

[Report 1952] / Medical Officer of Health, Dearne U.D.C.

Contributors

Dearne (England). Urban District Council.

Publication/Creation

1952

Persistent URL

<https://wellcomecollection.org/works/k4arbp9>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

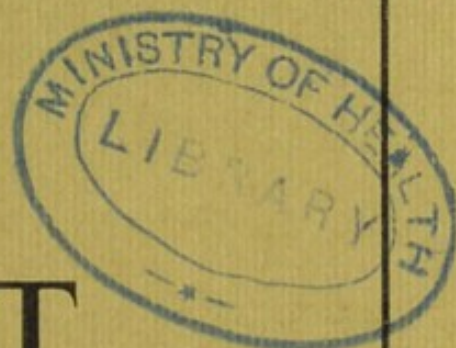
This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Dearne Urban District Council.



REPORT

ON THE

Health of the District

DURING THE YEAR ENDING

DECEMBER 31st, 1952.

by

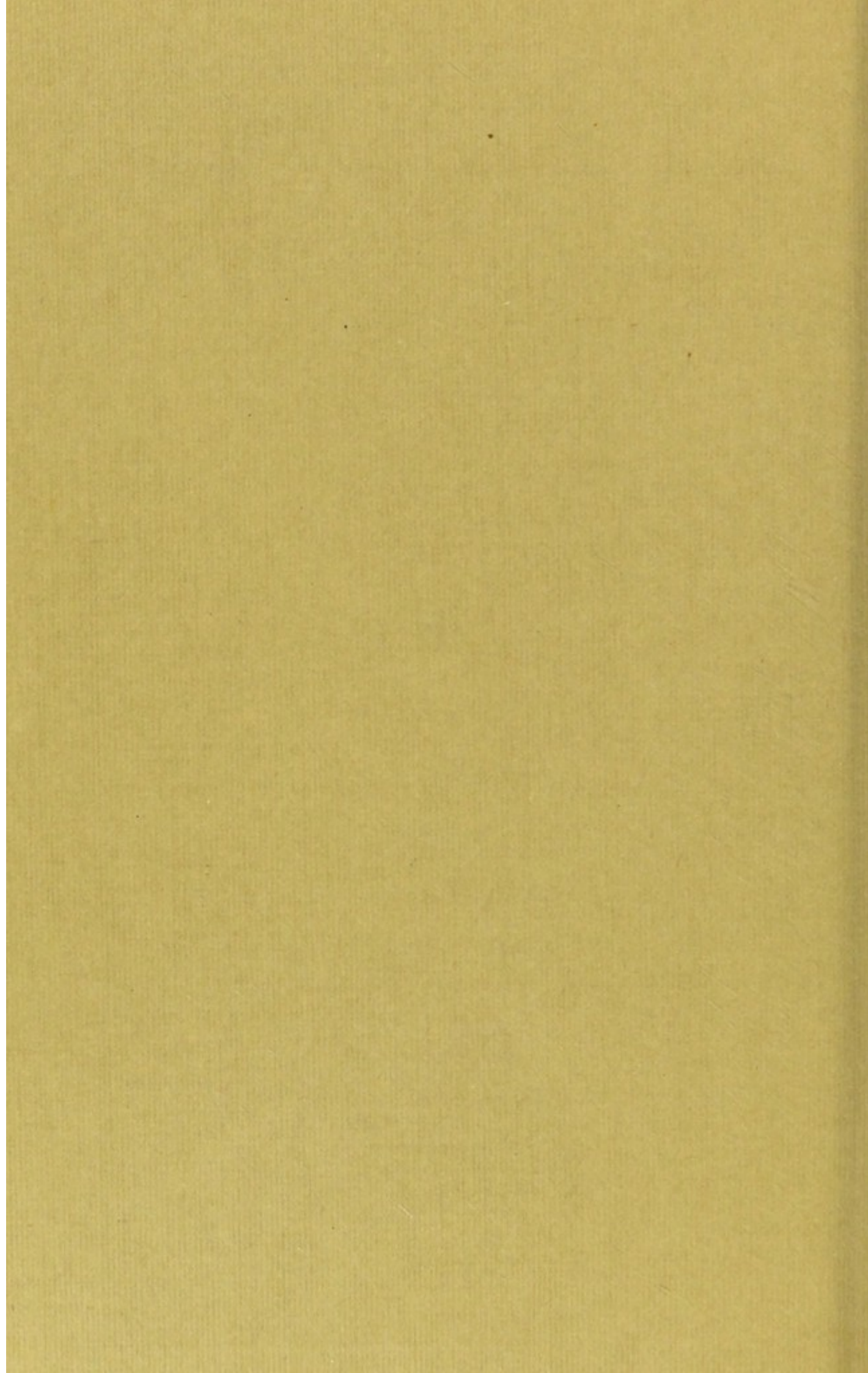
Dr. JOHN LEIPER, M.B.E.

Medical Officer of Health

together with the

Report of the Chief Sanitary
Inspector

Mr. G. H. ALLEMBY



Dearne Urban District Council.

REPORT

ON THE

Health of the District

DURING THE YEAR ENDING

DECEMBER 31st, 1952.

by


Dr. JOHN LEIPER, M.B.E.

Medical Officer of Health

together with the

Report of the Chief Sanitary
Inspector

Mr. G. H. ALLEMBY



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29154479>

THE DEARNE URBAN DISTRICT COUNCIL

Members of the Public Health Committee, 1952.

Chairman :

Councillor J. NOBLE.

Vice-Chairman :

Councillor J. BELL.

Councillors :

Mrs. E. A. CHAMBERS.	E. AUSTWICK.
C. EVANS.	W. FAWCETT.
W. GOLDTHORPE.	J. F. OLDHAM.
C. OSGUTHORPE.	F. ROBSON.
H. V. ROWLEY.	H. SWIFT.
J. F. TIERNEY.	

Medical Officer of Health :

JOHN LEIPER, M.B.E., M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.

Chief Sanitary Inspector :

G. H. ALLEMBY, C.R.SAN.I., M.S.I.A.,

Certified Inspector of Meat and other Foods,
Certified R.S.I., Smoke Inspector, Shop Acts Inspector.

District Sanitary Inspectors :

W. WEBSTER, C.S.I.B., M.S.I.A., A.R.SAN.I.

T. DUFFY, C.S.I.B., M.S.I.A., A.R.SAN.I.,

Certified Inspector of Meat and other Foods.

W. G. SMITH, C.S.I.B., M.S.I.A., A.R.SAN.I.

(left Department 30th September, 1952.)

THE DEANET TABLE DISTRICT COUNCIL

Members of the Public Health Committee 1921

Chairman

Councillor J. H. HARRIS

Vice-Chairman

Councillor J. H. HARRIS

Councillors

Mr. E. A. CHAMBERS	Mr. E. A. CHAMBERS
Mr. E. A. CHAMBERS	Mr. E. A. CHAMBERS
Mr. E. A. CHAMBERS	Mr. E. A. CHAMBERS
Mr. E. A. CHAMBERS	Mr. E. A. CHAMBERS
Mr. E. A. CHAMBERS	Mr. E. A. CHAMBERS
Mr. E. A. CHAMBERS	Mr. E. A. CHAMBERS
Mr. E. A. CHAMBERS	Mr. E. A. CHAMBERS
Mr. E. A. CHAMBERS	Mr. E. A. CHAMBERS
Mr. E. A. CHAMBERS	Mr. E. A. CHAMBERS
Mr. E. A. CHAMBERS	Mr. E. A. CHAMBERS

Medical Officer of Health

JOHN LIPSON, M.B., F.R.C.S., F.R.S., F.R.C.P.

Chief Sanitary Inspector

C. H. ALLENBY, B.Sc., F.R.S.

Council Inspector of Milk and other Food

JOHN LIPSON, M.B., F.R.C.S., F.R.S., F.R.C.P.

Deputy Sanitary Inspector

W. WEBSTER, F.R.S., F.R.C.S.

Council Inspector of Milk and other Food

JOHN LIPSON, M.B., F.R.C.S., F.R.S., F.R.C.P.

Deputy Sanitary Inspector

W. WEBSTER, F.R.S., F.R.C.S.

The Dearne Urban District Council

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR, 1952.

Divisional Public Health Offices,
Council Offices,
Adwick Road,
Mexborough.

Mr. Chairman, Lady and Gentlemen,

I have the honour to present my Annual Report for the year, 1952, and in the following pages I have tried to give a picture of the health of your District during the year, especially in comparison with previous years. The Report shows that deaths from infection, which were once so common, are now giving way to other main causes of death, namely, diseases of the heart and blood vessels and malignant disease.

Mortality Rates still remain the yardstick of the health, but I am confident that in the future, Morbidity Rates will be taken more into account in assessing the healthiness of your District.

During the year, it has become more obvious that your District has now started to become built up, and is increasingly taking on the nature of an industrial area. With housing estates taking over from green fields, and as coal mining is your main industry, is it not reasonable to give consideration to some scheme for the measurement of atmospheric pollution in your District each year?

On the subject of housing, consideration was given by you to my granting extra points on account of the general medical difficulties in the families who were making application to the Council for the tenancy of a Council house.

Already the rents of the new houses are such that my thoughts go back to the work of Dr. M'Gonigle, Medical Officer of Health for Stockton-on-Tees, who, more than 20 years ago, showed that there was an increased Mortality Rate amongst persons re-housed, and that this was associated with dietary deficiencies consequent upon higher rents and home upkeep in the new homes.

On the subject of the personal health services, I feel that the retirement of Dr. J. K. W. Morris has been a great loss to the District, not only as a General Practitioner, but also for 27 years as part-time Medical Officer of Health during the years 1921 to 1948.

The tragic death of Mrs. Kilner, Domiciliary Midwife at Goldthorpe, whilst at a confinement, was deeply felt, and she is missed not only by her wide circle of personal friends, but also by those of us who had the pleasure of working with her.

During the year, an Infant Survey has been carried out, and great co-operation has been obtained from all concerned. For every third birth in your District during the year there was a socio-medical investigation, and this Survey was part of the Oxford University Infant Mortality Survey, the findings of which are now awaited.

A great mutual co-operation between the General Practitioners of your District and the Divisional Public Health Department has been maintained this year, and in addition, with regard to child health, the availability of Dr. C. C. Harvey, County Paediatrician, has been of the greatest value, both to the General Practitioners and to the Medical Officers in charge of the Maternity and Child Welfare Clinics.

I would like to congratulate the mothers in your District for their excellent efforts in the care of their infants and children.

Again I am more convinced that health education is the line for the future, and I am of the opinion that much remains to be done, especially in the field of prevention of accidents in the home, affecting the very young and the very old.

There has been great co-operation between the Sanitary Inspector's Department—and indeed by all Departments of your Council—and my own, and I hold in great regard the opinion of Mr. Allemby and his Staff on all sanitary matters. I would also say that I have enjoyed the easy working with Mr. C. Bishop, the Clerk, and all officers of your Council, during the year.

I wish to thank my Divisional Office Staff for their efficiency during the year and their help in the compilation of this Report.

Lastly in closing, may I congratulate the Council, as they are now a Council of a fairly large Authority which has returned an Infant Mortality Rate during the year of under 20 per 1,000 related live births, and thus joins the few other Districts in South Yorkshire which have also done so.

I remain,

Your obedient Servant,

JOHN LEIPER,

Medical Officer of Health.

The Dearne Urban District Council.

SECTION A.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	...	...	...	...	...	3,888
Registrar General's estimate of Resident Population						
mid 1952	...	...	...	...	...	24,300
Number of inhabited houses (31st December, 1952)						6,625
Rateable Value	...	...	...	...	...	£93,845
Net Product of a Penny Rate			...	...	...	£345
Rainfall for year (in inches)			...	...	...	19.54
Number of days on which rain fell	...	...	...	...	...	169

The social conditions of your District, which lies in the Dearne Valley of South Yorkshire, are those associated with the continued development of deep seam coal mining near old villages. It is hoped that more light industries employing women and girls, will be situated in your District. Light industries at present in your District are too few in number to absorb female labour, consequently women and girls often travel long distances by bus to work in the textile industry in the mid and northern parts of the West Riding.

The main points in the above statistics are that your population is the highest recorded and that the number of inhabited houses has increased by 126 from the previous year's figure. The rateable value is the highest recorded as is the sum represented by a penny rate.

It is interesting to note that the amount of rain falling in the District is the third lowest recorded in any one year and the lowest recorded since 1921. As the water supplies of the District are dependent on the local rainfall, it would seem that there may be difficulties regarding supply should other additional sources not become available.

I include, for easy comparison, a Table showing the trends of the statistics given above during the last seven years.

