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COUNTY BOROUGH OF DONCASTER

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH
FOR THE YEAR

1968

D. RANDALL MARTIN, M.B., Ch.B., D.P.H.
Medical Officer of Health

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FOR

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COUNTY BOROUGH OF DONCASTER

HEALTH AND WELFARE COMMITTEE

(at 31st December 1968)

Chairman:

Alderman S. C. HOLBROOK

Vice-Chairman:

Alderman Mrs. E. STENSON

Committee:

Alderman H. Culshaw

Alderman Miss E. Plumb

Alderman T. H. Wright

Councillor L. Faller

Councillor G. F. Hardy

Councillor D. A. Hare

Councillor Mrs. W. M. Liversidge

Councillor J. C. Porter

Councillor I. W. Prior

Councillor T. D. Scott

C O U N T Y B O R O U G H O F D O N C A S T E R

Health Department,
Doncaster.

REPORT FOR THE YEAR 1968

To the Council of the County Borough of Doncaster.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1968.

VITAL
STATISTICS

Following tradition this report starts with a brief commentary on the "statistics" which will be found in a latter section of the report.

In so far as the vital statistics are concerned, the changes are again relatively small and the first to note is another estimated fall of 660 persons in the Borough's population. Since there were less deaths and more births this year compared with last, the decline is attributable to emigration. Of the 91 increase in live births there was an increase from 129 to 175 illegitimate live births, i.e. 46 illegitimate births, which brings the percentage of such births to live births to 12.92% (compared with 10.21% last year) and when stillbirths are included this figure rises to 13.03%. As well as an absolute increase in numbers the live birth rate rose from 14.55 to a corrected 15.94 per 1,000 population and was accompanied by falls in all the mortality rates. Of the 30 infants dying, compared with 41 last year, 20 succumbed during the first week. There were 10 fewer premature infants born. However, all the rates were worse than those experienced by the country as a whole. On the debit side too was the number of 43 deaths from cancer of the lung, a rate of 0.51 per 1,000 population, marginally smaller figures compared with 1967. It is to be noted that this year the mortality statistics as supplied by the Registrar General incorporated certain changes in the classification of causes of death.

INFECTIOUS
DISEASES

The Public Health Infective Jaundice Regulations 1968 came into operation on the 15th June, making infective jaundice a notifiable disease. In the last six months of the year 40 cases were notified all of which were investigated. In all cases where there is a blood donor in intimate contact with the patient or the patient is a blood donor, the information is passed to the blood transfusion service as one measure to attempt to stop further cases occurring is not to use blood for transfusion if there is a possibility that it may carry the virus of the disease.

As from 1st October 1968 the Public Health (Infectious Disease) Regulations 1968 took effect. These regulations consolidate previous provisions relating to Infectious Disease and make certain changes. One change effected is to place the obligation to notify a case of disease solely on a medical practitioner and not on the head of the family or householder etc. as was the law before. The list of notifiable diseases has been altered and certain diseases such as yellow fever and tetanus are now notifiable for the first time in this country. On the other hand acute primary pneumonia, acute influenzal pneumonia, puerperal pyrexia and acute rheumatism have been deleted from the list of notifiable diseases. In so far as puerperal pyrexia is concerned, this removes the somewhat anomalous situation which had existed in the immediate preceding years, and exemplified by the 88 cases of puerperal pyrexia notified in the first nine months of 1968. The order, in addition, makes it easier for the local authority to extend the category of notifiable diseases in its area. The powers to vaccinate and immunise contacts have been increased and are extended to contacts occurring in adjacent districts. Likewise, the powers for compulsory medical examinations of persons suspected to be carrying an organism capable of causing a notifiable disease have been extended. Particular reference is made to food handlers and their exclusion from work if it is suspected that they may be suffering from certain infectious diseases, these being typhoid, para-typhoid, salmonella, bacillary dysentery and staphylococcal infections likely to cause food poisoning. At the same time the fee for the notification of infectious diseases was increased to 5s.0d.

In so far as Tuberculosis is concerned the number of new notifications shows a drop from 36 to 23 but on the other hand the non-pulmonary notifications increased from 3 to 8. In a chronic disease such as tuberculosis this difference is not necessarily significant but the figures in subsequent years must be watched.

IMMUNISATION AND VACCINATION

Infectious diseases of all kinds continue to diminish in absolute numbers and in severity due to a number of factors amongst which are the availability of specific treatment and the existence of well proved prophylactic measures. This is exemplified by the success of the diphtheria immunisation programme which has resulted in there being no case of diphtheria occurring in Doncaster for 17 consecutive years. This state of affairs can only continue if every effort is made to have as high a percentage of the child population protected and there is no room for complacency in this field.

As far as numbers are concerned, measles is the disease producing most cases, a small number of which are followed by encephalitis, and so the above applies too in this disease now that a prophylactic has been placed in our hands. June saw the commencement of the anti-measles inoculation campaign amongst the infant members of the school population, aged 4-7 and those aged 1-7 living in residential establishments. Each parent was acquainted with the details of the scheme and permission sought to inoculate the children. The response was most encouraging. The vaccination team

visited each infant school in turn and, thereafter, the facilities were offered at the Child Health Clinics. The total number of inoculations carried out in 1968 was 1,722. No adverse reactions were reported although it is understood that some parents had mentioned the fact that their children had what appeared to be a fleeting dose of measles shortly after the inoculation.

The Vaccine was supplied to general practitioners who participated in the measles vaccination scheme. The Minister of Health is to supply free of charge the vaccine up to the end of March 1969. After that date authorities are to purchase their own vaccine.

HEALTH CENTRES

During 1968 negotiations continued in an endeavour to find a site for a Health Centre in the Balby area but by the end of the year no decision had been reached.

During the year the Secretary of the Local Medical Committee intimated that of the doctors practising in the centre of the town, eight wished to practice from a health centre and the possibility of modifying Chequer Road Clinic for this purpose was put in hand.

DAY CARE OF CHILDREN

In considering the day care facilities for children under 5 the following should be borne in mind. The Minister of Health considers the responsibility of the local health authority should continue to be limited to arranging care for the deprived child and others needing special care by the day, such as cases of the child of the unsupported mother and temporary day care during illness of the mother etc. Ideally the younger pre-school child should remain at home with it's mother. Prolonged segregation at an early stage can be detrimental to future development or social stability, but from the categories above there are occasions when children under five must be looked after by others besides their own parents or near relatives. In the absence of nursery schools and classes it is permissible for the local authority to make arrangements in appropriate cases for children to be admitted to satisfactorily conducted private or voluntary play-groups, and that in many cases the cost should be met by the authority. In certain cases, however, the service of selected home helps may be used to retain the child at home and by the use of home helps in appropriate cases it may be possible to obviate a child being admitted to care. Therefore it was agreed that both voluntary play-groups and selected home helps should be used in looking after deprived children after investigating the circumstances in each case.

In so far as voluntary play-groups and minders were concerned, section 60 of the Health Services and Public Health Act brought about several changes in the law covering the day time care of children under five, the general effect of which was to make more stringent provision for the better supervision of minding. For example, registration is to be effected now if only one child is looked after for a period in excess of 2 hours compared with three or more children for a substantial part of the day. This change in the law

necessitated the registration of Daily Minders who were taking part in the authority's day care arrangements which came into operation on the closure of the Day Nursery.

IMMIGRANT CHILDREN

Immigrants from overseas countries who frequently have little or no knowledge of the English language have many difficulties to overcome. The Education Department contribute a great deal to help resolve these by the work which goes on at their Special School for Immigrant Children at Sandford Road. We in the Health Department have endeavoured to parallel this at the Child Health Clinics. One immigrant mother volunteered to act as an interpreter on the Wednesday afternoon Child Health Clinic. Her help along with the polyglot ability of the staff means that advice and help can be given to any who require it in French, German, Italian, Spanish, Dutch, Portugese, Cantonese, Urdu, Indi and Punjabi. In addition leaflets are available printed in Hindi, Urdu, Bengali, Gajurati, Punjabi, Greek, Italian and French giving general advice on feeding and child care.

CHILD HEALTH CLINICS

Before concluding this section on the care of children, it is appropriate to record that the Council increased their grant to the Moral Welfare Council, for whose work and help we are ever grateful, to £500 per annum.

MIDWIFERY SERVICE

In September last year it was agreed that there should be in the Doncaster area an integrated maternity service. In accepting this principle it was also agreed that an experimental scheme to test the feasibility of the arrangement should be introduced. The first stage of this experiment, which consisted of domiciliary midwives attending the maternity hospital for a week to observe hospital procedures, ended in March and the second stage, which consisted of midwives working in the maternity hospital, began in July. I was able to report at the half-way stage that generally midwives enjoyed their week in hospital and found it of interest and of benefit. This first stage was also reviewed by the Maternity Liaison Committee who expressed the view that by and large this phase achieved what was intended.

Concurrently, a general review of the establishment of the Health Department was conducted and more specifically several critical reviews of the existing domiciliary midwifery service were held, occasioned in particular by the falling number of domiciliary confinements, the reduced number of midwives, the imminence of the new maternity hospital and the readiness of the Ministry of Health to consider and discuss new proposals. After the Maternity Liaison Committee had considered the scheme the Local Medical Committee also considered the question and they in turn resolved that the following resolution be sent to the Borough Health Committee and to the Maternity Liaison Committee, namely that despite the facilities envisaged by the new obstetric unit, general practitioners do not wish to be deprived in the future of the services of domiciliary midwives supplied by the local authority.

The present Domiciliary Midwifery Service was established by the scheme made under Section 23 of the National Health Service Act 1946 under which section it was a statutory duty of a local health authority to see that the number of certified midwives employed is adequate for the needs of the area. The scheme also contained a clause that such alterations to the number of midwives employed that experience shows to be necessary, will be made from time to time. At the time when this scheme was originally formulated in 1948 the accepted number of cases per annum per midwife was 70, although by 1968 the accepted figure is 55 cases per annum. The experience over the last 10 years shows that the average confinement per midwife has dropped from 78 in 1959 to 30.2 in 1968. However, because of the increasing pressure on maternity hospital beds the early discharge of mothers was adopted as an expedient and so more nursings are carried out by midwives. The early discharge figures from 1960 to 1968 are also shown in a table and range from 137 in 1960 to 571 in 1968. Although the average confinements have fallen, these early discharges result in the existing midwives being better occupied, but I would point out that the antenatal care and post-natal nursing of mothers does not necessarily require the skills of an accoucheuse. The biggest factor in determining the future trend of the Maternity Service will be the effect that the new Maternity Hospital will have. Applying the anticipated increase in the number of confinements in the maternity hospital to the district figures would result in home confinements being reduced to zero level. Although this is an obviously unrealistic assumption there is no doubt that a further reduction in the number of home confinements and a reduction in the number of early discharges is inevitable. In view of this and in an endeavour to have just sufficient midwives to meet the need of the area, recently vacated midwifery posts have not been filled and so the present full-time number of midwives employed is equivalent to 7.2. One of the current difficulties is the fact that there comes a time when it becomes impossible to run a service with a small number of midwives, as it is necessary to have sufficient cover for annual leave, off-duty periods, illnesses and accidents and when midwives are suspended from duty when they become a source of infection. In fact in my view this critical figure has been reached and now two midwives on holiday at the same time cannot be afforded. Taking these points into consideration, the one apparent obvious solution is a unified service. Of course this is not synonymous with the end of domiciliary midwifery. It is also germane to point out that this authority is not alone in experiencing this trend. By Section 23/2 of the 1946 Act a Hospital Management Committee can supply a local health authority with midwives to run a domiciliary service. The reverse is not to be the case until the National Health Service Bill becomes law and would enable local authorities to engage domiciliary midwives who could, under a suitably worded contract, work in a hospital service when required. A unified service has both advantages and disadvantages. One major difficulty

is the unwillingness of some domiciliary midwives to consider hospital practice and the difficulties inherent in joint types of appointment. A unified service has a great deal to commend it. The current division of responsibility in the maternity service does not militate for the best of services for patients. A unified service would help to ensure best use of scarce skilled nursing. At the Third Conference of Maternity Liaison Committees in the Sheffield Regional Hospital Board area in November 1967 a resolution was made to the effect that there should be sufficient flexibility in the Maternity Service to enable a midwife to work both in hospital and in the home. It was recommended that individual Maternity Liaison Committees should be encouraged to consider suitable schemes where the service in the area might benefit.

Two other factors in so far as the domiciliary midwifery service is concerned are of some interest. Because of the difficulty in filling the vacant Superintendent Nursing Officer post, which also carried the duties of non-medical supervisor of midwives, I was appointed medical supervisor of midwives, an appointment which necessitated central government approval.

The other relates to the use of pre-sterilised equipment and maternal packs in domiciliary midwifery. This involved the use on the district of -

- (1) sterile delivery pack containing
 - 1 Baby towel (turkish towelling)
 - 4 Dressing towels (3 linen, 1 paper)
 - 1 Placenta tray
 - 2 Lotion bowls
 - 1 Gown
 - 2 Forceps
 - 1 Pair Scissors
 - 1 Cord clamp
 - 3 Pads
 - 32 Swabs
- (2) a vaginal examination and perineal toilet pack, and
- (3) a perineal suture pack.

These packs were supplied by the Central Sterile Supply Department of the Doncaster Royal Infirmary.

HEALTH VISITING

With the coming into operation of the Health Visiting and Social Work (Training) Act 1962 the training of health visitors was reorientated to meet modern demands, part of which was the incorporation of increased practical work under supervision during training. This supervision on the district is the responsibility of a specially qualified health visitor known as the field work instructor. As the practical work is now usually carried out in the area of the sponsoring authority, it was decided that a field work instructor be appointed for Doncaster.

