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COUNTY BOROUGH OF BARNSELY


REPORT

OF THE

MEDICAL OFFICER OF HEALTH

J. TUDOR LEWIS, M.D., D.P.H.

FOR THE YEAR 1946



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COUNTY BOROUGH OF BARNSELEY

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH
SERVICES AND SANITARY COMMITTEES :

MR. CHAIRMAN, LADIES AND GENTLEMEN :

I have the honour to present to you the Annual Report on the health of Barnsley for 1946.

In many ways it was a satisfactory year. The infant mortality rate reached a new low record figure of 39, being below the rate for England and Wales and for the great towns. The maternal mortality rate was also a new low record, there being only one death amongst Barnsley women directly attributable to childbirth. There was no undue incidence of infectious disease, although unfortunately one death occurred from Diphtheria, the first for three years. In the latter part of the year some cases of Paratyphoid Fever were notified, but although exhaustive enquiries and examinations were made, the cause of the cases was not discovered, and it was thought they might have been associated with other cases in surrounding areas.

Included in this year's report are one or two special sections to which I would particularly refer members of the Committee. The first is the report on the Maternity Services in Barnsley over the past two decades, compiled by Dr. Blackwood, Deputy Medical Officer of Health (page 33). This is a short but nevertheless most interesting outline of the improvements which have been effected in the last 20 years. I think members will agree that it makes fascinating and even inspiring reading, and the figures which accompany the report are also very illuminating. These are divided into four 5-years periods, and it will be seen that while in the first 5-yearly period 58 mothers died in childbirth, in the last 5-yearly period only 15 did so. It is particularly appropriate that this report should be written by Dr. Blackwood, who has been actively associated with this service ever since the improvements began to be introduced. I am sure that my predecessors in the office of Medical Officer of Health in Barnsley would bear testimony to the enthusiasm, energy and skill which she has brought to this particular work, and many of the results which have been achieved are in no small measure due to her efforts.

Also included in the body of the report is a full account, accompanied by tables, of the work of the St. Helen Hospital (page 20). This has been compiled by the clerical staff of the Hospital under the supervision of Dr. Edward Wilson, Deputy Medical Superintendent, who is responsible for this report, and to whom credit for the results achieved must go. The work of the Hospital in the past 5 years has expanded very considerably, especially on the maternity side, until in 1946 1,400 maternity cases were dealt with. The full notes of the work carried out will give some indication of the standard of the work which is now being done at the Hospital.

The Tuberculosis and Venereal Diseases problems still remain with us. Dr. J. J. Danaher was appointed Clinical Officer in charge of these Departments during the year, and I would refer members to his reports on these subjects.

Again throughout the year shortage of nursing staff, hampered and handicapped the department, but it is a pleasure to record that in spite of these difficulties the work carried out increased in quantity and was maintained in quality.

This will be the fifth and last Annual Report which I shall have the privilege of making to the Committee. In doing so I wish to express my gratitude for the great help, loyalty and support which I have received from all members of the Public Health Department. I should like to mention particularly four members of the staff who have rendered very special service, not only to me personally, but to the Department as a whole, for they have been associated with it for nearly 20 years, during which time many and frequent changes in personnel, including the Head of the Department have taken place. First Mrs. Stephenson (neè Miss Jackson), who has acted as Secretary to eight Medical Officers of Health and has been in the Department for over 25 years; secondly Mr. Bernard Payne, Chief Clerk in the Department, who has given me unstinting support, and by his administrative knowledge and capacity has eased the burden of much routine work; thirdly, Miss C. M. Sharpe, Matron of the Municipal Maternity Home, who in the early days of the maternity services, set a very high standard of ante-natal and obstetric care, and whose skill and kindness have become a bye-word in the town; finally, to Dr. Margaret Blackwood, Deputy Medical Officer of Health, who from her long experience of public health work, and particularly of local conditions in Barnsley, was able to give me invaluable advice and help. These four members of the staff have, by their long service, knowledge of local conditions, energy and ability, given the Department a stability which frequent changes of staff might otherwise have jeopardized. I should like, to thank them for their great help to me personally, and to place on record their service to the Department.

In taking leave of you, Mr. Chairman, and Members of the Committee, I would like to thank you for the courtesy and encouragement with which you have always listened to me, and for the kindness and forbearance which you have often shown me. To the Chairman particularly would I express my thanks for his always willing advice and help.

I am,

Ladies and Gentlemen,

Your obedient servant,

J. TUDOR LEWIS,

Medical Officer of Health.

SECTION A.

STAFF.

The following changes in staff occurred in 1946 :—

ASSISTANT MEDICAL OFFICERS OF HEALTH :

Dr. O. Jacobson	...	...	...	...	...	(terminated 3/11/46).
Dr. E. Snell	...	...	...	...	...	(commenced 28/10/46).

ST. HELEN MUNICIPAL GENERAL HOSPITAL:—

ASSISTANT MEDICAL OFFICERS :

Dr. D. Canter	...	...	...	...	...	(terminated 17/1/46).
Dr. C. B. Ainscow	...	...	...	...	...	(released from H.M. Forces, 20/1/46).
						(terminated 20/5/46).
Dr. R. L. Dreifuss	(commenced 21/5/46).

RADIOGRAPHER :

Mrs. M. Slack	(terminated 8/8/46).
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CLERICAL STAFF :

Miss S. Gill	(terminated 9/4/46).
Miss M. Dyson	(commenced 8/4/46).
						(terminated 21/7/46).
Miss M. Bonell	...	...	...	...	...	(commenced 6/8/46).
						(terminated 14/8/46).
Miss I. M. Bamforth	...	...	...	...	...	(commenced 26/8/46).

KENDRAY ISOLATION HOSPITAL :

ASSISTANT MATRON :

Miss L. White	(terminated 7/11/46).
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CLERICAL STAFF :

Mrs. K. Hemmingway (neè Sugden)	(terminated 13/7/46).
Miss B. Dunn	(commenced 18/6/46).

HEALTH VISITORS AND SCHOOL NURSES :

*†‡Miss M. Fox	...	...	...	...	...	(terminated 31/5/46).
*†‡Miss M. E. Preston	...	...	...	...	...	(commenced 2/1/46).
						(terminated 14/12/46).
*†‡Miss H. Walker	...	...	...	...	...	(commenced 21/8/46).

ASSISTANT HEALTH NURSES :

*†Mrs. M. Jubb	...	...	...	...	...	(commenced 29/4/46).
						(terminated 30/6/46).
*Miss D. Allen	...	...	...	...	...	(commenced 4/11/46).

DOMICILIARY MIDWIFERY SERVICE :

†Mrs. N. Jordan	...	...	...	...	...	(terminated 21/6/46).
†Miss S. Doherty	...	...	...	...	...	(commenced 23/6/46).
†Miss W. O'Dwyer	...	...	...	...	...	(commenced 27/6/46).
*†Mrs. A. Taylor	...	...	...	...	...	(commenced 14/1/46).
						(terminated 18/3/46).
						(re-commenced 1/7/46).
†*Miss M. Barlow	...	...	...	...	...	(terminated 23/7/46).
*†Mrs. M. Woolmore (neè Brown)	...	...	...	...	...	(terminated 31/12/46).

TUBERCULOSIS DEPARTMENT :

CLINICAL TUBERCULOSIS OFFICER :

Dr. T. G. O'Donnell	...	...	...	...	...	(terminated 31/7/46).
Dr. J. J. Danaher	...	...	...	...	...	(commenced 4/11/46).

TUBERCULOSIS VISITORS :

*§Miss E. M. Griffiths	...	...	...	...	...	(terminated 14/4/46).
*†§Miss J. Sangster	...	...	...	...	...	(commenced 13/11/46).

*Trained Nurse.

†Certified Midwife.

‡Health Visitor's Certificate.

§Tuberculosis Certificate.

BLIND WELFARE DEPARTMENT :

STUDENT HOME TEACHERS :

Mrs. J. Siddons	...	...	...	...	...	(commenced 18/2/46).
Mr. H. V. Davies	...	...	...	...	...	(commenced 12/3/46).

CLERICAL :

Miss M. Blackburn	...	...	...	...	...	(commenced 7/1/46). (terminated 30/9/46).
Miss M. Shorthouse	...	...	...	...	...	(commenced 30/9/46).

PUBLIC HEALTH DEPARTMENT—CLERKS.

Mrs. J. E. Porter	...	...	...	(re-commenced Part-time 29/4/46).
				(terminated 13/7/46).
Miss I. Roberts	...	...	...	(terminated 8/5/46).
Mr. A. Hill	...	...	...	(released from H.M. Forces 15/7/46).
Miss M. Mulligan	...	...	...	(terminated 30/11/46).
Miss P. Jubb	...	...	...	(commenced 18/11/46).
Miss J. Walker	...	...	...	(released from H.M. Forces 25/11/46).
Mrs. N. Toone	...	...	...	(terminated 30/11/46).

NEW STREET DAY NURSERY:

MATRON :

Mrs. M. McConnell	...	...	...	...	...	(terminated 7/2/46).
Mrs. T. M. Hislop	...	...	...	...	...	(commenced 1/4/46).

(Transferred from Wilthorpe Day Nursery).

VITAL STATISTICS.

[illegible]

SOCIAL CONDITIONS.

I am indebted to the Manager of the Ministry of Labour and National Service for the number of unemployed on the live register at the beginning and end of the year :—

	MEN	WOMEN	TOTAL
As at 1/1/46 :—			
Wholly Unemployed ..	726	150	876
Temporarily ..	10	Nil	10
	736	150	886
As at 31/12/46 :—			
Wholly Unemployed ..	899	157	1056
Temporarily ..	8	1	9
	907	158	1065

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

				Total	Males	Females	Birth Rate per 1,000 Population = 21.47
LIVE BIRTHS :							
Legitimate	...	...		1,446	768	678	
Illegitimate	...	...		109	57	52	
TOTAL	...	...		1,555	825	730	

				Total	Males	Females	Rate per 1,000 Live and Still- Births = 22.01
STILL BIRTHS :							
Legitimate	...	...		33	21	12	
Illegitimate		2	2	—	
TOTAL		35	23	12	

DEATHS	852	460	392	Death Rate per 1,000 Population = 11.76
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DEATHS FROM PUEPERAL CAUSES.

	Number	Rate per 1,000 Total Live and Still Births.
Puerperal Sepsis ...	—	—
Other Maternal Causes...	1	0.63
	1	0.63

DEATHS OF INFANTS UNDER ONE YEAR OF AGE :

All Infants—Rate per 1,000 live births	...	...	39
Legitimate Infants—Rate per 1,000 legitimate live births	...	...	41
Illegitimate Infants—Rate per 1,000 illegitimate live births	...	...	18

ANALYSIS OF VITAL STATISTICS.