Death Rate of Infants under one year of age :

All infants per 1,000 live births	...	...	...	17.8
Legitimate infants per 1,000 legitimate live births				16.32
Illegitimate infants per 1,000 illegitimate live births				47.61

Deaths from :

Cancer (all ages)	...	...	...	...	...	48
Measles (all ages)	...	...	...	...	...	1
Whooping Cough (all ages)	...	...	...	...	...	Nil
Diarrhoea (under 2 years of age)	...	...	...	...	...	1
Pulmonary Tuberculosis (all ages)	...	...	...	...	...	5
Other forms of Tuberculosis (all ages)	...	...	...	...	...	1

The total number of Live Births, 450, shows a further decline of 14 on last year's figure and is the lowest recorded in any one year since 1942.

The number of Still Births, 10, is appreciably less than the average since the end of the last war.

The Death Rate of infants under one year of age has fallen to 18 per thousand related Live Births, just less than half that recorded last year. I feel that the general trend in diminution of infant wastage in your District is quite satisfactory.

The number of deaths from Cancer at all ages is higher than the average for the last five years. As this figure reflects upon the increase in number of old persons in the District, and is not unassociated with the presence of atmospheric pollution, I include below a summary of the causes of death from Malignant Disease recorded in my Reports since 1948.

Deaths from Cancer.

	1948		1949		1950		1951		1952	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Malignant Neoplasm, stomach	8	1	3	3	5	5	5	4	9	—
Malignant Neoplasm, bronchus	—	—	—	—	4	—	8	—	4	—
Malignant Neoplasm, breast	—	3	—	3	—	1	—	—	—	8
Malignant Neoplasm, uterus (F)	—	—	—	—	—	—	—	—	—	—
buccal cavity and Oesophagus (M)	—	5	1	4	—	—	—	2	—	3
Other Malignant and Lymphatic Neoplasms	15	14	11	12	6	3	17	9	13	11

It is pleasing to note that there were no deaths from Whooping Cough during the year, that the outbreak of Measles starting in the last three months of the year accounted for only one death, that there was only one death from Diarrhoea under two years of age, and that the number of deaths from Pulmonary Tuberculosis and all other forms of Tuberculosis was easily the lowest ever recorded.

Deaths from all causes during, 1952.

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

The total number of deaths recorded from all causes during the year 1952 in your District was 230, a decrease of 52 deaths from the total of the previous year.

Year	Est. Mid-year Population	Total No. of Deaths	Crude Death Rate
1944	22,620	235	11·6 per 1,000
1945	22,870	243	11·4 „ „
1946	23,270	230	9·88 „ „
1947	23,330	274	12·0 „ „
1948	23,860	259	10·85 „ „
1949	24,170	252	10·4 „ „
1950	24,240	191	7·88 „ „
1951	24,240	282	11·63 „ „
1952	24,300	230	9·46 „ „

The average age at death during 1951 in your District was 62 years, representing an increase of 2 years on the average for the previous year. The main causes of death continue to be diseases of the heart and blood vessels (97 deaths) malignant disease (48 deaths) and bronchitis and pneumonia (20 deaths).

Ten of the deaths from bronchitis and pneumonia occurred in the first quarter, and six in the last quarter of the year, and I feel that there is no doubt that these deaths, together with some of the deaths from other diseases of the heart and blood vessels, are related to the atmospheric pollution that is in evidence during the foggy periods at either end of the year.

It is encouraging to record that the number of deaths from Tuberculosis, all forms, during 1952 was only 6, which is almost half that of the previous year's figure, which itself was, up to that time, the lowest recorded.

A comparison of the various rates in your District and the 160 County Boroughs and 160 smaller towns in England and Wales as a whole, and also a comparison of your District with the aggregate of Urban Districts in the West Riding of Yorkshire and the administrative County of the West Riding of Yorkshire are appended below.

England and Wales.	160 C.B's and Great Towns (including London)	160 Smaller Towns (Res. Pop. 25,000-50,000 at 1951 Census)	London Administrative County	Dearne U.D.C.
--------------------------	-------------------------------------------------------	------------------------------------------------------------------------	------------------------------------	------------------

Rates per 1,000 Home Population

Births:

Live Births	15.3	16.9	15.5	17.6	19.6
Still Births	0.35	0.43	0.36	0.34	0.41
	22.6(a)	24.6(a)	23.0(a)	19.2(a)	21.72(a)

Deaths:

All Causes	11.3	12.1	11.2	12.6	12.20
Typhoid and Paratyphoid	0.00	0.00	0.00	—	0.00
Whooping Cough	0.00	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.28	0.22	0.31	0.25
Influenza	0.04	0.04	0.04	0.05	0.00
Smallpox	0.00	—	—	—	—
Acute Poliomyelitis (including Polioencephalitis)	0.01	0.01	0.00	0.01	0.00
Pneumonia	0.47	0.52	0.43	0.58	0.37

Notifications: (Corrected)

Typhoid Fever	0.00	0.00	0.00	0.00	0.00
Paratyphoid Fever	0.02	0.02	0.03	0.01	0.00
Meningococcal infection	0.03	0.03	0.03	0.02	0.12
Scarlet Fever	1.53	1.75	1.58	1.56	0.94
Whooping Cough	2.61	2.74	2.57	1.66	4.65
Diphtheria	0.01	0.01	0.03	0.01	0.00
Erysipelas	0.14	0.15	0.12	0.14	0.41
Smallpox	0.00	0.00	0.00	—	0.00
Measles	8.86	10.11	8.49	9.23	15.59
Pneumonia	0.72	0.80	0.62	0.57	1.64
Acute Poliomyelitis (including Polioencephalitis)					
Paralytic	0.06	0.06	0.06	0.06	0.04
Non-Paralytic	0.03	0.03	0.02	0.03	0.00
Food Poisoning	0.13	0.16	0.11	0.18	0.00
Puerperal Pyrexia	17.87(a)	23.94(a)	10.22(a)	30.77(a)	0.00(a)

Rates per 1,000 Live Births

Deaths:

All causes under 1 year of age	27.6(b)	31.2	25.8	23.8	17.8
Enteritis and Diarrhoea under 2 years of age	1.1	1.3	0.5	0.7	0.04

(a) Per 1,000 Total (Live and Still) Births

(b) Per 1,000 related Live Births

THE DEARNE URBAN DISTRICT

District	Estimated Home Population (Middle 1952)	Births			Deaths			Deaths under 1			Still Births		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
The Dearne U.	24,300	220	230	450	134	96	230	3	5	8	5	5	10
Aggregate of Urban Districts in the West Riding	1,157,000	9134	8533	17667	7273	6768	14041	300	232	532	234	221	455
Administrative County of the West Riding	1,590,000	12631	11875	24506	9567	8705	18272	416	320	736	323	295	618

CRUDE RATES PER 1,000 POPULATION

District	Total Live and Still Births	Births	Deaths	Infective & Para. Dis. excl. Tub. but incl. Syph. & other V.D.	Tuberculosis Respiratory	Tuberculosis Other	Tuberculosis All Forms	Cancer	Vascular Lesions of the Nervous System	Heart and Circulatory	Respiratory Diseases	Maternal Mortality	Infant Mortality	Stillbirth
The Dearne U.	460	18.5	9.5	0.08	0.21	0.04	0.25	1.98	1.32	2.67	1.07	4.35	17.8	21.7
Aggregate of Urban Districts in the West Riding	18122	15.3	12.1	0.07	0.17	0.03	0.20	2.02	1.88	4.66	1.21	0.88	30.1	25.1
Administrative County of the West Riding	25124	15.4	11.5	0.07	0.16	0.03	0.19	1.92	1.74	4.35	1.15	0.80	30.0	24.6

* Rate per 1,000 live and stillbirths.

† Rate per 1,000 related live births.

Maternal Mortality

Rates per 1,000
Total (live and
still) Births

Pregnancy, Childbirth, Abortion—England and Wales	...	...	...	...	...	0.72
Pregnancy, Childbirth, Abortion,—The Dearne Urban District	...	...	...	...	...	4.35

Infant Mortality Rate.

It was reported last year that the pattern of deaths occurring in infants under one year of age in your District had reverted temporarily to that which had been found in the past, i.e., that these infant deaths were occurring predominantly in the age period between one month and one year.

As was anticipated last year the pattern has changed this year to such an effect that of the 8 infant deaths recorded, 4 occurred under one week (prematurity and congenital malformation being the causes) and 4 occurred between 3 and 12 months of age.

The number of births occurring each year in your District is statistically low, and the wide variations in rates will occur from year to year, but as can be seen from the following Table, the general trend over the last 4 years, i.e. since the start of the Divisional Scheme in the West Riding of Yorkshire, is not unsatisfactory.

Period	Total number of Live Births	Total number of Still Births	Total Deaths of Infants Under 1 year of age	Average Crude Birth Rate per 1,000 est. Pop.	Still Birth Rate per 1,000 Live & Still Births	Infant Death Rate per 1,000 Live Births
1945-1948	2131	60	115	22.85	27.4	54
1949-1952	1982	49	63	20.44	24.1	31.8

From this Table it will be seen that in the last 4 year period there has almost been a 50% reduction in the number of infants under one year of age dying, but there has only been a 20% diminution in the number of Still Births in your District.

This would indicate to me that there is further need for advice and ante-natal care in the group of expectant mothers in your District.

A Table showing complete details of Live Births, Still Births, Infant Deaths and Maternal Deaths in your District over the past 15 years is set out below :—

Year	Live Births	Total Still Births	Total deaths of infants under 1 year	Maternal Deaths
1938	485	17	25	3
1939	448	14	40	No report
1940	431	19	21	Nil
1941	520	13	24	No report
1942	442	19	32	2
1943	483	13	34	Nil
1944	582	20	33	1
1945	527	9	36	Nil
1946	547	19	23	Nil
1947	566	11	29	Nil
1948	491	21	27	Nil
1949	539	8	24	1
1950	527	15	13	1
1951	466	16	18	Nil
1952	450	10	8	2

I append below a Table showing the cause and age at death of infants during the year, and also the time of the year in which these deaths occurred.

Infants under 1 year of age, 1952.

Cause of Death	AGE AT DEATH									
	Weeks				Months					
	Under 1	1-2	2-3	3-4	1-2	2-3	3-6	6-9	9-12	Total
Prematurity	2									2
Congenital Malformation	2									2
Pneumonia and Bronchitis							1		1	1
Gastro-Enteritis							1		1	1
Measles									1	1
Asphyxia, accidental							1			1
TOTAL	4						2		2	8

Infant Deaths.

January	2	} First Quarter 2
February	...	...	...	...	—
March	...	...	...	...	—
April	2	} Second Quarter 3
May	...	...	...	...	1
June	...	...	...	...	—
July	1	} Third Quarter 2
August	...	...	...	...	1
September	...	...	...	...	—
October	—	} Fourth Quarter 1
November	...	...	...	...	—
December	...	...	...	...	1

Maternal Mortality.

There were 2 Maternal Deaths in your District in 1952. The cause of death in the first case was Septicaemia following miscarriage in an expectant mother who had not sought medical care and attention, and in the second case, the cause of death was Intra-abdominal haemorrhage following ectopic gestation. This expectant mother was admitted to hospital, but died some days later.

It is unfortunate that during the year there should be two Maternal Deaths, both of which result from the hazard of early pregnancy, and that these two deaths in one year represent the highest number of Maternal Deaths in any one year since the end of the war.

I feel that the only sure method of continued elimination of these fatal cases in years to come lies in health education and the early seeking of advice and help from the Family Doctor and District Midwife.

SECTION B.

1. General Provision of Health Services for the Area.

Full particulars of the Public Health Officers of your Authority are printed at the beginning of this Report.

(a) Laboratory Facilities.

Bacteriological examinations are carried out at the Medical Research Council Laboratory, Wakefield, under the direction of Dr. H. T. Findlay.

During the year copies of reports have been received in this office showing results in respect of the undermentioned:-

Throat swab examinations and faeces samples for					
infectious diseases	...	...	...	...	34
Water sample results	...	...	...	...	21
Milk Tests	...	...	...	...	59
Tuberculosis cultures	...	...	...	...	70
Ice Cream samples	...	...	...	...	52

The testing of samples of blood of expectant mothers for Rh factor and Kahn examinations are carried out by the Regional Blood Transfusion Laboratory at Sheffield under the direction of Dr. C. C. Bowley. It is estimated that over 400 samples were sent during 1952 from the five Ante-Natal Clinics in this Division.

(b) Ambulance Facilities.

The ambulance facilities for your Urban District are under the supervision of the County Ambulance Officer, and the local depot for this service is at Dunford House, Wath-on-Deerne, where 6 ambulances were available. An additional vehicle in the reserve pool is also stationed at Wath-on-Deerne.

(c) Nursing in the Home.

During 1952, 11,825 Home Nursing visits were made to patients in the Dearne Area. This figure compares with 12,687 in 1951 and 10,261 in 1950.

The staff at the end of the year consisted of 2 Queen's Nurses and 1 State Registered Nurse, only one of whom possessed a car.

The standard of nursing has been very good indeed, and the majority of the cases nursed at home have continued to be cardio-vascular degenerative diseases of the aged. In this respect pressure on the Home Nursing Service continues a long time after the bad weather period, as these cases are essentially long-term.

