attended.

Home Safety :

Rawmarsh, Conisbrough, and Wath-upon-Dearne Urban District Councils held full scale home safety programmes during which health visitors visited all schools in the areas and also talked to mothers' meetings and aged people.

The divisional medical officer or divisional nursing officer attended home safety meetings in the area.

To support our health education activities the following equipment is at our disposal :—

- two 35 m.m. film still projectors
- one 16 m.m. sound projector
- three screens
- various posters and leaflets

Help has been given to the division by the deputy county nursing officer, Miss M. G. Edwards, whose particular concern is with health education.

DOMESTIC HELP SERVICE - SECTION 29

Establishment of domestic helps	...	...	...	80
No of domestic helps employed at 31.12.64 part-time				166
			(equivalent of 75.2 full time)	
Groups receiving assistance:—			No. of cases	Hours
(1) Maternity (including expectant mothers			85	4,517
(2) Chronic sick				
(a) aged 65 plus	...	...	1,185	149,328
(b) aged under 65 and tuberculosis			109	8,001
(3) Others	...	...	56	2,377
			<hr/>	<hr/>
			Totals	1,435 164,223
				<hr/>

The provision of domestic help is based on a medical certificate from the family doctor and may be provided for the ill, aged, mentally

defective, or to care for young children in the absence of the mother in hospital. The service is also provided when required for expectant mothers before, during, and after confinement.

The home help service is not a free service, each applicant is required to complete a form giving details of their financial circumstances and the charge is assessed after consideration of these details. Persons in receipt of a Supplementary Pension from the National Assistance Board are not charged.

In exceptional circumstances, and where this is authorised by the Divisional Medical Officer and the County Medical Officer, a 24 hour service can be provided.

At the request of the County Medical Officer the service was curtailed to some extent in the last two months of 1963. This was necessary to avoid over expenditure in the 1963-64 financial year. To reduce complaints all general cases were reduced in proportion.

MENTAL HEALTH SERVICE

Subnormal or Severely Subnormal :

Number under care and guidance	554
Number of new ascertainments	10
Number attending training centre	112

Mentally Ill :

Number discharged from psychiatric hospital	188
Number requiring after-care	484
Number of visits involved for after-care and patients referred from out-patient clinics	3,054
Number of cases referred to out-patients psychiatric clinics	94
Number referred to rehabilitation centres	16
Number referred to Youth Employment Office under 17 years of age	5
Number of domiciliary consultations	240

Out-patients Clinics :

Monday, Wednesday

Barnsley Beckett Hospital
Consultant, Dr. M. Jeffrey.
Mrs. F. H. Redman attends.

Average attendance each year - 450

Monday, Thursday

Mexborough Montagu Hospital
Consultant, Dr. N. L. Gittleson.
Mr. R. N. Halliday attends.

Average attendance each year - 330

Friday

Doncaster Royal Infirmary
Consultant, Dr. M. Jeffrey.
Miss Palmer attends for training purposes.
Average attendance each year - 480

Mentally subnormal patients not attending training centre :

Males	...	...	...	28	working full-time, 1 part-time
Females	...	...	...	20	working full-time, 2 part-time
Males occupied at home				12	
Females occupied at home				11	

New patients at the out-patients clinics are first seen by the mental welfare officer; a full social history is obtained before the patient is examined by the consultant psychiatrist. Follow up visits are made by the mental welfare officer at the request of the consultant. The mental welfare officers accompany the psychiatrist on domiciliary consultations to review the patient's social background. The number of visits to patients has continued to increase during 1964.

The Psychiatric Social Club continues to progress. Following its opening in 1961 until 1963 meetings were held at Rock House, Swinton. The club has now moved to the new clinic at Wath-upon-Dearne. Meetings are held weekly and the membership at 31st December, 1964 was 58; still predominantly female.

Entertainment is still mainly of an organised variety; film shows, whist drives, handcrafts, which included jewellery making, dress-making, cookery and cake icing. The second part of the evening includes dancing, sing songs and group discussions. Suggestions from members are encouraged and any impression of regimentation is avoided.

Visits were arranged during the summer months and these proved popular. A stately home, a woollen factory, the Bishop's Palace at York, followed by a river trip were included. Theatre outings were also arranged.

The age range of patients is wide (17 to 62). Invitations to the most disturbed patients are not sent since it is important that our members should not become withdrawn. During the year eight of our members left to join other groups such as a dramatic society and

evening classes. Invitations were made by a monthly letter sufficiently persuasive to encourage attendance, without any need for domiciliary visits; this letter is in many cases the only one some patients ever receive.

No distinction is made between staff and patients but a good staff to patient ratio is required to avoid any unpleasant incidents. Various voluntary bodies, including the Wombwell Town's Women's Guild and members of the mothers union choir have given great help in this way.

During its four years of life it may fairly be said that the club has shown that in certain cases the periods between re-admission to hospital may be lengthened and that such clubs may act as a starting point for other social groups of a less protected nature, e.g. evening classes.

The pattern of community care in mental illness is becoming increasingly well co-ordinated with the hospital service in the area. The consultant psychiatrists Dr. Gittleston and Dr. Jeffrey have given the most invaluable help during the year. Depressive illness is now less treated by admission to hospital and more by treatment as a day, night or as an out-patient. During the year 25 patients from this area were treated successfully by attending the Day Hospital in Sheffield.

Much time and effort has been necessary in the provision of an after-care service. Such a service involves supervision of domiciliary medical treatment, rehabilitation and effective training for re-employment. Satisfactory re-employment for psychiatric cases is an obvious need. In many cases those recovering from mental illness are able to return to their previous employments.

The fullest use is made of the service of the Ministry of Labour, youth employment officers and disablement re-settlement officers and the personal contacts established were of particular importance in placing the subnormal.

The local provision for the senile confused patient is still not fully adequate. Many of these patients do not require admission to mental hospitals but to general hospitals or other institutional care.

On the whole, however, it has been an encouraging year. We are fortunate in being able to play our part in the initiation of a new outlook on mental illness.