1. The estimated population in 1946 was 72,430, a substantial increase over the estimated figure of 69,170 in 1945.
2. The number of live births in Barnsley in 1946 was 1,555, comprising 825 males and 730 females, the corresponding figure for the previous year was 1,377 of which 704 were males and 673 females. This gives a birth rate for 1946 of 21.47 per 1,000 population, compared with 19.9 in the previous year and 22.5 for 1944. The rate for England and Wales is 19.1 and for the great towns 22.2
3. The total number of deaths in 1946 was 852, being 7 more than in 1945. This gives a death rate of 11.76 compared with 12.22 in 1945. This figure is slightly above that for England and Wales and one point below that for the great towns.
4. The Maternal Mortality rate per 1,000 total births, live and still, in 1946 was 0.63; substantially lower than the rate of 1.42 for the previous year. This is well below the rate for England and Wales and is the lowest recorded in Barnsley. It means in fact that only one woman from Barnsley lost her life in 1946 due to causes attributable to childbirth. It is probably impossible always to avoid the hazards which inevitably must accompany childbirth, and while in some years in the future no doubt no deaths from childbirth will be recorded, a guarantee that this will always happen cannot be given. It may be said, therefore, that in 1946 the Maternal Mortality was reduced practically to the irreducible minimum.
5. The Infant Mortality rate for the year showed a very marked drop as compared with the previous year, and was even lower than that for 1944 when I discussed the problem in some detail. The rate, in fact, was 39 per 1,000 live births compared with 56 in 1945 and 40 in 1944. This figure is 4 points below that for England and Wales and 7 points below that for the great towns, which is a very satisfactory position.
6. 108 people died from Cancer in 1946 compared with 103 in 1945.
7. Respiratory diseases were responsible for 106 deaths, a slight decrease from 1945. The bulk of the cases again occurred in the later period of life.
8. Heart disease accounted for 218 deaths, being a slight increase on the previous year, and intra-cranial vascular lesions for 96, an increase of 19 over the year before. The reason for this increase in deaths due to intra-cranial vascular lesions is not immediately apparent.
9. Infectious diseases showed a marked over-all decline, 996 cases being notified as compared with 2,293 in 1945. This large reduction was due mainly to the decrease in the number of measles cases, for in 1945 there were no fewer than 1,777 cases of measles, while in 1946 only 170 cases were notified. There was a slight increase in the notifications of scarlet fever, 204 cases as compared with 154, and whooping cough 344 as compared with 96. Apart from these variations there was little to note. Unfortunately while in the previous two years no deaths from diphtheria occurred, I have to report that in 1946 one death did take place in a child who had not been immunised against the disease.
10. The problems of tuberculosis and venereal diseases remained during the year. Minor variations occurred in the notifications of tuberculosis, and in the number of cases in which the diagnosis was confirmed. As regards venereal disease also minor variations in the 1946 figures will be noted. These variations, however, are of no outstanding significance and are more fully discussed under the particular sections in the body of the report dealing with tuberculosis and venereal diseases.

TABLE 1.
Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality, and Case rates for certain Infectious Diseases in the year 1946, for
England and Wales, London, 126 Great Towns and 148 Smaller Towns, and for Barnsley County Borough.
(Provisional Figures based on Weekly and Quarterly Returns).

	Barnsley	England and Wales	126 County Boro's and Great Towns including London	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Ad- ministrative County												
Rates per 1,000 Civilian Population																	
BIRTHS—																	
Live ...	21.47	19.1	22.2	21.3	21.5												
Still ...	0.48	0.53	0.67	0.59	0.54												
DEATHS—																	
All Causes ...	11.76	11.5	12.7	11.7	12.7												
Typhoid and Paratyphoid fevers ...	—	0.00	0.00	0.00	0.00												
Scarlet Fever ...	—	0.00	0.00	0.00	0.00												
Whooping Cough ...	0.07	0.02	0.02	0.02	0.02												
Diphtheria ...	0.014	0.01	0.01	0.01	0.01												
Influenza... ...	0.096	0.15	0.13	0.14	0.12												
Smallpox ...	—	0.00	0.00	0.00	—												
Measles ...	—	0.00	0.01	0.00	0.01												
Rates per 1,000 live Births																	
Deaths under 1 year of age	39	43	46	37	41												
Deaths from Diarrhoea and Enteritis under 2 years of age ...	3.86	4.4	6.1	2.8	4.2												
Rates per 1,000 Civilian Population																	
NOTIFICATIONS—																	
Typhoid fever ...	0.05	0.01	0.01	0.01	0.01												
Paratyphoid Fever ..	0.00	0.02	0.02	0.01	0.01												
Cerebro' Spinal Fever	0.08	0.05	0.05	0.04	0.06												
Scarlet fever ...	2.81	1.38	1.51	1.33	1.42												
Whooping Cough ...	4.75	2.28	2.48	2.05	2.22												
Diphtheria ...	0.56	0.28	0.32	0.31	0.24												
Erysipelas ...	0.33	0.20	0.25	0.22	0.27												
Smallpox... ...	0.00	0.00	0.00	0.00	0.00												
Measles ...	2.34	3.92	4.73	3.70	7.85												
Pneumonia ...	2.22	0.89	1.02	0.74	0.75												
Rates per 1,000 Total Births (Live & Still)																	
(a) NOTIFICATIONS—																	
Puerperal fever ...	6.92	8.50	10.35	7.63	1.62												
Puerperal pyrexia ...	—	—	—	—	9.68												
England and Wales—																	
<table><tr><td>No. 140 Abortion with Sepsis</td><td>No. 141 Abortion with- out Sepsis</td><td>No. 147 Puerperal Infections</td><td>Nos. 142-6, 148-150 Other</td></tr><tr><td>0.13</td><td>0.06</td><td>0.18</td><td>1.06</td></tr></table>						No. 140 Abortion with Sepsis	No. 141 Abortion with- out Sepsis	No. 147 Puerperal Infections	Nos. 142-6, 148-150 Other	0.13	0.06	0.18	1.06				
No. 140 Abortion with Sepsis	No. 141 Abortion with- out Sepsis	No. 147 Puerperal Infections	Nos. 142-6, 148-150 Other														
0.13	0.06	0.18	1.06														
Barnsley—																	
<table><tr><td>0.00</td><td>0.00</td><td>0.00</td><td>0.63</td></tr></table>						0.00	0.00	0.00	0.63								
0.00	0.00	0.00	0.63														
(b) MATERNAL MORTALITY—																	
Mortality per million women, age 15-45.																	
<table><tr><td colspan="2">With Sepsis</td><td colspan="2">Without Sepsis</td></tr><tr><td>England and Wales ...</td><td>11</td><td>5</td><td></td></tr><tr><td>Barnsley ...</td><td>Nil</td><td>Nil</td><td></td></tr></table>						With Sepsis		Without Sepsis		England and Wales ...	11	5		Barnsley ...	Nil	Nil	
With Sepsis		Without Sepsis															
England and Wales ...	11	5															
Barnsley ...	Nil	Nil															
ABORTION—																	

TABLE 2.
Vital Statistics of the County Borough of Barnsley during 1946 and the preceding 10 years.

Year.	Total Civil Population Estimated to the middle of the year	Nett Births. (Live)	Nett deaths at all ages	Nett Deaths in Public Institutions	Nett Deaths under 1 year of age	Nett deaths under 1 year 5 years
	Num- ber	Rate	Num- ber.	Rate.	Num ber.	Per cent of Total Nett Deaths
1936	1232	17.44	867	12.27	75	8.65
1937	1153	16.59	893	12.85	66	7.41
1938	1273	17.80	811	*13.27	76	9.37
1939	1219	16.89	842	*13.75	71	8.53
1940	1162	16.84	944	*15.59	70	7.42
1941	1188	17.30	901	13.12	77	7.44
1942	1278	18.88	777	11.48	78	10.00
1943	1359	20.26	803	11.97	90	11.20
1944	1540	22.50	802	11.75	62	7.73
1945	1377	19.90	845	12.22	78	9.22
Average for 10 yrs 1936-45	1278	18.44	848	12.83	74	8.69
1946	1555	21.47	852	11.76	61	7.16
						8.8

* Adjusted Death Rate.

TABLE 3.

Vital Statistics of Barnsley for 10 years, compared with those of England and Wales.

Live Births per 1,000 Total Population.			Deaths per 1,000 living.		Deaths under One year per 1,000 Live Births.		Maternal Mortality Rate per 1,000 Births Live & Still	
Year	England and Wales,	Barnsley.	England and Wales.	Barnsley.	England and Wales.	Barn- sley	England and Wales	Barn- sley
1937	14.9	16.59	12.4	12.85	58	55	3.23	5.29
1938	15.1	17.80	11.6	*13.27	53	59	2.97	2.24
1939	15.0	16.80	12.1	*13.75	50	58	2.82	6.19
1940	14.6	16.88	14.3	*15.59	55	60	2.16	1.64
1941	14.2	17.80	12.9	13.12	59	66	2.23	4.08
1942	15.8	18.88	11.6	11.48	49	61	2.01	1.51
1943	16.5	20.26	12.1	11.97	49	66	2.29	2.84
1944	17.6	22.50	11.6	11.75	46	40	1.93	1.89
1945	16.1	19.90	11.4	12.22	46	56	1.79	1.42
1946	19.1	21.47	11.5	11.76	43	39	1.43	0.63

*Adjusted Death Rate.

TABLE 4.
DEATHS FROM DIPHTHERIA DURING PAST TEN YEARS.

Year	Under 1 year	AGE																Total at all Ages	
		1 year	2 yrs.	3 yrs.	4 yrs.	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	13 yrs.	15 yrs.	16 yrs.	17 yrs.	34 yrs.		43 yrs.	61 yrs.
1937	...	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	4
1938	...	—	3	3	1	—	—	—	—	1	—	—	—	—	—	—	1	—	10
1939	...	—	—	1	1	1	—	—	—	—	—	—	—	—	—	1	—	—	4
1940	...	—	—	—	—	1	1	—	—	—	—	1	1	—	—	—	—	—	5
1941	...	—	2	1	2	1	—	—	1	—	—	—	—	—	—	—	—	—	7
1942	...	—	—	1	—	1	—	—	—	—	1	—	—	1	—	—	—	—	6
1943	...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
1944	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1945	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1946	...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS	...	3	7	6	5	4	3	1	—	1	2	1	1	1	1	1	1	—	38

TABLE 6.
Causes of Death at different Periods of Life in the County Borough of Barnsley.

[illegible]

TABLE 5.

CAUSES OF DEATH.

The following Table gives the principal causes of death in order of frequency, arranged in age groups to facilitate more detailed examination.

Disease.	Total	0—5 yrs.	5—15 yrs.	15—45 yrs.	45—65 yrs.	Over 65 yrs.
Heart Disease ...	218	1	1	14	51	151
Respiratory Diseases (Pneumonia, Bronchitis, etc.) ...	106	10	...	10	38	53
Cancer ...	108	...	...	8	88	62
Intra-Cranial Vascular Lesions ...	96	...	...	2	26	68
Circulatory Diseases ...	28	...	...	...	4	24
Tuberculosis (Pulmonary and Non-Pulmonary)	36	2	1	20	11	2
Congenital Malforma- tion, etc. (including Premature Birth)...	48	39	2	2	...	...
TOTALS ...	635	52	4	56	163	360

TABLE 8

Inquests held in Barnsley and Inquests held on
Barnsley Residents who died outside the Borough during 1946.

Cause of Death.	Borough Residents		Residents died outside Borough		Strangers	
	M	F	M	F	M	F
A—Natural Causes.						
Heart Disease ...	9	7	2	1	2	...
Intra Cranial Hæmorrhage due to Hæmophillia ...	1	...	...	...	...	...
Syphilitic Disease ...	1	1	...	...	...	...
Pneumonia ...	3	8	...	...	...	...
Pulmonary Tuberculosis ...	4	...	...	...	...	...
Ulcer of Stomach ...	2	...	...	...	1	...
Other Respiratory Diseases ...	...	...	...	...	...	1
Appendicitis ...	1	...	...	...	...	...
Cancer ...	4	1	...	...	1	1
Other Digestive Diseases ...	2	1	...	...	1	...
Cerebral Hæmorrhage ...	...	1	...	...	...	1
Nephritis ...	...	1	3	...	...	...
Bronchitis ...	1	...	...	...	...	...
All Other Causes ...	...	2	...	...	1	...
	28	17	5	1	6	3
B—Violence.						
Shock following extensive burns ...	...	1	...	...	...	1
Broncho Pneumonia following shock and scalds ...	1	...	...	...	...	...
Intra Cranial Hæmorrhage following concussion caused by falling ...	1	...	...	...	...	...
Intra Cranial Hæmorrhage due to fracture of skull caused by being knocked down by motor vehicle ...	2	...	...	...	...	...
Drowning ...	3	...	...	...	...	...
Toxæmia due to burns ...	...	1	...	...	...	...
Hypostatic Pneumonia following injuries ...	4	2	...	...	2	...
Asphyxia due to inhalation of Stomach contents ...	2	...	...	...	...	...
Myocardial Degeneration due to arterio sclerosis accelerated by injuries due to falling ...	1	1	...	...	...	...
Shock following injuries ...	1	...	...	...	2	...
Asphyxia due to being overlaid in bed ...	1	...	...	...	...	...
Septic absorption following injuries due to falling ...	...	...	...	...	...	1

TABLE 8.—Continued.