DISTRICT
NURSING

The use of ancillary help in the local authority nursing services was much to the fore in 1968. Three years ago a National Committee had considered the question of the extent to which local nursing teams could be developed by the use of ancillary help. In order to do this it was necessary to undertake studies of the content and methods of work done by nursing staff to ensure that the best use is made of the skills of qualified personnel, without loss of efficiency. Such an arrangement also entails careful delegation of duties. In many places extensive use is made of State Enrolled Nurses in the Home Nursing Service and of other auxiliary workers. It was decided that if practicable ancillary help be used in the District Nursing Service.

It is interesting to note this year that the visits by the Home Nurses increased by 2,955 visits, the majority of which were to surgical "cases".

DISTRICT
NURSE
TRAINING

The Queen's Institute of District Nursing have now decided to discontinue the award of the Certificate of District Nursing so the time has come to establish a national unified arrangement for training and examination for a single National Certificate. From May 1968 district nurse training and examination are to be conducted under arrangements made by local authorities themselves. If a training centre is to be established it will be necessary to submit a training scheme to the Minister's panel of assessors. In so far as theoretical training is concerned it would be necessary to use the facilities available in Sheffield. The Ministry exhort all authorities to establish a fully trained district nursing service as soon as possible. However, all State Registered District Nurses employed by this authority held a Certificate of District Nurse Training.

AMBULANCE
SERVICE

The training of ambulance staff personnel was started during the year at the West Riding County Council Ambulance Training Centre which was established following the "Miller" Report, which also recommended an improved uniform issue which was adopted by the Corporation.

PREVENTION
OF ILLNESS -
CARE AND
AFTER-CARE

The Health Committee are increasingly concerned with the extent of their services for specific categories of residents and discussed the extension of the Home Help Service in connection with the care of the elderly, and ways and means of providing more extensive care for aged people. It was recommended that an estimate of the cost of introducing in a twilight ward of the Borough a Warden Visiting Service for Aged Persons in private houses be investigated. The word 'private' is used because the Housing Committee are in the course of developing a Warden Service for the elderly living in Council houses. The first step in the review was to arrive at as precise a definition as possible of the aims and objects of such a scheme which was to ensure that those who are living alone do not sustain illness or accident which would result in their being found helpless on the floor or dying unnecessarily, unaided, unattended and alone. As a result of various suggestions and because of the well-defined area Hexthorpe presented, an

innumeration in this area was carried out of all ladies over 60 and gentlemen over 65 living alone or as an elderly couple, and at the same time to differentiating those who had some handicap either physical or mental. This list was duly compiled and arrangements were made to keep the list alive so that it could be continuously effective until a decision was made. This included deaths, admissions to hospital and Part III accommodation, normal migration and additions on age qualification and the status of couples depending upon the fate of the other partner. It so happened that the Geriatric Liaison Committee had already considered the duties of a Warden Service which was of considerable help when considering the duties of the visiting warden. The consensus of opinion was that the warden's visit should be mainly of a social character but that certain limited duties might be incorporated in certain circumstances, such as a limited amount of shopping, fire lighting and delivery and collection of prescriptions, but perhaps the more significant duty was to alert other services in the case of need, such as the Family Doctor, Home Help Service, the District Nursing Service or the Ambulance Service by an early report to the department. The frequency and length of visits were considered and if the purpose of the scheme was to be met then one visit every day, seven days per week throughout the year is necessary. The length of visit should be about 15 minutes. The survey revealed that 514 individuals might qualify for the service in the following categories:-

	60+	65+	70+	75+	80+	85+	90+	No age	Total
Single Male	-	15	14	6	4	2	-	1	42
*Handicapped	-	-	2	-	-	-	-	-	2
Single Female	23	45	60	16	18	7	2	15	186
*Handicapped	-	4	2	1	1	1	-	-	9
Double (Male	13	61	57	4	5	-	1	2	143
*Handicapped	-	1	-	-	-	-	1	-	2
Double (Female									
*Handicapped									
									286
									Double
Total Persons	49	182	188	30	32	9	4	20	514

*Numbers already included in figures above.

Also to be borne in mind is the fact that today men and women of these ages may very often be fit and in no need of a supervisory service. Even if the scheme were limited to those aged 70 and over, all might not require a visit and many would not desire such a service and would certainly not warrant it. This is because of the independent nature of the individual which very facts underline inherent difficulties in the scheme, for today's independent 70 year-old may be tomorrow's semi-crippled invalid requiring all services. Age, physical handicap, or living alone need not necessarily be the only criteria for visiting, but the more general

impression of the person's health. For example a tottering person or a cantakerous individual whose friends and relatives can no longer put up with him might be more worthy of the service irrespective of other conditions. It is also feasible that those who really should have such a service are the very ones who will decline to have it. It is only after wardens have gained a certain expertise in this work and begin to know the district and their wards that such things as who needs the watchful eye, means of access to the house, the times a person prefers a visit, the time an old person gets up, will be acquired and so lead to a better service. Of the 514 persons it was anticipated that about 28% would require the service initially. Since the service is closely allied in type to the Home Help Service it should constitute adjunct to the Home Help Service scheme.

Although the scheme was not adopted the information is considered worthy of being recorded.

Equally, concern is expressed about the younger chronic sick person in the community. One such are those who require artificial kidney machines. There is gradually increasing use of such machines in patients' own homes for the treatment of chronic renal failure. Hospital authorities provide and maintain the equipment, pay for the extra electricity and for the installation and rental of a telephone where this is necessary. They have, however, no power to make adaptations to the home. Patients require a room sufficiently large to contain, in addition to the usual furnishings, the apparatus, a sink with a good supply of water, storage space for dressings and for the concentrated fluids used. The walls of the room have to be crack proof and washable, and the floor covered with a waterproof material. The premises may also require special electrical wiring and plumbing and the construction of an extension to the house may even be required to hold the equipment and machinery. During the year two applications for assistance in this direction were received and authority obtained for undertaking the necessary work as and when required. In addition the Housing Director was authorised to carry out any necessary adaptations in council houses in cases where artificial kidney machines may be required to be installed in such property.

The Consultant Venereologist for this area was a forward looking community minded physician and was interested in health education programmes to attempt to reduce the number of cases of sexually transmitted disease. He fully supported the view that education in school must play a part in control measures but found that there was no suitable film which might be shown to back up the general propaganda work. He therefore resolved to embark upon the making of a film and sought financial support from the Health Committee. This was granted but unfortunately he was offered the post of consultant venereologist to the Bristol Hospitals and left before the film could be started.

Since the inception of the Chiropody Scheme the number of patients requiring treatment has grown steadily and still continues to increase. The volume of work became beyond the capabilities of the three chiropodists in post and it became evident that an additional chiropodist is required if the standards of the service are to be upheld. At the end of the year 1,760 patients were on the register for treatment and 8,275 treatments were given throughout the year. With so many patients it was only possible to give each patient an appointment every 10 to 11 weeks whereas the recommended interval between treatments is 6 to 8 weeks at maximum. It was apparent that a fourth chiropodist was urgently required and steps were put in hand by the end of the year to obtain one early in the ensuing financial year. As a temporary measure to overcome these difficulties overtime was granted on a sessional basis to those chiropodists willing to do it.

The Mass Miniature Radiography Unit again visited Doncaster. Out of a total of 7,148 people examined no case of active tuberculosis was detected although a number of other conditions came to light. During the year this area transferred to the Sheffield Mass Radiography Unit Area from the South Yorkshire Area and intimation was received that the static camera unit at Doncaster Royal Infirmary is to be an open unit to which the general public will have access and to which general practitioners may refer cases.

HOME HELP SERVICE

In December the charges for the Home Help Service were again reviewed when it was calculated that the cost to the authority was approximately 6s.8d. an hour. It was eventually decided that the charge per hour should be increased to 5s.6d. as from 1st April 1969.

MENTAL HEALTH SERVICE

The growth of activity in the Mental Health field continues particularly now that the psychiatric unit at Doncaster Royal Infirmary is fully operational and developments in the local authority front continue. In recognition of the importance of the development of community care, the Authority appointed a Senior Medical Officer for the Mental Health Services and seconded a Mental Welfare Officer on the two-year full-time training course in Sheffield in order to obtain the Certificate granted by the Council for Training in Social Work.

In addition a lady Mental Welfare Officer was appointed whom it was hoped would deal specifically with the problems better dealt with by a female.

The mental welfare staff continued to give regular and sustained support to supervision cases and to deal with the acute problems needing admission as and when required.

The arrangements for carrying out the statutory duty to provide occupation and training for the mentally handicapped in the area now take place, as previously reported, at the Cedar Training Centre, which until 24th June 1968 on the opening of the Cedar Adult Centre ran as a combined centre. This centre has now reverted to its purpose built function of accommodating those handicapped under 16 years of age and also incorporates a Special Care Unit for those afflicted with physical handicaps in addition. The accommodation in both centres is now adequate and constitutes the finest "campus" for the mentally handicapped in Doncaster. Moreover, it was pleasing to be able to offer places to our colleagues in the West Riding County Council area including the Special Care Unit. One child who had previously attended the centre as a Doncaster resident and their home had moved to the West Riding was able to take advantage of this arrangement, the full costs being borne by the West Riding County Council.

As was to be anticipated, the advent of first class facilities enabled more adults and children to be admitted and the steadily increasing numbers resulted in the further appointment of staff.

Further progress was also made during the year in negotiations with the Doncaster and District Society for Mentally Handicapped Children who have now offered the handsome endowment of £2,500 towards the cost of a short-stay residential home for mentally handicapped children.

The necessity to provide a hostel for mentally subnormal adults is becoming more pressing and in lieu of a purpose-built building, I suggested the acquisition of an existing house. This was accepted in principle by the Health Committee with a request that further details be submitted in due course.

Regarding a hostel for those recovering from mental illness, the need is not yet apparent and for those who do require such a period of resettlement places have been available in neighbouring authorities' hostels.

Ever since the training centre became established in Doncaster in 1939 it has been the practice to convey trainees to and from the centre from various collecting points in the town. Transport in the form of buses has always been made available by the Transport Department to whom we are indebted throughout the years for a very regular service. Trainees and pupils are delivered to the centres at 10 a.m. and collected for the homeward journey at 3.30 p.m. Unfortunately, transport at other hours has not been found practical. This limitation of the training day is much regretted and consequently a review of the transportation services for the centres was held in 1968 to see if improvements could be effected. In addition to the Corporation bus, ambulances convey the Clay Lane and Cantley trainees who are incapable of travelling by motor bus, six of whom are special care unit children. Were the bus to cover these areas in

addition it would make the time of the journey for the trainees excessively long and so the ambulances take all those from these areas requiring transport. Now that the numbers attending the centre are increasing it became apparent that more than one bus would be required. Of course it is very desirable that those trainees who are capable of travelling to and from the centre by public transport should be encouraged to do so. To encourage the trainees to this effect is to engender in them a measure of independence and in these cases a refund of the cost of the bus fares incurred is made.

The outcome of this review was to continue using ambulances for the multiple handicapped and special care unit children and to make available a double-decked bus for those not using the public transport.

HEALTH EDUCATION

In 1968 the Health Education Council was established and took the place of the Central Council for Health Education. The new Council is looked to to provide a new stimulus in health education activities.

Drug-misuse: the Health Department's activities. In the summer of 1967 it was recognised that the misuse of various drugs by various types of people, and especially by the younger folk, was becoming a fashionable habit. It was further recognised that, as a north-south/east-west cross-roads town, Doncaster was likely to have such habitués passing through, and might prove a lodgement area for some.

In view of this, and seeing how easily the uninformed fell into panic over this matter, the problem was discussed between myself and Dr. Harvey, whose work in Health Education had by then begun in the department. Discussion followed with members of the local Police Force most concerned, and it was decided to seek information on the problem from the Central Council for Health Education. To this end an evening meeting was arranged and held in the Chequer Road Clinic Hall, at which Dr. S. Caruana, Deputy Medical Director of the Central Council for Health Education, was asked to talk to us about drug dependence. Invitations to attend this meeting were extended to the Health Committee members and to:-

The Chief Education Officer
Organisers of Education
Heads and staff members of Secondary Schools
Principals and Heads of Departments of Colleges
Magistrature and Members of Constabulary
Youth Club Leaders
Welfare Officers
Medical, Nursing and Administrative personnel
of the Health Department.

A copy of the pamphlet "The Misuse of Drugs" by Health Education Publications was enclosed in each letter. A tape recording of this very informative talk is still available for use, at my discretion.

The film "Narcotics, the Decision" was also shown at this meeting. This film traces the drift into drug taking of a girl from a fairly wealthy but indifferent home, and gives a vivid portrayal of narcotics withdrawal symptoms, which are not pretty. A magistrate, who is also a secondary school headmaster, seeing this film declared he would never allow it to be shown in his school. Others have asked for something far more horrifying so that young people will never be tempted to drift into such bitter experience and early demise.

It was found that few of the town's school teachers attended this meeting, so a further meeting was arranged especially for them. This included heads and members of staff of secondary schools, the Technical College, College of Education and College of Art, and was held in the Arts Centre on 4th March 1968. It was ably addressed by Mr. F.St.D. Rowntree, Health Education Officer for Sheffield, and was fairly well attended.

A further small meeting for Probation Officers and after-care personnel was later held at Chequer Road Conference Room and provided a useful opportunity for discussion.