Training Centre :

During 1964 extensions to the training centre were completed and the new kitchen fitted with all electric equipment and a modern dining room were opened for use on the 20th April, 1964. All meals are now cooked and served on the premises. The new Care Unit was opened on the 6th July, 1964 and initially five patients were admitted. By the end of the year eight patients were on the register of the unit. These particular patients are both physically and mentally handicapped and require assistance with toiletry and feeding. A special minibus fitted with safety straps has been hired to convey these patients to the centre.

At the beginning of the year 102 trainees were in attendance at the centre, 47 of whom were under the age of 16 years. By the 31st December, 1964 the total number had increased to 122.

The adult trainees are engaged on contract work on behalf of the County Supplies Department and such items as sketching boards, play-house screens, dolls cots, pinafores, curtains, bean bags, first aid cabinets etc., are produced at the centre. A small payment is made by the County Council to the trainees as an incentive to attend the centre regularly and to work efficiently.

Inter-Centre football matches and cricket matches have been arranged for male trainees and female trainees have been encouraged to visit local shopping centres to buy ingredients for cooking; travelling on normal service 'buses. These experiments have proved of great social value. Other social activities arranged for the trainees included an outing to Roundhay Park, Leeds and the usual Christmas festivities. The centre has a flourishing Parent Teacher Association and meetings are held bi-monthly. The adult trainees are encouraged to travel into the centre on these occasions and enjoy an evening of dancing, games and refreshments with their parents, friends and staff.

The County Council have arranged a regular series of in-service courses for the staff at Grantley Hall and one junior member of the staff has been given a grant to attend a two year Diploma Course organised by the National Association for Mental Health.

Industrial Work :

The following are full details of industrial work completed at the centre during the period 1st April to 31st December, 1964 :—

Industrial Job No. 1	Firewood	...	...	...	...	394 sacks
Industrial Job No. 2	Bean bags	...	...	...	...	546

Industrial Job No. 3	Sketching boards	... ..	500
Industrial Job No. 4	Clay modelling boards	... ..	750
Industrial Job No. 7	Curtains	... ..	935 yards
Industrial Job No. 17	Dolls cots	... ..	30
Industrial Job No. 19	Feather flicks	... ..	36
Industrial Job No. 26	Wooden blocks	... ..	239
Industrial Job No. 35	Workholder cases	... ..	3,145
Industrial Job No. 37	Clothes horses	... ..	72
Industrial Job No. 47	Pinarettes	... ..	155
Industrial Job No. 58	Playhouse, screens	... ..	7

The total amount credited to the centre for the work was £403.16s. 8d. The trainees also carried out laundry work for the centre and for the divisional office and helped in the maintenance of the grounds at the centre.

SCHOOL HEALTH SERVICE

The work of the School Health Service has been maintained during 1964 under difficult circumstances. At the end of 1963 Dr. Demaine retired and Dr. Menzies resigned to join a medical mission in Africa. Dr. Demaine however remained in a part-time capacity and I was fortunate in securing the services of Dr. Bell on his retirement after many years in general practice. My wholetime medical staff, however, was reduced to two medical officers. Staffing difficulties arose also in speech therapy when my speech therapist resigned from the staff. It has not been possible to make another appointment and this division has been without a speech therapist since that time. The more serious speech defects have therefore been referred to neighbouring divisions or hospital. The West Riding as a whole has a shortage of speech therapists; this would seem to be due to two main factors, marriage and lack of opportunity for promotion within the service. There is no doubt, that although the first factor can scarcely be alleviated, promotion prospects and salary will have to be improved before a local education authority can obtain a full complement.

The difficulty of communicating to school children and the public the hazards inherent in smoking continue to exercise my attention. The number of deaths from cancer of the lung are increasing yearly and if the present pattern continues will, in due course, rise to epidemic proportions. The Royal College of Physicians Report "Smoking and Health" leaves no reasonable doubt that cigarette smoking is the primary cause of cancer of the lung. There is also no doubt that bronchitis in later life is very much greater in smokers than in non-smokers. A number of surveys in England and Wales show clearly that at the age of 12, ten percent of boys, at the age of 13, twenty and

at the age of 14 thirty-three percent of boys smoke regularly; as many as three percent of 7 year olds may smoke regularly and sixty percent of school leavers. The incidence of smoking is higher in secondary modern than in grammar schools and is always higher in boys than girls. The causation in children has been studied and it appears that social pressure, imitation of elders, and wish for adult status, play a major role. There is a known positive association between parents and children's smoking habits. It may be inferred that for health education to be successful in this matter it may be necessary to concentrate on the primary schools.

Attention has been directed in recent years to the importance of normal colour vision. In many trades and professions normal colour vision is essential, and in some, abnormal colour perception is an absolute bar to employment. It is therefore of the utmost importance to discover the 'colour blind' before leaving school. In this division all school leavers are now tested using the standard Ishihara vision chart test. Colour blindness is an hereditary defect borne on a sex linked recessive gene. On this basis the probability of the defect appearing in females is mathematically low, and indeed the condition is many times as common in boys than in girls. In England and Wales, in 1963, eight percent of boys and 0.4 percent of girls were colour blind.

The Childrens and Young Persons Act 1933 and the Bylaws of the West Riding, demand that all children must be medically examined before taking up employment during their last year at school. The categories of employment are also carefully regulated and the very great majority of school leavers thus employed deliver newspapers. On occasions the necessity for such medical examinations is held in question. In my view such examinations are still essential to protect the child. It is only fair to add, however, that a very great majority of children are only too anxious to earn extra money, usually for themselves, in their last year at school.

The audiometric investigation of all school children at the age of six is now a well established procedure in this division and has proved of the utmost value in discovering those children who require the provision of hearing aids, removal of tonsils and adenoids, the treatment of acute or chronic otitis media, special educational treatment in the ordinary school, or in schools for the deaf or partially deaf.

Those children who fail the 'sweep' test in school have a full audiometric investigation carried out by specially trained health visitors, and any children who then fail at this level are referred to

the audiology clinic where they are seen by one of my medical officers. The type of deafness, whether due to a failure in the conductive mechanism of the ear or to failure of transmission of the nerve impulses, is diagnosed at this clinic, and the grade of deafness, from an educational point of view is determined. If treatment is considered to be necessary, for example, a hearing aid or operation, the child is then referred to an E.N.T. Consultant or the Audiology Unit attached to the Yorkshire Residential School for the Deaf at Doncaster. Those cases in which deafness is due to discharging ears - perhaps the commonest group - are treated by daily toileting at the local clinics, in co-operation with the family doctor who prescribes an antibiotic. It is in work such as this that the school health service can be said to play a role greater than any other single agency.