Cause of Death.	Borough Residents		Residents died outside Borough		Strangers	
	M	F	M	F	M	F
B—Violence—continued						
Pulmonary embolism following burns ... ..	...	2	...	...	...	...
Multiple injuries due to being knocked down by motor vehicle	...	1	...	...	...	...
Fractured base of skull due to falling ... ..	...	...	1	...	...	...
Uræmia due to nephritis accelerated by falling ... ..	...	1	...	...	...	...
Fractured spine caused by falling ...	1	1	...	...	...	...
Fractured spine caused by being knocked down in road ...	1	...	...	...	...	...
Fractured base of skull caused by being knocked down in road ...	...	...	...	1	...	...
Broncho Pneumonia due to ammonia poisoning	1	...	...	...	...	...
Lacerated brain and fracture of skull due to being thrown from motor cycle ... ..	...	...	1	...	...	...
Fat embolism due to multiple injuries sustained in road accident	...	...	1	...	...	...
Internal hæmorrhage due to ruptured spleen and lungs sustained in road accident ... ..	...	...	1	...	...	...
	19	10	4	1	4	2
C—Occupational.						
Multiple injuries caused by falling down shaft of hoist at Colliery ...	1	...	...	...	...	...
Multiple injuries caused by being crushed between railway wagon and upright girder ... ..	...	...	...	...	1	...
Multiple injuries caused by being crushed by coal conveyor belt ...	1	...	...	...	...	...
Multiple injuries caused by fall of colliery roof	1	...	...	...	1	...
Shock following injuries caused by fall of colliery roof ... ..	...	...	...	...	1	...
Multiple injuries caused by falling whilst loading paper pulp ...	1	...	...	...	...	...
Shock following administration of anæsthetic for reduction of fractured fibula & tibia following pit accident ... ..	...	...	...	...	1	...
Fractured skull caused by being struck by haulage rope in colliery	...	...	...	...	1	...

TABLE 8—Continued.

Cause of Death.	Borough Residents		Residents died outside Borough		Strangers	
	M	F	M	F	M	F
C—Occupational—continued						
Cerebral Hæmorrhage following his being struck on head by falling stone ... ..	...	...	...	...	1	...
Shock following amputation of leg after being run over by engine on L.M.S. Railway ... ..	...	...	...	...	1	...
Multiple injuries caused by being crushed by tubs in colliery ...	...	...	1	...	...	...
Cerebral Hæmorrhage due to being crushed by tubs in colliery ...	...	...	1	...	...	...
	4	...	2	...	7	...
D—Suicide.						
Coal gas poisoning	1	2	...	...	...	...
Injuries to throat—self inflicted ...	...	1	...	...	1	...
Strangulation by hanging	1	...	...	...	...	...
Gunshot wounds of brain — self inflicted	1	...	...	...	...	...
	8	3	...	...	1	...
Totals	54	80	11	2	18	5

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Staff changes during the year. are printed on page 5 of this Report.

LABORATORY FACILITIES.

A detailed list of the examinations of biological specimens, etc., carried out during the year is given in Table 9.

The total examinations exceeded that of the previous year by 4,059. The increases occurred in blood investigations 3,078 (chiefly from the ante-natal clinics); Fluids and discharges 274; and Sputums 332. There was a decrease in examinations for Diphtheria, which was off-set by an increase in the examination of swabs for other organisms 317, (mainly hæmolytic streptococci and Staph. aureus.). The service rendered to St. Helen Hospital in preparing single doses of aqueous solutions of penicillin in ampoules was continued (300 to 400 each week)

TABLE 9.

PUBLIC HEALTH LABORATORY, BARNSELEY.

Detailed Report of Examinations carried out during the Year 1946..

No.	Examinations.
1,754	BLOOD. Parasites and abnormal cells.
1,987	" Cell counts (Erythrocyte, Leucocyte, Platelet, Cooke).
1,742	" Hæmoglobin estimations.
302	" Sedimentation rates.
437	" Differential Leucocyte counts.
24	" Ureas.
96	" Urea clearance.
31	" Widal. (Against six standard suspensions each).
22	" Total and differential proteins.
1	" Corpuscular volume.
1	" Cholesterol.
163	" Transfusion groupings and Cross matching.
17	" Cultures.
9	" Glucose.
9	" Glucose tolerance curves.
11	" Prothrombin index.
3	" Coagulation rates.
2	" Bleeding times.
1	" Serum Sodium.
1	" Erythrocyte fragility.
3	" Paul-Bunnell for mononucleosis.
23	" Non-protein nitrogen.
2	" Uric acid.
2	" Bilirubin.
2	" Vitamin estimations.
731	Specimens taken for Wasserman reaction and Kahn tests.
6	Specimens taken for Gonococcal Complement Fixation tests.
722	Specimens taken for Rhesus factor investigations.
Total = 8,104.	

CEREBRO-SPINAL FLUIDS.

61	Cell counts. (Total and differential).
49	Total protein.
43	Globulin.
45	Chloride.
49	Bacteriology.
38	Glucose.

Total = 285.

FLUIDS, DISCHARGES, PUS, EXUDATES, ETC., from various sites.

226	Bacteriology.				
25	Biochemistry.				
54	Cytology.				
138	Trichomonas.				
					Total = 443.
1,135	SPUTUMS.	Tubercle bacilli.			
31	"	Other organisms.			
3	"	Neoplastic cells.			
					Total = 1,169.
1,457	SWABS.	C. diphtheriæ.			
656	"	Hæmolytic streptococci and other organisms.			
					Total = 2,113.
42	SMEARS.	Gonococci.			
8	"	Other organisms.			
					Total = 50.
247	FÆCES.	Bacteriology.			
35	"	Biochemistry.			
29	"	Microscopy (parasites, worms, etc.).			
					Total = 311.
283	URINES.	Routine biochemistry (S.G., Reaction, Albumen, Sugar, inc.).			
22	"	Miscellaneous biochemistry (Urobilin, Urobilinogen, Ketones, Ascorbic acid, Sugar fermentations, etc.).			
268	"	Cytology and microscopy.			
275	"	Bacteriology.			
4	"	Urea Concentrations.			
					Total = 852.
GASTRIC ANALYSIS. Fractional Test Meals.					
12	"	"	"	"	Biochemistry.
12	"	"	"	"	Cytology.
11	"	"	"	"	Bacteriology.
2	"	"	"	"	Gastric lavage and contents.
					Total = 37.
22	HAIRS AND SCALES, ETC.	Fungi.			
					Total = 22.
MISCELLANEOUS.					
1	Cough plate for H.pertussis.				
6	Organisms for penicillin sensitivity.				
8	Organisms for sulphonamide sensitivity.				
154	Organisms for Coagulase reaction.				
141	Organisms for Oxidase reaction.				
63	Organisms for sugar fermentations.				
34	Organisms for slide agglutination tests.				
1	Butter sample for bacteriological investigation.				
					Total = 408.

Total Examinations for the Year = 13,794.

TABLE 10.

**LABORATORY TESTS CARRIED OUT IN THE WEST RIDING
COUNTY COUNCIL LABORATORY.**

Blood and Films for cytological test	...	...	...	...	3
Fluids and Pus for bacteriological examinations	...	...	...	...	10
Fluids and Pus for microscopic examinations	...	...	...	...	12
Fluids and Pus for inoculation examinations	...	...	...	...	19
Fluids and Pus for micro and cultural examinations	...	...	...	...	2
Cerebro-spinal Fluids for bacteriol examinations	...	...	...	...	43
Fæces for Tubercle Bacilli	...	...	...	...	1
Fæces for inoculation	...	...	...	...	1
Fæces for fat	...	...	...	...	7
Cerebro-Spinal Fluids for Chlorides	...	...	...	...	12
Blood Phosphatase Estimation	...	...	...	...	8
Lange Colloidal Solution Test	...	...	...	...	48
Wassermann Reaction	...	...	...	...	3,103
Gonococcal Complement Fixation Tests	...	...	...	...	1,935
Cerebro-spinal Fluids inoculation	...	...	...	...	2
Pleural Fluids for Proteins	...	...	...	...	2
Bacteriological—Urines	...	...	...	...	10
Urines—inoculation	...	...	...	...	8
Urines—pregnancy	...	...	...	...	3
Sputa for Tubercle Bacilli	...	...	...	...	12
Blood Sera for B. Typhosus	...	...	...	...	19
Blood Sera for B. Abortus	...	...	...	...	3
Blood Sera for B. Para-typhosis A. and B.	...	...	...	...	16
Fæces for B. Typhosus	...	...	...	...	2
C.S. Fluids—biochemical	...	...	...	...	32
Blood for leptospira	...	...	...	...	1
Paul Bunnell re-action	...	...	...	...	1

TABLE 11.

**LABORATORY TESTS CARRIED OUT IN THE SHEFFIELD
UNIVERSITY LABORATORY.**

Histology	...	...	...	...	...	...	40
Zondek Aschheim Test	...	...	...	...	...	...	3

TABLE 12.

**LABORATORY TESTS CARRIED OUT IN THE LEEDS
UNIVERSITY LABORATORY.**

Wassermann Re-action and Kahn	2
-------------------------------	-----	-----	-----	-----	-----	---

AMBULANCE FACILITIES.

(1). Infectious Diseases.

The present fleet of three ambulances are as described in previous Reports. The arrangements whereby a local firm carry out the servicing of these has continued and proved satisfactory.

(2). Ambulances for General Cases and Accidents.

The Ambulances for general and accident cases are under the control of the Chief Constable, and I am indebted to him for his report to the effect "that the ambulances were used to remove 9,410 cases during the year 1946."

The ambulances are staffed by Civilian Drivers and Maintenance Staff.

CLINICS.

The arrangements for Clinics in the town have remained unchanged throughout the year.

CO-OPERATION WITH LOCAL MEDICAL PROFESSION.

During the year the Medical Officer of Health has continued to act as Honorary Secretary of the Barnsley Division of the British Medical Association and the closest co-operation has been maintained between the Doctors and the Public Health Department.

ST. HELEN MUNICIPAL HOSPITAL

ANNUAL REPORT 1946.

BY

Dr. EDWARD WILSON (Deputy Medical Superintendent).

STAFFING.

Dr. Denis Canter resigned on the return of Dr. C. B. Ainscow from active service on 20th January, 1946. Dr. Ainscow resigned on 20th May, 1946 to take up private practice, and Dr. R. L. Dreifuss was appointed as Assistant Medical Officer at the Hospital from 21st May, 1946.

The Hospital Radiographer, Mrs. M. Slack resigned on 8th August, 1946, to take up a similar appointment at Beckett Hospital. For a time no X-Ray work was done in the Hospital until the part-time services of Mr. Coombes and Mr. Watson, the Radiographers of the Sheffield Royal Hospital and the Sheffield Royal Infirmary were secured, and they attended on two sessions per week until the end of the year, when Miss H. Harrott was appointed to commence duties on 1st January, 1947.

GENERAL.

It will be seen in comparison with the figures for 1945 that during 1946 there was almost a 50% increase in admissions to the Maternity Dept., despite serious difficulties being experienced over the question of staffing and general shortage of midwives. This increased work could not have been undertaken without the magnificent co-operation and true nursing spirit shewn by the members of the Staff. It is more than likely that, owing to the present shortage of housing accommodation, there will be an even greater demand for admission to the Maternity Unit during the coming year. If the present tendency continues, the demand for admission may outstrip the capacity of the Hospital, and it may therefore be necessary to place some restrictions on the type of case admitted in the future. The work of the Ante-natal Clinics is also increasing rapidly, and compared with a total attendance of 2,958 during 1945, there were 6067 attendances during 1946, including 998 first attendances.