These meetings were followed by an offer to all secondary schools and colleges of such help in discussing and examining the problem of drug misuse as was available from Health Department personnel. Dr. Horsfield and Dr. Harvey spent much care and time in producing a tape recording, in dialogue form, which was conducted at a meeting for students held in the Technical College. Four students and two members of staff attended the meeting. Again, this tape is available, but has generally been found too long.

Feeling that sufficient help had by now been offered to the educational side of the Borough, attention was turned to industry. A meeting was arranged in the Technical College, using the film "Drugs and the Nervous System" and the dialogue tape recording. To this meeting were invited the Industrial Medical Officers and members of their staff, Industrial Personnel Officers, the Samaritans, Welfare Workers, the Police, Probation Officers, L.E.A. Youth Organiser and Youth Leaders, and the members of the Youth Employment Service. Again, there was a fair number of people sufficiently interested to attend and it was felt the meeting was of use.

Following this, in August 1968, a meeting was arranged with the firm "International Harvester" for their apprentices at their training centre. Dr. Harvey gave a talk about the various drugs, their use and misuse, and there followed an open panel discussion, between an elected team of apprentice representatives and the Health Panel, which included Dr. Horsfield, Detective Sergeant Ewing, the International Harvester Nurse and Dr. Harvey.

Increasingly throughout this whole period, and up to the present time, Dr. Harvey has been invited into some schools to talk to groups of pupils soon to leave school. There have also been several opportunities to talk to parent meetings at schools which have been well attended. An opportunity was also made to talk to one of the Student Societies at High Melton College of Education which gave rise to an interesting discussion.

ABORTION ACT

Under Section 1 of the 1967 Abortion Act a Nursing Home in the town was approved under the Act for a period of one year.

REORGANISATION

Early in the Municipal Year, a decision was made that health and welfare functions should be dealt with by one committee of the authority. The first meeting of the Health and Welfare Committee was held on the 11th June 1968. The practice adopted was to deal first with the business of one department, then with the business of the other, and it was only when activities overlapped that both officers of the health and welfare departments presented joint reports to the Health and Welfare Committee.

On the 1st November 1968 some re-organisation of central government departments also took place. The Ministry of Health and the Department of Social Security amalgamated to form the Department of Health and Social Security, under a Secretary of State.

During the latter part of 1968 a Green Paper on the Suggested Future Administrative Structure of the Medical and Related Services in England and Wales was published to enable wide public discussion to take place, together with a general invitation to all interested parties to let the Secretary of State have comments on these suggestions. The aim of the paper was to establish a clear opinion as to what administrative structure will best fit the vital health services of the country.

SANITARY CIRCUMSTANCES OF THE AREA

In a dynamic department such as the Health Department, changes are ever present and there is a good variation of emphasis on the duties and responsibilities as well as frequently new responsibilities and functions. It is a department whose main expenditure is on staff, staff who deal with members of the public in the provision of the most intimate and personal health services. Without sound basic environmental services the others would be of little avail and the ramification of the environmental work is varied and multifarious, and again results in many cases in the ultimate in dealing with individuals. In addition to the ever changing emphasis on the services which must be provided, and over and above maintaining the existing services, there is a continual flow of new legislation and new responsibilities and duties placed on various members of the staff. Generally these new duties are not replacement functions but ones over and above and in addition to those which already exist.

Nowhere is this more true than in the activities covering the environmental services and as an example from the 1st April 1968 the Department took over responsibility for refuse disposal. The bulk of refuse is steadily increasing and so a fresh lease of 7.6 acres of Cockings Tips was entered into. The bulk of salvageable refuse also increases so when the paper baling machine became defective arrangements were made to replace it with a new machine.

Over the weekend, Saturday 16th March 1968, high winds were experienced in Doncaster and on Wednesday of the following week there were gale force winds. Little could be done by the tip men to stop paper blowing across the airport and littering such streets as St. Augustine's Road, Bridge Road, Princess Road, St. Michael's Road, St. George's Road and The Oval with paper. During the Thursday and the Friday men were diverted from their normal occupations in the Cleansing Service to clear the accumulation in these streets. The main clearance, however, was undertaken on the following Saturday when 13 men and a foreman worked practically the whole day to clear the litter at an estimated cost of £50. One additional man was employed at Balby Tip on the Saturday where fortunately most of the paper had been held by the boundary fences. This over the years has proved a most intractable problem although every effort has been made to find some satisfactory solution, none in practice has been forthcoming. Pulverisation and incineration would solve the problem and as tipping space is scarce it was thought desirable to investigate this means of disposal. The pulverisation Disposal Plant at Scunthorpe was visited but before embarking on further investigations it was decided that a survey be carried out of land available to the local authority which is suitable for refuse disposal.

In December 1968 the Borough Engineer reported that he had carried out a survey to establish the areas of land that could be used for refuse disposal, and the period over which tipping could take place in them. The survey covered the next 13 years so that the period coincided with the draft Second Review of the Development Plan which outlined suggestions for land use up to the year 1981. The five principle tipping areas all within the County Borough boundary are as follows:-

1. Hills Lane Estate, 2.7 acres. Only a small part of this disused quarry remains to be filled and the site is allocated for allotments on the current Development Plan.
2. Hexthorpe Ings Tip, 13.12 acres. After tipping this land is to be used for public open space.
3. Littlemore Lane Tip, 2.5 acres. This tip has been partially used for domestic waste already.
4. The Airport Tip, 176.0 acres. This area is having its level raised by tipping to form part of the airfield.
5. Tickhill Road Tip, 17.3 acres. This disused quarry has already become partly filled with domestic refuse and is to be used for public open space.

The cubic capacity of these tips is as follows:-

- | | |
|----|------------------------|
| 1. | 13,450 cubic yards. |
| 2. | 86,200 cubic yards. |
| 3. | 23,100 cubic yards. |
| 4. | 1,092,550 cubic yards. |
| 5. | 226,850 cubic yards. |

a total volume of 1,442,150 cubic yards.

Since it is estimated that one ton of refuse occupies 4 cubic yards, the tips have accommodation for 380,500 tons. 26,500 tons of domestic refuse were tipped in 1967. This weight is increasing and it is anticipated to reach 30,500 tons by 1981, on the assumption that the refuse per head remains the same. Therefore over the 13 year period the total amount of domestic refuse to be tipped will be 370,500 tons. As the clean air programme progresses and more domestic heating by gas, oil and electricity takes place the result will be less ash, and more paper because of the current trend in wrapping consumer products. This means that the volume of refuse per household is likely to increase and refuse density decrease. The effect of these changes is that up until 1975 the weight per premise will remain constant and after that rise to about $1\frac{1}{2}$ times its present level by 1981. The amount to be tipped therefore is likely to be in excess of 410,000 tons in the period to 1981. The inference of all this is that the Corporation are left to decide a policy on the alternative means of refuse disposal. It seems from information obtained from the Local Government Operational Research Unit that incineration might eventually become a more practical and indeed a more economical method. The Borough Engineer concluded his survey by recommending that further surveys be carried out to check the progress of tipping, the availability of land and that possible joint action with other local authorities be studied, the urgency of which measures is apparent when one realises that there is approximately ten to twelve years tipping space available. It must be remembered however that even after incineration there is still need for tipping space for the incinerator ash which is estimated to be approximately 10% of the refuse burned.

Besides controlled tipping and incineration, a third method of disposal is by composting. However desirable biologically, composting is a complex process, the main draw back being the uncertain market for the sale of the product. Controlled tipping outside the town is also possible but one of the difficulties associated with obtaining the land for this purpose is the possibility of pollution of the water bearing strata. In addition "the exchange station" in Doncaster and the long haul required would necessitate considerable expenditure.

FOOD HYGIENE

Food Hygiene constitutes a very important part of the work of the Health Inspectorate and 1968 like other years produced cases where the food sold was not of the substance and quality demanded by the customer and which resulted in prosecution. These cases are listed in the Statistical Section. But this subject also covers the hygienic standards of food premises. During the year there was discovered a restaurant in the town whose standard of hygiene was so poor that legal proceedings were instituted. A description of what the kitchen looked like at the time of inspection ran as follows:-

"The kitchen was in a filthy condition, there were plates of half eaten food, pans containing mouldy unidentifiable liquids and in one of the filthy, dirt-encrusted, refrigerators was several pounds of foul smelling decomposing meat. There was a half full dustbin (without lid) containing decomposing food accompanied by a heavy infestation of maggots. On the food preparation bench there was an accumulation of mice droppings indicating a very heavy infestation of mice."

In this day and age it is not usual to discover premises in such a filthy condition with such accumulations of rubbish. Nevertheless the vigilance of the Public Health Inspectorate is what we depend upon to irradiate unsatisfactory hygienic conditions in food premises, and the best support that the public can give is to advise the Health Department of their suspicions and not to accept food where they have grounds to believe that it has not been dealt with in a hygienic fashion or manner.

Another aspect of the same problem is raised by animals in food premises. It has always been felt that dogs in food shops, restaurants or other food premises constituted a risk to the health of customers and was aesthetically most undesirable. Even a statutory ban on dogs being allowed into such places had been suggested but the general consensus of opinion is that it is up to the food traders to take all steps as may be reasonably necessary to protect food from contamination and not to place it under any risk. It is considered that a good way of augmenting the present legal requirements is to encourage traders to display notices requesting that dogs be kept out of the premises. Recent cases of notified food poisoning in the Borough have revealed that the dog in the family was carrying a similar germ. There was no evidence to show whether the dog had infected the human or vice versa but the first possibility always exists, and this case underlines the importance of the above suggestions.

A more mundane but nevertheless significant factor in the control of food is instanced by the new legislation promulgated during the year. The Labelling of Food Regulations 1967 which became operative in 1968 constitute a complete revision of the 1953 Regulations. Stricter control is imposed over labelling and advertising. Declaration must be made of all preservatives, emulsifiers and stabilisers and include all additives. The wording and lettering must in no way be arranged to deceive or mislead.

Amendments were also made in the Canned Meat Products Regulations.

The designation of fish is also clarified, there being 70 types of sea fish, 16 salmon and fresh water fish, and 19 shell-fish listed.

Other legislation coming into operation in the Food Trade in 1968 were the Margarine Regulations, the Coffee Regulations and the Ice-Cream Regulations, all of which specify the compositional requirements.

Finally, food coming into this country from overseas comes under control. The Imported Foods Regulations 1968 contain measures for the protection of public health. Certain meat and meat products are prohibited from being imported and conditions are laid down under which food need not necessarily be inspected at the port of entry but at the first point of distribution and so non-port authorities have the obligation to inspect upon receipt of notification.

Whilst dealing with clean food it is logical to refer to the great efforts made in this country to produce clean milk. All milk sold in Doncaster has been heat treated. By the heat treatment of milk and dairy herd tuberculosis eradication schemes, milk borne tuberculosis in man has ended. It was therefore gratifying when this year saw the introduction of a scheme which medical officers have campaigned for for many years, to irradiate brucellosis. This was announced towards the end of the year by the Ministry of Agriculture, Fisheries and Food as their Brucellosis (Accredited Herds) Scheme. The essence of this scheme is as follows:- If an animal shows a positive reaction to the brucellosis blood test, it is required to be sent for slaughter, and must be killed in the casualty bay. Particular attention is directed to segregation of animals at all times, to a high standard of hygiene in abattoirs and to the possibility of the disease being transmitted to humans and the action to be taken from a meat inspection point of view, i.e. the condemnation of the parts unfit for consumption.

WATER SUPPLY

The water supply enjoyed by Doncastrians is wholesome both bacteriologically and chemically with the exception of the low fluoride content. Since the original circular of 1965 further evidence has been obtained which confirms the safety of fluoridation as a sound preventive health measure and the Minister strongly urges all local health authorities to adopt fluoridation at the earliest possible date. To demonstrate the complete safety of fluoridation the Ministry have decided to extend the terms of the indemnity previously given by removing altogether the time limit against proceedings on the grounds of injury to health. However, the previous decision not to have fluoridation was adhered to and even partial fluoridation was rejected when the Clerk to Doncaster and District Joint Water Board enquired whether, to facilitate rearrangement of supplies, the Council would withdraw its objection in order that fluoridated water can be accepted in the County Borough on a limited number of days.

CARAVANS

The Caravan Sites Act 1968 came into force during the year. On permanent, residential caravan sites tenants were to have the same protection, broadly speaking, as afforded to normal householders under the Rent Act. The remainder of the Act deals with gypsies, the provision of sites and finance, the major duty being put on County Councils and County Borough Councils to equip and manage sites unless they obtain exemption on the basis that no suitable land is available for the purpose, or alternatively that the authority considers that they have no gypsy problem sufficient to warrant provision of a site. Travelling showmen, however, were exempt.

SMOKE CONTROL In so far as the Clean Air Programme is concerned, 1968 saw the passing of a Clean Air Act. This gave the Minister power to make mandatory on local authorities the duty of creating smoke control areas. It also gave the Minister power to dispense with formal enquiries if he so desires and allow an objection to be heard before a person appointed by him for that purpose. Furthermore it makes it an offence to sell unauthorised fuel in a smoke control area except to exempt premises.

The No. 11 Intake Smoke Control Area was delineated by the Committee and as the result of a postal inquiry an 80% response showed that one quarter of the premises were already adequately fitted and practising smoke control, an indication that a high proportion of the public already voluntarily practise smoke control being conscious of the benefits that accrue from such action.

It now remains for me to express once again my indebtedness to the Chairman and members of the Health Committee, to the Chief Officers and Heads of Departments who have so readily assisted the Department throughout the year but in particular to the staff of the Health Department who have again worked so tirelessly and conscientiously throughout the whole year.

I am,

Your obedient Servant,

D. RANDALL MARTIN,

Medical Officer of Health.