Table I
Inspections of School Children 1964 :

Entrants	...	...	...	...	...	992
First Year Secondary	...	...	...	...	...	1,456
Last Year Secondary	...	...	...	...	...	1,006
					Total	3,454
No. of Special Inspections	...	...	...	...	...	3,161
No. of Re-inspections	...	...	...	...	...	5
					Total	3,166
				Total Inspections		6,620

Physical Condition of Pupils Inspected :

Satisfactory	...	...	...	...	...	99.25
Found to require treatment	...	...	...	...	...	9.73

The percentage requiring treatment is lower than the national average and is satisfactory.

The percentage of pupils found to be satisfactory on examination reflects the prosperous nutritional state of this country as a whole.

Table II
Cleanliness and Head Infestation :

Total No. examinations made for this purpose	...	19,546
Total No. found infested	...	724
Total percentage found infested	...	3.70%
(England and Wales 1.5%; West Riding 2%)		

The percentage of infestation with *pediculus capitis* has remained constant for some years in this division and although low represents a reservoir of infection. A higher standard of personal hygiene, particularly in girls or those with long hair, would eradicate the head louse.

Table III

Care of Handicapped Children :

Milton Day School - E.S.N.	100
Residential School - E.S.N.	3
Residential School - Deaf or Partially Deaf ...	14
Residential School - Deaf E.S.N.	1
Residential School - Blind	9
Residential School - Partially Sighted ...	1
Residential School - Delicate ...	6
Residential School - Cerebral Palsy ...	8
Residential School - Physically Handicapped excluding Cerebral Palsy ...	6
Residential School - Epileptic ...	—
Residential School - Maladjusted ...	3
Total ...	151

The number of handicapped children at special schools remains at a constant level.

The birth of such unfortunate children will tend to lessen only when a dramatic advance in medicine occurs. Such an advancement will involve the accurate pre-natal establishments of chromosome patterns, the recognition of abnormal genes and the evolution of methods to alter such abnormalities before birth, together with a clearer understanding of the hazards of pregnancy for the foetus.

Table IV

Tuberculin Jelly Testing School Entrants :

No. Tested ...	13
No. Positive ...	—
No. Negative ...	13

The importance of patch testing at school entry has lessened with the almost universal acceptance of B.C.G. vaccination. The test is no longer carried out over the whole of the division and this is reflected by the small number of tests carried out during 1964. It is anticipated that Heaf testing and possibly subsequent vaccination will in time be

extended to include the five year old group and pilot studies have already been carried out in certain areas of the country. The declining number of positive reactors at thirteen years will inevitably lead to a lowering of the age at which Heaf testing is carried out.

Table V

B.C.G. vaccination 13 years and older school children :

No. of children offered testing and vaccination if necessary	...	...	...	...	...	2,038
No. of acceptances	...	...	...	...	...	1,426
Percentage of acceptance	...	...	...	...	...	70.1%

Pre-vaccination Tuberculin Test

No. tested	1,266
------------	-----	-----	-----	-----	-----	-------

Result of Test

No. Positive	...	...	...	...	...	304
No. Negative	...	...	...	...	...	899
No. Not ascertained	...	...	...	...	...	63
Percentage Positive	...	...	...	...	...	25%
No. Vaccinated	...	...	...	...	...	872

The percentage of 13 year old school children who by virtue of a negative skin test show non-infection by tuberculosis remains at a similar level to previous years. It reveals that the level of infection in this part of the country is similar to that of the country as a whole and this is a gratifying result in view of the more difficult living conditions enjoyed by the people of the industrial north. It is to be hoped that this position can be maintained with regard to the gradually increasingly susceptibility of sectors of the population of this country in recent years.

Acceptance of B.C.G. testing and vaccination is at a high level and is evidence of the ever increasing co-operation we receive in this division from parents.

Vaccination and Immunisation

Full statistical details are given in the remainder of the Annual Report. Immunisation again remains at a high level and the position is most satisfactory.

Table VI

Audiometry :

No. tested	...	...	...	...	...	1,033
No. with no loss	...	...	...	...	...	850
No. referred to School Audiology Clinic	...	...	...	...	...	183

The Consultant Paediatrician, Dr C. C. Harvey, is available for consultation and sees cases referred by both the school health service and the family doctors, and I am most grateful for his help during the year. Dr. J. D. Orme is Consultant in charge of the Child Guidance Clinic and his help is invaluable. The division is also fortunate in having the services of Miss M. A. C. Jones, Consultant Ophthalmologist and Dr. S. K. Bannerjee, to whom all visual defects are referred. Drs. B. R. A. Demaine, S. K. Pande and J. D. Hall have been responsible for the ascertainment of pupils requiring special educational treatment, and the performance of the duties of a school medical officer. I am grateful also to Drs. P. L. and B. R. Baker for their part time work in the school health service.

HOSPITAL SERVICES

The hospital services for the area are administered by the United Sheffield Hospitals, Sheffield Regional Hospital Board, with the following hospital management committees; Sheffield No's 1, 2 and 3, Rotherham, Barnsley and Doncaster.

General hospital services :

Sheffield Royal Hospital
Sheffield Royal Infirmary
Sheffield City General Hospital
Rotherham Moorgate and Doncaster Gate Hospitals
Barnsley Beckett and St. Helen Hospitals
Doncaster Royal Infirmary
Mexborough Montagu Hospital

Infectious Diseases hospital services :

Kendray Isolation Hospital
Doncaster Tickhill Road Hospital
Sheffield Lodge Moor Hospital

Maternity hospital services :

Sheffield Jessop Hospital
Rotherham Moorgate Hospital
Mexborough Montagu Hospital
Barnsley St. Helen Hospital
Listerdale Maternity Home

Chest Clinics :

Mexborough Chest Clinic - Dr. J. D. Stevens
Rotherham Chest Clinic - Dr. A. C. Morrison

Laboratory Services :

Bacteriological examinations are carried out at the Public Health Laboratories at Wakefield (Director: Dr. L. A. Little) and at Sheffield (Director: Dr. E. H. Gillespie).