Owing to shortage of staff and the redecoration of the Children's Ward it was found necessary to restrict the admission of children for Tonsillectomy, but the general surgical work of the Hospital has been almost trebled during 1946.

BUILDINGS.

Four isolation cubicles on the Children's Ward were completed during the year, and structural improvements have been made in both Labour Wards. Fluorescent lighting has been installed in both Labour Wards and Nurseries and has proved most satisfactory. The work on the conversion of the Gas Cleansing Centre into a new Ante-natal Clinic was commenced during the year and is nearing completion. Plans and estimates for the installation of lifts are awaiting approval by the Ministry of Health. These will prove a great boon when finally completed.

MEDICAL AND SURGICAL EQUIPMENT.

A small proportion of the equipment for which a loan was raised during the year has been received, and delivery of the rest has been promised as soon as the materials necessary for the manufacture are available.

TABLE 13.

GENERAL STATISTICS.

No. of Beds	...	...	...	...	...	...	250
Total No. of Admissions during the year	...	...	...	...	...	...	2,965

ANALYSIS OF ADMISSIONS.

Area	No. of Pat's	Area	No. of Pat's	Area	No. of Pat's
Barnsley	2203	Br. for. ...	2556	Br. for. ...	2701
Adwick-le-Street	9	Gawber ...	14	Rossington ...	1
Askern	1	Goldthorpe ...	2	Royston	40
Barugh	34	Grimethorpe ...	29	Ryhill	2
Bentley	4	Haigh	3	Shafton	20
Billingley ...	2	Havercroft ...	6	Silkstone	4
Birdwell	7	Hemingfield ...	1	Stainboro	1
Blacker Hill ...	1	Hemsworth ...	12	South Kirby ...	2
Bolton-on-Deane	4	Higham	6	Staincross & Map'l	69
Brampton Bierlow	2	Gt. Houghton ...	14	Stocksbridge ...	4
Bretton	2	Little Houghton	4	Thorne	2
Brierley	11	Hoyland	16	Thurgoland ...	1
Cawthorne	4	High Hoyland ...	2	Thurnscoe	33
Conanby	2	Jump	2	Tickhill	5
Conisboro'	2	Kexborough ...	9	Ward Green	18
Cudworth	115	Mexborough ...	2	Wath-on-Deane ...	2
Darfield	22	New Crofton ...	2	Wombwell	7
Darton	96	Penistone	11	Worsboro' Bridge	15
Denaby Main ...	1	Platts Common ...	2	Worsboro' Dale ...	24
Dodworth	33	Redbrooke	7	E.M.S. Cases ...	14
Elsecar	1	Ripley (Derbys.)	1		
Carr. for. ...	2556	Carr. for. ...	2701	Total ...	2965

Total No. of Patient days	...	...	...	...	...	48,144
Average No. of Occupied beds	...	...	...	...	...	132
Average duration of stay	...	...	...	...	...	16 days
No. of Maternity cases	...	...	...	...	...	1,400
Total No. of Deaths during the year	...	...	...	...	...	128
No. of deaths within 48 hours of admission	...	...	...	...	...	38

SUMMARY.

	Discharged	Died	Total
Medical	212	75	287
Surgical	114	3	117
Maternity	1399	1	1400
Stillbirths	—	30	30
Infants aged 10 days and under	941	35	990
Infants aged 11 days to 1 year	—	14	
Ear, Nose and Throat ...	154	Nil	154
	2,820	158	2,978

TABLE 14.

OBSTETRICAL UNIT STATISTICS.

Total No. of Maternity cases admitted during the year	...	...	1,400
Analysis of Admissions :			
Barnsley patients	... 1,011	=	72.21%
West Riding patients	... 342	=	24.43%
Hemsworth patients	... 41	=	2.93%
Wombwell patients	... 4	=	.29%
Leeds City patients	... 1	=	.07%
Derbyshire C.C. patients	1	=	.07%
No. of cases delivered by—Midwives,	860.		
Doctors,	133.		
No. of cases where medical assistance sought by Midwife in emergency, etc.	...	...	424
No. of cases admitted after delivery	...	...	11
No. of Ante-natal cases admitted—Barnsley,	219		
West Riding,	70		
Hemsworth,	6		
Derby C.C.	1		
	—	296	
No. of Miscarriages—Barnsley,	48		
West Riding,	47		
Hemsworth	3		
Wombwell	2		
	—	100	
Average duration of stay—cases in lying-in wards	...	...	13.05 days
—Ante-natal cases	...	...	7.3 days
No. of cases notified—Puerperal Pyrexia	4		
Pemphigus Neonatorum	2		
Ophthalmia Neonatorum	2		
The two cases of Ophthalmia Neonatorum were due to Staphylococcus Aureus and cleared up within 12 hours on Penicillin. There was no residual damage.			
No. of Maternal deaths	...	...	1
Cause—Acute yellow atrophy and terminal broncho-pneumonia.			
Attendance at Ante-natal clinics—First attendances	...	...	998
Total attendances	...	...	6,067
For Analysis of Maternity Work, see Table 15.			
For analysis of Still-births and Neo-natals, see Table 16.			
For details of Premature Baby Unit, see Table 17.			
For details of notified cases of Puerperal Pyrexia, see Table 18.			
For analysis of Abnormal Presentations, see Table 19.			
For details of Breech Deliveries, see Table 20.			
For details of Caesarian Sections, see Table 21.			
For details of Placenta Praevia see Table 22.			
For details of Eclampsia cases, see Table 23.			
For details of Emergency Maternity Service, see Table 24.			

TABLE 15.

MATERNITY.

Total Deliveries after 28th week	1011	Talipes	...	3
Primigravidæ	489	Hare lip and cleft palate	...	1
Presentations :		Hydrops Foetalis	...	1
Vertex, anterior	941	Congenital Heart	...	1
Persistent occipito-posterior	10	Puerperal conditions :		
Breech	42	Pulmonary Embolism	...	1
Transverse	3	Superficial Phlebitis	...	4
Face	5	Phlegmasia alba dolens	...	1
Brow	1	Mastitis	...	3
Compound	1	Operations :		
Multiple Pregnancies :		Repair of Perineum	...	
Twins	19	Episiotomy	...	118
Hæmorrhages :		Incomplete laceration	...	146
Toxæmic accidental	2	Complete laceration	...	6
True accidental	11	Cæsarean section		
Placenta Prævia	13	New—classical	...	2
Post-partum hæmorrhage	21	Lower segment	...	6
Secondary P.P.H.	2	Sub-total Hysterectomy	...	1
Toxæmia of Pregnancy :		Overiectomy	...	1
Eclampsia	3	Induction of Labour :		
Pre-Eclampsia	17	Surgical	...	41
Toxæmic albuminuria	26	Medical	...	44
Hypertensive and Nephritic		Forceps delivery :		
toxæmia	6	High	...	7
Hypertension only	4	Mid	...	30
Other Abnormal Obstetric		Low	...	33
conditions :		Internal version	...	5
Disproportion	25	Bi-polar Podatic version	...	1
Prolapse of Cord	7	Sterilisation	...	2
Hydatidiform Mole	1	Manual removal of Placenta	...	6
General conditions :		Removal of miscarriage Placenta	...	59
Cardiac disease	14	Destructive operations	...	2
Pulmonary Tuberculosis	8	Blood transfusions	...	115
T.B. Meningitis	1	Puerperal Pyrexia	...	5
Pyelitis	18	Maternal Morbidity	...	0.5%
Epilepsy	4	Maternal Mortality	...	1
Syphilis	17	Percentage Maternal Mortality	...	0.1%
Gonorrhœa	1	Foetal and Neo-natal Mortality :		
Insanity	3	Still-births	...	30
Pneumonia	2	Neo-natal deaths	...	35
Chorea	1	Combined Foetal and Neo-		
Appendicitis	1	natal death rate	...	6.4%
Infantile conditions :				
Hydrocephalus	2			
Anencephalus	1			
Meningocele	1			
Oesophageal Obstruction	...			
Spina Bifida	5			
Atresia of the Bowels	1			

TABLE 16.
INFANTS.

Total deliveries after 28th week (including twins)	...	...	...	1,011
Total Still-births (Macerated 11, Recent 19)	...	...	...	30
Miscarriages, abortions and moles	...	...	...	100
Incidence Still-births (uncorrected)	...	...	...	2.9%
Neo-natal deaths	...	...	...	35
Incidence Neo-natal deaths (uncorrected)	...	...	...	3.5%
Causes of Still-births :				
Intra-uterine asphyxia	...	...	...	2
Accidental Hæmorrhage	...	...	...	5
Syphilis	...	...	...	2
Chronic Interstitial Nephritis	...	...	...	2
Prolapsed Cord	...	...	...	7
Eclampsia	...	...	...	1
Hydrocephalus—Spina Bifida	...	...	...	1
Hydrocephalus	...	...	...	1
Central Placenta Prævia	...	...	...	1
Marginal Placenta Prævia	...	...	...	1
Cord round neck	...	...	...	4
Intra-cranial Hæmorrhage	...	...	...	1
Idropathic	...	...	...	2
				<hr/> 30 <hr/>
Causes of Neo-natal deaths :				
Prematurity (average period of gestation 30 weeks)	...	...	...	15
Prematurity and Intra-cranial Hæmorrhage	...	...	...	1
Prematurity and Concealed Accidental Hæmorrhage	...	...	...	1
Atelectasis	...	...	...	4
Anencephalus	...	...	...	1
Bronchial Pneumonia	...	...	...	2
Icterus Gravis Neonatorum	...	...	...	3
Spina Bifida	...	...	...	1
Intra-cranial Hæmorrhage	...	...	...	2
Meningo-Encephalocele	...	...	...	1
Erythroblastosis Fœtalis	...	...	...	2
Hydrops Fœtalis	...	...	...	1
Congenital Heart	...	...	...	1
				<hr/> 35 <hr/>
No. of Infants receiving a supplementary or complementary feed while in the Institution	...	...	...	192
No. of Infants wholly breast fed on leaving the Institution	...	...	...	754

TABLE 17.

PREMATURE BABY UNIT.

Total number of Premature babies born	...	...	...	132
Percentage of Premature babies to total births	...	...	...	13.05%
Average duration of pregnancy	...	...	...	30 weeks
Average birth weight of premature babies	...	...	...	3 lb. 5 oz.
Premature babies died within 10 days of birth	...	...	...	17
Percentage survival rate	...	...	...	73.5%
Percentage of total births died through Prematurity	...	...	...	1.7%

TABLE 21.

NEW CAESAREAN SECTION.