The work of the Home Nurse has been greatly appreciated by the general public and by my colleagues in general practice.

(d) **Treatment Centres and Clinics, including Clinics used solely for Diagnosis and Consultation.**

The Dearne Urban District.

Child Welfare Centre, Miners' Welfare Hall, Washington Road, Goldthorpe.

Monday— 9.30 a.m. to 12 noon—Minor Ailments Clinic.
2.00 p.m. to 4.30 p.m.—Infant Welfare Clinic.

Thursday— 2.00 p.m. to 4.30 p.m.—Ante-Natal Clinic.

Child Welfare Centre, Houghton Road, Thurnscoe.

Monday— 9.30 a.m. to 12 noon—Minor Ailments Clinic.
2.00 p.m. to 4.30 p.m.—Infant Welfare Clinic.

Tuesday— 3.00 p.m. to 4.00 p.m.—Immunisation Clinic.

Friday— 9.30 a.m. to 12 noon—Minor Ailments Clinic.
2.00 p.m. to 4.30 p.m.—Ante-Natal Clinic.

(e) **Child Welfare Centres.**

The two Child Welfare Centres in your District are still accommodated in hired premises, and as was stated last year, neither of these Centres is entirely satisfactory, there being no running water in the medical inspection rooms.

Returns from the Child Welfare Centres in your District during 1952 show that the following number of attendances were made by children (the corresponding figures for the previous 3 years are also shown) :

(a) **Goldthorpe :**

	1952	1951	1950	1949
Under 1 year of age ...	2,193	2,698	2,360	2,507
Over 1 year of age ...	316	496	454	119

(b) **Thurnscoe :**

	1952	1951	1950	1949
Under 1 year of age ...	3,423	3,504	3,249	3,331
Over 1 year of age ...	819	874	686	826

(f) **Ante-Natal Clinics.**

Ante-Natal Clinics were held at each of the Child Welfare Centres each week under the care of Dr. B. R. A. Demaine and myself.

Arrangements were made at the beginning of 1953 for the vacancy caused by the resignation of Dr. J. C. A. Renshaw in August, 1951, to be filled, and Dr. J. C. MacWilliam was appointed to this post.

Group teaching of expectant mothers was continued at the Clinics.

Our records indicate that 390 expectant mothers made 2,132 attendances at the Ante-Natal Clinics at Goldthorpe and Thurnscoe during the year. This would indicate, therefore, that the percentage of expectant mothers routinely attending the Ante-Natal Clinic is remaining at nearly 90% as in 1950 and 1951.

(g) Tuberculosis Dispensaries.

Patients requiring consultant examination may attend for this purpose at the Tuberculosis Dispensaries, which are situated as follows:—

Tuberculosis Dispensary, Market Street, Mexborough.

Sessions held on Monday and Wednesday from 10.0 a.m. to 12 noon.

Tuberculosis Dispensary, 8, Goldthorpe Road, Goldthorpe.

Sessions held on Thursday 10.0 a.m. to 12 noon.

The staff at both these Centres consists of a Tuberculosis Officer and 2 Tuberculosis Health Visitors. Close liaison is maintained between your Medical Officer of Health, the Chief Sanitary Inspector and the medical staff of the Tuberculosis Dispensary.

The new Chest Clinic, with X-ray facilities, situated at Whateley House, the Montagu Hospital, Mexborough, is expected to be completed and staffed during 1953, and then the present premises at Goldthorpe and Mexborough will be closed down.

(h) Venereal Disease Clinic.

A treatment and diagnostic clinic is held at 12, Frederick Street, Rotherham, and there are other clinics at Barnsley, Sheffield and Doncaster.

(i) General Hospital Services.

These services for your District are provided in the main by the Montagu Hospital, Mexborough, Moorgate Hospital, Rotherham and Barnsley Beckett Hospital.

Complete liaison between the local Health Authority and the Hospital Management Committee has been maintained, and with the joint appointment of Dr. J. C. MacWilliam as Obstetrician at the Montagu Hospital, Mexborough, and Medical Officer in charge of the Ante-Natal Clinics in this Division in January, 1953, complete co-ordination in the maternity field should be resumed.

(j) Infectious Diseases Hospitals.

Infectious diseases cases from your District are admitted either to Kendray Isolation Hospital at Barnsley, or rarely to the Isolation Hospital at Doncaster.

Accommodation has proved entirely adequate for the number of cases arising in the Area requiring hospital isolation and treatment.

(k) Maternity Hospitals.

The maternity block of the Montagu Hospital Mexborough, Listerdale Maternity Home, Nr. Rotherham, and St. Helen Hospital, Barnsley, have all been available during the year for the accommodation of booked cases on a priority system.

Of the total of 513 institutional births to mothers normally resident in the whole of this Division, 339 births occurred in the Montagu Hospital, Mexborough.

Other births occurred principally in the following hospitals :—

Western Hospital, Balby, Nr. Doncaster	...	52 births
Listerdale Maternity Home, Wickersley	...	37 births
St. Helen Hospital, Barnsley	... ..	36 births

2. Mental Health Service—Dearne Urban District, 1952.

Training—5 children attending Doncaster Occupation Centre.

1 child and 3 adults receiving home training.

12 children attending group training classes.

Institutional Vacancies.

Vacancies required for 4 adults and 3 children.

West Riding Patients—

47 under Statutory Supervision.

11 under Voluntary Supervision.

3 under Guardianship.

Hospital Board Patients—3 after-care patients.

Mental Health—General.

The past year has seen little change in the progress of this service. The Division is still faced with the same problem, the need for an Occupation Centre or suitable facilities for training purposes.

The appointment of a Home Teacher in October has relieved the situation to some extent, but the position is far from satisfactory.

Another serious difficulty is experienced in obtaining suitable work for patients, and there is a great need for sheltered employment in the Area.

Admissions to Institutions.

There still remain 7 patients residing in your Area who are awaiting institutional care, and as their supervision places a great strain on their families, they remain a serious social problem.

After-Care Service.

The After-Care Service for patients discharged from Mental Hospitals still continues, but it is still not possible to pay all the attention necessary to these patients.

The following Table sets out the position with regard to patients being supervised under the Mental Health Services in your Area.

	Div. 30	Dearne U.D.
1. No. of defectives ascertained during 1952	5 (10)	4 (4)
Total No. of defectives ascertained	135 (139)	65 (66)
2. No. under Guardianship	5 (7)	3 (4)
No. under Statutory Supervision	101 (106)	47 (50)
No. under Voluntary Supervision	23 (25)	11 (12)
No. on licence from Institution	1 (1)	— (—)
3. No. awaiting Institutional Vacancies	15 (18)	7 (7)
No. attending Doncaster Occupation Centre	10 (10)	5 (5)
No. being home trained	11 (5)	4 (3)
No. attending Group Training Courses	24 (—)	12 (—)
Reports made for Regional Hospital Boards (Institutional Patients)	8 (10)	5 (7)
After-care patients (Mental Hospital) under Section 28 of the National Health Service Act	12 (14)	3 (7)
Numbers in brackets are corresponding figures for 1951		

3. Maternity and Child Welfare.

(i) Health Visiting.

At the end of the year there were still 5 qualified Health Visitors in your District—and your District was the only part of my Medical Division in which all the Health Visitors were fully qualified.

The work of the Health Visitor is essentially to teach, help and advise mothers with regard to the healthy rearing of their children.

With this being so, there is, of course, a link up with the General Practitioner in the Area, which is good in some parts of your District. One of the difficulties is that the Health Visitor is mainly concerned with families that are healthy and with keeping them healthy, whereas most of the General Practitioners' work concerns sickness in the family.

The number of visits by Health Visitors in the Division paid to the homes during the year was 29,845, an increase over 1951 of more than 4,000 visits. Of this very high total, the Health Visitors of the County Council working in your District carried out 11,424 visits to the homes. I feel that a great deal of the good results that have been obtained this year may well be due to their untiring work.

Quarterly Meetings have been held by me at Mexborough of a Committee who attend to correlate information regarding children who may be ill-treated or neglected in their own homes. As in other Districts, the Health Visitors from your Area attended, and this was of great help, as the Health Visitor is the only Social Worker who goes into any family not in response to the fact that something has gone wrong, i.e., child sickness, etc.

During the course of their duties, no Health Visitor used a car for her duties during the year.

(ii) Domiciliary Midwives.

In your Urban District last year there were 5 Midwives and 1 Relief Midwife. They all have cars for their duties.

It is with great sorrow and regret that I record that Nurse C. K. Kilner died in your District on the 30th August, 1952, just after she had successfully delivered one of the mothers in your District of a baby boy.

Again this year 9 out of 10 of all expectant mothers attended the Ante-Natal Clinics.

The Midwives paid nearly three and a half thousand visits to these expectant mothers to their homes before the birth of their children, offering advice, care and instruction. The main advice centred on adequate diet, and that expectant mothers should take every advantage of the welfare preparations available, i.e., orange juice and vitamin tablets.

There were just four and a half thousand post-natal visits paid in the Area by Midwives.

The impression I get is that the hazards of childbirth during the year have been maximally in early pregnancy, and that other than this, the main hazard, which affects the child, is that of prematurity.

Once the child is born and the mother delivered there has been infinitesimal hazard to their health.

I consider that the progress made by the Domiciliary Midwives in your Area has been very good.

Applications for Institutional Confinements.

During the year in The Dearne Urban District, 159 applications for institutional confinements were received, and 143 of these were accepted. Of the 143 cases booked from your District, 131 were booked for confinement at the Maternity Ward of the Montagu Hospital, Mexborough.

Since 1948 the booking of cases has been on a priority basis in view of the fact that obviously the best use of maternity hospital beds should be made, i.e., the cases in which, for one reason or another, it is thought desirable that confinement should take place in hospital.

The booking of the 143 cases were classified as follows :

40 cases—because of Priority I, on account of medical or obstetric reasons.

82 cases—on account of poor social conditions in the home.

21 cases—being expectant mothers about to have their first baby, and also mothers having their fifth or subsequent child.

It is a mirror of the social conditions that about 60% of the mothers having their baby in hospital did so on account of poor social conditions. In the main these social conditions were of a personal nature, mainly caused by overcrowding.

Gas and Air Analgesia.

During the year 128 expectant mothers having domiciliary confinements in your District have received Gas and Air Analgesia out of a total number of 267 domiciliary confinements, i.e., only 48%.

The figure in the whole of the Division is 63%, for the year, and I should be very happy to know that there had been more Gas and Air Analgesia given during confinements in the home.

During the year, supplies of Pethidine Hydrochloride have been made available to the Midwives, for use by injection at confinements, and supplies have been issued by myself under the Regulations governing dangerous drugs.

(iii) Care of the Premature Infant.

Thirteen premature or immature babies were born in the domiciliary practice of Midwives in your District during the year, and of these babies one died.

The average weight of these babies at birth was 4 lbs. 12 ozs., and the surviving babies had an average weight of 4 lbs. 15 $\frac{3}{4}$ ozs.

In 5 cases it was necessary to make arrangements for a Sorrento premature baby cot to be delivered by ambulance to the homes of expectant mothers who went into premature labour. A warm cot was then available to receive the low-weight baby at the moment of birth. The equipment accompanying the cot includes special feeders, baby clothes, hot water bottles, oxygen cylinders and a humidifier.

The Table below gives details of the number of days these 5 babies were nursed in the cot and the number of visits paid by the Domiciliary Midwife during that period :—

BABIES NURSED IN SORRENTO COTS, 1952.

The Dearne Urban District.

Locality	Date of Birth	Birth Weight lbs. ozs.	No. of Visits by Domiciliary Midwife	Days Nursed in Cot	Remarks
Thurnscoe	16/2/52	4 8	37	34	Survived
Thurnscoe	2/3/52	5 0	34	28	Survived
Bolton-on- Dearne	13/6/52	4 12	41	19	Survived
Thurnscoe	23/9/52	4 12	34	28	Survived
Thurnscoe	19/10/52	4 14	2	1	Tranferred to Hospital Obstetric shock

The survival rate of premature infants born in the domiciliary practice of Midwives in this Division compares favourably with similar hospital confinements, and the average survival rate of all cases was 83%.

4. Vaccination and Immunisation.

Facilities for the immunisation of children against Diphtheria are available, as shown below, at both Child Welfare Centres. The immunisation clinics are in the charge of Dr. B. R. A. Demaine at Goldthorpe and Dr. F. J. Boyle at Thurnscoe :—

Child Welfare Centre, Washington Road, Goldthorpe :

Immunisation Clinic 2.00 p.m. to 4.00 p.m.
each Monday.

Child Welfare Centre, Houghton Road, Thurnscoe :

Immunisation Clinic 3.00 p.m. to 4.00 p.m.
each Tuesday.

In addition to the facilities enumerated above, immunisation against Diphtheria and vaccination against Smallpox can be carried out by each family doctor in the District.

Again I have to point out that in response to the immunisation scheme in the schools, we have now, for practical purposes, every child protected against Diphtheria between the ages of 5 and 14 years in your District. The point that is important is that of the estimated 2,168 infants under 5 years of age, there are just 657 protected, i.e., less than one out of every three.