The following sections C, D and E have been compiled by
Mr. E. T. SWIFT, Chief Public Health Inspector

SECTION "C"

General Environmental Circumstances of the Area

Inspection of District

The principal duty of a Public Health Inspector is to obtain the most favourable environment for the inhabitants of his district.

The creation of a new and satisfactory environment is brought about by the inspector's work in slum clearance. This is of course, the most spectacular way and good progress was made in inspections of houses in Denaby Main during the year.

The improvement of an existing environment, whilst less spectacular, is carried on at the same time and includes inspection of houses following complaints, subsequent serving of notices and supervision of work to be carried out. Inspection of food premises and factories, visits in connection with rodent and pest control, infectious disease enquiries and the collection of refuse are also included under this heading.

The following tables indicate the progress in this work during the year :—

Complaints investigated	...	...	...	...	225
Water Supply	...	...	...	...	20
Drainage	...	...	...	...	80
Tents, Vans and Sheds	...	...	...	...	8
Factories	...	...	...	...	25
Licensed Premises	...	...	...	...	30
Public Cleansing	...	...	...	...	150
Rodent Control	...	...	...	...	30
Atmospheric Pollution	...	...	...	...	240
Schools	...	...	...	...	10
Shops	...	...	...	...	140
Miscellaneous Sanitary Visits	...	...	...	...	180
Hairdressers	...	...	...	...	15
Enquiries re Infectious Diseases	...	...	...	...	20
Miscellaneous Infectious Disease Visits	...	...	...	...	40
Inspection of Food Premises (see section "E")	...	...	...	...	998
House Letting	...	...	...	...	150
Notices					

34 informal notices had the desired result of obtaining repairs.

List of nuisances abated in connection with houses other than council houses :—

Drainage

Obstructions removed and drainage repaired	...	10
Drains relaid, renewed or extended	... ..	12
New gullies provided	... ..	15
Rainwater drainage repaired or renewed	... ..	15
Sink waste pipes repaired	... ..	15
Insanitary sinks replaced	... ..	3
W.C.'s repaired	... ..	40
Insufficient or dilapidated W.C. accommodation		8

Repairs to premises

Chimneys rebuilt, pointed and chimney pots replaced		3
Roofs repaired	... ..	18
External wall repaired and/or pointed	... ..	17
Ceiling plaster repaired	... ..	23
Wall plaster repaired	... ..	32
Defective flues repaired	... ..	3
Internal floors repaired or replaced	... ..	8
Repairs to stairs, handrails, door windows, etc.	... ..	40
Insufficient and/or defective ventilation	... ..	1
Repaved and/or repaired yard surfaces	... ..	1
Burst water pipes repaired	... ..	30
Miscellaneous Matters	... ..	35

Public Cleansing

The Chief Public Health Inspector is responsible for the collection and disposal of refuse. A labour force of 22 men is employed for this purpose. This total includes drivers, loaders, tip attendants and mechanics.

The Council's policy of collection of refuse by means of dustless loading vehicles was continued when a new vehicle of the same type was purchased as a replacement.

The incentive bonus scheme for refuse collection proceeded with only one or two minor difficulties due to new houses being built in the district; with some adjustments of rounds these difficulties were removed.

The question of absenteeism though sickness, whilst not a major problem, continued to cause some dislocation of the service. It is not the genuinely sick person who gives cause for complaint of abuse of the sick pay scheme; it is the man who persistently takes odd days off. The Council's sick pay scheme grants full pay to a man who has completed six months service. It is quite remarkable

how many men have a sickness free record for their first six months employment, with subsequent frequent absenteeism. During the year one workman was dismissed as a result of this practice. As most of this chronic sickness leave is taken in periods of one or two days it may be an advantage to copy the National Health Insurance scheme and institute a three day waiting period, whereby no pay is received for the first three days absence.

In spite of these absences a weekly collection was maintained. It is estimated that a total of 5,616 tons of refuse was collected during the year from houses, schools, shops and other business premises. It will be noticed that this tonnage is less than in previous years. This is due to a more accurate method of estimation; also to the fact that refuse is becoming less dense in character and consequently lighter in weight.

The service cost £17,877 which gives a cost per ton of £3 4s.

Waste paper was baled and sold as usual, a total of £380 being realised. An electric baling press was ordered during the year and when this is in operation it is hoped that there will be a substantial increase in the amount of paper sold.

Pet Animals Act

There are two licence holders for this purpose, and during the year no trouble occurred.

Hairdresser or Barbers

Routine inspections have been made of these premises and it has not been necessary to take any action under the provisions of the Act. Informal or verbal request has usually achieved the objective.

There are 27 premises registered with the Council under Section 120 of the West Riding County Council (General Powers Act, 1951).

Public Swimming Baths, Denaby Main

This is an indoor swimming pool with heated, filtered and chlorinated water; the treatment is continuous. 16 samples were submitted to the Public Health Service Laboratory and 4 to the Public Analyst of which were satisfactory. During the winter months a floor is put in and the building then used for dancing and indoor sports such as five-a-side football.

Prior to the re-opening of the baths for the 1964 swimming season, a new scum channel, return drainage system and bath surround were installed, improvements which were to the advantage of the Council and the baths users.

Public Swimming Baths, Denaby Main
Reports on samples of water examined by
Public Health Laboratory

Table 1.

Date	Sample	Probable Coliform Organisms	Free Chlorin in Part Per Million	Result
14/4/64	Inlet	Nil	0.2	Sat.
	Inlet			
	Outlet	Nil	0.3	"
	Outlet			
13/5/64	Inlet	Nil	0.1	"
	Inlet			
	Outlet	Nil	0.3	"
	Outlet			
3/6/64	Outlet	Nil	0.5	"
14/7/64	Inlet	Nil	0.3	"
	Inlet			
	Outlet	Nil	0.3	"
	Outlet			
26/8/64	Outlet	Nil	0.42	"
17/9/64	Inlet	One	0.3	"
	Outlet	One	0.3	"
14/10/64	Inlet	Nil	0.3	"
	Outlet	Nil	0.3	"

Water Supplies

The urban district receives its water supply from the Doncaster and District Joint Water Board. There is however one private bore hole in the district; this is on the premises of the X.L. Crisp Co. in Sheffield Road.