Name and Date	No. of cases 8.		Percentage 0.7%.		Result		Weight of Child		Maternal Mortality Nil		Morbidity Nil		Foetal Mortality Nil.	
	Age	Para.	Period	M	C	A	A	Child	Variety of Section	Morbidity	Remarks			
E.F. 28/2/46	23	1	40	A	A	A	A	6-12 lb. ozs.	Lower Segment under local anæsthetic with Pethidine and Hyoscine	No.	Admitted in labour—head completely overriding. 7.5 cm. Transverse = 10 cm.	C.V. =		
E.H. 13/3/46	42	9	42	A	A	A	A	9-6	Lower Segment under Gas, O2 and Trilene	No.	Emergency admission—Threatened Rupture of Uterus. Head mobile above brim. Relative disproportion.			
A.R. 13/4/46	24	1	40	A	A	A	A	6-7	Lower Segment under Gas, O2 and Trilene	No.	8/4/46—Severe Toxæmia, B.P. 160, Albumin ++. No improvement with treatment, A.R.M. Small Pelvis 11/4/46. Fully dilated 11 p.m. 13/4/46—head still high, only just gripping brim. 4 a.m. 13/4/46 Caput +, Lower segment.			
E.M. 24/4/46	40	7	40	A	A	A	A	7-14	Lower Segment under local anæsthetic with Pethidine and Hyoscine	No.	Moderate Toxæmia antenatally, Previous classical 1943.			
S.C. 12/9/46	41	2	40	A	A	A	A	8-2	Lower Segment under Gas and O2	No.	Admitted 11/9/46 as "Failed Forceps". On admission OS 2 fingers, thick and oedematous, and lacerated cervix. 1-500 hrs. 11/9/46, Head in brim, Caput ++, 0-600 hrs. Cervix still thick and oedematous, OS 2 fingers, Caput ++++, Moulding +. 0-800 hrs. 12/9/46 Foetal heart 12/9/46 irregular. Lower segment.			
E.T. 12/9/46	31	1	35	A	A	A	A	4-1	Classical under local anæsthetic with Pethidine and Hyoscine	No.	Pregnancy terminated owing to severe Mitral Stenosis and Aortic Regurgitation. Tubes crushed and ligated.			
L.H. 18/11/46	30	1	38	A	A	A	A	6-8	Classical under local anæsthetic with Pethidine and Hyoscine	No.	Severe Mitral Stenosis. Resection of Tubes and stumps buried.			
A.D. 29/11/46	39	5	42	A	A	A	A	9-1	Lower Segment under local anæsthetic with Pethidine and Hyoscine.	No.	Severe chronic nephritis and hypertension B.P. 180/100. Casts ++. Both tubes resected and stumps buried.			

PLACENTA PRAEVI.

Name and date	No. of cases 13.	Percentage 1-28%	Promontion-moment	Weight lb. oz.	Morbidity Result	Fetal Mortality %	Remarks
Age Para. Peril Variety	41 13 40 Marginal			9-15 M C	NND, No. (lived mins)		
D.R. 27/3/46	32 2 38 Marginal	Vertex A.R.M. and Willett's	A R.M. 6-12 A A No.	Admitted with hemorrhage 26(3)46. Very sharp loss at margin of internal OS. A.R.M. delivery 2 pints. Spontaneous delivery 3 hrs. 55 mins. later. 3rd stage normal.			Admitted as emergency. Bleeding Vaginally. Head mobile over brim. P.V. OS 3 fingers. Placenta felt at margin of internal OS. A.R.M. delivery 2 pints. Blood transfusion 2 pints. 3rd stage normal. Retained placenta last two pregnancies).
L.M.R. 24/4/46	25 3 40 Central	Vertex A.R.M. and Willett's	A R.M. 8-0 A A No.	Admitted 03/40 hrs. 24/4/46 with history of loss P.V. 2 weeks ago and in bed at home. Out of bed 23/4/46—bleeding started again. On admission general condition good—trickling P.V. On examination—placenta still in situ. Spontaneous delivery 2 pints. 3rd stage normal. Was treated in hospital for threatened abortion January 1946.			
M.W. 19/6/46	30 6 36 Central	Vertex Nil	5-0 A D.B. No.	Admitted 16/30 hrs. 19/6/46 as emergency. Severe antenatal partum hemorrhage. Had been bleeding from 0900 hrs. On admission suffering from shock and loss of blood. Cord prolapsed, no foetal heart heard. P.V. felt down in pelvis with placenta lying in front. Fully dilated cervix. Spontaneous delivery 2 pints. With foetus still in bag of membranes, 10 mins after admission. Blood transfusion 3 pints.			
L.H. 18/7/46	31 7 32 Lateral	Breech Nil	4-10 A D.B. No.	Admitted 05/40 hrs. 18/7/46 in labour. Membranes ruptured at 0930 hrs. Cervix fully dilated. Placenta felt in lower segment. Foetus extruded to umbilicus. Very marked contraction ring round neck—extracted with some difficulty—heart beating but did not breathe. Re-delivered 29/7/46 with hemorrhage 7/46. Re-delivered 29/7/46 with hemorrhage 7/46. 2 fingers, uterus full of clot, no placenta tissue found in uterus. Hot intra-uterine douche—no further bleeding. Discharged home 9/8/46.			
N.K. 1/8/46	34 3 34 Marginal	Vertex A.R.M. and Willett's	4-14 A D.B. (Macerated)	Admitted 15/45 hrs. 1/8/46 as emergency—bleeding commenced 2 hrs. prior to admission. On examination—no fetal heart—OS 2 fingers and marginal placenta previa. A.R.M. 2 pints blood given. Spontaneous expulsion of macerated fetus 12 hrs. 20 mins. later. Heavy P.P.H. requiring intravenous Fluidin 5 units. Puerturium uneventful.			
M.C. 23/9/46	35 2 37 Lateral	Vertex Nil	5-15 A A No.	Admitted 13/30 hrs. 23/9/46 Bleeding P.V. on examination OS full, head in lower tract, placenta felt. Spontaneous delivery 10 mins. later.			
A.F. 2/10/46	32 5 40 Marginal	Vertex A.R.M. and Willett's	7-9 A A No.	Admitted 11/45 hrs. 28/9/46 as emergency. Had severe sharp losses P.V. during past 2 days. On admission no loosing, no vaginal examination made. Vertex, head mobile above brim. F.H.H. 29/9/46 to 1/10/46 no loss. Spontaneous delivery 3 hrs. 50 mins. later. Placenta spontaneous delivery 3 hrs. 50 mins. later. Placenta followed immediately after. Blood transfusion 1 pint. Puerturium uneventful.			
E.M. 15/11/46	39 3 40 Lateral	Vertex A.R.M. and Willett's	8-10 A A No.	Admitted 15/45 hrs. 15/11/46 with history of bleeding since 0400 hrs. 15/11/46. On admission—R.O.A. head in brim. P.V. OS. 2 fingers. A.R.M. and Willett's at 1800 hrs. Normal delivery 21/25 hrs. Puerturium uneventful.			
E.D. 23/11/46	33 4 32 Marginal	Vertex Braxton-Hicks Version	4-8 A D.B. No.	Admitted 0045 hrs. 23/11/46 with severe bleeding losing since 1800 hrs. 22/11/46. On admission condition very poor. No. F.H.H. P.V.—cervix unflexed, OS finger-tip, placenta felt. A.R.M. 01/30 hrs., placenta expelled spontaneously. On admission tight pack—back round hard. On admission 2 fingers. Combined version and leg brought down. Spontaneous expulsion of a macerated fetus 65/48 hrs. Blood transfusion commenced on admission—6 pints in all given.			
E.S. 16/12/46	27 1 40 Marginal	Vertex A.R.M. and Willett's	7-0 A A No.	Admitted 4/12/46 with history of very slight painless loss. 5/12/46 at 1800 hrs. sharp loss. P.V.—OS 2 fingers, placenta felt at margin of OS. 19/30 hrs. A.R.M. and Willett's, 20/45 hrs. I'veheline 100 mgm. I.M. Spontaneous delivery at 0010 hrs. 6/12/46. Blood transfusion 3 pints.			
R.P. 12/12/46	39 6 40 Central	Vertex A.R.M. and Willett's	7-0 A A No.	Admitted 1145 hrs. on 11/12/46 as emergency. Last pregnancy 1943 placenta previa at home, treatment by Dr. Adams. History of painless bleeding since 0200 hrs. On admission—cervix fully dilated, placenta mobile above brim. P.V.—OS 2 fingers, cervix effaced, placenta felt covering OS, margin just beyond meninges ruptured with Drew-Smythe catheter. 20/45 hrs. under and applied. Spontaneous delivery 09/40 hrs. 12/12/46. On admission—allowed almost immediately. Puerturium uneventful.			
W.S. 14/12/46	37 6 40 Marginal	Vertex Braxton-Hicks Version	7-9 A A No.	Admitted 1900 hrs. 14/12/46 with history of heavy pains loss. On admission F.H.H.—R.O.A., head mobile. On admission—placenta felt at margin of OS. Membranes ruptured before delivery. Braxton-Hicks Version and foot brought down. Assisted breech delivery 23/20 hrs. Placenta and membranes expelled spontaneously. Early heavy loss. Puerturium commenced admission, 4 pints in all given. Puerturium uneventful.			

TABLE 23.
ECLAMPSIA.

Name and Date	Age	Para.	Perd.	Albuminum	Percentage 0.29%.		Ante Intra Post	Treatment	Maternal Mortality, Nil.		Remarks
					No. of Fits	Result			Weight lb. oz.	Morbid	
V.M. 9/5/46	26	1	40	Abundant	—	5	—	Routine and Forceps	A D.B. 8-14	No.	Admitted 07-00 hrs. 9/5/46 with history of 3 fits before admission. On admission BP. 230/120, no oedema, albumin solid—unconscious and cyanosed. Morphia gr. $\frac{1}{4}$, 20 ccs of 20% Mag-Sulph., 10 ccs of 10% Calcium Gluconate, 50 ccs of 50% Glucose given I.V., oxygen continuously—23-00 hrs. developed acute gastric distention—large quantities of fluid removed by stomach-tube. 00-10 hrs. 3/11/46 another short fit. Morphia gr. $\frac{1}{4}$, 10 ccs. of 20% Mag-sulph. 20 ccs. of 50% Glucose given I.V. Pot. Brom. gr. 30 and Chloral Hydrate, gr. 30 rectally. 11-40 hrs. 3/11/46 Very restless. Sodium Gardenal gr. 3 I.M. 13-30 hrs. Morphia gr. $\frac{1}{4}$, Vit. B. 100 mgm. I.M., 10 ccs. Calcium Gluconate I.V. 16-00 hrs.—200 ccs. of 5% Dextrose-saline I.V. 16-30 hrs. Sodium Gardenal gr. 3 I.M. Having strong labour pains—26 ozs. urine catheterised since admission—21.15 hrs. Fully dilated. 22-40 hrs. Low Forceps extraction of a living infant 4 lb. 14 oz. 23-30 hrs.—260 ccs. of 5% Dextrose-saline I.V. Patient was unconscious from admittance at 21-06 hrs. on 2/11/46 until 02-00 hrs. on 4/11/46—a total period of 29 hours. She remained very mentally confused and was transferred to Storthes Hall Mental Hospital on 19/11/46. She was discharged from there 5 days later and is now fully recovered.
M.L. 12/11/46	18	1	40	Trace	2	1	—	Routine A	A 7-3	No.	Admitted 06-15 hrs. 12/11/46 with history of 2 fits at home, and 1 in ambulance. On admission just recovering from fit B.P. 140/108 albumin trace. Morphia gr. $\frac{1}{4}$, 20 ccs. of 20% Mag-Sulph. 60 ccs. of 50% Glucose, 10 ccs. of 10% Calcium Gluconate P.V. OS 2 fingers, membranes bulging—ruptured. 10-00 hrs. started with good pains. 15-00 hrs. Pot. Brom. and Chloral Hydrate aa gr. 30. Spontaneous delivery at 18-00 hrs. Uneventful recovery. B.P. on discharge 10 days later—120/70, albumin nil.

TABLE 18.

PUERPERAL PYREXIA.

1.—Mrs. B.	Para. 2.	No genital cause found, X-Ray chest—T.B.
2.—Mrs. B.	Para. 2.	Tuberculosis both upper zones.
3.—Mrs. F.	Para. 2.	Extensive Bilateral Tuberculosis.
4.—Mrs. T.	Primip.	Localised Endometritis (No Hæmolytic Streptococci found).
5.—Mrs. H.	Primip.	Acute yellow Atrophy.

TABLE 19.

ABNORMAL PRESENTATION.

	Breech	Brow	Face	Trans-verse	P.O.P.	Compound
Primigravidæ ...	25	—	1	1	7	—
Multipara ...	17	1	4	2	3	1
Total ...	42	1	5	3	10	1

TABLE 20.

BREECH DELIVERIES.