Again it cannot be too strongly stressed that the correct age for parents to have their children immunised is about eight months, and I expect that all children should be protected by their first birthday.

It causes anxiety to me to know that there are 1,400 children in your District under school age who have not been protected, and that these children are as open to the dangers of a Diphtheria epidemic as children in the years before the war, when the toll of this disease in the year 1937 was 10 deaths of infants. Diphtheria still kills.

In addition to these facilities of immunisation against Diphtheria a scheme has been approved and put into operation on the District where, should the parents require it, immunisation of children against Whooping Cough has been started. Until full advantage has been taken of the facilities of protecting children against Diphtheria, I feel that the cart, as it were, is being put before the horse.

With regard to protection of children by vaccination against Smallpox, it is interesting to know that only 12 children under one year received primary protection.

If primary protection does not take place in infancy and the child grows to adolescence and then requires vaccination for the first time, say in the Armed Services for a boy or as a Nurse for a girl, then there is a possibility—though fairly remote—of fatal complications ensuing. These complications never seem to follow primary vaccination in infancy. In addition, with fast air travel and the difficulties at present encompassing us in the West Riding of Yorkshire, it is obviously safer to have more children given the benefits of primary vaccination in infancy.

STATISTICS RELATING TO DIPHTHERIA IMMUNISATION AND VACCINATION
FOR YEAR ENDED 31st DECEMBER, 1952.

DIPHTHERIA IMMUNISATION

Urban District	No. of Children Immunised in 1952			Booster Doses in 1952	No. of Children Immunised at any time up to 31/12/52			Estimated mid-year population in 1952			Percentage Rate		
	under 5 yrs.	5-14 years	Total		under 5 yrs.	5-14 years	Total	under 5 yrs.	5-14 years	Total	under 5 yrs.	5-14 years	Total
The Dearne	159	222	381	388	657	4175	4832	2168	4193	6361	30·3	99·5	75·9

VACCINATION, 1952.

	Under 1 yr. 1952	1-4 years 1947-50	5-14 years 1937-46	15 years and over	Total
Primary	12	2	3	2	19
Re-Vaccination	—	—	—	6	6

5. Section 28 Prevention of Illness—Care and After Care. Hospital After-Care.

Miss W. J. Bailey, the Health Visitor of this Division who has been given the task of arranging hospital after-care of cases discharged from the Montagu Hospital, Mexborough, reports to me that the after-care work from the Montagu Hospital during 1952 has been maintained.

Background reports of the socio-medical conditions in the homes of patients, requested by the hospital authorities, numbered 283, of which 266 Forms were completed and returned to the hospital.

During their stay in hospital, 153 patients were interviewed, whilst 193 patients were given assistance after leaving hospital during the year.

This after-care is a most satisfactory part of the Health Visitors' work and it has thus been possible to obtain information regarding infants under one year of age, schoolchildren, and to assist greatly in the care and supervision in the home of elderly persons who have recently been sick.

In all instances, information regarding the discharge of the patient from hospital and the action requested has been forwarded to the family doctor concerned

The main assistance to patients discharged from hospital is in the form of advice and help given by Health Visitors (150 cases) whereas in some instances, the assistance of the Home Nurse has been requested (39 cases) and also home help has been arranged (4 cases).

I feel that by this method of after-care, the maximum value of hospital treatment has been maintained by Public Health Nurses visiting and seeing the cases actually in the home.

6. Section 47, National Assistance Act, 1948.

During the year there has been no report made by me to the Council under this Section.

7. Cases receiving Home Help in the Dearne Urban District, 1952.

During the year 113 families in your District received domestic help, whilst in the preceding year there was a total of 129 cases, and in 1950 a total of 131. These cases were made up as follows :—

			1952	1951	1950
Illness	...	...	12	15	28
Tuberculosis	...	...	1	2	3
Lying In	...	...	23	46	49
Expectant Mothers	...	...	10	12	10
Aged Sick	...	...	46	37	23
Aged Infirm	...	...	19	17	8
Children of School Age	...	...	2	—	10
			<hr/> 113	<hr/> 129	<hr/> 131

As can be seen from the comparative figures for the previous two years, there has been a great increase in the provision of domestic help in the homes of aged sick persons, and aged infirm persons, to such an extent that it is doubtful whether adequate care and attention could be given under the circumstances to these persons by any other means.

I noted last year that I thought that this increase would take place, and it is noted here that it has done so. With 11% of the population of your district aged i.e. women over 60 and men over 65, I foresee a further increase in the number of aged persons who are to be helped in the future by the provision of domestic help.

During the year the total number of families in which domestic help was provided in this Division No. 30 of the West Riding County Council decreased from 343 to 337, although the number of hours of work by Domestic Helps has increased.

The main difficulty with regard to the day to day administration of the Home Help Service is an assessment of the help forthcoming from the relatives and friends of these aged persons.

8. School Health Services.

Dr. B. R. A. Demaine has made the following observations on the School Health Service :—

“The work of the School Medical Service has been carried out throughout 1952 making its contribution to the health of the school population. Routine Medical Inspections have been made in the three groups :—

1. Entrants.
2. Junior Leavers.
3. Senior Leavers going forward to Juvenile Employment.

Periodic inspections have also been carried out on

1. Pre-nursing candidates for entrance to the Technical College.
2. Children requiring a general anaesthetic for Dental Treatment.
3. Children prior to holidays in Camp.
4. College Entrants.

School Clinics are held monthly at Thurnscoe, and fortnightly at Mexborough where special cases are referred by parents and Head Teachers. Regular contact can thus be made with parents and children who require extra supervision.

A Paediatric Clinic is held each month at the Mexborough Clinic, and the opportunity of personal contact with the County Paediatrician, Dr. Harvey is invaluable to parents and County Staff. The co-operation of the General Practitioners is growing, enabling both treatment and research work to be accomplished.

Visits to the Sheffield Children's Hospital are made from time to time, forming a valuable liaison between the hospital and public health staff, and so linking the clinical with the administrative work.

During the summer of 1952, the first survey of the heights and weights of school children was carried out. It was found that there was no appreciable difference between the heights, weights and height weight dispersion of children in Division 30, and those for the national average, and the figures for the Senior Girls were very slightly above average.

Cleanliness.—The incidence of verminous heads is still a matter of concern, and the wastage of school time in attending clinics is considerable. Several cases have been excluded, and this step has been followed with improvement in many cases.

An Ultra Violet Ray Clinic in Mexborough has two sessions weekly, with a doctor in attendance one morning a week. Forty children are on the treatment list at one time, and there is also a waiting list. The popularity of this Clinic has grown, and parents have expressed their appreciation of the general improvement in health and well-being which has resulted from a course.

E.N.T.—The Situation in much improved, and all cases referred from school have been examined, although the waiting list for operative treatment is still long.

Defective Vision.—The waiting time between School Inspection and examination by the School Oculist has been greatly reduced. Unfortunately several children having obtained a prescription and glasses, require to be strictly supervised by their teachers to get full benefit of this service.

Immunisation.—From April to July an intensive campaign was carried out with Diphtheria Immunisation. Refresher doses were given to the 5 year and 9 year groups, and protective courses to school entrants who had not been protected during infancy.

Physically Handicapped Children find placement more quickly than a few years ago, but unfortunately the same cannot be said of the mentally handicapped.

Maladjusted Children have been placed in hostels and made satisfactory progress. Most parents have co-operated well on the whole, but it is still difficult to get the family prepared for the child's eventual return.

The major problem are the children who are incapable of fitting into school routine. These distract the teacher and other children, and prevent the class work being carried out. Parents naturally dislike Certification, and although this is frequently the obvious course to take it is small comfort for them to find that the child is excluded from ordinary school, with no hope of admission to an Occupation Centre. These children can only run wild and get into trouble and become delinquents in later life.

Our acquisition of a Home Teacher has brought a welcome interlude into the lives of the more severely handicapped, and what is equally important, a little respite to

harassed parents. Each handicapped child presents a specific problem which has to be faced and solved in relation to the family, the school and the community.

SECTION F.

Prevalence and Control over Infectious and Other Diseases.

1. Notifiable Diseases other than Tuberculosis.

Following the notification of three cases of Acute Poliomyelitis in 1951, there was a further case confirmed during this year. This concerned a child of seven years. A further case, in a child of 14 months, notified as Poliomyelitis, was subsequently re-diagnosed as Pinks Disease.

An outbreak of Measles, which was correctly forecast, during February, March, and April, resulted in the notification of 380 cases, and one child aged 10 months, who also contracted Lobar Pneumonia, died from this disease. The outbreak was of a mild nature and was not nearly so widespread as in 1950, when 880 cases were notified.

It is pleasing to note that no cases of Food Poisoning were notified in your District during the year.

There was also a decrease in the number of cases of Scarlet Fever. The 23 cases notified was 5 less than the number notified in 1951, and is the lowest for many years.

As recently as 1949, 116 cases of Scarlet Fever were reported.

Although there were no confirmed cases of Diphtheria, 2 suspected cases were admitted to hospital, and later re-diagnosed as Tonsillitis

The absence of deaths from Diphtheria, although encouraging, is inclined to make parents apathetic, and I would again stress the importance of ensuring that each child is immunised against Diphtheria, preferably about the eighth month of the baby's life. It must be realised that Diphtheria still kills.

Notifications of Pneumonia in your Area are still above the average for the country, and it will be seen that 40 cases were notified during the year. There were, too, 3 more deaths from this disease than were reported during 1951.

I set out below full details of all the infectious diseases, other than Tuberculosis, notified to me during the year, and also a Table showing the age groups in which these cases occurred.

INFECTIOUS DISEASES.

Notifiable Diseases (other than Tuberculosis) During 1952, Dearne Urban District.

Disease	Total Cases Notified	Cases after Correction	Cases admitted to Hospital	Deaths
Measles	380	379	3	1
Whooping Cough	113	113	—	—
Scarlet Fever	23	23	19	—
Diphtheria	(a) 2	—	2	—
Ophthalmia Neonatorum	—	—	—	—
Puerperal Pyrexia	—	—	—	—
Erysipelas	10	10	—	—
Cerebro-Spinal Fever	3	3	3	—
Pneumonia	41	40	5	9
Food Poisoning	—	—	—	—
Dysentery	(b) 1	—	1	—
Acute Poliomyelitis	(c) 2	1	2	—

(a) Re-diagnosed Tonsillitis

(b) Re-diagnosed Non-specific Diarrhoea

(c) Re-diagnosed Pinks Disease (one case)

INFECTIOUS DISEASES (CORRECTED) 1952.

Age Distribution—Dearne.

AGE	Scarlet Fever	Whooping Cough	Measles	Pneumonia	Cerebro Spinal Fever	Puerperal Pyrexia	Erysipelas	Food Poisoning	Poliomyelitis (Paralytic)
Under 1	—	9	21	5	1	—	1	—	—
1—3	2	35	84	2	—	—	1	—	—
3—5	5	36	132	3	—	—	—	—	—
5—10	13	31	131	5	1	—	—	—	1
10—15	3	2	8	—	—	—	—	—	—
15—35	—	—	3	4	1	—	2	—	—
35—45	—	—	—	3	—	—	2	—	—
45—65	—	—	—	15	—	—	4	—	—
65 & over	—	—	—	3	—	—	—	—	—
Total	23	113	379	40	3	—	10	—	1

(ii) **Tuberculosis.**

During the year the same trends which were noted and reported upon last year have continued.

There was again an increase in the number of children who were vaccinated with B.C.G. vaccine. These were children living in households where there was a known case of Pulmonary Tuberculosis, and during the year 31 such children were successfully vaccinated.

In 14 of these 31 cases the children were segregated from known sources of infection, and after skin testing were vaccinated with B.C.G. vaccine, whilst 17 children, whose relatives were suffering from Pulmonary Tuberculosis which was non-infectious and quiescent, were not segregated but similarly protected.

In two years there has been a total of 59 children in your District who have been given the added protection of vaccination with B.C.G. against contracting Pulmonary Tuberculosis, and I consider this figure to be satisfactory.

During the year, in all, 29 fresh cases of Pulmonary Tuberculosis and 5 fresh cases of Non-Pulmonary Tuberculosis were notified.

Contacts examined from known cases increased to 184, from which there was one new case notified.

I am very pleased to see that the number of cases examined as contacts has increased from 123 in 1951 to 184 this year, but I consider that there is a large field for far more follow-up than has ever been the case in this District.

Nine cases were re-housed during the year, and in those families which were re-housed there was no spread of the condition.

The Sanatorium admissions numbered 21 as against 29 the previous year, 14 men and 7 women. No children under 15 years were notified as being new cases during the year.

The waiting period for adults is lessening, more so for males than for females, whilst the waiting period for the admission of children is still fairly long.

Home treatment has been carried out in 18 cases and in 15 cases there have been re-fills carried out locally.