It is with sincere regret that there
is now recorded the death of

Alan S. Wilburn

on

30th May 1968

He served the residents of the County
Borough of Doncaster for a total of
thirty-five years, thirty of them in
charge of the refuse collection
service. His reputation in this
service was of a high order and
widespread. His unfailing courtesy
and cheerful helpfulness will long be
remembered.

As a mark of their esteem the
Corporation resolved that

"The Council's appreciation of his
long and loyal service be recorded."

STATISTICS

<u>1967</u>	GENERAL STATISTICS:	<u>1968</u>		
8,371	Area in acres	8,371		
84,140	Population (Census 1966)	84,140		
85,910	Estimated resident population (mid-1968)	84,250		
27,795	Number of inhabited houses (end of 1968)	27,786		
£4,102,311	Rateable Value	£4,248,129		
£16,275	Product of a penny rate 1968/9	£16,830		
	Area comparability factor:			
0.99	Births	0.99		
1.10	Deaths	1.11		
	VITAL STATISTICS:			
	<u>Live Births:</u>			
	Male	Female		
1,134	Legitimate	610	569	1,179
129	Illegitimate	96	79	175
	Illegitimate Live Births			
10.21	(per cent of total Live Births)			12.92
14.7	Live birth rate per 1,000 population (Crude Rate)			16.1
14.55	(Corrected)			15.94
	<u>Stillbirths</u>	Male	Female	
15	Legitimate	8	8	16
3	Illegitimate	3	1	4
	Stillbirth rate per 1,000 total			
14.0	(live and still) births			14.56
	<u>Total live and stillbirths</u>	Male	Female	
1,149	Legitimate	618	577	1,195
132	Illegitimate	99	80	179
	Total illegitimate births			
10.3	(per cent of total births)			13.03
	<u>Deaths</u>	Male	Female	
947		522	413	935
11.0	Rate per 1,000 population (Crude Rate)			11.1
12.1	(Corrected)			12.32

<u>1967</u>	<u>Deaths of infants under one year of age:</u>			<u>1968</u>
		Male	Female	
34	Legitimate	17	7	24
7	Illegitimate	3	3	6
32.46	Infant mortality rate per 1,000 live births			22.16
29.98	Infant mortality rate per 1,000 legitimate live births			20.36
54.26	Infant mortality rate per 1,000 illegitimate live births			34.29
	<u>Neonatal Mortality:</u>			
21	Legitimate	13	5	18
4	Illegitimate	3	1	4
19.79	Rate per 1,000 live births			16.25
	<u>Early Neonatal Mortality:</u> (First Week)			
19	Legitimate	12	4	16
2	Illegitimate	3	1	4
16.63	Rate per 1,000 live births			14.77
	<u>Perinatal Mortality:</u> (Stillbirths + deaths first week)			
34	Legitimate	20	12	32
5	Illegitimate	6	2	8
30.44	Rate per 1,000 live and stillbirths			29.11
	<u>Maternal deaths:</u> (including abortion)			1
-	Maternal mortality rate (including abortion per 1,000 total births)			0.73

Comparison of Doncaster Rates with those for
England and Wales (Corrected figures)

1967		1968	England & Wales
14.7	Live Birth Rate	16.1	16.9
14.0	Stillbirth Rate	14.56	14.26
12.1	Death Rate	12.32	11.9
32.46	Infant Mortality Rate	22.16	18.29
29.98	Legitimate Infant Mortality Rate	20.36	17.81
54.26	Illegitimate Infant Mortality Rate	34.29	23.38
19.79	Neonatal Mortality Rate	16.25	12.3
16.63	Early Neonatal Mortality Rate	14.77	10.5
30.44	Perinatal Mortality Rate	29.11	25.0
-	Maternal Mortality Rate	0.73	0.24

Deaths of Doncaster Residents in the Year 1968
Classified according to Disease and Age Group

Registrar General's Figures, 1968

Cause of Death	Age Periods							Total 1968
	Under 1	1-4	5-14	15-24	25-44	45-64	65-74	
Enteritis and other Diarrhoeal Diseases	1	-	1	-	-	-	-	2
Tuberculosis of Respiratory System	-	-	-	-	-	-	1	3
Other Tuberculosis, including late effects	-	-	-	-	-	1	-	1
Malignant Neoplasm:								
Stomach	-	-	-	-	-	11	7	26
Lung, Bronchus	-	-	-	-	4	21	12	43
Breast	-	-	-	-	-	8	4	15
Uterus	-	-	-	-	-	1	2	6
Leukaemia	-	-	-	-	-	1	1	3
Other Malignant Neoplasms etc.	-	-	-	1	2	28	27	82
Benign & Unspecified Neoplasms	-	-	-	-	-	3	-	3
Diabetes Mellitus	-	-	-	-	-	5	-	7
Other Endocrine etc. diseases	-	-	-	-	-	2	-	3
Anaemias	-	-	-	-	1	-	-	1
Mental Disorders	-	-	-	-	-	-	1	1
Other Diseases of Nervous System etc.	-	-	1	-	-	1	7	16
Chronic Rheumatic Heart Disease	-	-	-	-	-	2	4	7
Hypertensive Disease	-	-	-	-	-	6	6	25
Ischaemic Heart Disease	1	-	-	-	3	68	72	230
Other forms of Heart Disease	-	-	2	-	-	1	8	43
Cerebrovascular Disease	-	-	-	-	2	18	42	126
Other diseases of Circulatory System	-	-	-	-	-	7	7	45
Influenza	-	-	-	-	-	1	2	6
Pneumonia	-	-	-	1	-	8	16	44
Bronchitis & Emphysema	-	-	-	-	-	9	24	64
Other Diseases of Respiratory System	4	1	-	1	-	10	5	30
Peptic Ulcer	-	-	-	-	-	-	6	10
Intestinal Obstruction and Hernia	-	-	-	-	-	1	1	4
Cirrhosis of Liver	-	1	-	-	-	3	1	6
Other Diseases of Digestive System	-	1	-	-	-	-	2	8
Nephritis and Nephrosis	-	-	-	-	1	1	1	4
Hyperplasia of Prostate	-	-	-	-	-	-	-	1
Other Diseases, Genito-Urinary System	-	-	-	-	-	3	4	9
Other Complications of Pregnancy etc.	-	-	-	-	1	-	-	1
Diseases of Skin, Subcutaneous Tissue	-	-	-	-	-	-	1	2
Diseases of Musculo-Skeletal System	-	-	-	-	-	-	2	3
Congenital Anomalies	3	-	1	1	-	1	-	6
Birth Injury, Difficult Labour etc.	7	-	-	-	-	-	-	7
Other causes of Perinatal Mortality	12	-	-	-	-	-	-	12
Symptoms and Ill-Defined Conditions	-	-	-	-	-	-	-	1
Motor Vehicle Accidents	-	-	-	3	2	2	2	12
All Other Accidents	3	2	-	-	-	2	3	14
Suicide and Self-Inflicted Injuries	-	-	-	-	-	2	2	4
TOTAL	30	5	5	7	16	227	273	935

Infant Deaths under one year of age by Cause and Age:

Total under one year in 1967	Cause of Death	Under 1 Week	Under 2 Weeks	Under 3 Weeks	Under 4 Weeks	Total under one month	Under 2 Months	Under 4 Months	Under 6 Months	Under 8 Months	Under 10 Months	Under 12 Months	Total under one year in 1968
8	Prematurity	13	-	-	-	13	-	-	-	-	-	-	13
4	Atelectasis and Prematurity	-	-	-	-	-	-	-	-	-	-	-	-
3	Pneumonia and Broncho-pneumonia	-	-	-	-	-	-	1	-	-	-	-	1
3	Bronchitis and Tracheobronchitis	-	-	-	-	-	1	2	-	-	-	-	3
1	Gastro Enteritis	-	-	-	-	-	-	-	-	-	1	-	1
-	Congenital Defects:												
1	(a) Cardio Vascular System	-	-	1	-	1	-	-	-	-	-	-	1
-	(b) Nervous System	-	-	-	-	-	-	-	-	-	-	-	-
-	(c) Respiratory System	-	-	-	-	-	-	-	-	-	-	-	-
1	(d) Gastro Intestinal System	-	-	-	-	-	-	-	-	-	-	-	-
-	(e) Multiple Defects	1	-	-	-	1	-	-	-	-	-	-	1
1	Birth Injuries	-	-	-	-	-	-	-	-	-	-	-	-
19	Other Causes	6	-	-	1	7	1	-	-	2	-	-	10
41	All Causes	20	-	1	1	22	2	3	-	2	1	-	30

Premature Infants:

<u>1967</u>	(a) Number of premature infants who were born:	<u>1968</u>
11	(i) at home	3
88	(ii) in hospital	86
<u>99</u>		<u>89</u>
	(b) The number of those born at home:	
11	(i) who were nursed entirely at home	2
-	(ii) who died during the first 24 hours	1
11	(iii) who survived at the end of one month	2
	(c) The number of those born in hospital:	
12	(i) who died during the first 24 hours	11
72	(ii) who survived at the end of one month	72
83	(d) Total premature infants who survived to the age of one month	74
83.84	Percentage of total premature infants who survived to the age of one month.	83.14

Deaths Attributable to, or Associated with, certain Malignant Growths (Cancer)

Deaths by site and sex:

Total 1967	Site	Male	Female	Total 1968
17	Stomach	18	8	26
48	Lung and Bronchus	30	13	43
19	Breast	-	15	15
8	Uterus	-	6	6
7	Leukaemia	1	2	3

Cancer deaths by sex and age:

Age Group	Male	Female
Under 1	-	-
1 - 4	-	-
5 - 14	-	-
15 - 24	1	-
25 - 34	1	-
35 - 44	-	5
45 - 54	8	9
55 - 64	33	20
65 - 74	29	24
75 and over	25	20
Total	97	78

Deaths from Cancer of the Lung and Bronchus since 1935:

Year	Deaths in Doncaster from Cancer of Lung and Bronchus	Death rate per 1,000 population
1935	5	0.073
1940	6	0.08
1945	11	0.15
1950	25	0.31
1955	31	0.37
1956	33	0.44
1957	37	0.39
1958	42	0.5
1959	31	0.37
1960	35	0.41
1961	42	0.48
1962	41	0.47
1963	31	0.36
1964	42	0.48
1965	45	0.52
1966	44	0.5
1967	48	0.56
1968	43	0.51

Distribution of Welfare Foods:

The following table shows the demand for Welfare Foods since the scheme was taken over by the Local Authority on 27th June, 1954:

Year	Amounts Distributed			
	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin Tablets
1954	29,727 tins	30,758 Btls.	5,560 Btls.	2,595 Pkts.
1955	49,105 "	71,342 "	10,857 "	6,192 "
1956	50,260 "	78,961 "	10,241 "	6,468 "
1957	37,871 "	85,758 "	8,334 "	6,320 "
1958	27,784 "	58,311 "	5,945 "	6,258 "
1959	23,654 "	63,866 "	6,186 "	6,696 "
1960	22,723 "	64,320 "	6,192 "	7,610 "
1961	17,004 "	39,732 "	4,490 "	6,741 "
1962	13,241 "	17,502 "	2,724 "	3,076 "
1963	11,012 "	17,083 "	1,293 "	2,458 "
1964	8,362 "	17,836 "	1,286 "	2,379 "
1965	5,797 "	17,680 "	1,294 "	1,829 "
1966	4,311 "	17,790 "	1,110 "	1,476 "
1967	2,862 "	15,893 "	1,055 "	1,354 "
1968	3,379 "	15,042 "	1,072 "	1,090 "

Orthopaedic Clinic:

The following cases under 5 years old attended:

<u>1967</u>		<u>1968</u>
8	Genu Valgum	12
12	Pes Planus	18
4	Pes Cavus	-
4	Pes Planus & Genu Valgum	7
2	Genu Varum	-
2	Spastic Hemiplegia	-
23	Other conditions	23

Ear, Nose and Throat Clinic:

<u>1967</u>		<u>1968</u>
17	Number of pre-school children attending	13
20	Number of pre-school child attendances	17
-	Number referred to Minor Ailment Clinic	3
	Details of cases treated are as follows:	
6	Enlarged tonsils and adenoids	8
5	Hearing impairment	3
-	Otitis media	-
4	Nasal condition	2
-	Otorrhoea	-
2	Minor Ear Condition	-

Eye Clinic:1967

58 Number of pre-school children attending
 10 Number attending for squint
 48 Number attending for other conditions
 20 Number reattending

1968

28
 6
 22
 25

Dental Clinic:

(a) Number provided with dental care:

	Examined	Commenced Treatment	Treatment Completed
Expectant and Nursing Mothers	13	11	6
Children under Five	156	155	130

(b) Forms of dental treatment:

	Fillings	Teeth Filled	Teeth Extracted	General Anaesthetics	Emergencies	Teeth Otherwise Conserved	Dentures Provided		
							Full Upper or Lower (1st time)	Other Dentures	No. of Dentures Supplied
Expectant and Nursing Mothers	14	16	15	1	-	-	-	3	3
Children under Five	242	214	169	94	17	21	-	-	-

Midwifery Service:

Number of deliveries attended by Midwives in the area during the year:

(1)	Domiciliary cases			Cases in Institutions (5)
	Doctor not booked (2)	Doctor booked (3)	Total (4)	
(a) Midwives employed by the Authority	1	247	248	-
(b) Midwives employed by voluntary organisations				
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act 1946	-	-	-	-
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	-	-	-	-
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	-	-	-	3,429
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	-	-	-	-
Totals	1	247	248	3,429

At the end of the year 8 municipal midwives were attending patients in their homes.