Total number of Breech Deliveries	...	...	...	...	42
Percentage of total births	...	...	...	...	4.15%
Maternal Mortality	...	...	...	...	Nil.
Foetal Mortality	...	...	...	...	11
Causes of Foetal Mortality :					
Primigravidæ :					
Ante-partum Hæmorrhage	...	...	...	...	1
Prolapsed Cord	...	...	...	...	1
True Knot in Cord	...	...	...	...	1
Idiopathic (Macerated)	...	...	...	...	1
Atelectasis (lived 4 hours)	...	...	...	...	1
Prematurity, 3 lb. (lived 2 days)	...	...	...	...	1
Multipara :					
Prolapsed Cord	...	...	...	...	2
Cord round neck	...	...	...	...	1
Marginal Placenta Prævia	...	...	...	...	1
Spina Bifida and Hydrocephalus (Craniotomy)	...	...	...	...	1
					<hr/> 11

TABLE 24.

EMERGENCY MATERNITY SERVICE.

The Emergency Maternity Service was called into operation on 12 occasions during the year, as follows :—

District	No. of cases
Barnsley	6
Thurnscoe	1
Bolton-on-Deane	2
Darton	2
Cudworth	1
Total	<u>12</u>

This service has again proved invaluable in the saving of maternal lives, and it can be emphasised that this is the only unit of its kind between Leeds and Sheffield, and serves a very large area.

TABLE 25.

X-RAY DEPARTMENT STATISTICS.

	No. of patients.	No. of films.
Work done for the Hospital :		
In-patients	338	507
Ante-natal clinics	682	788
	<u>1,020</u>	<u>1,295</u>
Work done for outside Departments :		
Queen's Road Dispensary	1,211	1,315
Mount Vernon Sanatorium	345	355
Kendray Hospital	94	107
New Street Clinic :		
Orthopædic and M. & C. W.	81	148
Dental	14	37
Public Health	17	17
	<u>1,762</u>	<u>1,979</u>
Total No. of Patients X-Rayed	2,782.	
Total No. of X-Ray Films taken	3,274	

TABLE 26.

BACTERIOLOGY AND PATHOLOGY.

The following Table shows details of the examinations carried out in the Public Health Laboratory for the St. Helen Hospital.

23	Blood Non-protein Nitrogen.
9	Blood Sugar Tolerance Curves.
5	Blood Sugars.
1,510	Blood Counts (Hæmoglobin, red and white cell counts, blood films, etc.).
11	Blood Cultures.
37	Blood Sedimentation Rates.
11	Blood Prothrombin Index.
716	Blood Wasserman Reactions.
6	Blood Gonococcal Complement Fixation Tests.
706	Blood Rhesus Factor, Group and Kahn.
2	Blood Uric Acid.
20	Blood Ureas.
96	Blood Urea Clearance Tests.
4	Blood Widal's.

4	Blood Serum Proteins.
1	Blood Packed Cell Volume.
4	Blood Reticulocyte count.
2	Blood Bilirubin.
1	Blood Cholesterol.
1	Blood Coagulation Time.
2	Blood Parasites.
158	Blood Groupings and X matching, etc., for transfusions.
7	Blood Total and Differential Proteins.
1	Blood Serum Sodium.
1	Blood Fragility Test.
163	Swabs. (Mostly for C.Diphtherias and Hæmolytic Streptococci).
173	Urines.
4	Urine Urea Concentration.
1	Urine for Ascorbic Acid.
135	Discharges, Pus, Fluids, etc.
70	Fæces.
12	Fractional Test Meals.
29	Sputums (Tubercle bacilli and other organisms).
2	Vitamin estimations.
22	Cerebro-spinal Fluids.
1	Cerebro-spinal Fluid for Langè Gold curve.
33	Histology.
2	Stomach contents.
1	Smear.
8	Organisms for Sulphonamide sensitivity.
6	Organisms for Penicillin sensitivity.

TABLE 27.

SURGICAL OPERATIONS PERFORMED DURING 1946.

Cæsarean Sections	...	...	...	...	...	7
Dilatation and Curettage	...	...	...	...	...	59
Supra Pubic Cystotomy	...	...	...	...	...	6
Cystoscopy	...	...	...	...	...	5
Appendicectomy	...	...	...	...	...	2
Acute Intestinal Obstruction	...	...	...	...	...	1
Ovariectomy and Ventri-suspension	...	...	...	...	...	1
Ramstedts Operation	...	...	...	...	...	4
Anal Fissure	...	...	...	...	...	1
Laparotomy	...	...	...	...	...	3
Sub-total Hysterectomy	...	...	...	...	...	1
Proctoscopy and Biopsy of Carcinoma of Rectum	...	...	...	...	...	1
Biopsy—Endometrius	...	2	...	...	...
Cervix	...	1	...	...	...
Uterus	...	1	...	...	...
	—	...	...	...	...	4
Liver puncture and Biopsy of Nodules of Scalp	...	...	...	...	...	1
Vaginal Fistula	...	...	...	...	...	1
Plastic Surgery Operations	...	...	...	...	...	2
Fractures	...	...	...	...	...	1
Dental-complete clearance	...	...	...	...	...	1
Circumcision	...	...	...	...	...	3
Tonsilectomies	...	...	...	...	...	154
Incisions and Excisions—various	...	...	...	...	...	13
Total	...	...	...	...	...	271

Of the above mentioned 271 patients, the following deaths were caused by the disorders for which operative treatment was deemed to be necessary :—

- Mrs. H. (W.R.) Acute Intestinal Obstruction.
 Mrs. T. (W.R.) Carcinoma of Liver.
 Mrs. J. (B'sley). Carcinoma of of Rectum.

TABLE 28.

SUMMARY OF DENTAL WORK DONE AT THE ST. HELEN HOSPITAL.

Number of patients inspected and treated by Senior Dental Officer	...	13
Number of visits made to the hospital by Senior Dental Officer	...	13
Number of Extractions	...	41

KENDRAY ISOLATION HOSPITAL.

No alteration has been made in the number of beds at Kendray Isolation Hospital during the year.

673 cases were admitted during 1946 and 635 discharged. A total of 18 deaths took place in the Hospital and at the 31st December, 1946, 83 patients remained in the Hospital.

For details see Table 46, Page 55.

DENTAL TREATMENT .**SUMMARY OF WORK DONE AT KENDRAY ISOLATION HOSPITAL.**

Number of patients inspected and treated by the Senior Dental Officer	3
Number of visits made to the Hospital by the Senior Dental Officer ...	3
Number of Extractions	3
Number of other operations	1

MUNICIPAL MATERNITY HOME.

Booked cases only are admitted to the Pindar Oaks Maternity Home which has 10 Maternity beds (exclusive of Isolation and Labour beds.)

293 Maternity cases were admitted during the year.

201 cases were delivered by Midwives and 84 by Doctors.

3 cases were admitted after delivery.

2 cases of Puerperal Pyrexia were notified.

There were no Maternal Deaths in the Home during the year.

LUNDWOOD SMALLPOX HOSPITAL.

The Lundwood Smallpox Hospital, with accommodation for 42 cases of Smallpox, has not been required for the treatment of Smallpox for some years.

BECKETT HOSPITAL.

This is a Voluntary Hospital of 156 beds, plus 80 Emergency Beds. The following are extracts from the Annual Report of the Hospital, for which I am indebted to the Secretary-Superintendent, Mr. A. L. BOURNE.

STATISTICS RELATING TO PATIENTS.

	1946	1945
IN-PATIENTS.		
Number of Beds available	166	156
Number of Beds available at Annexe (opened 11th July, 1946)	29	—
Number of Emergency Beds available	—	80
Average number of beds occupied daily	142.5	141
Number of In-patients admitted during the year	3,483	3,659
Average cost of each In-patient	£13 1 7	£9 9 0
Average cost of each In-patient per week	£4 8 0	£5 14 4
OUT-PATIENTS.		
General Surgical and Medical	2,331	2,135
Casualties	9,609	9,362
Orthopaedic	3,117	2,711
Ophthalmic	916	979
Gynaecological	253	242
Aural	1,505	1,479
Dermatological	465	291
Radium... ..	78	140
Dental	497	642
Massage and Electrical	1,240	1,628
Remedial Department... ..	682	345
	19,954	20,693
Total number of Out-patient attendances	106,320	99,770
Total cost of each Out-patient	8/4	6/6
Operations performed during the year :		
Major	2,303	2,478
Minor	2,113	1,058
X-ray Department—		
Patients	10,960	10,878
Number of Radiographs	23,238	22,600
Number of Fluoroscopic Examinations	609	654
Superficial Therapy Treatments	1,072	—
Laboratory—		
Pathological and Physiological Examinations	3,783	4,864

THE MOUNT VERNON SANATORIUM.

The Mount Vernon Sanatorium has 53 beds and takes in cases of Pulmonary Tuberculosis.

Details will be found in the report of the Clinical Tuberculosis Officer on page 57.

SOCIAL WELFARE.

I am indebted to Mr. S. Thomas, the Director of Social Welfare, for the following information :—

DISTRICT MEDICAL OFFICERS.

Dr. S. Curry, M.B., B.S., M.D.
 Dr. N. Pick, M.B., Ch.B.
 Dr. J. Lyon Foster, M.B., Ch.B.
 Dr. A. B. Slack, M.B., Ch.B.
 Dr. H. B. Pare, M.B., Ch.B.

WARDS.

East, Central and South-East.
 North, South, South-West and West.
 Monk Bretton.
 Ardsley.
 Carlton.

DISTRICT.	SOCIAL WELFARE OFFICER.	WARDS OR AREAS.
No. 1.	Mr. E. Cooke.	South-West, South and Central.
No. 2.	Mr. H. W. T. Smith	North and West.
No. 3.	Mr. J. Sumnall.	South-East, and Monk Bretton.
No. 4.	Mr. H. Wright.	Hoyle Mill, Carlton, East and Smithies.
No. 5.	Mr. W. Raynor.	Lundwood (only).
No. 6.	Mr. S. Crossland.	Ardsley (excluding Hoyle Mill).

Number of persons in receipt of Home Assistance on the 31st December, 1946 ... 1,648.

Amount of Home Assistance granted during the year ended 31st December, 1946 ... £58,188 0s. 2d.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

Institutional provision for Mental Defectives is provided at the St. Catherine's Institution, Doncaster, of which Barnsley is a Constituent Authority. At the end of the year, there were 62 cases from Barnsley in the St. Catherine's Institution: 23 Males and 39 Females.

In addition, 1 male patient and 1 female patient were on licence leave.

MATERNITY AND CHILD WELFARE.

INFANT MORTALITY.

In my Annual Reports for 1944-45, I discussed in some detail the problem of infant mortality as it affected the County Borough of Barnsley. In 1944, the rate dropped to 40, which was a very sudden and marked decrease from the previous 10-yearly average. In 1945, however, the rate jumped up again to 56, while in 1946 it has again dropped to the new low record of 39. It is difficult to be certain to what these fluctuations are due, and in what way, if at all, they are related to the efficiency of the Infant Health Services. In 1945 Dr. Blackwood and I carried out a careful investigation into every infant death that occurred in Barnsley and in 1946 this was continued. According to the findings in 1946 there was some reason to think that the improvement in 1946 was related to certain expansions and improvements in the Infant Health services, particularly in the case of premature babies. In the second half of 1946 a scheme was introduced by which special attention was given to the home and social condition of certain households, into which babies were born. Those households which were exposed to adverse environmental conditions were kept under special supervision and observation and for this reason they were called 'Observation Households'. The purpose of this scheme was to ascertain as early in the pregnancy as possible those households which were subject to adverse conditions with a view to counteracting or ameliorating the adverse conditions which were known to be present. Up to the end of the year some 36 households of this type were under supervision.

A report was made to the Committee on these investigations and the suggestion was made that a hostel, which might be called an 'Infant Health Hostel', should be set up. The purpose of such a Hostel would be amongst other things to conserve the health of expectant mothers and to form a link between hospital and home, especially when the home conditions were bad. The Committee agreed to the principle of setting up such a Hostel and it is hoped that in due course its decision will be put into effect.