Four cases have received help, via the West Riding County Council, for bed and bedding, in order that bedroom segregation from other people may be effected.

I am glad to say that extra nourishment was received by 30 cases during the year.

What of the year's work in the prevention of this disease? The main point seems to me to be that the deaths from this disease are the lowest recorded. There has been a slight increase in the number of notified cases, at the same time, and this is probably due to the cases that have been discovered by the activities of the Mass Miniature Radiography Unit which visited your Area in May and June.

I append below details of the Survey carried out at Thurnscoe and Goldthorpe, and would mention that it is considered, by those qualified to give judgment, that the attendance and results seem to be average for the District and the type of population.

Details of the Radiography Survey carried out at Thurnscoe.

	Males	Females	Total
Total radiographed	765	475	1,240
Passed on miniature film	719	440	1,159
Failed to return for repeat miniature ...	—	—	—
Recalled for full-size film	30	32	62
Failed to return for full-size film	—	1	1
Passed on full-size film	6	15	21
Recalled for medical interview after large film	24	16	40
Recalled for medical interview without large film	16	3	19
Failed to attend for medical interview ...	1	—	1
Referred to Chest Clinic	9	6	15
Referred to Own Doctor	30	13	43
"No action" cases after interview	—	—	—

Details of the Radiography Survey carried out at Goldthorpe.

	Males	Females	Total
Total radiographed	1,034	1,109	2,143
Passed on miniature film	976	1,065	2,041
Failed to return for repeat miniature ...	—	—	—
Recalled for full-size film	50	40	90
Failed to return for full-size film	—	3	3
Passed on full-size film	12	14	26
Recalled for medical interview after large film	38	23	61
Recalled for medical interview without large film	8	4	12
Failed to attend for medical interview ...	—	—	—
Referred to Chest Clinic	19	13	32
Referred to Own Doctor	26	13	39
"No action" cases after interview	1	1	2

To give a reasonable indication of the trend of Tuberculosis cases, I also append below an extract from some figures which I have recently been compiling, which show the deaths from Pulmonary Tuberculosis over a period of 19 years, and the new cases notified during approximately the same time.

Deaths from Tuberculosis—(Registrar General's Figures).

Year	Dearne U.D.	
	Pulmonary	Non-Pul.
1951	9	2
1950	15	—
1949	13	2
1948	20	1
1947	22	1
1946	17	1
1945	16	2
1944	16	2
1943	15	1
1942	9	3
1941	14	—
1940	15	3
1939	11	3
1938	11	3
1937*	9	8
1936*	12	1
1935*	19	1
1934*	10	5
1933*	16	3

*Dearne U.D. came into being on the 1st April, 1937, as under :—

	Acres.	Population as at 1931 Census.
Bolton-upon-Dearne U.D. (whole)	2,325	14,245
Thurnscoe U.D. (whole)	1,254	10,548
Doncaster R.D. (part, viz. part of Parish of Barnborough) ...	309	188
	<hr/> 3,888 <hr/>	<hr/> 24,981 <hr/>

and these figures for the years 1933-36 are the combined figures for Bolton-on-Dearne U.D. and Thurnscoe U.D. They do not include deaths for the part of Barnborough as these are not available. The figures for 1937 are composed for the first 3 months of 1937 of the combined figures for Bolton-on-Dearne U.D. and Thurnscoe U.D. and the figures for the whole of the new Dearne U.D. for the last 9 months of 1937.

Notifications of Tuberculosis (New Cases).

Year	Dearne U.D.	
	Pulmonary	Non-Pul.
1951	26	3
1950	20	6
1949	38	7
1948	38	1
1947	26	2
1946	18	1
1945	19	1
1944	20	4
1943	—	—
1942	—	—
1941	—	—
1940	18	5
1939	—	—
1938	24	13
1937	35	9
1936	—	—
1935	—	—
1934	—	—
1933	—	—

It is interesting to note that patients are more inclined to have domiciliary treatment rather than go into Sanatorium, and that domiciliary treatment is being carried out in increasing numbers.

Although there has only been one notified case discovered through contact tracing, quite a large number of contacts nevertheless, are kept under observation at the Clinic.

The co-operation received from patients on the whole is considered to be fairly good during the year, and it is noted that patients always seem to have a fear of other persons knowing of their condition, and they have a dislike of being seen at the local Chest Clinic.

It is interesting to know that it is expected during 1953 that a Chest Clinic will be available centrally in Mexborough with X-ray facilities, and that this should prove quite a valuable step forward in the control of this disease.

TUBERCULOSIS.

New Cases and Mortality During 1952.

NEW CASES

Age Periods				Pulmonary		Non-Pulmonary	
Years				M	F	M	F
0—1	.....	.....	.....	—	—	—	—
1—5	.....	.....	.....	1	—	1	1
6—15	.....	.....	.....	2	2	—	—
16—25	.....	.....	.....	1	5	—	1
26—35	.....	.....	.....	4	5	—	1
36—45	.....	.....	.....	2	1	1	—
46—55	.....	.....	.....	1	—	—	—
56—65	.....	.....	.....	3	—	—	—
65 and over	.....	.....	.....	2	—	—	—
TOTALS				16	13	2	3

DEATHS

Age Periods				Pulmonary		Non-Pulmonary	
Years				M	F	M	F
0—1	.....	.....	.....	—	—	—	—
1—5	.....	.....	.....	—	—	—	—
6—15	.....	.....	.....	—	—	—	1
16—25	.....	.....	.....	—	1	—	—
26—35	.....	.....	.....	1	—	—	—
36—45	.....	.....	.....	—	—	—	—
46—55	.....	.....	.....	1	—	—	—
56—65	.....	.....	.....	—	—	—	—
66 and over	.....	.....	.....	1	1	—	—
TOTALS				3	2	—	1

DEARNE URBAN DISTRICT COUNCIL

REPORT OF THE CHIEF SANITARY INSPECTOR AND CLEANSING SUPERINTENDENT FOR THE YEAR 1952.

To the Chairman and Members of the
Dearne Urban District Council.

Ladies and Gentlemen,

This Annual Report is the sixteenth I have presented since the formation of the Dearne Urban District in 1937.

It is regretted that much privately owned house property continues to deteriorate. The question of increased rents for "controlled" houses must receive consideration in the early future. Some change is desirable in a scheme by which new dwellings are being erected at close on £2,000 each and within the near vicinity older terrace houses with at least four habitable rooms, adequate water supply and water closets are neglected of maintenance work. Abatement of nuisances throughout the year has often necessitated statutory action although a great proportion of the house repairs recorded in this report has been effected only after much informal action.

The importance of cleanly methods in the preparation and sale of food for human consumption is a matter which is constantly stressed in our area. On the advice of your officials you decided to adopt certain sections of the West Riding County Council (General Powers) Act, 1951, one of which, section 76, requires the registration of hawkers of food and their premises, a requirement allowing stronger control over a branch of food purveyors which, I consider, was necessary. While the policy of educating and persuading those individuals who are slow to comply with new requirements has been continued reports have had to be brought to you from time to time of flagrant breaches of "clean food" legislation and your support has been given towards corrective legal steps being taken.

Much food in the privately owned market at Thurnscoe and in the Council-owned market at Goldthorpe was offered for sale under undesirable conditions. In enforcing the clean food byelaws it was obvious that facilities for keeping utensils and hands etc., clean were lacking. After considering a report I presented to you, you decided to provide in the Goldthorpe market such facilities together with sanitary accommodation. The accommodation is to be so constructed that the washing facilities may be locked up on all except market days while the Sanitary Conveniences may be left open to the public. I have stressed in past years the need for lavatory accommodation in parts of our area, and this will be a great improvement.

The first of April, 1952, saw the coming into force of the West Riding County Council (General Powers) Act, 1951, containing 141 sections, well over half of this number being administered by the Public Health Department. Its value has been proved already so far as the further power it provides towards control of food hawkers and hairdressers or barbers within the Dearne area.

During the course of the year you appointed me the authorised officer under (a) The Pet Animals Act, 1951, and (b) The Heating Appliances (Fireguards) Act, 1952.

Section 86 of the Public Health Acts Amendment Act, 1907, was declared in force in November, 1952, thus compelling all Old Metals and Marine Stores Dealers to be registered with the local authority.

Your housing programme was still in progress at the year end, the Whin Wood Estate taking shape as a very well designed scheme. A housing Association, the Coal Industry Housing Association, commenced house construction at two sites, one at Thurnscoe Bridge Lane, where it was proposed to build 272 houses and the other at Ingsfield Lane, Bolton-on-Dearne, where the original proposal was for the construction of 422 houses, this number being greatly increased later.

After a report was presented to you respecting three old Almshouses at Thurnscoe, informal action taken resulted in their demolition during October, the three aged lady occupants being accommodated in modern council-owned flats.

An investigation, including sampling the water of the stream known as the Thurnscoe dyke was carried out. The point at which the dyke crosses the Thurnscoe Bridge Lane

has for years proved a popular site for children to paddle. Analysis of samples of water showed some sewage pollution which was traced back to a point where the stream enters our area from the Hickleton district. An appeal to the public to prevent children using the stream for paddling was made but its effect was only temporary.

The work of controlling and destroying vermin including rats and mice has continued to be an important part of our work.

While the chimneys of local Collieries are from time to time the cause of atmospheric pollution the main source of pollution is the domestic chimney. "Home Coal" not only pours out thick tarry vapours into the air but is responsible for a great proportion of the work in which our Scavenging Service is involved.

Throughout the year under review the cleansing of the district refuse receptacles was well maintained as a minimum weekly collection. Disposal of the refuse was by controlled tipping; occasional fires were experienced but with no serious nuisance arising.

A close examination of the district's refuse reveals that it contains a large amount of combustible material.

With a further and more rapid growth in the number of houses within your district in the near future, I have in mind some general re-organisation of cleansing staff. A disposal site giving an outlet for our refuse for some years to come would greatly assist my work.

From November, 1950, you decided to exercise your powers under Section 75 of the Public Health Act, 1936, and provide and maintain dustbins for the storage of house refuse and this you have continued to do. While the disadvantages of such a scheme are obvious, and not the least being the cost, I must stress that rapidly we are supplying the house premises throughout the district with a good standard dustbin which in time will assist us in our scavenging.

Salvage collections and sales have continued throughout and have proved a fairly valuable source of income.

I trust you will find the following pages of this report interesting although I am afraid it cannot cover fully the whole of the details of the work your Sanitary Inspector's Staff carried out.

Inspectorial Staff.

Chief Sanitary Inspector : G. H. Allemby, C.R.San.I., Cert.
Insp. of Meat and Other Foods, Cert. R.S.I. Smoke
Inspector, Shop Acts Inspector.

District Sanitary Inspectors :

W. Webster, C.S.I.B.

* T. Duffy, C.S.I.B., Cert. Insp. of Meat and Other
Foods.

**W. G. Smith, C.S.I.B.

The Salaries of the Chief Sanitary Inspector and
District Sanitary Inspectors are contributed to by grants from
the Ministry of Health.

* Mr. T. Duffy, District Sanitary Inspector, obtained
the Certificate of the Royal Sanitary Institute as an
Inspector of Meat and other Foods at Leeds on the
17th May, 1952.

**Mr. W. G. Smith, Temporary District Sanitary In-
spector, resigned from the Department on September
30th, 1952, to take up duties as Additional Sanitary
Inspector to the Swadlincote Urban District Council.

Sanitary Inspection of the District.

During the year the following inspections were made : -

General inspections as to complaints, nuisances, etc.	2,161
Inspections and re-inspections of verminous premises	72
Drains tested (smoke, colour etc.)	8
Re-inspections as to compliance with notices, etc. ...	604
Inspections as to works in progress	16
Contractors seen as to works	70
Owners seen as to works	40
Inspections in reference to infectious diseases	52
Smoke observations	41

Inspections of :—

Squatters' premises	49
Factories	50
Bakehouses	59
Caravans (Tents, Vans and Sheds)	140
Cinemas	49
Meat Vans and Shops	232
Tripe Sheds, Maggot Factory	76
Allotment killed pigs	271
Dairies	6
Refuse Tips	296
Premises re rodent infestation	276
Food preparing premises	137
Schools	13
Piggeries	22
Public Conveniences	278
Swimming Bath	12
Ice Cream premises	78
Markets	136
Fried Fish Shops	56
	5,300

Notices.

Informal notices numbering 576 were issued in relation to matters arising from the inspections and in 46 cases formal notices were served.

At the end of the year, 426 nuisances and defects remained on the books and 1,793 had been remedied during the year.

ACTION UNDER THE PUBLIC HEALTH ACTS.

Inspections were made in connection with nuisances and defects at 1,001 houses while defects at 804 houses were remedied during the year; in connection with those remaining on the books further action is pending.

The following statement shows the nuisances abated and the defects remedied in and around dwellings other than Council-owned dwellings :—

House Repairs.