In addition 57 midwives were employed by the Doncaster Hospital Management Committee at the two maternity homes in the town.

Municipal Midwives:

Number of Home Confinements attended and midwives employed:

<u>Year</u>	<u>Home Confinements</u>	<u>Domiciliary Midwives Employed</u>	<u>Average Confinements per Midwife</u>
1958	639	11	57.9
1959	705	9	78.2
1960	789	12	65.8
1961	735	12	61.3
1962	734	12	61.2
1963	646	10	64.6
1964	589	9	65.3
1965	472	10.20	46.3
1966	365	10.25	35.6
1967	299	8.20	36.5
1968	248	8.20	30.2

Number of mothers and babies discharged from hospital before the tenth day:

Year	Day of Discharge									Total
	1	2	3	4	5	6	7	8	9	
1960	6	31	25	19	17	7	7	10	15	137
1961	5	26	32	20	12	9	14	7	29	154
1962	85			124				155		364
1963	84			133				159		376
1964	118			153				196		467
1965	332			113				33		478
1966	20	189	129	43	29	34	28	30	11	513
1967	18	186	161	62	39	32	38	17	7	560
1968	12	200	165	58	43	36	29	17	11	571

<u>1967</u>		<u>1968</u>
299	Confinements attended	248
110	Medical aid notes sent	96
	Abnormalities or illness found:	
47	At confinements	45
35	At antenatal and post-natal visits	28
28	In infants	23
1	Number of stillbirths	2
1	Miscarriages and Abortions attended	4
4,341	Number of antenatal visits	3,882
228	Number of post-natal visits	182

Congenital Malformations:

Deformed toe	1
Extra toe on both feet, extra finger	1
Defect of spinal cord; extra digit on each small finger	1
Talipes	3
Hydrocephalus and spina bifida; talipes	1
Cleft lip and cleft palate	2
Cleft lip	1
Cleft palate	1
No division of labium. Hypertrophic clitoris	1
No anus. Indeterminate sex	1
Hypospadias. Imperforate anus	1
Minute anal sinus	1
Achondroplasia	1
Dislocated hips - click of both hips	1
Mole, right hip	1
Extensive area of deeply pigmented naevus	1
Anencephalic	1
	—
Total	20
	—

Midwifery Training:

Number of pupils trained each year since the training scheme started:

Year	Pupils Trained
1952	13
1953	5
1954	7
1955	12
1956	8
1957	14
1958	9
1959	3
1960	6
1961	7
1962	4
1963	6
1964	6
1965	7
1966	7
1967	13
1968	8

Antenatal Clinic:

Number of Expectant Mothers attending and attendances made:

<u>1967</u>		<u>1968</u>
50	Sessions held	50
173	New Cases Attending	112
413	Re-visits	277
586	Total Attendances	389

Mothercraft and Relaxation Classes:

<u>1967</u>		<u>1968</u>
262	Number of expectant mothers attending	232
1,046	Number of attendances	854

Maternity Outfits:

<u>1967</u>		<u>1968</u>
599	Number of outfits issued	644

Health Visiting:

<u>1967</u>			<u>1968</u>
555	Routine visits to expectant mothers		478
	Infants:		
1,462	First visits	1,338	
4,442	Total visits		5,158
3,497	Children (aged 1 year but under 2 years)		3,227
7,494	Children (aged 2 years but under 5 years)		6,572
<u>15,988</u>			<u>15,435</u>

Other visits:

1. Maternity and Child Welfare

9	Stillbirths		7
20	Infant deaths		7
304	Maternity Home applications		282
301	Other visits		124
<u>634</u>	Total visits		<u>420</u>

2. Persons aged 65 and over

1,078	First visits	1,302	
162	First visits at request of G.P. or hospital	307	
<u>3,373</u>	Total visits		<u>4,257</u>

3. Mentally disordered persons

16	First visits	27	
-	First visits at request of G.P. or hospital	18	
<u>60</u>	Total visits		<u>194</u>

4. Hospital discharges (not including
maternity and mental cases)

13	First visits	37	
7	First visits at request of G.P. or hospital	29	
<u>35</u>	Total visits		<u>87</u>

1967	5. Tuberculosis	1968
281	Number of tuberculous households visited	159
320	Total visits to all tuberculous patients	163
392	Total visits to all tuberculosis contacts	206
712	Total visits	369
6. Other infectious diseases		
306	Number of households visited	124
347	Total visits	130
7. Miscellaneous		
120	Total visits child minding	148
1,114	Home visits as school nurses	1,022
488	All other visits	597
3,175	All ineffective visits	3,241
4,897	Total visits	5,008

Sessional work by Health Visitors and Clinic Nurses:

Total Sessions 1967		Health Visitor Sessions	Clinic Nurse Sessions	Total Sessions 1968
2,707	Clinic Sessions	1,664	1,301	2,965
234	Hospital Sessions	209	-	209
481	School Medical and other school sessions	403	66	469
3,422	Total	2,276	1,367	3,643

Health Visitors employed and visits made 1959-1968:

Year	Equivalent whole time Health Visitors	Routine and special visits	Visits to babies 0-1 year	Visits to infants over 1 year	Visits to Expectant Mothers
1959	12	29,991	5,166	6,040	993
1960	11	29,046	6,116	5,582	913
1961	10	27,440	4,727	7,008	852
1962	11	27,798	5,982	9,296	898
1963	11	25,861	4,410	11,665	858
1964	11	23,989	4,751	11,004	742
1965	11	24,143	4,505	12,487	622
1966	11	24,128	4,302	10,894	587
1967	11	26,046	4,442	10,991	555
1968	9	25,900	5,158	9,799	478

Day Care of Children under 5:

Local Authority Scheme

Year Ended	Number of Minders on Register	Number of Children Minded	Children aged under one included in column (3)	Number of Minders caring for Children	Category of Parent		
					Mother sole wage earner	Mother nursing or teaching	Father lost work
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
31.12.63	17	3	-	3	3	-	-
31.12.64	15	2	-	2	2	-	-
31.12.65	8	1	-	1	1	-	-
31.12.66	19	11	1	7	5	3	3
31.12.67	17	9	1	6	6	-	-
31.12.68	21	10	2	7	8	2	-

Nurseries and Child Minders Regulation Act 1948

Year Ended	Premises Registered		Persons Registered	
	Number	Permitted Number of Children	Number	Permitted Number of Children
31.12.66	2	39	1	15
31.12.67	2	39	1	15
31.12.68	6	123	2	23

Home Nursing:

<u>1967</u>		<u>1968</u>
42,081	Number of visits paid	45,036
364	Number of cases on Register at 1st January 1968	380
380	Number of cases on Register at 31st December 1968	411
192	Number of cases dying during the period	203

<u>1967</u>		Classification	<u>1968</u>	
Cases	Visits		Cases	Visits
797	35,202	Medical	868	35,443
191	5,648	Surgical	266	8,473
-	-	Infectious disease	-	-
23	1,190	Tuberculosis	19	1,083
7	41	Midwifery complications	8	37
1,018	42,081	Total	1,161	45,036

<u>1967</u>			<u>1968</u>	
Cases	Visits		Cases	Visits
631	31,364	Patients included in above who were 65 or over at the time of first visit	755	34,585
21	164	Children included in above who were under 5 years of age at the time of first visit	24	104
428	32,927	Patients included in above who have had more than 24 visits	512	34,094

District Nurses employed and visits made 1959-1968:

Year	Nurses on Staff Whole-time Equivalent	Number of Visits Paid during the year
1959	13	39,630
1960	12	38,602
1961	12 $\frac{1}{2}$	38,849
1962	12 $\frac{1}{2}$	41,211
1963	12 $\frac{1}{2}$	39,643
1964	13	40,095
1965	15	40,520
1966	15 $\frac{1}{2}$	40,891
1967	15 $\frac{1}{2}$	42,081
1968	17	45,036

Home Help Service:

Number of cases attended and hours worked:

Year	Maternity	Tuberculosis	Chronic sick including aged and infirm	Others	Total Cases	Total Number of Hours Worked
1959	68	6	355	94	523	129,641
1960	59	5	453	91	608	138,865
1961	74	7	656	31	768	139,809
1962	69	7	729	47	852	148,511
1963	84	4	760	65	913	153,651
1964	80	4	868	74	1,026	167,255
1965	64	2	940	81	1,087	181,184
1966	40	3	1,016	81	1,140	177,049
1967	31	2	1,090	68	1,191	188,181
1968	30	2	1,172	65	1,269	185,578

1967

165

1968

Number of Home Helps employed at 31st December 1968:

164.

Convalescent Home Treatment19671968

0 Number of patients sent to Convalescent Homes
 during the year

0

Vaccination and ImmunisationVaccination against Measles:

Number of persons vaccinated:

Year of Birth				Others under age 16	Over 16	Total
1967	1966	1965	1961- 1964			
165	281	213	991	71	1	1,722

Vaccination against Smallpox:

Total number of vaccinations carried out over the past ten years:

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
By Health Department Medical Officers	380	473	407	6,572	218	464	600	1,767	813	587
By General Practitioners	472	402	431	3,554	224	278	276	555	472	362
Total	852	875	838	10,126	442	742	876	2,322	1,285	949

Age at date of vaccination:

under 1	1 and under 2	2 - 4	5 - 14	15 or over	Total
38	319	88	74	430	949

Vaccination against Poliomyelitis:

Number of persons completing a primary course:

Vaccine	Year of Birth					Others under age 16	Over 16	Total
	1968	1967	1966	1965	1961- 1964			
Salk	3	4	-	-	-	-	-	7
Sabin	145	454	49	24	70	29	21	792
Total	148	458	49	24	70	29	21	799

Number of persons receiving reinforcing doses:

Vaccine	Year of Birth					Others under age 16	Over 16	Total
	1968	1967	1966	1965	1961- 1964			
Salk	-	3	-	2	1	-	-	6
Sabin	-	13	245	252	941	266	61	1,778
Total	-	16	245	254	942	266	61	1,784

Vaccination against Diphtheria/Whooping Cough/Tetanus

Number of persons completing a primary course:

Vaccine	Year of Birth					Others under age 16	Over 16	Total
	1968	1967	1966	1965	1961- 1964			
1. Triple DTP	162	448	35	20	22	2	1	690
2. Diphtheria/Tetanus	1	10	8	-	27	14	3	63
3. Diphtheria	-	-	-	-	-	-	1	1
4. Tetanus	-	-	-	-	4	29	15	48
Diphtheria (lines 1+2+3)	163	458	43	20	49	16	5	754
Whooping Cough (line 1)	162	448	35	20	22	2	1	690
Tetanus (lines 1+2+4)	163	458	43	20	53	45	19	801

Number of persons receiving reinforcing doses:

Vaccine	Year of Birth					Others under age 16	Over 16	Total
	1968	1967	1966	1965	1961- 1964			
1. Triple DTP	-	10	226	199	176	10	-	621
2. Diphtheria/Tetanus	-	3	30	41	745	41	-	860
3. Diphtheria	-	-	-	2	-	51	-	53
4. Tetanus	-	1	1	-	4	13	10	29
Diphtheria (lines 1+2+3)	-	13	256	242	921	102	-	1,534
Whooping Cough (line 1)	-	10	226	199	176	10	-	621
Tetanus (lines 1+2+4)	-	14	257	240	925	64	10	1,510

The position with regard to vaccination and immunisation at the end of December 1968:

Disease	Year of Birth	Actual Number of Live Births	Theoretically all should be protected by:	Number Protected	Percentage Protected
Smallpox	1962	1,563	All should now be protected	581	37.17%
	1963	1,598	All should now be protected	585	36.61%
	1964	1,615	All should now be protected	644	39.88%
	1965	1,414	All should now be protected	528	37.34%
	1966	1,342	All should now be protected	483	35.99%
	1967	1,234	June, 1969	237	19.2%
	1968	1,318	June, 1970	16	1.21%
Poliomyelitis	1962	1,563	All should now be protected	1,184	75.75%
	1963	1,598	All should now be protected	1,219	76.28%
	1964	1,615	All should now be protected	1,206	74.67%
	1965	1,414	All should now be protected	1,047	74.04%
	1966	1,342	All should now be protected	1,043	77.72%
	1967	1,234	February, 1969	892	72.28%
	1968	1,318	February, 1970	148	11.23%
Diphtheria	1962	1,563	All should now be protected	1,180	75.49%
	1963	1,598	All should now be protected	1,226	76.72%
	1964	1,615	All should now be protected	1,236	76.53%
	1965	1,414	All should now be protected	1,136	80.34%
	1966	1,342	All should now be protected	1,113	82.93%
	1967	1,234	February, 1969	898	72.77%
	1968	1,318	February, 1970	163	12.37%

Vaccination against Yellow Fever:

Number Vaccinated 1967	Class	Number Vaccinated 1968
-	Infants under nine months	1
23	Infants over nine months and under five years	40
20	Children five and under fifteen years	41
161	Persons aged over fifteen years	252

Ambulance Service:

Year	Monthly Average Mileage	Patients Carried	
		Ambulances	Cars
1959	9,236	10,364	9,935
1960	8,910	10,863	9,059
1961	8,411	12,546	7,652
1962	8,596	14,354	7,103
1963	9,277	22,550	1,293
1964	9,995	24,793	1,070
1965	9,585	24,201	1,226
1966	9,850	22,793	6,447
1967	10,177	22,057	7,877
1968	11,789	25,873	8,677

1967

1,689
9,220

Number of emergency calls
Mileage for other authorities

1968

1,719
12,714

Hospital Car Service

	<u>Patients Carried</u>	<u>Mileage</u>
1967 (9 months)	864	16,173
1968	885	18,179

Long Distance Journeys

30 Number of patients carried by rail 40

Scabies Treatment

156 Number of treatments 155

Welfare of the Blind

Ophthalmia Neonatorum:

(i) Total number of cases notified during the year	1
(ii) Number of cases in which:	
(a) Vision lost	-
(b) Vision impaired	-
(c) Treatment continuing at end of year	-

Register of Blind Persons:

Age Group	Male	Female	Total
0 - 4	10	11	21
5 - 15	3 (1)	10	13 (1)
16 - 20	2	1	3
21 - 39	8	6	14
40 - 49	4	20 (1)	24 (1)
50 - 64	18 (1)	22 (1)	40 (2)
65 - 69	14 (4)	12 (3)	26 (7)
70 and over	34 (10)	80 (22)	114 (32)
Total	93 (16)	162 (27)	255 (43)

(Figures in brackets denote the number of new cases registered during 1968)

Follow-up of registered blind and partially sighted persons:

	Cause of Disability			Others
	Cataract	Glaucoma	Retrolental Fibroplasia	
Number of cases registered during the year in respect of which para. 7(c) of form B.D.8 recommends:				
(a) No treatment	25	3	0	38
(b) Treatment (medical, surgical or optical)	40	7	0	21

Register of Partially Sighted Persons:

	Age 0-1	Age 2-4	Age 5-15	Age 16-20	Age 21-49	Age 50-64	Age 65 & over	Total
Males	-	-	1	0	6 (1)	8	38 (12)	53 (13)
Females	-	-	0	1	5	13 (4)	81 (25)	100 (29)
Total	-	-	1	1	11 (1)	21 (4)	119 (37)	153 (42)

(Figures in brackets denote the number of cases registered during 1968.)