Samples of water from both the public supply and the private supply were submitted to the Public Analyst for bacteriological and chemical analysis. Apart from excessive hardness of the water from the X.L. Crisp Co. bore hole, all the samples were satisfactory. Details and the results of the analysis of samples are contained in table 2.

Table 2 - Water Samples

14/4/64	Staff Room, Denaby Baths	Chem. and Bact.	Satisfactory
13/5/64	X.L. Crisps Bore Hole	Chem. and Bact.	Satisfactory
14/7/64	33 Daylands Avenue	Chem. and Bact.	Satisfactory

Rodent Control

As in previous years the Council continued to treat both domestic and business premises free of charge.

A further treatment of the sewers within the urban district, using sodium fluoracetamide was carried out. To judge by the reduction in number of infestations which could be traced to defective drains, the treatment was successful.

Infestations during the year and relevant inspections were as follows :—

Inspections	...	...	...	...	...	5,557
Infestations - Rats	...	...	...	...	...	393
Infestations - Mice	...	...	...	...	...	337
Estimated kill of rats	...	...	...	...	...	1,085
Estimated kill of mice	...	...	...	...	...	2,084

Shops and Factories

Offices Shops and Factories

During 1964 new legislation, the Offices Shops and Railway Premises Act, 1963 came into operation. This is a great step forward in the control of the working environment of shop and office workers, particularly the latter, there having been no previous legislation dealing specifically with working conditions in offices.

It was not found possible to carry out any inspections of such premises during the year though some of the administrative work, including the issue and receipt of registration forms to premises covered by the Act and the subsequent compiling of a register was carried out.

Details of factory inspections are contained in table 3.

Table 3.

PREMISES (1)	Number on Register (2)	In- spections (3)	Written Notices (4)	Occupiers Prosecut- ed (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by local authority	9	9	-	-
(ii) Factories not included in (i) in which section 7 is enforced by local authority	33	36	-	-
(iii) Other premises in which section 7 is enforced by authority (excl. outworkers premises)	-	-	-	-
TOTAL	42	45	-	-

Atmospheric Pollution

The Council continued to take part in the National Survey of Atmospheric Pollution organised by the Department of Scientific and Industrial Research. For this purpose two daily volumetric sampling machines are in use, one at The Priory and one at Denaby Clinic.

A standard Deposit Gauge is sited at Wingate Cottage in order to monitor pollution from the Steetley limestone Works.

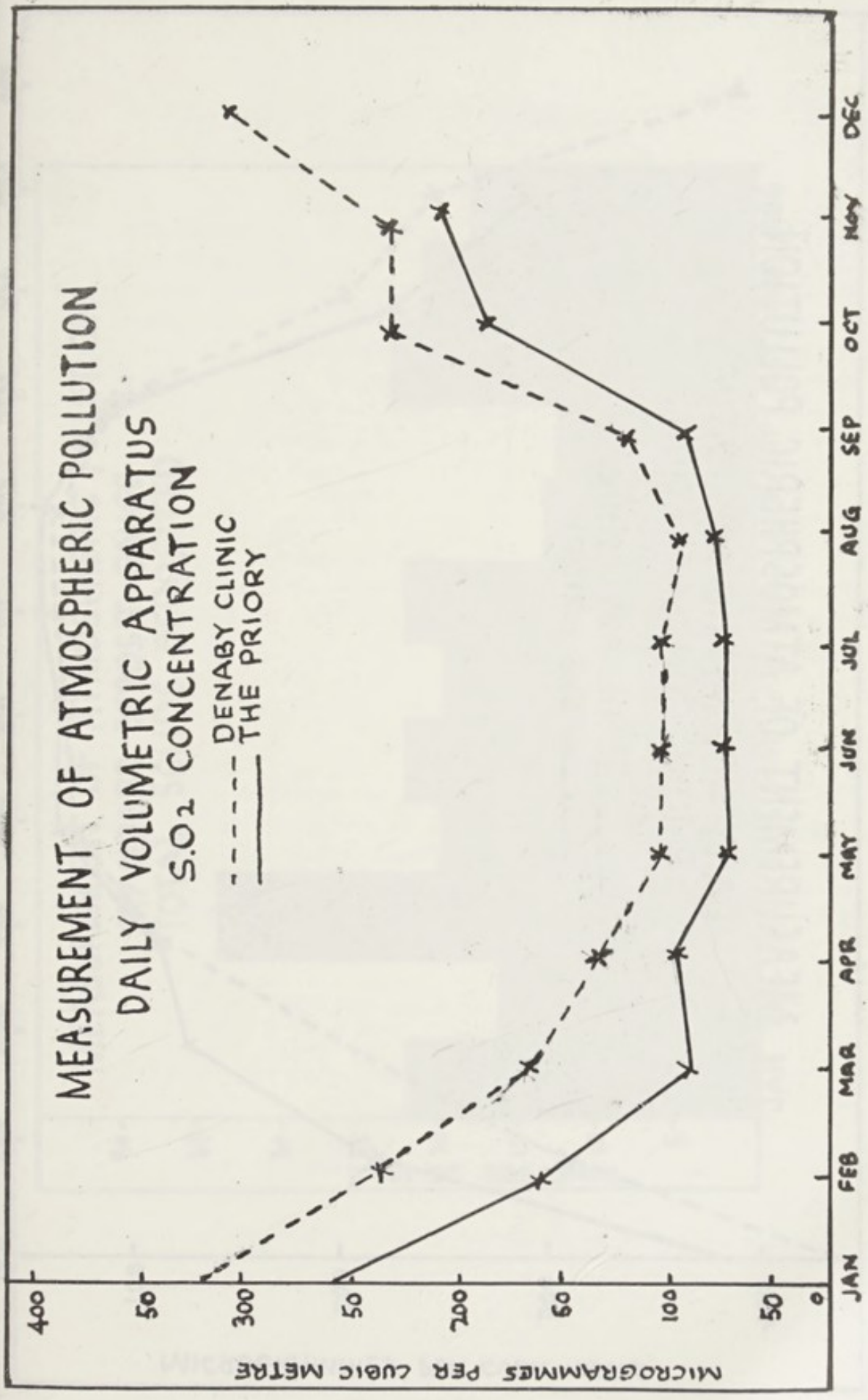
While the Council is willing to measure the pollution of the atmosphere, I regret to report that since agreeing in principle to the introduction of Smoke Control in 1962 no further steps have been taken to actively participate in the work of cleaning the air of the urban district. A token effort has been made in the 28 houses which were built for sale by the Council and 36 houses being built for rent. In these houses under floor draught fireplaces, capable of burning the hard cokes, have been installed; the occupiers of these houses are however under no obligation to burn smokeless fuel.