It would be optimistic to hope that the infant mortality rate in Barnsley will continue at or below the figure of 39 in the next few years, for the infant mortality rate, depending as it does on a large number of different but closely related factors, is thus very easily influenced. While, therefore, it is difficult and perhaps dangerous to prophesy it may be that some regression in the rate may be noted although I should not expect this to return to the previously relatively high figure.

A low infant mortality rate depends on the co-ordinated efforts of many people. Even in the Public Health Department itself the efforts of many different sections of the staff are necessary such as, for instance, Doctors, Health Visitors, Maternity Units and Hospitals. I should like to take the opportunity of expressing my thanks

and appreciation to all members of the staff of the Barnsley Public Health Department who have given of their best in an effort to reduce the infant mortality rate.

MIDWIFERY SERVICES.

The number of Midwives practising in Barnsley at the end of the year was 26. This number included 9 Domiciliary Midwives of which 1 was in private practice 14 in Municipal Hospitals and Homes and 3 in Private Nursing Home.

The total number of cases attended by Midwives was 1,955, of which 315 were as Maternity Nurses.

Medical Aid was summoned by Midwives under Section (4) of the Midwives Act on 375 occasions.

DOMICILIARY MIDWIFERY SERVICE.

The total number of cases attended by all Domiciliary Midwives was 548 compared with 521 in 1945 and 627 in 1944.

MUNICIPAL MATERNITY HOME, PINDAR OAKS.

Number of births during the year	...	...	...	...	285
(a) Midwives' Cases	...	...	...	...	201
(b) Doctors' "	...	...	...	...	84
Number of Maternal Deaths	...	...	...	...	Nil

NUMBER OF INFANT DEATHS :—

(i) Stillborn
---------------	-----	-----	-----	-----	-----

Due to :—

1. Anencephalic (34 weeks).
2. Anencephalic (30 weeks).
3. Post Maturity. Instrumental delivery for L.M. Posterior Position.
4. 2nd of twins (Mother had A.P.H. following birth of 1st child, due to separation of placenta).
5. Instrumental delivery. Full term.
6. 32 weeks pregnancy (macerated).
7. Full term (macerated). No P.M. examination.

(ii) Within 10 days of Birth	4
------------------------------	-----	-----	-----	-----	---

Due to :—

1. Aged 4 days—Prematurity (32 weeks).
2. Aged 8 days—Broncho-pneumonia (had double talipes).
3. Aged 1 day—Intra-cranial Hæmorrhage.
4. Aged 4 hrs.—Prematurity (30 weeks). No P.M.

The weekly Ante-natal Clinic was continued at the Home during the year. Patients were encouraged to attend regularly and any abnormal cases referred to the Consultative Clinic.

ST. HELEN MUNICIPAL GENERAL HOSPITAL.

Details of the cases will be found on Page 22.

ANTE-NATAL CLINICS.

These have been run entirely as in previous years. During the year 5,070 attendances have been made at the Ante-natal Clinics at New Street, Ardsley and Lundwood, exclusive of the Ante-natal Clinics held at the Municipal Maternity Home and St. Helen Hospital, as compared with 7,048 in 1945.

Clinics are held at the St. Helen Hospital at which 998 cases attended, 778 of whom also attended in the first instance at the New Street or Out-districts Ante natal Clinics. At Pindar Oaks Maternity Home, 220 cases attended.

POST-NATAL CLINICS.

During the year, 132 cases attended the Post-natal Clinic at the Medical Services Clinic, the total attendances being 169 mothers and 28 babies. The arrangements being similar to those in previous years.

CONSULTING CLINIC.

The work of this Clinic had continued: 86 cases were seen during the year, who made a total of 123 attendances.

PUERPERAL PYREXIA.

11 notifications were received during the year.

6 cases were treated in Kendray Isolation Hospital and 5 in the St. Helen Hospital.

OPHTHALMIA NEONATORUM.

4 cases of Ophthalmia Neonatorum were notified in 1946. All cases recovered without impairment of vision.

MATERNAL DEATHS.

I am indebted to Dr. Blackwood for the notes on the following maternal deaths which occurred in Barnsley in 1946.

Three of these were out of the Borough cases, who died in Barnsley, 2 were Barnsley cases, in only one of which was death due directly to childbirth.

MATERNAL DEATHS, 1946.**1. WEST RIDING CASE.**

Delivered in St. Helen Hospital.
Labour induced when she was moribund.
Live male child delivered 11/2/46.
Died of Tubercular Meningitis.

2. BARNSELY CASE.

Reported to have attended private doctor during pregnancy. Attended St. Helen Hospital Clinic 22/11/45 and was referred for X-ray of chest, which showed extensive bilateral tuberculosis. Admitted to Sanatorium 10/1/46, in very poor condition. Premature delivery 15/1/46 of feeble child which lived a short time only—weight 3lb. 6ozs.
She died of Pulmonary Tuberculosis on 20/1/46.

3. WEST RIDING CASE.

Delivered in St. Helen Hospital—admitted as an emergency 24/2/46.
Died of:—(a) acute intestinal obstruction.
(b) adhesions.
(c) spontaneous rupture of uterus (16 weeks pregnancy).

4. BARNSELY CASE.

Died in St. Helen Hospital undelivered.
Acute generalized peritonitis.
Appendicular Abscess.
Right pyelonephritis.
Chronic tuberculosis left lung—Post mortem performed.

5. BARNSELY CASE.

Delivered in St. Helen Hospital as emergency (failed forceps outside). Had prolonged chloroform anaesthesia before admission. Live child obtained after difficult delivery 14/11/46. Patient ill—became jaundiced on 15/11/46. Progressive deterioration. Death on 20/11/46. Post mortem performed. Acute yellow atrophy of liver. Broncho-pneumonia. This death was almost certainly due to delayed chloroform poisoning.

MATERNITY SERVICES IN BARNSELEY DURING THE 20 YEARS 1927-1946

by

Dr. MARGARET W. BLACKWOOD (Deputy M.O.H.).

18 years ago, in 1929, the first Ante-natal Clinics were opened. Miss Sharpe, the present Matron of the Municipal Maternity Home, was appointed at the end of 1928. She insisted that all patients booking at the Home should attend there for ante-natal care at least once a month, and her steady persistent pioneer work in ante-natal care provided a very useful example in the town. In January 1929, one Municipal Clinic for ante-natal patients was opened in the old Clinic premises in Market Street. At first it was held once a fortnight, then once a week. For two years one not very well attended session per week sufficed for the town, so difficult was it to impress expectant mothers, and even midwives, with the need for ante-natal care.

Many women still relied on handymen to deliver them and the last uncertificated midwife did not go out of business until 1932.

During the second half of the first ten year period, there were four flourishing ante-natal clinics per week and considerable attention was being paid to the nutrition of the mother during pregnancy. Though the provision of milk and milk foods and vitamin supplements was a poor substitute for the full and varied diet that so few of the patients could afford in those days of trade depression, some good was done by focussing the attention of all concerned on the need for good diet,

During this period also more and better qualified midwives were in practice, and a part-time supervisor of midwives, who was also a Health Visitor, was appointed.

Towards the end of the period, efforts were made to obtain a Consultant for the ante-natal clinic patients, and two beds in the Beckett Hospital were in use for ante-natal patients, and for abnormal deliveries.

During the second ten year period, three great improvements were made in the services :—

- (a) The St. Helen Hospital was appropriated by the Barnsley County Borough Council in 1936. Beds were made available for ante-natal patients, and gradually there grew up the present busy obstetrical Unit, which delivers approximately half of the babies born in Barnsley in a year. The Unit :—
 - (1) specializes in the care of abnormalities discovered during pregnancy :
 - (2) provides care for patients whose homes are unsuitable for confinement :
 - (3) assumes the care of almost all the obstetrical emergencies which arise in Barnsley and District, including the provision of the "Flying Squad" to the home of the patient.
- (b) In 1937, a Municipal Midwifery service was established. The part-time Supervisor of Midwives became full-time and a comprehensive service of fully qualified Midwives, several of whom were also Trained Nurses, covered the whole town for domiciliary midwifery.
- (c) In 1938, an obstetric Consultant was appointed (Mr. J. Eric Stacey) who is Consultant for the St. Helen Hospital, the Kendray Infectious Diseases Hospital (for cases of Puerperal sepsis) and the Municipal Ante-natal Clinics. He is also on the staff of the voluntary hospital (the Beckett Hospital) and is available for consultation to all the general practitioners in the district.

In the course of the years, the Municipal Maternity Services, domiciliary and institutional, have become a closely integrated unit, of which the focal point is the Medical Services Clinic at New Street, where ante-natal clinics are held for women booking a midwife for confinement at home for those booking the Municipal Maternity Home, and for those booking the St. Helen Hospital, though the Hospital patients attend at the hospital during the last three months

of the pregnancy. Dental inspection of all the patients is arranged as a routine, and domiciliary patients are inspected by the dentist as part of their first examination at the Clinic. A Health Visitor is in charge of mothercraft instruction and patterns and materials for baby clothes are on sale, as well as food and vitamin supplements. All pregnancies are notified to the Health Visitors, who endeavour to visit the homes at least once, and if home conditions are unfavourable, they make frequent visits.

The Consultant Clinic is the essential cope stone of the service. In addition to Mr. Stacey, the Consultant, there are present :—

- (1) A Health Visitor, who acts as Nurse for the Clinic, and as liaison officer with her colleagues :
- (2) the Doctor who does the ante-natal clinics for the midwives and the Maternity Home, and the early booked cases for the St. Helen Hospital :
- (3) the Doctor in charge of the St. Helen Hospital Obstetric Unit :
- (4) The Clerk for the ante-natal clinics.

Each member of this team is vitally interested in the midwifery services of the town as a whole.

In treating the patients' obstetric abnormality, her domestic and family problems and social surroundings are considered and given due weight.

The clerk who makes the appointments and keeps strict watch on defaulters and the Health Visitor who visits the homes and discovers the reasons for default from the clinic are in fact, the most important members of the team, for it is the patients who default who are the potentially dangerous ones to the efficiency of the service.

Of the factors concerned in effecting the very pleasing improvement in the maternal mortality over a period of time, the importance of this team work, this close liaison between the homes, the Clinic and the Hospital, deserves special mention.

It is to be hoped that the regionalization of the hospitals next year may not cause disintegration of the team.

TABLE 29.
MATERNAL DEATHS IN BARNSELEY—20 YEAR PERIOD.

Year.	Total No. of Deaths			Due to Sepsis (included in Total)	
1927	6	...	1
1928	9	...	5
1929	9	...	2
1930	5	...	2
1931	14	...	5
TOTAL FOR 5 YEAR PERIOD			43	...	15
1932	8	...	2
1933	5	...	1
1934	5	...	1
1935	4	...	3
1936	2	...	—
TOTAL FOR 5 YEAR PERIOD			24	...	7
1937	6	...	4
1938	3	...	1
1939	8	...	2
1940	2	...	1
1941	5	...	1
TOTAL FOR 5 YEAR PERIOD			24	...	9
1942	2	...	—
1943	4	...	2
1944	3	...	1
1945	2	...	—
1946	1	...	—
TOTAL FOR 5 YEAR PERIOD			12	...	3

INSTITUTIONAL TREATMENT OF MOTHERS AND CHILDREN.

This has not varied from previous years.

HEALTH VISITORS.

I referred in my Report for 1944 to the importance of the work of the Health Visitors. This fact needs no emphasis, and it would appear that under the new National Health Service Act, the duties of Health Visitors will take on an even greater importance.

The main difficulty is the shortage of Health Visitors. This is by no means peculiar to Barnsley, but in a heavily industrialised town like Barnsley the shortage of Health Visitors is likely to be especially apparent and to be reflected in high mortality or morbidity figures. Towards the end of the year I took the opportunity of making a report to the Committee on the staffing of the Health Visitors' section, together with recommendations for a minimum establishment of twenty-four Health Visitors. It is unlikely that such an establishment would be attained for some years, but if it should be possible to obtain the staff recommended, I think it would go a long way towards further improving the domiciliary health services.