House roofs repaired	21
Eaves Spouts, fall pipes or vent shafts renewed, repaired or cleansed	42
Fireplaces or ranges, repaired or renewed	29
Sink waste pipes and sinks, repaired or renewed	16
Floors repaired	12
Window sills, cords or frames repaired	31
Internal walls and ceilings repaired	119
Doors repaired or renewed	8
Water supply pipes repaired, supply improved	7
Walls, external brickwork repointed	6
Chimneys repaired	9
Outbuildings repaired	15
Yard surfaces repaired or renewed	11
Hot water systems repaired	2
Handrails provided to staircases	1
Wash coppers, repaired or renewed	6
Fixed bath and hot water system provided	10
Dampness in cellars abated	2
Entrance steps repaired	1
Ashbins renewed	346

Drains.

Taken up and relaid	8
Opened and cleansed	92
Inspection chambers provided or repaired	11
Gullies cleansed or provided	2

Water Closets.

Obstructions removed	12
Water Supply pipes repaired	3
Cisterns repaired or renewed	20
Flush pipe joints repaired	9
Pedestals renewed	13
Apartments generally repaired	3
Seats renewed	3

Other Nuisances, etc., abated.

Houses cleansed or rid of vermin	70
Accumulations of refuse removed	5
Cesspool cleansed	1

HOUSING.

The following statistics indicate the work done in connection with housing during the year :—

Number of dwelling houses in the district	6,625
Number of back-to-back houses included in above ...	Nil.

1. Inspection of dwelling houses during the year.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1,051
(b) Number of inspections made for the purpose	1,051
(2) (a) Number of dwelling houses (included under sub-head (1) (above), which were inspected and recorded under the Housing Consolidated Regulations	50
(b) Number of inspections made for the purpose	50
(3) Number of dwelling houses needing further action :—	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil.
(b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation	1,051

2 Remedy of defects during the year without service of formal notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	796
------------------------------------------------------------------------------------------------------------------------------------	-----

3. Action under Statutory Powers during the year.

A. Proceedings under Sections 9, 10 and 16 Housing Act, 1936 :—

(1) Number of dwelling houses in respect of which notices were served requiring repairs	Nil.
------------------------------------------------------------------------------------------------	------

- | | |
|------------------------------------------------------------------------------------------|------|
| (2) Number of dwelling houses which were rendered fit after service of formal notices :— | |
| (a) By Owners | Nil. |
| (b) By Local Authority | Nil. |

B. Proceedings under Public Health Acts.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied | 46 |
| (2) Number of dwelling houses in which defects were remedied after service of formal notices :— | |
| (a) By owners | 38 |
| (b) By Local Authority in default of owners | Nil. |

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936.

- | | |
|-----------------------------------------------------------------------------------------------------------|------|
| (1) Number of representations, etc., made in respect of dwelling houses unfit for habitation ... | Nil. |
| (2) Number of dwelling houses in respect of which Demolition Orders were made | Nil. |
| (3) Number of dwelling houses demolished in pursuance of Demolition Orders | Nil. |

D. Proceedings under Section 12 of the Housing Act, 1936.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| (1) Number of separate tenements or underground rooms, in respect of which Closing Orders were made | Nil. |
| (2) Number of separate tenements or underground rooms, the closing orders in respect of which were determined, the tenement or room having been rendered fit | Nil. |

4. Housing Act, 1936 - Part IV - Overcrowding.

- | | |
|----------------------------------------------------------------------------------------------------------|-----|
| (a) (1) Number of dwellings overcrowded at the end of the year | 51 |
| (2) Number of families dwelling therein ... | 106 |
| (3) Number of persons dwelling therein ... | 460 |

(b) Number of new cases of overcrowding reported during the year	20
(c) (1) Number of cases of overcrowding relieved during the year	16
(2) Number of persons concerned in such cases	141

NEW HOUSES.

5. Number of new houses provided during the year :—

By the Local Authority :—Permanent type	122
Temporary type	Nil.
By Private Enterprise	8

6. Housing Act, 1949.

Any action in connection with Section 20, "Grants to persons other than local authorities for improvement of housing accommodation"	Nil.
--------------------------------------------------------------------------------------------------------------------------------------------	------

ACTION UNDER THE HOUSING ACTS.

Houses not in all respects fit.

Under the Housing Consolidated Regulations, 1925, and the Housing Consolidated Amendment Regulations, 1932, 50 inspections of dwellinghouses were made and particulars recorded.

During the year 30 houses were made in all respects fit.

Tents, Vans and Sheds.

Of the large number of Nissen huts originally on the Lowfield Road, W.D. Camp Site, Bolton-on-Deane, only two were occupied by two families at the year end. The total number of persons resident there was six. One hut was vacated during the year and was immediately demolished by a local contractor to prevent its further use. Originally forty huts on this site were occupied by "squatters" in 1946 and it is to the credit of the local authority that rehousing has been so well carried out.

One temporary wooden erection in Willow Lane, Bolton-on-Dearne, occupied for some years, commenced its "life" as a caravan but soon changed into a building supported by many brick piers. Its condition has deteriorated over a period of years and consideration of its future is a matter which will arise shortly.

The district does not possess a licensed caravan site and although many applications have been made to the Council for such licences and also for licences to use caravans within the district, none have been granted.

At the end of 1951 eleven caravans were in use as dwellings within our area while at the end of 1952, the number had increased to 17. These were sited as follows, eight at Highgate, seven at Thurnscoe, and two at Bolton-on-Dearne. The majority of these vans are occupied by officials and staff engaged within the district on work in connection with out-crop coal working and with house construction on N.C.B. sites. Mostly the premises are factory-made caravans, well constructed and kept in a very clean condition. One or two vans on the Highgate site are not so satisfactory. With the termination of contracting work perhaps in just over one year these moveable dwellings should depart. In the meantime it is the duty of your Inspectorial staff to see that no nuisance arises from their use and that the regular collection of refuse from the caravans is maintained.

SANITARY ACCOMMODATION

Type of Convenience & Receptacle	Bolton & Goldthorpe	Thurnscoe	Barnburgh	Total	Percentage 1952
Water Closets	4330	3216	39	7585	99·96
Midden Privy	2	—	1	3	0·04
Total Closets	4332	3216	40	7588	
Ashbins	3986	2919	40	6945	99·94
Privy Pits	2	1	1	4	0·06

WEST RIDING COUNTY COUNCIL (GENERAL POWERS) ACT, 1951.

The above statute, described as "An act to confer further powers upon the county of and local and highway authorities in the administrative county of the West Riding of Yorkshire; and for other purposes" came into force on the 1st April, 1952. Several sections of the act required special action by the Council before they operated in our area. Of these, three sections are enforceable by your Sanitary Inspectors and these you took appropriate steps to operate as follows :—

Section 75—Slaughter of Animals otherwise than for human consumption which provides for the giving by an owner of notice before the slaughter of any of the following animals namely horses, cattle, sheep, goats or pigs where the animal owing to emaciation or disease is slaughtered otherwise than for the sale for human consumption within the meaning of the Public Health (Meat) Regulations.

Section 76—Registration of hawkers of food and their premises. Requires the registration by the local authority of (1) any person selling, offering or exposing for sale any food from or upon a cart, barrow or other vehicle or from or upon a basket, pail, tray, or other receptacle, and (2) any premises used as storage accommodation for food intended for sale in any manner above stated.

Section 120—Hairdressers and Barbers.

Requires the registration by the local authority of : (1) any person who carries on the business of a hairdresser or barber, and (2) any premises used for the purpose of carrying on the business of a hairdresser or barber.

A report is appended herewith on action taken since the introduction of the statute.

Registration of Hairdressers or Barbers and their Premises. Section 120. West Riding County Council (General Powers) Act, 1951.

This provides that no person shall carry on the business of a hairdresser or barber on any premises in the district unless he and those premises are registered by the local authority.

Unfortunately the local authority has no right to refuse registration on receipt of an application under the section, but it is provided that persons carrying on the business of a barber or hairdresser must maintain a strict code of cleanliness. The latter is laid down in byelaws which you adopted during the year. Details are given in the report of the work carried out by the Department under this section. Having regard to many premises which form the subjects of applications for registration falling short of our requirements, you decided to defer consideration of these until improvements were effected by the proprietors of the businesses concerned.

The number of applications received for registration of Hairdressers and their premises was 25.

17 of these had been registered at the year end and work was being carried out on the other premises to improve conditions.

Examples of improvements required were :—

Applicant No.	Work Done.
7.	Natural lighting improved by extension of window area.
15.	Piped water supply installed. Drainage provided.
	Work in Progress.
18.	Installation of drainage. Provision of steriliser.
19.	Provision of hot water supply.
22.	Installation of drainage.

Registration of Hawkers of Food and their Premises.

Section 76. West Riding County Council (General Powers) Act, 1951.

Briefly it is required that persons hawking food for sale must be registered by the local authority as also must be any premises used as stores for food intended for sale by such persons.

Since the date of commencement of operation :—

- 10 applications received for registration as hawker of food.
- 7 applications received from hawkers of food storage premises to be registered.

The number of applications granted so far are :—

6 registrations as food hawkers.

4 storage premises registered.

Decisions regarding registration of the remainder of the applications were deferred until certain requirements had been fulfilled.

Precautions Against Contamination of Food.

Regular routine visits were paid to all premises used for food preparation, storage or sale. Generally these have been found to be in fair condition. The maintenance of a system of visits is important if only to see that cleanly practices, once established, are not allowed to be forgotten.

One general shop was found to be in an untidy condition and after much informal action some improvement was recorded towards the year end.

A bakery producing pikelets was found to be in a very dirty condition and formed the subject of Court proceedings when the following charges were preferred against the proprietor :—

Contravening Section 13, Food and Drugs Act, 1938.

Paragraph (d) of sub-section (1): "Walls, ceiling, doors and windows of rooms being dirty."

Paragraph (g) of sub-section (1): "accumulation of refuse in rooms and the floors being dirty."

Paragraph (h) of sub-section (1): "dirty conditions of utensils in the rooms also of the clothing of a person engaged in the rooms."

Paragraph (i) of sub-section (1): "failure to provide in or within reasonable distance of the rooms suitable washing basins.....and hot water for the use of persons employed in in the rooms."

Contravening Part II of Byelaws made under Section 15 of the Food and Drugs Act, 1938.

Byelaw 4(a) "failing to take steps reasonably necessary to protect food from contamination by animals, rodents, etc."

The defendant was found guilty and fined a total of £30.

A charge respecting unsound yeast found on the same premises was dismissed.

FOOD SUPPLY.

Public Health (Meat) Regulations, 1924.

Altogether 268 notifications were received from Cottager Pigkeepers concerning the slaughter of 284 pigs and 271 of these were inspected.

The following table shows the incidence of the various diseases amongst pigs slaughtered throughout the district.

	Pigs inspected at:-		
	Thurnscoe	Goldthorpe	Bolton-on-Dearne
TUBERCULOSIS			
Number of pigs affected	8	2	2
Organs affected:-			
Head	50lbs.	30lbs.	—
Mesentry	20lbs.	9lbs.	—
Lungs	3lbs.	2lbs.	—
Liver	—	5lbs.	4lbs.
Kidney	—	1lb.	—
Complete Carcase & Offal	—	—	210lbs.
OTHER DISEASES			
Number of pigs affected	4	2	—
Organs affected:-			
Heart (Pericarditis)	1½lbs.	1lb.	—
Lungs (Pleurisy)	5lbs.	2lbs.	—
Lungs (Pneumonia)	3lbs.	—	—
Kidneys (Nephritis)	1½lbs.	2lbs.	—
Liver (Cystic)	½lbs.	—	—

The total weight of pork found to be unfit for human consumption during the year amounted to 350½ lbs.

The incidence of tuberculosis amongst pigs remained at previous years' levels.

- (1) of the pigs slaughtered on farms 17% were found to be affected.
- (2) of the pigs slaughtered other than on farms (i.e. fed mainly at allotment) 4% were found to be affected.

Slaughter of Animals Act, 1933.

Six licences to slaughter or stun animals were issued to slaughtermen during the year. At the end of the year there were nineteen licensed slaughtermen in the Dearne Urban District.

UNSOUND FOOD.

There were two prosecutions during the year under this heading. One already mentioned, concerned 11 ozs. of unsound yeast but in this case the defendant pleaded that he did not mean to use it in pikelet manufacture and the charge was dismissed.

In the other case, a butcher was fined a total of £30 for depositing and exposing for sale on his shop premises 10½ loaves of bread, a consignment of sausage meat and also 13 lbs. of pork fat, this being unfit for sale for human consumption.

The food listed below was surrendered voluntarily :—

Vegetables, 61 Tins.	Mincement, 1 Jar.
Tomatoes, 326 Tins.	Sugar, 11 lbs.
Tomato Juice, 24 Tins.	Jellied Veal, 2 lbs.
Meat, 143 Tins.	Cereals, 2 pkts.
Fruit, 468 tins.	Biscuits, 5 pkts.
Milk, 30 Tins.	Pickles, 3 Jars.
Soup, 6 tins.	Cheese, 116½ lbs.
Fish, 30 tins.	Bacon, 32 lbs.
Fruit Juice, 3 Tins.	Sausage, 83 lbs.
Golden Syrup, 1 Tin.	Cakes, 123 lbs.
Jam, 9 Jars.	Black Pudding, 12 lbs.
Mint Sauce, 1 Jar.	