Mental Health Service

Number of patients admitted to mental hospitals during the year:

Total 1967	Mental Health Act 1959 - Sections	Male	Female	Total 1968
2	Section 26, Application for Treatment	-	-	-
13	Section 25, Application for Observation	6	8	14
31	Section 29, Emergency Applications	12	16	28
64	Informal Admissions	29	36	65
-	Section 60	-	-	-
110	Total number of cases admitted to mental hospitals during the year	47	60	107
93	Cases notified which proved to be abortive	50	62	112
203	Total cases notified and investigated	97	112	219

Arrangements for Ascertainment and Supervision of the Mentally Subnormal.

Number of subnormal and severely subnormal persons ascertained during
the year ended 31st December 1968:

Total 1967		Male	Female	Total 1968
17	Cases reported by Local Education Authority under Section 57 Education Act as amended by Mental Health Act 1959	9	8	17
2	Other sources	6	5	11
19	Total cases reported during year	15	13	28

Number of patients suffering from mental disorders under the care of the Local Health Authority as at 31st December 1968:

Total 1967			Mentally Ill Psychopathic		Subnormal		Severely Subnormal		Total 1968	
M	F		M	F	M	F	M	F	M	F
6	33	Receiving Training or Occupation in Day Centres	-	-	25	24	23	18	48	52
-	-	Awaiting Training or Occupation in Day Centres	-	-	-	-	1	-	1	-
8	162	Receiving Home Visits	56	93	52	61	44	32	152	186
4	195	Total	56	93	77	85	68	50	201	238
-	-	Awaiting Admission to Hospital	-	-	-	-	-	-	-	-
7	5	Number of Patients Admitted Temporarily for Residential Care during 1968	-	-	10	16	14	8	24	24

Chiropody

Details of persons treated and treatments given by the Chiropodists employed by the Authority:

Number of Persons Treated					Number of treatments given during the year			
At Clinic	In Patients Home	In Old Peoples Homes	Total Persons		At Clinic	In Patients Home	In Old Peoples Homes	Total Treatments
1,122	392	-	1,514	*Persons aged 65 and over	5,660	1,671	-	7,331
6	-	-	6	Expectant mothers	8	-	-	8
-	-	-	-	*Children under 5	-	-	-	-
113	43	88	244	Others (excluding school children)	317	98	521	936
1,241	435	88	1,764		5,985	1,769	521	8,275

*Age at date of first treatment during the year.

Infectious and Other Diseases

Prevalence of infectious diseases for each quarter of the year by sex:

Total 1967		Disease		Quarter ended 31.3.68		Quarter ended 30.6.68		Quarter ended 30.9.68		Quarter ended 31.12.68		Total 1968	
N	C			N	C	N	C	N	C	N	C	N	C
14	14	Scarlet Fever	M	4	4	3	3	1	1	6	6	14	14
9	9		F	4	4	1	1	1	1	4	4	10	10
9	9	Whooping Cough	M	4	4	1	1	7	7	1	1	13	13
17	17		F	1	1	2	2	8	8	2	2	13	13
-	-	Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-
-	-		F	-	-	-	-	-	-	-	-	-	-
-	-	Non-paralytic	M	-	-	-	-	-	-	-	-	-	-
-	-		F	-	-	-	-	-	-	-	-	-	-
280	280	Measles	M	8	8	68	68	106	106	48	48	230	230
333	333		F	5	5	48	48	112	112	44	44	209	209
2	2	Dysentery	M	2	2	1	1	5	5	-	-	8	8
1	1		F	2	2	5	5	5	6	2	2	14	15
1	1	Meningococcal Infection	M	-	-	-	-	-	-	-	-	-	-
1	1		F	-	-	-	-	-	-	1	1	1	1
-	-	Infective Jaundice	M	-	-	-	-	8	8	9	9	17	17
-	-		F	-	-	-	-	13	13	10	10	23	23
-	-	Acute Encephalitis Infective	M	-	-	-	-	-	-	-	-	-	-
-	-		F	-	-	-	-	-	-	-	-	-	-
-	-	Post-Infectious	M	-	-	-	-	-	-	-	-	-	-
-	-		F	-	-	-	-	-	-	-	-	-	-
-	-	Typhoid or Para- Typhoid Fever	M	-	-	-	-	-	-	-	-	-	-
-	-		F	1	1	-	-	-	-	1	-	2	1
-	-	Malaria	M	-	-	-	-	-	-	2	2	2	2
-	-		F	-	-	-	-	-	-	-	-	-	-
-	-	Food Poisoning	M	-	-	1	1	11	11	-	-	12	12
1	-		F	1	1	1	1	14	14	-	-	16	16
-	-	Ophthalmia Neonatorum	M	-	-	-	-	-	-	-	-	-	-
-	-		F	-	-	-	-	-	-	1	1	1	1
22	20	Tuberculosis Respiratory	M	1	2	3	3	2	2	2	1	8	8
5	5		F	-	-	1	1	1	1	5	4	7	6
2	1	Meninges & CNS	M	-	-	1	1	-	-	-	-	1	1
1	1		F	-	-	-	-	-	-	-	-	-	-
-	-	Other	M	-	-	1	1	-	-	-	-	1	1
-	-		F	3	3	1	1	1	1	1	1	6	6

N = Notified

C = Subsequently Corrected

Tuberculosis, Care and After-care

Total 1967		Male	Female	Total 1968
	Number of Notifications:			
36	Pulmonary	14	9	23
3	Non-Pulmonary	2	6	8
	Number of transfers from other areas:			
5	Pulmonary	5	3	8
-	Non-Pulmonary	-	-	-
	Number from Death Returns supplied by Registrar			
3	Pulmonary	-	-	-
1	Non-Pulmonary	-	-	-
	Number of Re-notifications			
2	Pulmonary	1	-	1
1	Non-Pulmonary	-	-	-
	Number removed from Register			
81	Pulmonary	22	16	38
1	Non-Pulmonary	2	3	5

New cases by age, sex and type of disease:

Age Periods	Pulmonary		Non-Pulmonary	
	M	F	M	F
Under 1	-	-	-	-
Aged 1	-	1	-	-
2 - 4	-	-	-	-
5 - 9	-	-	1	-
10 - 14	-	1	-	-
15 - 19	1	1	-	-
20 - 24	2	-	1	1
25 - 34	1	2	-	3
35 - 44	-	-	-	-
45 - 54	1	1	-	1
55 - 64	2	-	-	1
65 - 74	1	-	-	-
75 and upwards	-	-	-	-
Total	8	6	2	6

At the end of the year the number of cases was as follows:

<u>1967</u>		<u>1968</u>
	Pulmonary Tuberculosis:	
133	Males	125
52	Females	45
<u>185</u>	Total	<u>170</u>
	Non-Pulmonary Tuberculosis:	
15	Males	15
6	Females	9
<u>21</u>	Total	<u>24</u>

Mass Miniature Radiography

Sessions in Factories	2
Sessions in Hospital	-
Public Sessions	1

Factory	Total Examined 1968	Cases Requiring Close Clinic Supervision or Treatment
Plant Works	1,883	-
I.C.I. Fibres	1,996	-

Attendance at Public Session	Total X-rayed		Referred to Chest Clinic		Referred to own doctor	
	M	F	M	F	M	F
School Children over 15 and teachers	570	580	1	-	-	1
Doncaster Corporation staffs	639	474	-	-	2	2
General Public	1,099	1,947	8	2	15	15
Other organised parties	660	1,180	1	1	3	2
Total radiographed	2,968	4,181	10	3	20	20

Clinical Findings (other than Factory Sessions)

<u>Tuberculosis:</u>	
Confirmed as active	-
Requiring close clinic supervision or treatment	-
Requiring occasional out-patient supervision only	5
Presumed healed - requiring no further action	33
<u>Other Diseases and Abnormalities</u>	
Abnormalities of the bony thorax and soft tissues - congenital	13
Abnormalities of the bony thorax and soft tissues - acquired	8
Tumours of the Bony Thorax - primary and secondary	3
Bronchiectasis	6
Emphysema	6
Pulmonary Fibrosis - non-tuberculous	13
Pneumoconiosis - not previously certified	9
Pneumoconiosis - previously certified	-
Benign tumours of the lungs and mediastinum	-
Carcinoma of the lungs and mediastinum	3
Metastases in the lung and mediastinum	-
Sarcoidosis and collagenous diseases	2
Pleural thickening or calcification - non-tuberculous	26
Abnormalities of the diaphragm and oesophagus - congenital and acquired	11
Congenital abnormalities of heart and vessels	3
Acquired abnormalities of heart and vessels	29
Miscellaneous	2
Total radiographed - 7,149	

Medical Examinations

<u>1967</u>		<u>1968</u>
110	Number of Officers medically examined for superannuation purposes	118
54	Number of Workmen medically examined for superannuation purposes	73
122	Number of Students medically examined prior to entry to Training College	117
27	Number of Teachers examined	19
1	Number of Recruits to Fire Brigade examined	-
<u>314</u>	Total	<u>327</u>

Cytology Screening Service

Total number of patients examined by Clinic Doctors:- 1,064

Result of Smear	
1,054	Normal
6	Suspicious
4	Positive
41	Trichomonas/Monilia

OTHER HEALTH SERVICES IN THE AREA

Hospital and Specialist Services

The following information, kindly supplied by the Secretary of the Doncaster Hospital Management Committee, Mr. A. C. Dale, gives the arrangements in force in 1968.

The Hospitals in the Borough are:

- (1) Doncaster Royal Infirmary, Thorne Road, a hospital of 806 beds for General, Maternity and Psychiatric patients.
- (2) Western Hospital, Springwell Lane, a joint user establishment with 134 hospital beds for Geriatrics, Long-Stay Psychiatric and Subnormality. The Doncaster Corporation at present reserves 150 Part III places.
- (3) Tickhill Road Hospital, Tickhill Road, provides 200 beds allocated as follows:- 96 Geriatric, 58 Chest, 31 Infectious Diseases and 15 Psycho-Geriatric Assessment.
- (4) St. Catherine's Hospital, Tickhill Road, provides 542 beds for Mentally Subnormal patients.

The following hospitals although situated outside the Borough are administered by Doncaster Hospital Management Committee.

- (1) Conisbrough Hospital, provides accommodation for 101 chronic sick female patients.
- (2) Fullerton Hospital, Denaby Main, provides 41 beds of which 15 are allocated to the local General Practitioners and the rest are used for pre-convalescent patients from Doncaster Royal Infirmary.

In addition there is a contractual arrangement whereby the Hospital Management Committee has a reservation of 18 beds at Danum Lodge Nursing Home, Thorne Road, for chronic sick patients.

SANITARY CIRCUMSTANCES OF THE AREA

The following details are submitted, relative to the activities of the Cleansing Section during the year.

<u>1967</u>		<u>1968</u>
	Emptying of Privy Middens, Pail and Chemical Closets:	
22	Number of houses served	17
1,911	Number of empties including temporary pail closets used in connection with race meetings, fairgrounds, camps, etc.	1,828
	Emptying of dustbins etc.	
weekly	Frequency of collection	weekly
2,868	Number of dustbins supplied to domestic premises	3,210
2	Number of containers supplied to new flats	-
	Number of dustbins supplied to Corporation	
28	Departments	64
28	Number of Bulk Refuse Containers supplied to schools, trade premises etc.	38
	Loads of refuse removed:	
66	Nightsoil	62
9,458	House refuse	9,287
4,340	Trade and other refuse	4,251
2,179	Salvage	3,434
<u>16,043</u>	Total loads removed	<u>17,034</u>
	These loads were disposed of as follows:	
2,245	Holmes Depot	3,496
2,641	Cockings tip, Balby	2,860
<u>11,157</u>	Airport Controlled Tip	<u>10,678</u>
<u>16,043</u>	Total	<u>17,034</u>

Number of dustbins and containers supplied:

1960	1,848
1961	2,057
1962	1,691
1963	2,105
1964	2,331
1965	2,388
1966	2,702
1967	2,926
1968	3,312

The weights of refuse dealt with were as follows:-

Nightsoil	House Refuse		Trade Refuse		Salvage	Totals
	Airport	Cockings	Airport	Cockings		
tons	tons	tons	tons	tons	tons	tons
62	17653.11.0.	5448.16.0.	7181.2.0.	1400.4.0.	880.15.0.	32629.8.0.