Should the Council decide to go ahead with a programme of Smoke Control Areas, the same full enthusiastic support, as given to the work of clearing the Denaby slum property, would be given to the project.

The results of the two methods of recording atmospheric pollution are shown graphically in the following tables.

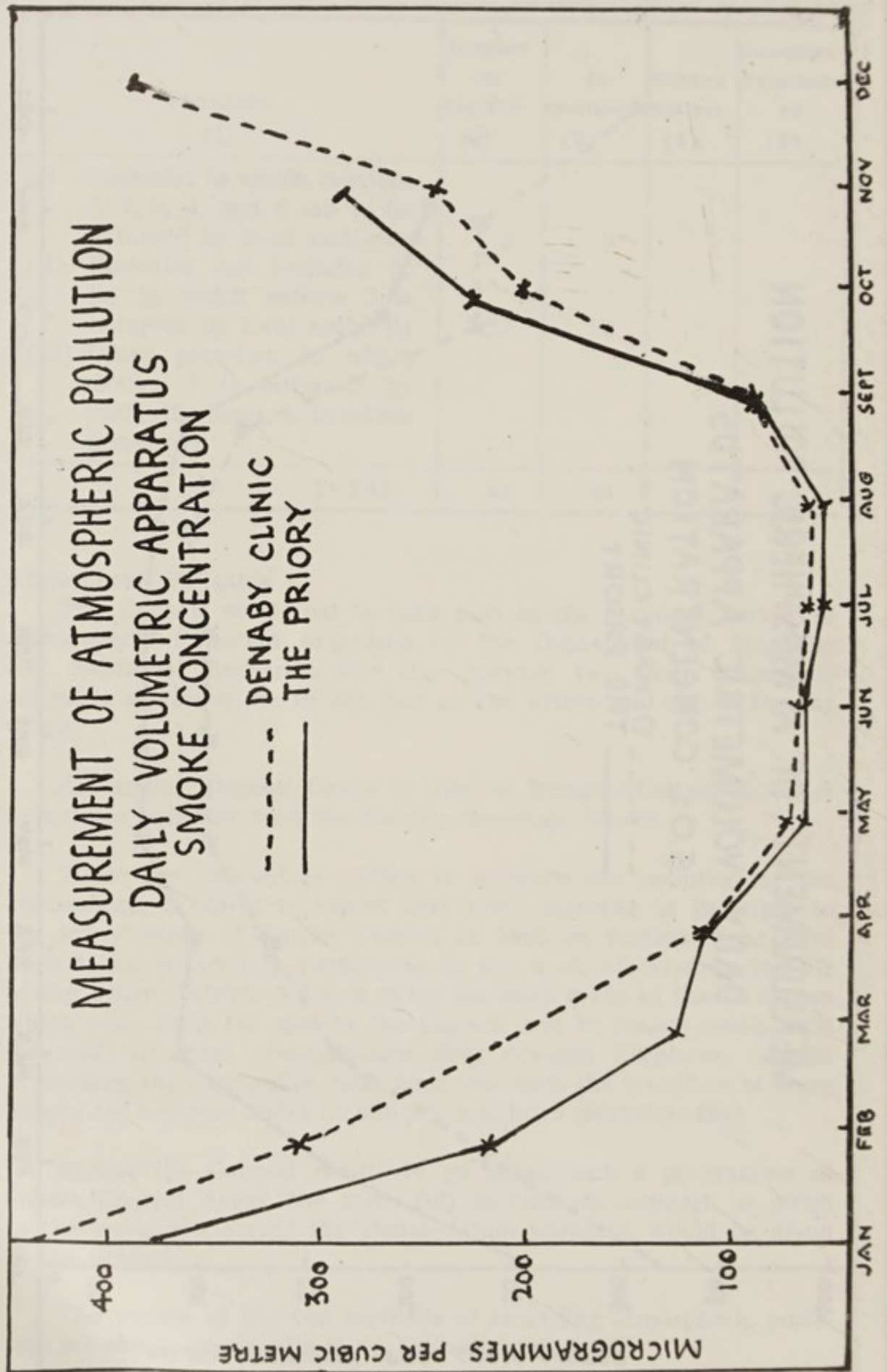
MEASUREMENT OF ATMOSPHERIC POLLUTION
 DAILY VOLUMETRIC APPARATUS
 S.O₂ CONCENTRATION