MILK AND DAIRIES.

Registration of Distributors.

Fifty-six retail distributors of milk were on the register at the end of the year.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The number of licences in force were :—

		Dealer's licences.	Supplementary licences.
(a) Pastuerised Milk	... ..	2	5
(b) Sterilised Milk	... ..	44	5

The Milk (Special Designation) (Raw Milk) Regulations, 1949.

The number of licences in force were :—

		Dealer's licences.	Supplementary licences.
Tuberculin Tested	... ..	1	4

Sampling of Milk. Biological Analysis—Presence of Tuberculosis.

Routine sampling of milk for presence of tuberculosis from local cowsheds was carried out during the year. Twenty samples were taken nineteen of which were reported upon as negative, and one as positive. In the case of the positive sample, details were forwarded to the Ministry of Agriculture and Fisheries for the attention of their Veterinary Staff.

Public Swimming Bath.

Two samples of water from the Public Swimming Bath, Thurnscoe, were submitted to the Public Health Laboratory for examination, the results being as follows :—

Sample No.	Presumptive B. Coli. in 100 ml. of water	p.H. value.	Free Chlorine in 1,000,000 parts of water.
1.	... None	8.4	1.2
2.	... None	8.4	1.0

The above samples were regarded as satisfactory.

Ice-Cream Premises.

Sixty-one premises were registered at the year end for the sale of ice-cream, including three which were licensed also to manufacture ice-cream and four to manufacture iced lollies.

Twenty-one samples were submitted to the Public Health Laboratory for examination, and provisional grading showed twenty to be satisfactory and one to be unsatisfactory.

A warning letter was sent to the retailer concerning the unsatisfactory sample and it was found unnecessary to take legal action.

Brief details of the samples are given in the table below :

Sample No.	Place taken	Date taken	Result of Methylene Blue Test or Coliform Test	Provisional Grade	Remarks
1	Shop	23/1/52	Not decolourised after 4 hours	1	Satisfactory
2	Shop	23/1/52	Coliforms absent in 3 out of 3-1 ml. amounts	Lollie	Satisfactory
3	Shop	23/1/52	Not decolourised	1	Satisfactory
4	Shop	23/1/52	Coliforms absent	Lollie	Satisfactory
5	Shop	23/1/52	Not decolourised	1	Satisfactory
6	Shop	23/1/52	Coliforms absent	Lollie	Satisfactory
7	Shop	23/1/52	Not decolourised	1	Satisfactory
8	Shop	23/1/52	Coliforms absent	Lollie	Satisfactory
9	Shop	23/1/52	Coliforms absent	Lollie	Satisfactory
10	Shop	23/1/52	Not decolourised	1	Satisfactory
11	Shop	23/1/52	Coliforms absent	Lollie	Satisfactory
22	Shop	15/7/52	Coliforms absent	Lollie	Satisfactory
23	Shop	15/7/52	Not decolourised	1	Satisfactory
24	Shop	15/7/52	Coliforms absent	Lollie	Satisfactory
25	Shop	15/7/52	Coliforms absent	Lollie	Satisfactory
26	Shop	15/7/52	Not decolourised	1	Satisfactory
27	Shop	15/7/52	Decolourised after one hour	3	Unsatisfactory
28	Shop	15/7/52	Coliforms absent	Lollie	Satisfactory
29	Shop	15/7/52	Coliforms absent	Lollie	Satisfactory
30	Shop	15/7/52	Not decolourised	1	Satisfactory
31	Shop	15/7/52	Not decolourised	1	Satisfactory

Ten samples of Ice-Cream were taken for Chemical examination to test their compliance with the standards laid down by The Food Standards (Ice-Cream) Order, 1951.

This Order states that any ice-cream sold must contain at least :—

7.5% Milk Solids not fat.

7.5% Added Sugar.

5.0% Fat.

In the table appended giving particulars of sample reports, it will be noted that No. 12 was low in non-fatty milk solids. A warning letter was sent to this producer/retailer. On the 7th July, 1952, however, a revised standard for ice-cream was issued by the Ministry of Food, lowering the percentage of Milk solids not fat to 5, and the fat content to 4.

Sample No.	Place taken	Date taken	Fat %	Milk Solids Not Fat %	Added Sugar %	Remarks
12/52	Vehicle	29/3/52	5.04	6.00	15.56	Low in non-fatty Milk Solids
13/52	Vehicle	29/3/52	8.48	7.50	11.42	Satisfactory
14/52	Vehicle	29/3/52	6.44	7.86	12.66	Satisfactory
15/52	Shop	29/3/52	13.12	8.20	14.62	Satisfactory
16/52	Shop	29/3/52	10.65	7.92	12.12	Satisfactory
17/52	Shop	29/3/52	9.26	8.54	10.06	Satisfactory
18/52	Shop	29/3/52	9.50	7.64	13.64	Satisfactory
19/52	Shop	29/3/52	8.94	7.76	14.70	Satisfactory
20/52	Shop	29/3/52	10.10	9.70	11.48	Satisfactory
21/52	Shop	29/3/52	10.61	8.48	14.12	Satisfactory

Public Water Supply.

Although a few isolated blocks of property have had a poor supply of water, this being due to inadequate or partially blocked service pipes, in general the supply to our district throughout the year has been satisfactory.

The figures for hardness have varied considerably, samples taken from house taps have reached a figure of 70.6 and at times been as low as 13.3 parts per 100,000. It is desirable that the hardness should be uniform and if possible be no higher than 20 parts per 100,000.

A considerable outlay is involved yearly by house owners in descaling hot water supply systems due to the deposit of "scale" from the hard water.

INFECTIOUS DISEASES.

Enquiries have been made into 38 cases of infectious diseases including 22 cases of Scarlet Fever; 10 cases of Gastro-Enteritis; 2 cases of Acute-Poliomyelitis; 2 cases of Meningitis; 1 case of dysentery and 1 case of Diphtheria (later proved negative).

The distribution of these cases was 19 at Thurnscoe, and 19 at Bolton-on-Dearne and Goldthorpe.

The cases at Thurnscoe comprised 8 cases of Scarlet Fever; 6 cases of Gastro-Enteritis; 2 cases of Meningitis; 2 cases of Acute Poliomyelitis; and 1 case of Dysentery.

The cases at Bolton-on-Dearne and Goldthorpe comprised 14 cases of Scarlet Fever; 4 cases of Gastro-Enteritis; and 1 case of Diphtheria (negative).

Clearance of Choked Drains.

76 owners have given general instructions to the Department to deal with the blockages to drains and water-closets as they come to notice.

85 drains were cleansed under this arrangement at a cost of 4/6d. to each owner.

Offensive Trades.

Of the two trades established at Goldthorpe, both being tripe boilers, one closed down during the year.

Although the Maggot Breeding Factory at West Moor Lane, Harlington, is not officially classed as an offensive trade one cannot find a more appropriate section in which to place it. "Blow-flies," decomposing animal flesh and maggots are the stock-in-trade of this business and more offensive materials than these I cannot think of.

Regular visits have been paid to the trades mentioned and in the case of the maggot breeding premises suggestions made towards improvement.

Generally speaking no serious nuisance arose throughout the period covered by this report.

Shops Acts.

137 premises were visited respecting the provision and maintenance of Sanitary accommodation, lighting, ventilation, water-supply and washing facilities etc. Three contraventions were found but these were soon made good.

In my capacity as Inspector under the various Acts, visits have been paid regularly for the purpose of administering the legislation dealing with general closing hours, early closing, and Sunday trading beside the numerous other matters which are the responsibility of a local authority under the Shops Acts. Many verbal warnings to traders have been given and follow-up visits have usually found an improvement.

There were no prosecutions during the year.

Factories.

Premises	No. on Register	Inspections	Written Notices	Occupiers Prosecuted
(1) Factories in which Secs. 1 2, 3, 4, and 6 are to be enforced by local authorities	25	50	2	—
(2) Factories not included in (i) in which Section 7 is enforced by the local authority	33	59	1	—
(3) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises)	—	—	—	—
TOTAL	58	109	3	—

Cases in which defects were found.

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted.
	Found	Remedied	H.M. Inspector Referred to	Referred by	
Want of cleanliness (Section 1)	2	2	1	—	—
Sanitary Conveniences (b) Unsuitable or defective (Section 7)	1	—	—	1	—
TOTAL	3	2	1	1	—

Supply of Ashbins. Section 75, Public Health Act, 1936.

The Council's decision to provide and maintain dustbins where they became defective in lieu of requiring the owner or occupier to do so, was continued during the year.

This service is chargeable to the general rate of the district.

The ashbins supplied during the year were as follows:—

1. Bin renewals to privately owned houses	338
2. Bin renewals to Council houses	133
3. Bins provided to New Houses :	
(a) Council houses	122
(b) Private houses	8
	130
Year's Total Bins	601

Rats and Mice Destruction.

Fifty-five treatments were carried out by the Sanitary Department for rats and mice infestations on land and property in the district. Poisons used following pre-baiting include Arsenic, Zinc Phosphide, Red Squill and Antu. "Warfarin" is also used as a direct poison bait.

Premises	Number of Treatments	Infestation	Type of Treatment
Private Houses	24	Rats & Mice	Poison and Trapping
Business Premises	8	Rats & Mice	Poison
Sewers	6	Rats	Poison
Schools	7	Mice	Poison
Sewage Works	4	Rats	Poison
Refuse Tips	3	Rats	Poison
Allotments	3	Rats	Poison
TOTAL	55		

Disinfestation.

21 Houses were treated during the year to rid them of bugs. The rooms were thoroughly sprayed with an insecticide and again at an interval of three weeks.

28 houses were treated for infestation with cockroaches.

Other infestation dealt with included :—

Bees—2 houses.

Silverfish—2 houses.

Brass Beetles—1 house.

PUBLIC CLEANSING.

(Referring to the year April, 1952, to March, 1953).

The district continued to be scavenged by four teams of men with Karrier Bantam Refuse Collection Vehicles except for a short period during the summer when three vehicles were found to be sufficient. A weekly collection of refuse was maintained throughout the year. Five Karrier vehicles are available but one of these is maintained as a spare.

Protective clothing was again supplied to all members of the scavenging staff, each person being issued with at least one pair of overalls and two pairs of gloves.

There was no hired team labour employed during the year.

Average Estimated Annual Yield of Refuse from each house.

Year	Thurnscoe	Goldthorpe and Bolton-on-Dearne
1946	1 ton 4.46 cwts.	1 ton 2.53 cwts.
1947	1 ton 7.67 cwts.	1 ton 7.43 cwts.
1948	1 ton 6.54 cwts.	1 ton 5.17 cwts.
1949	1 ton 5.82 cwts.	1 ton 2.12 cwts.
1950	1 ton 7.84 cwts.	1 ton 3.73 cwts.
1951	1 ton 6.87 cwts.	1 ton 4.18 cwts.
1952	1 ton 5.20 cwts.	1 ton 4.46 cwts.

Loads are calculated at $2\frac{1}{8}$ tons each.

Despite the increase in the number of more modern coal burning appliances, generally speaking, the amount of refuse shows no appreciable decrease. No doubt this is due to the greater number of houses receiving "home coal." In many districts the fairly high price of coal has caused a reduction in household refuse and a consequent fall in costs of refuse collection.

Labour—Staff Employed.

The staff engaged on the collection of refuse was as follows :—

Four lorry drivers.

Sixteen labourers.

Two tipmen were occupied full-time on the Council's controlled tip.

One man was engaged in the baling of waste paper, sorting of salvage, cleansing of public conveniences, rodent control, etc. As in the past this employee deputised for the foreman.

A foreman supervised the work of the staff, carried out disinfection and disinfestation work and cleansed all blocked drains of property where the owners have agreed to participate in the Council's scheme to liberate such blockages.

REFUSE COLLECTION.

The average number of premises on our weekly collection list for the past year was 6,856 for the district of Dearne, comprising 3,976 at Bolton-on-Dearne and Goldthorpe, 2,840 at Thurnscoe and 40 at Barnborough. The number of receptacles were; Bolton-on-Dearne and Goldthorpe 3,986; Thurnscoe 2,919; Barnborough (Green Lane) 40; making a total of 6,945 refuse receptacles. This means that there were 126 more refuse receptacles to scavenge weekly as compared with 1951.

Trade Refuse.

21 premises remained on the list for trade refuse removal and a small charge was made for the service. Collections made from some businesses consisted mainly of saleable salvage, paper, cardboard, etc., no charge being made in these cases.

Clinker and refuse have been removed regularly from all schools in the district.

Collection cost per House.

The annual cost of collecting refuse from each house and conveying it to the disposal site was £1/7/0d. This makes fair comparison with £1/7/11d. for last year.