Salvage:

Materials salvaged and disposed of at the Holmes Depot:

	tons	cwts.	qrs.
Waste paper and cardboard	1,148	6	1
Pressed tins	24	0	0
Non-ferrous metals	-	-	-
Rags and sacking	4	11	0
Total	1,176	17	1

Vehicles - fuel and mileage:

Year	Vehicles		Fuel - Gallons			Mileages
	Petrol	Diesel	Petrol	Diesel	Total	
1959	10	8	9,095	4,841	13,936	119,935
1960	9	9	8,460	6,347	14,807	132,169
1961	8	11	8,212	6,985	15,197	132,978
1962	5	14	6,198	8,946	15,114	137,721
1963	4	15	4,194	10,693	14,887	133,784
1964	3	17	1,822	13,053	14,875	132,114
1965	2	18	676	14,416	15,092	138,291
1966	2	18	595	13,886	14,481	121,276
1967	2	18	678	14,400	15,078	137,443
1968	2	18	618	12,687	13,305	120,061

Staff:

The staff of the Cleansing Section consists of:-

- 1 Superintendent
- 2 Foremen
- 15 Drivers
- 46 Loaders

PUBLIC HEALTH INSPECTION OF THE AREA

<u>1967</u>		<u>1968</u>
3,289	Complaints received and dealt with	3,696
1,589	Inspections and re-inspections re complaints	1,503
262	Preliminary notices issued (written and verbal)	218
239	Preliminary notices complied with	109
<u>Statutory Notices served</u>		
Public Health Act, 1936:		
13	Section 39	6
4	Section 45	1
-	Section 75	1
-	Section 93	5
Public Health Act 1961:		
10	Section 26	9
Housing Act, 1957:		
13	Section 9	3
Doncaster Corporation Act, 1931:		
557	Section 104	372
<u>Statutory Notices complied with</u>		
Public Health Act 1936:		
1	Section 39 - by owners	1
-	Section 75 - by owners	1
-	Section 93 - by owners	1
Public Health Act, 1961:		
6	Section 26 - by owners	6
Housing Act, 1957:		
4	Section 9 - by owners	2
Doncaster Corporation Act, 1931:		
130	Section 104 - by owners	116
326	by Corporation in default	242
104	sewers cleared	66
Nuisances abated and defects remedied:		
Ashbins provided by owners or occupiers		11
Accumulations of manure and other refuse removed		42
Drains cleaned out, re-laid or repaired		362
do. new inspection chamber covers provided		2
do. gullies cleaned out		16
do. ventilating and soil pipes renewed or repaired		1

	1968
Dwellingshouses, roofs repaired	33
do. external walls rebuilt, cement rendered or repointed	15
do. internal walls replastered	10
do. ceilings replastered	10
do. new damp proof courses inserted	Nil
do. floors re-laid or repaired	1
do. doors renewed or repaired	8
do. fireplaces and cooking ranges renewed or repaired	5
do. windows repaired or sashes re-corded	10
do. new eaves gutters or rainwater fallpipes provided	7
do. eaves gutters or rainwater fallpipes cleaned out or repaired	7
do. handrails renewed or repaired	1
do. rooms cleansed or disinfested	2
do. new cellar gratings provided	1
do. chimney stacks or pots renewed or repaired	11
do. smoky condition abated	1
Water-closets, flushing cisterns repaired or renewed	3
do. new pedestal washdown pans provided	6
do. compartments repaired	8
do. new seats provided	5
do. service pipes to flushing cisterns repaired	2
do. flush pipe renewed	1
do. cleansed	6
Water supply, service pipes repaired	2
Taps repaired or new taps provided	1
Sinks renewed	1
Sink and bath waste pipes renewed, repaired or cleaned out	3
Yards and passages, paving repaired or renewed	5
Yards and passages cleansed	5
Caravans removed	6
Premises boarded up	5
Nuisances from keeping of animals abated	1
Nuisances caused by burning of refuse abated	1

Food and Drugs:

Number of samples taken	188
Comprising as follows:	
Bottled Milk (Pasteurised)	3
Sauce	25
Sausage Rolls	10
Tinned Meats	31
Dressings	6
Preserves	30
Table Jelly	1
Baking Powder	1
Dairy Cream	1
Stem Ginger	3
Ground Almonds	2
Marzipan	1
Dates	4
Dried Fruit	9
Fruit Mixture (Dried)	2
Christmas and Plum Puddings	4
Glace Cherries	2
Tinned Fruit	6

	1968
Vinegar	10
Coconut	2
Mustards	3
Mixed Peel	2
Mince meat	4
Soft Drinks	13
Milk Shake Syrup	1
Coffee and Coffee Essence	10
Tonic Water	1
Chocolate Drink	1
Number of samples of Milk reported to be adulterated or below standard	Nil
Number of other samples reported not genuine	2
Number of cautions issued	2

Fertilisers and Feeding Stuffs:

Eight samples of fertiliser were taken and the Analyst reported that the samples conformed to the guarantee.

Samples of food reported to be adulterated or below standard and other offences and action taken:

Date	Adulteration or Offence	Action Taken
October 1968	Foreign material embedded in bread	A plea of guilty was offered at the Magistrates Court and the Defendant was fined £20
September 1968	Insect embedded in loaf of bread	A plea of guilty was offered at the Magistrates Court and the Defendant was fined £15.
July 1968	Mouldy apple turnover	A plea of guilty was offered at the Magistrates Court and the Defendant was fined £5.
September 1968	Mouldy steak and kidney pie.	A plea of guilty was offered at the Magistrates Court and the Defendant was fined £20.

Under the Doncaster Corporation Act, 1950, Section 100, authority is given to register hawkers of foods and their premises. This is primarily aimed at ensuring that the food vendors who attend the race meetings, fairs etc., are known to the Corporation so as to bring them under supervision.

Number registered during 1968	10
Visits to race course and open air caterers	27

Doncaster Corporation Act, 1931, Section III Food and Drugs Act, 1955

Ice Cream:

<u>1967</u>		<u>1968</u>
2	Number of premises registered for manufacture	2
270	Number of premises registered for sale	266
56	Inspections	97

Food and Drugs Act, 1955 (Food Hygiene Regulations)

<u>1967</u>		<u>1968</u>
704	Inspection of food preparation premises (including cafes, restaurants, hotel kitchens, bakehouses, meat and fish preparing premises, shops and warehouses, etc.)	686
75	Notices given (written and verbal)	51
	Contraventions found and remedied:-	
	Rooms cleansed/decorated	15
	Walls and ceilings repaired	5
	Floors, doors, windows repaired	7
	Equipment renewed/cleansed	4
	Wash hand basins provided and fixed	8
	Hot and cold water provided	7
	Soap, towels, etc., provided	6
	First aid materials provided	13
	Sinks provided	17
	Wash hand notice provided	1
	Yard cleaned up	1
	Sanitary conveniences cleansed and repaired	2
	Washing facilities provided or improved	7
	General sanitary conditions improved	4

Food Premises:

The number and types of food shops at the end of the year:

Types of Food Shops	Number	Number of premises fitted to comply with Reg. 16	Number of premises to which Reg. 19 applies	Number of premises fitted to comply with Reg. 19
Fruiterers and Grocers	51	51	51	51
Grocers and Provisioners Shops	240	240	240	240
Butchers Shops	80	80	80	80
Fried Fish Shops	40	40	40	40
Wet Fish Shops	6	6	6	6
Miscellaneous	165	165	165	165

Total number of inspections

486

Inspection and Supervision of Milk

Milk - Bacteriological Examination

During the year the following samples have been examined.
Tuberculin Tested (Pasteurised) Channel Island Milk.

Seven samples were examined and all satisfied the prescribed tests (Methylene Blue and Phosphatase).

Sterilised Milk:

Thirteen samples were examined and all satisfied the prescribed test (Turbidity).

Tuberculin Tested (Pasteurised) Milk:

Eighteen samples were examined and all satisfied the prescribed tests (Methylene Blue and Phosphatase).

In addition two samples of Tuberculin Tested (Pasteurised) Milk deliveries to schools in the County Borough were examined and all of these satisfied the prescribed tests.

Ultra-heat Treated Milk:

One sample was examined and satisfied the prescribed tests.

Samples of milk taken for bacteriological examination (including 2 samples of pasteurised milk from schools):

Designation of Milk	Number of Samples	Satisfactory	Unsatisfactory
Channel Island (Pasteurised)	7	7	-
Pasteurised	18	17	1
Sterilised	13	13	-
Ultra-heat treated	1	1	-

All milk received in the County Borough is subject to heat treatment and therefore no samples of raw milk were taken for examination.

Dairymen and Purveyors of Milk:

1967

1968

The position on 31st December 1968:			
	Number of persons or firms licensed to deal		
58	in Pasteurised Milk		58
	Number of persons or firms licensed to deal		
168	in Sterilised Milk		168
68	Number of inspections of dairy premises, etc.		92

The Liquid Egg (Pasteurisation) Regulations, 1963

There are no egg pasteurisation plants in the County Borough.

Slaughterhouses:

Public Slaughterhouse	1
Private Slaughterhouse	1
New slaughtermen's licences issued	4
Slaughtermen's licences renewed	35
Animals killed at Public Slaughterhouse	79,160
Inspection at slaughterhouses	681
Animals killed at Private Slaughterhouse	Nil

Carcases inspected and condemned:

	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	11,432	797	105	40,294	26,532
Number inspected	11,432	797	105	40,294	26,532
All diseases except Tuberculosis:					
Whole carcases condemned	5	4	3	39	38
Carcases of which some part or organ was condemned	3,805	184	4	3,529	7,426
Percentage of the number inspected affected with disease other than Tuberculosis	33.32%	23.59%	6.66%	8.86%	28.13%
Tuberculosis only:					
Whole carcases condemned	-	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-	33
Percentage of number inspected affected with Tuberculosis	-	-	-	-	0.12%
Cysticercosis:					
Whole carcases condemned	-	-	-	-	-
Carcases of which some part or organ was condemned	2	-	-	-	-

The total weight of meat and offal condemned was approximately 37 tons.

Food condemned at shops and warehouses:

Tinned cooked ham or shoulder		5,116 lbs.
Tinned meat		2,383 lbs.
Bacon		212 lbs.
Chicken		20 lbs.
Fish		53 lbs.
Sausage		50 lbs.
Raw Ham or Gammon		181 lbs.
Cheese		35 lbs.
Frozen Egg		46 lbs.
Grapes		376 lbs.
Peas		540 lbs.
Potatoes		6,664 lbs.
Lemons		140 lbs.
Plums		38 lbs.
Cauliflowers		1,260 lbs.
Figs		3,416 lbs.
Marzipan	206 pkts.	(103 lbs.)
Sweets		7 lbs.
Cooking Apples		1,044 lbs.
Lettuces		348 lbs.
New Potatoes		560 lbs.
Pears		3,266 lbs.
Tomatoes		840 lbs.
Peaches		99 lbs.
Melons		46 lbs.
Bananas		2,688 lbs.
Frozen Foods	2,810 pkts.	(3,512 lbs.)

also 1,604 tins and 201 packets of various foods of an approximate weight of 24 cwts. 15 lbs.

Wherever possible condemned food is disposed of by incineration on the firm's premises and in other cases it is buried at the bottom of one of the Council's refuse tips.

Inspection of Markets, Food Hawkers, etc.

Markets are held in Doncaster on three days per week and these are regularly inspected to ensure that a satisfactory standard is maintained; 223 inspections were made in this connection.

Water Supply

Bacteriological examination of water supply:

	Raw Water		Water into Supply	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Sources	291	15	15	NIL
Service storage	-	-	3	NIL
Mains	-	-	1	NIL
Consumers' premises	-	-	66	NIL

Chemical examination of water supply:

Number of samples of water taken	2
Number of satisfactory samples	2

Bacteriological examination of Swimming Bath Water:

Number of samples of water taken	16
Number of satisfactory samples	16

Offices, Shops and Railway Premises Act, 1963

Number of premises registered during the year	73
Number of visits to registered premises (including re-visits)	1,144
Number of accidents investigated	45

Clean Air Act, 1956:

Smoke Control Areas:

During the year the Minister of Housing and Local Government agreed to the establishment of a further smoke control area (of 1,397 acres) in the town. With the coming into operation of this area the total number of premises now affected by smoke control orders are:

Dwelling houses	11,406
Other premises	629
Number of acres	4,009
Number of visits	1,861
Number of certificates of completion	442
Number of approval certificates	931
Number of appliances converted	532
Number of gas/electric points provided	213
Number of visits to boiler houses	14
Number of visits re atmospheric pollution	207
Number of visits to atmospheric pollution stations	161
Number of smoke observations	8
Number of informal notices re Clean Air Act, 1956	6

Cinemas and Places of Entertainment

Number in Borough	5
Inspections	9

Prescribed Particulars on the Administration of the Factories Act 1961

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspections)

Premises (1)	Number on Register (2)	Number of:		Occupiers Prosecuted (5)
		Inspections (3)	Written Notices (4)	
(i) Factories in which sections 1,2,3,4, and 6 are to be enforced by local authorities	29	9	-	-
(ii) Factories not included in (i) in which section 7 is enforced by the local authority	405	87	5	-
(iii) Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises)	19	6	-	-
Total	453	102	5	-

2. Cases in which defects were found

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

Number of outworkers on books	1
-------------------------------	---

Pet Animals Act, 1951

Number of licensed premises	11
Number of inspections under the Pet Animals Act, 1951	18

Common Lodging Houses

Number on register at beginning of year	1
On register at end of year	Nil
Number of inspections	9

Prevention of Damage by Pests Act, 1949 and Infestation Order, 1943

Number of properties inspected	11,814
Complaints of new infestations received and investigated during the year	803
Premises treated by rodent operatives (pre-baiting and poisoning)	2,921

Treatment of the sewers in the centre of the town and various outlying districts was carried out twice during the year.