--- DENABY CLINIC
 — THE PRIORITY

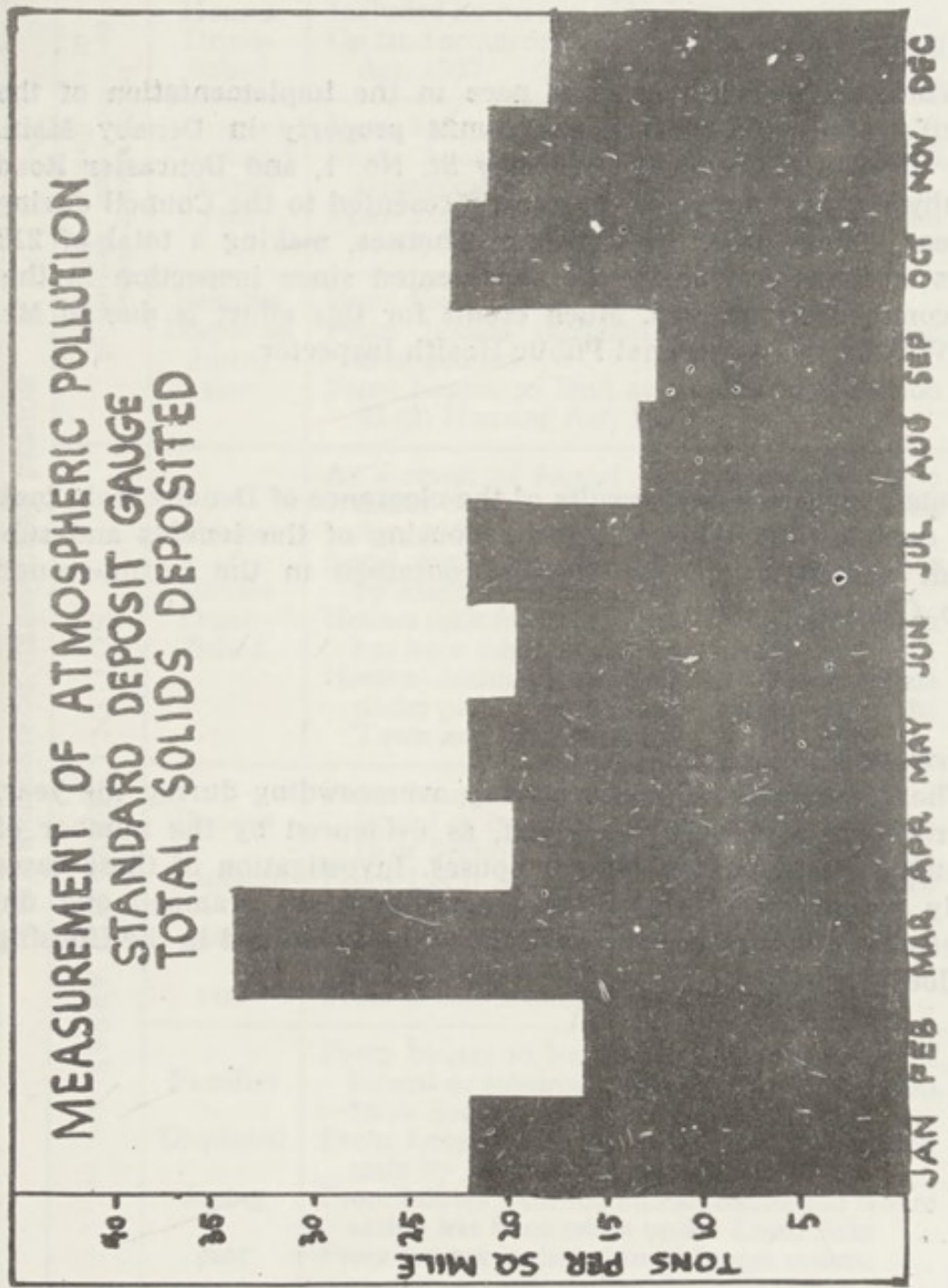


MEASUREMENT OF ATMOSPHERIC POLLUTION DAILY VOLUMETRIC APPARATUS SMOKE CONCENTRATION

----- DENABY CLINIC
———— THE PRIORITY



WORKING IN THE AREA



SECTION "D"

HOUSING IN THE AREA

Work proceeded at a good pace in the implementation of the Council's plans for clearance of unfit property in Denaby Main. Three more areas, namely Annerley St. No. 1, and Doncaster Road (Denaby Main) Nos. 1 and 2 were represented to the Council during the year. These areas contained 118 houses, making a total of 213 houses in Denaby Main to be represented since inspection in this area commenced in 1962. Much credit for this effort is due to Mr. G. V. Worthy the Additional Public Health Inspector.

Some more practical results of the clearance of Denaby Main took place during 1964. This was the rehousing of the tenants and subsequent demolition of the houses contained in the Barmborough St. No. Clearance Area.

Overcrowding

There were no cases of statutory overcrowding during the year. Overcrowding of a sort does exist, as evidenced by the number of sub-tenants applying for council houses. Investigation of these cases usually reveals that while living conditions are cramped and uncomfortable for all concerned, overcrowding as defined in the Housing Acts does not exist.

Table 5.

HOUSES DEMOLISHED DURING THE YEAR.	In Clearance Areas declared under Section 42 of the Housing Act, 1957	Number of Houses Demolished	Unfit for human habitation	65
			Included by reason of bad arrangement ...	—
			On land acquired under Section 43 (2) Housing Act, 1957	—
		Persons Displaced during year	From houses unfit for human habitation ...	310
			From houses included by reason of bad arrangement	—
			From houses on land acquired under Section 43 (2) Housing Act, 1957	—
	Families Displaced during year	From houses unfit for human habitation ...	72	
		From houses included by reason of bad arrangement	—	
		From houses on land acquired under Section 43 (2) Housing Act, 1957	—	
	NOT IN CLEARANCE AREAS	Number of Houses Demolished	As a result of formal or informal procedure under Section 16 or Section 17 (1) Housing Act, 1957	—
		Local Authority owned houses certified unfit by Medical Officer of Health	—	
		Houses unfit for human habitation where action has been taken under Local Acts	—	
	Persons Displaced during year	Houses included in unfitness orders made under para. 2 of the Second Schedule to the Town and Country Planning Act, 1959 ...	—	
	Persons Displaced during year	From houses to be demolished as a result of formal or informal procedure under Section 16 or Section 17 (1) Housing Act, 1957 ...	—	
		From Local Authority owned houses certified unfit by Medical Officer of Health	—	
		From houses unfit for human habitation where action has been taken under Local Acts ...	—	
		From houses included in unfitness orders ...	—	
	Families Displaced during year	From houses to be demolished as a result of formal or informal procedure under Section 16 or Section 17 (1) Housing Act, 1957 ...	—	
		From Local Authority owned houses certified unfit by Medical Officer of Health	—	
		From houses unfit for human habitation where action has been taken under Local Acts ...	—	
		From houses included in unfitness orders ...	—	
		Number of dwellings included above previously reported closed		