Wages rates rose in the 12 months April, 1952, to March, 1953, by 3/8d. per man weekly.

The cost of collecting a bin, emptying and conveying the refuse to the tip was approximately 6d.

DISPOSAL.

All refuse has been disposed of by controlled tipping during the year. The main tip for refuse has been the disused brickworks quarry at Ingsfield Lane, Bolton-on-Dearne. A housing site in Ingsfield Lane adjoining the tip was commenced in September. The houses are being constructed for the Coal Industry Housing Association. The contractors have been allowed to use an area of the tip as a depot complete with concrete mixing plant. Much valuable covering material for the tip, soil and subsoil, has already been placed on the tip site. Future development of the area as a recreation ground will be assisted by this store of soil.

SUMMARY OF LOADS.

Bolton-upon-Dearne District.

(Including Goldthorpe and Green Lane, Barnborough.)

	Lorry Loads
Ingsfield Lane Tip, Bolton-on-Dearne ...	2,288
Beever Street Allotments ...	43
	<hr/>
	2,331

Thurnscoe District.

Ingsfield Lane Tip, Bolton-on-Dearne ...	1,880
	<hr/>

Total ...	4,211 loads
Expressed as Tons ($2\frac{1}{8}$ tons per load) ...	8,948 tons

Salvage Incentive Bonus Scheme.

The Salvage Incentive Bonus Scheme proved very successful throughout 1952. During the first six months, January to June, a workman who was employed the full twenty-six weeks drew a total bonus of £11/13/0d. In the second period, July to December, a full six months work entitled a workman to a total bonus of £1/18/0d. Thus an employee who completed a full year's work drew an average of $5\frac{1}{2}$ d. bonus per week.

The basis of the scheme is :—

From the total salvage sales in a six month period the costs of collecting and disposing of the salvage (labour and materials) is deducted. The sum remaining is shared equally between the Council and the workmen.

SALVAGE.

Year : April 1st, 1952 to March 31st, 1953.

The price obtainable for waste paper decreased steadily throughout the year to half the original amount. On May 5th, the "mixed paper" price dropped from £13 to £8/10/0d. per ton and on July 7th to £7/10/0d. per ton. This figure held good until March 23rd, 1953, when the price dropped to £6/10/0d. per ton. The Board Mills who receive our salvage paper have guaranteed this price of £6/10/0d. per ton until March 31st, 1954. During this same period the price for baled newsprint dropped from £18 to £10 per ton.

In order that Local Authorities' Salvage Schemes should not be wrecked during a period of "glut" the Mills requested local authorities to curtail their deliveries under a quota system to 70% of the average monthly yield during January to March, 1952. This has meant that from June 1st, 1952, the Council have been restricted to despatching seven tons of paper per month.

Materials salvaged and sold during the year.

Quantity.					Material	Sales		
Tons.	cwts.	qrs.	lbs.	doz.		£	s.	d
96	15	1	21		Waste Paper ...	805	16	6
1	16	3	7		Rags, string ...	49	13	10
6	18	0			Unflattened Tins ...	20	14	0
	15	3			Scrap Iron ...	2	3	5
			14		Aluminium ...		10	6
				122	Tins ...	6	16	4
				25	Bottles ...	1	5	0
106	6	0	14	147		£886	19	7

Since the Salvage Scheme commenced in 1940, £8,733/9/7d. has been recovered from the sale of 1,280 tons 19 cwts. 0 qrs. 24 lbs. of materials and 11,426 dozen tins, bottles and jars.

PUBLIC CLEANSING—COSTING RETURNS.

With the reintroduction by the Ministry of Housing and Local Government of a standardised costing return, now sent out to Councils of County Boroughs and Metropolitan Boroughs and of non-county Boroughs, and Urban Districts with population exceeding 20,000, I think it is advisable to quote this costing table verbatim :—

SCAVENGING COSTS.

(Note : The Cleansing Report deals with the period April 1st, 1952, to March 31st, 1953).

REVENUE ACCOUNT.

	Collection £	Disposal £	Total £
1. GROSS EXPENDITURE.			
(i) Labour	6357	1657	8014
(ii) Transport	2783	71	2854
Total gross expenditure ...	9140	1728	10868
2. GROSS INCOME (including £Nil received from local authorities)	30	900	930
3. NET COST	9110	828	9938

UNIT COSTS.

	s.	d.	s.	d.	s.	d.
Gross cost per ton, labour only ...	14	2	3	8	17	10
Gross cost per ton, transport only	6	2		2	6	4
Net cost (all expenditure) per ton	20	4	1	10	22	2
	£		£		£	
Net cost per 1,000 population ...	375.7		34.1		409.8	
Net cost per 1,000 premises ...	1359.7		123.6		1483.3	

OPERATIONAL STATISTICS.

Area (statute acres)—land and inland water	3,888 acres.
Population at 30th June, 1951	24,240 persons.
Total refuse collected (tons)	8,948 tons.
Weight (cwts.) per 1,000 population per day (365 days to year) ...	20.2 cwts.
Number of premises from which refuse is collected	6,700 premises.
Average haul (miles) by collection vehicle to disposal point	2 miles.
Frequency of collection	Weekly.
Kerbside collection, if practised, ex- pressed as estimated percentage of total collection	Nil %.
Total refuse disposed of (tons) ...	8,948 tons.
Methods of disposal :	Percentage.
Controlled tipping... ..	100

Salvage and Trade Refuse. Analysis of income and tonnage :

					Income (Included in Item 2).	Tonnage Collected.
					£	Tons
Salvage :						
Scrap Metal	...	...	...	...	23	8
Waste Paper	...	...	...	...	806	97
Other Salvage	...	...	...	...	57	2
Trade Refuse	...	...	...	...	44	440

Observations—Public Cleansing.

Although the district has grown it has been possible to maintain the regular weekly collection and disposal of house and trade refuse without any increase in staff. The gross total cost of the cleansing service increased over 1951 due to rises in wages rates but the unit costs, i.e. cost per ton, per thousand population and per thousand houses showed a very welcome decline. Weather conditions did not disturb the regular routine of the work, the year being a particularly dry one, rain and snow fall being very small in amounts. Provision by the Council of dustbins to all house property has proved a costly item but is an important factor towards facilitating the work of scavenging by maintaining sound, standard type refuse receptacles throughout our area. An ever present problem has been to retain the number of workmen required for the service. Jobs in other work continued to attract cleansing workers, the solution to this being obvious, namely the improvement in conditions of service.

The disposal of refuse presented no major problem, the site at the old brickworks, to the north of Ingsfield Lane, taking most of the material. The development of this tip as a sports and recreation ground is part of the scheme but it is hoped that the negotiations concerning the disused railway cutting adjoining will lead to its filling up, prior to the brickworks site being fully developed. I am concerned about the refuse disposal question and consider that sites suitable for such a purpose should be obtained so as to ensure an outlet for the district's waste for many years to come.

Although there has been no improvement in garage, workshop, and messing accommodation for equipment and staff since my last report you have this matter in mind and I am hopeful that progress will be made in the near future. Permanent garage accommodation is a first essential.

Final Remarks.

A pleasant duty at the conclusion of my Annual Report is to record my appreciation of the willing co-operation and assistance given to me and my staff by our Medical Officer of Health, Dr. J. Leiper.

The help forthcoming from other chief officers and their staffs when my department has needed it has been of value and deserves note.

My own staff have undertaken another year's work with skill and care, accepted new duties particularly those involved in administering certain parts of the West Riding County Council (General Powers) Act, 1951, as a matter of routine.

Last but not least I wish to thank the Chairman and Members of the Council, who throughout the year 1952, have given great support to our endeavours in the work of the department.

I am,

Ladies and Gentlemen,

Yours faithfully,

G. H. ALLEMBY, Cert.R.S.I., M.S.I.A.

Chief Sanitary Inspector and
Cleansing Superintendent.

Chief Executive
A pleasant duty at the conclusion of my Annual Report
is to record my appreciation of the willing co-operation and
assistance given to me and my staff by our Medical Officer
of Health, Dr J. Lopez.

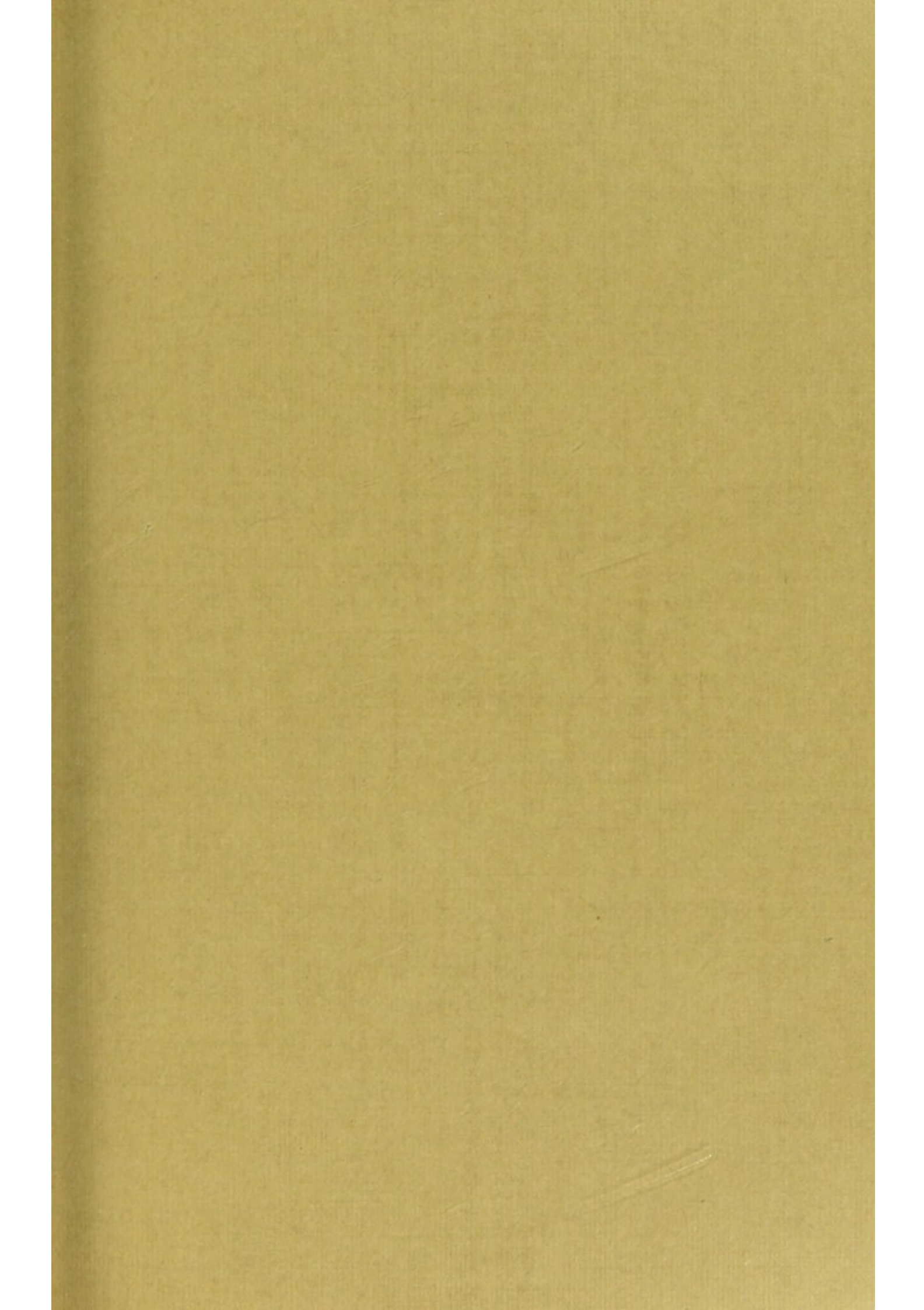
The help forthcoming from other chief officers and their
staffs when my Department has needed it has been of value
and deserves note.

My own staff have undertaken greater work with
skill and care accepted and their contribution to the
work of the Department has been of the highest order.
I am sure that the staff of the Department will be
of service to the community in the future.

I am not least I wish to thank the Chairman and
Members of the Council who throughout the year 1955 have
given their support and encouragement in the work of the
Department. I am sure that the staff of the Department
will be of service to the community in the future.
I am sure that the staff of the Department will be
of service to the community in the future.
I am sure that the staff of the Department will be
of service to the community in the future.

G. H. ALLIBONE, C.B.E., M.B.E.
Chief Executive, London County Council
Chairman, Departmental Committee

The following is a list of the names of the members of the
Departmental Committee for the year 1955. The names are
given in alphabetical order of surnames. The names of the
members of the Committee are given in the following order:
The Chairman, The Vice-Chairman, The Members of the
Committee, and The Members of the Sub-Committees.
The names of the members of the Committee are given in the
following order: The Chairman, The Vice-Chairman, The
Members of the Committee, and The Members of the Sub-
Committees.



RUSSELLS (MEXBOROUGH) LTD. MEXBOROUGH, YORKS