Poultry Inspection

There are no poultry processing premises within the County Borough.

Caravans and Control of Development Act, 1960

Inspections of tents and vans	86
Number of licensed sites	1

Miscellaneous

Inspections of school sanitary conveniences	14
Inspections of urinals and public lavatories	380
Visits in connection with food poisoning enquiries	112
Visits re population count in clearance areas	488
Interviews with property owners and tradesmen, etc.	1,139
Verminous persons disinfested	36
Inspections of houses prior to re-housing	16
Visits re house to house inspections	668
Inspections of hairdressers' premises	18
Visits re testing of drains	247
Other visits	710

Hotels, Public Houses and Inns

Number in County Borough	87
Number of inspections and re-inspections	140

Offensive Trades

Number of inspections	17
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HOUSING

<u>1967</u>		<u>1968</u>
	Number of new houses, flats and bungalows erected in the Borough during the year:	
346	(1) by the Local Authority	158
132	(2) by private enterprise	226
27,795	Total number of inhabited houses at the end of the year according to the rate books	27,786
	Inspection of dwellinghouses during the year:	
	Houses made fit and houses in which defects were remedied after informal action by Local Authority:	
116	By owner	42
	After formal notice under Public Health Acts:	
18	(a) by owner	9
1	(b) by Local Authority	1
	After formal notice under Section 9 and 16, Housing Act, 1957:	
6	(a) by owner	2
25	(b) by Local Authority	1
	Proceedings under Part III of the Housing Act 1957:	
4	(a) Number of Clearance Areas declared	7
114	(b) Number of houses included in Clearance Areas	412
Nil	(c) Number of compulsory purchase orders made	4
	Number of Houses demolished during the year in clearance areas declared under Section 42 of the Housing Act 1957:	
107	(a) Unfit for human habitation	177
Nil	(b) Included by reason of bad arrangement	Nil
9	(c) On land acquired under Section 43(2) of the Housing Act, 1957	17
	Number of houses demolished during the year which were not in clearance areas:	
	(a) As a result of formal or informal procedure under Section 16 or 17(1) of the Housing Act 1957	Nil
Nil	(b) Local Authority owned houses certified as unfit by the Medical Officer of Health	Nil
	Unfit houses closed during the year in pursuance of closing orders or undertakings:	
11	Under Sections 16(4) and 17(1) of the Housing Act 1957	5
Nil	Parts of buildings closed under Section 18 of the Housing Act 1957	1

WHOLE AND PART-TIME STAFF

FOR YEAR 1968

Medical Officer of Health and
Principal School Medical Officer:

D. RANDALL MARTIN, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and
Deputy Principal School Medical Officer:

J. M. SWORD, M.B., Ch.B., D.T.M. & H.

Senior Medical Officer (Mental Health)
as from 1st December 1968

* P. WATT, M.B., Ch.B.,

Health Education Officer (School Health Service)

* E. M. HARVEY, M.R.C.S., L.R.C.P.

Assistant Medical Officers of Health and School Medical Officers:

* P. J. DISLEY, M.B., Ch.B.

F. C. GARRY, M.B., Ch.B., D.P.H.

F. HORSFIELD, M.R.C.S., L.R.C.P., D.R.C.O.G.

* J. K. HOWARTH, M.B., Ch.B.,

Orthopaedic Surgeon:

A. J. SINCLAIR, B.Sc., M.B., Ch.B., F.R.C.S. (Edin.)

Ear, Nose and Throat Surgeon:

P. H. BEALES, M.B., B.S., M.R.C.S., L.R.C.P., F.R.C.S. (Edin.)

Ophthalmic Surgeon:

K. H. MEHTA, M.B., B.S., M.R.C.S., L.R.C.P., D.O.

Senior Dental Officer:

A.D. ANDERSON, L.D.S., R.C.S.

Dental Officers:

E.M.B. ALEXANDER, L.D.S.

G.E. GRIFFITH, L.D.S., R.C.S.

S. HENRY, L.D.S., R.F.P.S.

Chief Public Health Inspector:

J. HARRIS, A.M.I.S.E., M.A.P.H.I.

Deputy Chief Public Health Inspector:

E. OLIVER, Cert. S.I.B., Cert. Meat and Other Foods, Smoke Inspector,
M.A.P.H.I.

Public Health Inspectors:

H. BURTON, Cert. S.I.B., M.A.P.H.I.

R. J. CHAMPION, Cert. S.I.B., Cert. Meat and Other Foods

E. R. CROSS, Cert. S.I.B., Cert. Meat and Other Foods, Smoke Inspector,
M.A.P.H.I.

W. FOWLER, Cert. S.I.B., Cert. Meat and Other Foods

F. C. HALL, S.I.B., Cert. Meat and Other Foods

B. T. HEMMING, Cert. S.I.B., Cert. Meat and Other Foods

M. S. BURNS (Trainee)

A. EGARR

C. JONES (Trainee)

B. SIMPKIN (Technical Assistant) (to 31st May 1968)

W. E. E. WILLIAMS (Technical Assistant)

Mrs. M. D. TAYLOR (Technical Assistant from 26th August 1968)

Superintendent Nursing Officer:

VACANT

Deputy Superintendent Nursing Officer:

Miss M. A. ROBERTS, S.R.N., S.C.M., H.V. Cert. (to 4th June 1968)

Senior Health Visitor and School Nurse:

Miss I. RAWLINGS, S.R.N., S.C.M., H.V. Cert.

Health Visitors and School Nurses:

Miss E. BIRCUMSHAW, S.R.N., S.R.F.N., C.M.B.(Part I), H.V. Cert.
Mrs. D. E. HOWE, S.R.N., S.C.M., H.V. Cert.
Mrs. M. HUSTON, S.R.N., S.C.M., H.V. Cert.
Mrs. B. POTTER, S.R.N., S.C.M., H.V. Cert.
Miss M. J. H. REID, S.R.N., C.M.B.(Part I), S.C.M., H.V.Cert.
(to 29th February 1968)
Mrs. M. SCARROTT, S.R.N., S.R.F.N., H.V.Cert.
Miss P. M. SHONE, S.R.N., C.M.B.(Part I), H.V.Cert.
Mrs. C. M. WALMSLEY, S.R.N., C.M.B.(Part I), S.C.M., H.V.Cert.
Miss L. WEST, S.R.N., C.M.B.(Part I) H.V. Cert.
Miss H. WINTER, S.R.N., S.R.F.N., S.C.M., H.V.Cert.

Assistants to Health Visitors:

Mrs. C. BRITTON, S.R.N.
MRS. E. M. GREEN, S.R.N.
Mrs. A. MEE, S.R.N.
Mrs. G. I. SEWELL, S.R.N.
Mrs. S. GRUNDY, S.R.N. (Transferred from District Nurses 23rd May 1968)

Clinic Nurses:

Miss I. A. HULKS, S.E.N.
* Mrs. M. ROLLINSON, S.R.N., R.S.C.N.
Mrs. M. E. VICKERS, R.S.C.N.
Mrs. E. WAGSTAFF, S.R.F.N.

Part-time Social Worker for Venereal Disease:

* Mrs. N. M. DUNFORD, S.R.N., S.C.M., H.V.Cert., R.S.C.N.

Municipal Midwives:

Mrs. M. CLAXTON, S.R.N., S.C.M.
Mrs. E. M. J. DODSON, S.C.M.
Mrs. E. M. LEESON, S.R.N., S.C.M.
Miss J. MAUGHAN, S.R.N., S.R.F.N., S.C.M.
Miss E. RISELEY, S.C.M.
Miss M. P. SMITH, S.R.N., C.M.B.(Part I) S.C.M. (to 31st January 1968)
Miss C. L. SWIFT, S.C.M., S.E.A.N.
Mrs. M. WORMALD, S.R.N., C.M.B.(Part I) S.C.M.

Maternity Nurses:

* Mrs. A. ROBERTS, S.R.N., S.C.M.

Senior District Nurse:

Mrs. A. SMITH, S.R.N., S.C.M., Q.I.D.N.S.

District Nurses:

Mrs. M. I. ALLEN, S.R.N.

Mr. T. H. BOYCE, S.R.N., R.M.N.

Mrs. J. BRATLEY, S.R.N. (to 8th March 1968)

Mrs. E. BROWN, S.R.N., S.C.M., Q.I.D.N.S.

Mrs. B. CHAPPELL, S.R.N., Q.I.D.N.S.

Mrs. A. CUTTS, S.R.N.

Mrs. A. S. EVANS, S.R.N. (Full-Time District Nurse from 15th April 1968)

Miss I. M. GARRARD, S.E.A.N.

Mrs. A. GRAY, S.R.N., C.M.B.(Part I), Q.I.D.N.S.

Mrs. S. GRUNDY, S.R.N. (Transferred as Assistant to Health Visitors from
23rd May 1968)

Mrs. J. G. HEELEY, S.R.N.

Mrs. S. HICKEY, S.R.N.

Mrs. J. MYERS, S.R.N., C.M.B.(Part I)

Mrs. M. RUSHBY, S.R.N., S.R.F.N.

Mrs. A. M. SMITH, S.R.N.

Mrs. I. SMITH, S.E.A.N.

Speech Therapist:

* Mrs. W. M. DEELEY, L.C.S.T. (from 4th March 1968)

* Mrs. P. L. SCRIMINGER, L.C.S.T.

Chiropodists:

J. B. EDWARDS, S.R.Ch. (to 27th February 1968)

* Mrs. E. F. PARRY (from 18th March 1968)

Miss J. M. SMITH (from 1st July 1968)

J. SMITHSON, S.R.Ch., L.Ch.

L. WHITE, S.R.Ch., L.Ch. (from 1st May 1968)

Chiropodist Clerk/Receptionist:

Miss K. P. FIELDING

Ambulance Officer:

R. H. TAYLOR (to 6th December 1968)

Clerk, Ambulance Service:

Mrs. E. M. EDGE (Fricker)

Mental Welfare Officers:

L. BROWN
J. B. COLE
Mrs. M. K. PAGE (from 1st April 1968)
A. W. TAYLOR

Supervisor, Training Centre:

M. K. WOZNIAK, Diploma of N.A.M.H.

Deputy Supervisor:

T. M. KELLETT, Diploma of N.A.M.H. (Deputy Manager of the Adult Centre
from the 1st May 1968)

Assistant Supervisors, Training Centre:

Mrs. P. BEAN
L. BURTON
A. CALLADINE
Mrs. J. FORD, S.R.N.
Miss E. McCABE

Instructors, Adult Centre:

G. BRADFORD (from 1st May 1968)
Mrs. P. HENDERSON (from 1st May 1968)

House Parent, Short Stay Hostel:

Mrs. D. M. SIMMONDS (from 3rd June 1968)

Assistant House Parent, Short Stay Hostel:

Miss S. M. GETHEN (from 3rd June 1968)

Superintendent, Refuse Collection Section:

A. S. WILBURN (to 30th May 1968)
S. J. C. NORRIS (from 9th September 1968)

Home Help Organiser

Mrs. H. HEAL

Deputy Home Help Organiser

Mrs. V. PORTER

Lay Administrative Officer:

D. C. M. DEAN

Deputy Lay Administrative Officer:

E. KING

Senior Clerks:

Miss F. M. ANKER

§ Miss C. M. GRAINGER

E. HUGHES

Mrs. A. LINDLEY

§ Miss K. LITCHFIELD

Miss L. M. GRIFFIN

Clerks:

Mrs. N. T. BURCH

Mrs. I. E. CHESTERTON (to 7th May 1968)

Mrs. H. CLARK

Miss D. J. FREEMAN (from 1st January 1968)

§ Mrs. P. HARRISON

Miss E. M. J. HIBBS

Miss S. M. HICKLING

J. T. D. JAMES (from 8th January 1968)

Mrs. G. I. JOHNSON

Miss D. COWLES (from 28th August 1968)

Mrs. J. HARTIGAN (from 25th November 1968)

Mrs. L. M. KNAPP (from 13th May 1968)

Mrs. S. LENT (Cockram) (to 29th November 1968)

Mrs. N. PENTELow (from 26th August 1968)

* Mrs. M. M. PRIESTLEY

§ Miss D. QUANBOROUGH

Mrs. M. QUICKENDEN (from 16th December 1968)

Miss C. M. ROBERTS (from 12th March 1968)

Miss M. E. ROBINSON

Miss D. SWINDELL (to 30th August 1968)

Mrs. M. D. TAYLOR (transferred as Technical Assistant from 26th August 1968)

Mrs. J. THACKER (to 31st December 1968)

Miss V.E.H. WESTON (to 31st January 1968)

Dental Surgery Assistants:

Mrs. J. BONE
Mrs. D. M. DEAN
Mrs. M. G. DUDLEY
Mrs. J. SANDS

Dental Hygienist:

* Mrs. A. C. FIRTH

Welfare Food Attendant:

Mrs. K. DUFFIN

Public Analyst:

H. CHILDS, B.Sc., F.R.I.C.

* Part-time

§ School Health Service