UNFIT HOUSES CLOSED during the year in pursuance of closing orders or undertakings	Number of Houses	Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26 Housing Act, 1961 Under Sections 17 (3) and 26 Housing Act 1957	— —
	Persons Displaced during year	From houses to be closed:— Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26 Housing Act, 1961 Under Sections 17 (3) and 26, Housing Act, 1957	— —
	Families Displaced during year	From houses to be closed:— Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26 Housing Act, 1961 Under Sections 17 (3) and 26 Housing Act 1957	— —
	PARTS OF BUILDINGS CLOSED under Section 18 Housing Act, 1957:—		
		Number of Houses Number of Persons Displaced Number of Families Displaced	— — —
Unfit houses made fit and houses in which defects were remedied	After informal action by local authority: By owner ...		35
	After formal notice under Public Health Acts:		
	(a) By owner ...		—
	(b) By local authority		—
After formal notice under Sections 9 and 16 Housing Act, 1957:			
(a) By owner ...		—	
(b) By local authority		—	
Under Section 24, Housing Act, 1957: By owner ...		—	
Unfit Houses in Temporary Use (Housing Act, 1957)	POSITION AT END OF YEAR	Retained for temporary accommodation	
		Under Section 48: No. of houses No. of separate dwellings contained therein	— —
		Under Section 17 (2): No. of houses No. of separate dwellings contained therein	— —
		Under Section 46: No. of houses No. of separate dwellings contained therein	— —
	Licensed for temporary accommodation under Section 34 or 53: No. of houses	—	
Purchase of Houses by Agreement	Houses in clearance areas other than those included in confirmed orders or compulsory purchase orders:		
	No. of houses ...		1
	No. of occupants ...		1

No. of families rehoused during the year into Council owned dwellings :—

(a) Clearance Areas, etc	...	...	...	...	72
(b) Overcrowding	...	...	...	...	1

New Dwellings

No. of new dwellings completed during the year :—

By Local Authority	...	...	...	...	65
By Private Enterprise	...	...	...	...	64

Grants for Conversion or Improvement of Housing Accommodation

	Formal applications received during the year	Applications approved during the year	Number of Improvements completed during year
	Number of dwellings	Number of dwellings	
(a) Conversions (The number of dwellings is the number resulting from completion of the work)	Nil	Nil	Nil
(b) Improvements	86	80	29

Details of Advances for the purpose acquiring or constructing houses-

Advances were made for the purpose of acquiring 6 existing houses and 6 newly constructed houses.

SECTION "E"

INSPECTION AND SUPERVISION OF FOOD

Food Hygiene Regulations 1960

998 inspections were made of various premises where food is handled either in its raw state or as a finished product available to the public. In the majority of inspections no transgression of the provisions of the Food and Drugs Act or the Food Hygiene Regulations was found; informal action was necessary to rectify some matters with regard to the latter Regulations.

Inspections made regarding food and food premises were as follows :—

Inspections of slaughtering and slaughterhouses	...	50
Meat Inspections	... ..	50
Butcher's Shops	... ..	80
Canteens	... ..	12
Dairies and Milk Distributors	... ..	8
Fishmongers	... ..	80
Food Preparing Premises	... ..	120
Grocers	... ..	60
Greengrocers	... ..	30
Ice Cream Premises	... ..	20
Market Stalls	... ..	320
Street Vendors and Hawkers' Carts	... ..	24
General Food Shops	... ..	80
Miscellaneous Food Visits	... ..	60
Suspected Food Poisoning investigation enquiries	...	14

Meat Inspection

Slaughtering commenced in January at the newly constructed slaughterhouse occupied by Mr. G. Goodwin. An excellent standard of hygiene was maintained during the year and no difficulty was experienced over the inspection of the animals slaughtered.

Details of animals killed and inspected are contained in Table 6

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
No. killed	148	3	Nil	555	34	Nil
No. inspected	148	3	Nil	555	34	
All diseases except Tuberculosis and Cysticerci						
Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was con- demned	21	—	—	11	6	—
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci ...	14.2	—	—	2.0	17.0	—
Tuberculosis only						
Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was con- demned	—	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	—	—
Cysticercosis						
Carcases of which some part or organ was con- demned	1	—	—	—	—	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Food Inspection

The following food was surrendered for disposal during the year:-

- 28 lbs. corned beef and other tinned meat
- 62 tins of fruit
- 3 tins of fish
- 12 tins of vegetables

Registration of Food Hawkers and their Premises under Section 76 of the West Riding County Council (General Powers) Act, 1951.

There are 28 registered as foodhawkers within the district 21 of these have their food storage premises outside the urban district.

Public Markets

The inspection of the privately owned market at Denaby Main has resulted in a good standard being obtained from premises used for the sale of food and during the last twelve months, no trouble was experienced from this source of supply.

No.	Name of Hawker	Address of Premises	Category of Food	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

The following food was surrendered for disposal during the year:-

20 lbs. bread, 10 lbs. other foodstuffs, etc.

Registration of food hawkers and their premises under Section 21 of the Food and Drug Act, 1954.

SECTION 'F'

PREVENTION AND CONTROL OVER INFECTIOUS AND OTHER DISEASES -

Infectious Diseases (Corrected)

Age Distribution

Diseases	Total Cases Notified	Cases after Correction	Under 1 yr.	Age Distribution														
				1 -	2 -	3 -	4 -	5 - 9	10 - 14	15 - 24	25 - 44	45 - 64	65 and Over					
Scarlet Fever	5	5	—	—	2	1	—	2	—	—	—	—	—	—	—	—	—	—
Whooping Cough	3	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	62	62	5	5	7	9	11	23	1	—	—	—	—	—	—	—	—	—
Dysentery	3	3	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	74	73	10	5	9	10	11	26	1	—	—	—	—	—	—	—	—	—

TUBERCULOSIS - CONISBROUGH 1964

No. on Register at 31st December, 1964

	Males	Females	Total
Pulmonary	79	39	118
Non-Pulmonary	9	8	17
	88	47	135

No. Removed from Register during 1964

	Pulmonary		Non-Pulmonary		Total
	Males	Females	Males	Females	
Deaths	2	—	—	—	2
Others (cured, re-diagnosed transfers of area etc.)	6	6	—	—	12
	8	6	—	—	14

Additions to Register during 1964

	Pulmonary		Non-Pulmonary		Total
	Males	Females	Males	Females	
New Notifications	4	2	—	—	6
Others (cases restored to Register, transfer, etc.)	1	—	—	—	1
	5	2	—	—	7

New Notifications
Age Groups :

	Pulmonary		Non-Pulmonary		Total
	Males	Females	Males	Females	
15 - 25	—	1	—	—	1
26 - 45	—	1	—	—	1
45 - 65	3	—	—	—	3
66 and over	1	—	—	—	1
	4	2	—	—	6



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