INFANT WELFARE CENTRES.

The Infant Welfare Centres have continued to function as in previous years. Details of the attendances will be found in Table 35.

INFANT LIFE PROTECTION.

Number of persons who were receiving children for reward at the end of the year 1946	...	...	...	...	...	4
Number of children on the register at the end of the year 1946	...	...	...	...	...	4
Number of children who died during the year	...	...	...	...	...	Nil.

This covers the provision of foster-mothers for the children of unmarried mothers and for homeless children.

WAR-TIME DAY NURSERIES.

The Wilthorpe and Burton Grange War-time Day Nurseries were taken over by the Education Committee on the 1st April, 1946, as Nursery Classes.

The New Street War-time Day Nursery was retained as a Nursery for the reception of children up to the age of 2 years, and has continued to function during the year 1946.

The number of children on the register on the 31st December, 1946, was :—

0—2 years	...	...	9
2—5 years	...	...	26

NURSING HOMES.

The Medical Officer of Health continues to make periodic visits of inspection to the St. Margaret's Nursing Home, the only one registered in Barnsley.

TABLE 30
INFANT MORTALITY.

Causes of Death.	Under 1 week.	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks.	4 wks. and under 8 months.	8 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total 1 month to 12 months	Total Deaths 1946.
All Causes—Certified	25	6	5	...	36	11	8	4	2	25	61
Uncertified	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	2	...	...	...	2	2
Bronchitis	...	1	...	...	1	...	1	...	...	1	2
Pneumonia	1	1	...	...	2	4	1	1	1	3	5
Diarrhoea	...	1	1	...	2	1	1	...	...	4	6
Violence	...	...	...	...	...	1	...	...	...	3	3
Premature Birth	11	2	2	...	15	1	...	...	...	1	16
Congenital Diseases	18	1	2	...	16	3	8	...	...	6	22
All other Causes—	...	...	...	...	...	...	...	...	...	...	...
Convulsions, Purpura	...	...	...	...	...	...	...	...	1	1	1
Tuberculosis Meningitis	...	...	...	...	...	...	...	1	...	1	1
Pneumococcal Meningitis	...	...	...	...	...	...	...	1	...	1	1
Serous Meningitis.	...	...	...	...	...	...	...	...	...	...	...
Acute Otitis Media	...	...	...	...	...	...	1	...	...	1	1
Acute Meningitis	...	...	...	...	...	...	1	...	...	1	1
Totals	25	6	5	...	36	11	8	4	2	25	61

TABLE 31.

INFANT MORTALITY

DEATHS FROM BRONCHITIS, PNEUMONIA, DIARRHOEA AND CONGENITAL DEBILITY, ETC.
(including Premature Birth) DURING THE LAST TEN YEARS.

Year	NEO-NATAL.								1—12 MONTHS.							
	Bronchitis		Pneumonia		Diarrhoea		Congenital Debility, etc.		Bronchitis		Pneumonia		Diarrhoea		Congenital Debility, etc.	
	No.	Rate per 1000 Live Births	No.	Rate per 1000 Live Births	No.	Rate per 1000 Live Births	No.	Rate per 1000 Live Births	No.	Rate per 1000 Live Births	No.	Rate per 1000 Live Births	No.	Rate per 1000 Live Births	No.	Rate per 1000 Live Births
1937	1	.87	—	—	—	—	27	23.42	7	6.08	17	14.74	2	1.74	5	4.34
1938	—	—	—	—	—	—	36	28.28	3	2.36	9	7.07	4	3.14	9	7.07
1939	1	.82	2	1.64	—	—	35	28.71	3	2.47	12	9.84	1	.82	4	3.29
1940	2	1.70	3	2.58	1	.84	21	18.07	8	6.88	20	34.07	—	—	10	17.04
1941	2	1.68	2	1.68	—	—	35	29.46	3	2.53	21	17.68	2	1.68	1	.84
1942	—	—	4	3.13	—	—	26	20.34	5	3.91	16	12.52	5	3.91	5	3.91
1943	1	.73	8	5.88	2	1.46	37	27.96	8	5.88	14	10.30	2	1.46	—	7.36
1944	—	—	6	3.89	3	1.94	27	17.53	2	1.29	9	5.84	3	3.89	8	5.19
1945	—	—	6	4.35	1	7.25	12	8.70	4	2.90	18	13.06	6	4.35	7	5.08
1946	1	.64	2	1.28	2	1.28	31	19.89	2	1.28	5	3.21	6	3.85	38	24.39

TABLE 32.

STATEMENT OF CASES ATTENDED BY MIDWIVES DURING THE YEAR 1946.

	Domiciliary Midwives.	Midwives in Institutions.	Totals.
1. Total number of Midwives practising at the end of the year in the area of the Local Supervising Authority :			
Employed by the Local Supervising Authority	8	14	22
In private practice	1	3	4
TOTALS ...	9	17	26
<hr/>			
	Domiciliary Cases.	Cases in Institutions.	Totals.
2. Number of cases in the area of the Local Supervising Authority attended during the year by Midwives :—			
Employed by the Council :			
As Midwives	505	1061	1566
As Maternity Nurses	43	271	260
Employed by Voluntary Associations :			
As Midwives	—	—	...
As Maternity Nurses	—	2	2
In private practice :			
As Midwives	9	65	74
As Maternity Nurses	6	47	53
TOTALS :			
As Midwives	514	1126	1640
As Maternity Nurses	49	266	315

TABLE 33.
BIRTHS DELIVERED BY THE DOMICILIARY MUNICIPAL MIDWIVES DURING THE YEAR, 1946.

Name of Midwife	Total Number of Births	As Midwife	As Maternity Nurses	CASES TRANSFERRED TO :		Additional Cases to cols. (2)-(4) attended			Cases given Ante-Natal Care
				St. Helen Hospital	Beckett or Jessop Hospital	Threatened or Abortions	Left Area	Nursed after Discharge from Jessop Hospital	
Woolmore, S.R.E., S.C.M. ...	59	52	7	10	—	1	1	—	72
Barlow, S.R.N., S.C.M. ...	54	50	4	9	—	—	—	—	62
Cousins, S.C.M. ...	50	46	4	2	1	—	3	1	54
Jordan, S.C.M. ...	31	29	2	7	—	1	—	—	39
Taylor, S.R.N., S.C.M. ...	53	46	7	5	—	1	2	—	61
Rushton, S.R.N., S.C.M. ...	73	69	4	14	2	1	—	—	84
O'Dwyer, S.C.M. ...	42	42	—	7	—	—	3	—	51
Tomlinson, S.R.N., S.C.M. ...	83	77	6	6	—	—	1	—	89
Bedford, S.C.M. ...	50	47	3	8	—	2	2	—	58
Rainford, S.C.M. ...	21	20	1	6	—	1	—	—	28
Doherty, S.C.M. ...	39	34	5	2	1	—	—	—	41
	555	512	43	76	4	7	12	1	639

The 555 babies were born to 548 mothers (7 cases of twins)

TABLE 34.
SUMMARY OF THE WORK OF HEALTH VISITORS FOR THE YEAR 1946.
VISITS MADE BY ALL HEALTH VISITORS.

1,472	6,497	12,462	921	441	4	11	31	64	70	144	351	152	187	43	154	690	71	2,438
Live Births	Re-Visits	Under 1 year	1st Visits	1st Visits	1st Visits	Re-visits	Stillbirths	Death Enquiries	Post Natal	Measles	Whooping Cough	Pneumonia	Scarlet Fever	Diphtheria	Other Infectious Diseases Visits	Miscellaneous Visits	Venereal Diseases	Infective Visits
			1st Visits	Re-visits	1st Visits	Re-visits												
			1st Visits	Re-visits	1st Visits	Re-visits												

TABLE 35.

Barnsley, Ardsley, Monk Bretton, Lundwood, and Smithies
Infant Welfare Centres and Ante-Natal Centres.

Annual Report, 1946

	Barnsley	Ardsley	Monk Bretton	Lund- wood	Smithies	Total
Infant Welfare—						
Number of cases on books on 1/1/1946:—						
0—1 years ...	604	144	44	108	102	1002
1—5 „ ...	1879	248	85	160	205	2077
Number of new cases seen by M.O. during 1946, and who on their first attendance were:—						
0—1 years ...	799	154	42	141	128	1264
1—2 „ ...	85	3	4	7	3	52
2—5 „ ...	55	3	2	4	4	68
Total number of cases who attended during the year 1946:—						
0—1 years ..	1408	298	86	249	280	2266
1—5 „ ...	1469	254	91	171	212	2197
Total number of children who attended the Centres during the year and who at the end of the year were—						
0—1 years ...	697	142	45	128	111	1118
1—5 „ ...	1867	219	80	169	215	2050
Total Attendances made by cases during the year:—						
0—1 years ...	8470	1920	569	1871	1444	18774
1—5 „ ...	8280	462	232	352	588	4914
Ante-Natal—						
Number of cases	936	256	...	228	...	1420
Total number of attendances made by above cases ...	3207	956	...	907	...	5070
Ante-Natal cases examined at Maternity Home ...	220	...	...	...	...	...
Total number of attendances made by cases at the Maternity Home ...	1665	...	...	...	...	...
Ante-natal cases examined at St. Helen Hospital ...	998	...	...	...	...	...
Total number of attendances made by cases at St. Helen Hospital ...	6067	...	...	...	...	...
Post-Natal—						
Number of cases ...	182	...	...	...	...	...
Total number of attendances made by above cases ..	169	Mothers 28 Babies	...	...	...	...
	28					
Consultant Ante-Natal and Post Natal Clinic—						
Number of cases ...	86	...	...	...	...	...
Total number of attendances made by above cases ...	123	...	...	...	...	...

(See next page)

NOTE :—

Of Barnsley's 936 Ante-Natal Cases 580 also attended St. Helen Hospital and are included in the figure 998.

Of Ardsley's 256 Ante-Natal Cases 87 also attended St. Helen Hospital and are included in the figure 998.

Of Lundwood's 228 Ante-Natal Cases 111 also attended St. Helen Hospital and are included in the figure 998.

TABLE 36.

Statement of Receipts at Infant Welfare Clinics, etc., and value of free issues during 1946.

	Barnsley		Ardsley		Monk Bretton		Lundwood		Smithies		St. Helen Hospital		Total	
	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Free Issues														
Dried Milk	...		...		...		...		...		...		...
Other Foods	8	9	...		...		...		...		...		8	9
Total cost to the Committee 1945	1	15 0	...		...		...		...		...		1	15 0
1946	8	9	...		...		...		...		...		8	9
Receipts for the year 1945	4628	6 0	822	18 3	196	4 7	678	7 7	545	15 1	2	18 8	6874	10 2
1946	4975	17 9	915	16 0	214	2 10	688	4 5	582	0 11	...		7326	1 11

ARRANGEMENTS FOR TREATMENT.

Dental.

I am indebted to Mr. J. K. Penney, for the following report :—

The number of patients inspected and treated shows a slight increase over the 1945 figures, while the number of sessions taken for treatment is less. A new scheme has been evolved where the Medical Officer refers every expectant mother examined, for Dental inspection as a routine.

The treatment advised has been conservative wherever possible and it is pleasing to note how the young mothers who have been members of the womens services are quite anxious to have filling treatment and wish to conserve their natural teeth as long as possible. The number of fillings achieved for the year is almost double those accomplished in 1935. There has been a corresponding drop in the extraction number and the number of dentures supplied. The opposition to conservative treatment mentioned in my last report still persists but to a lesser degree than hitherto. I presume the members of the family who have had army service have acted as missionaries and have converted the others.

Pregnancy gingivitis is still evident in a large number of cases and will not clear up until the deficiencies in diet are overcome. The treatment of those cases represent the majority of the number 832 quoted in Table 37, under " Other Operations ".

I feel that the Dental Scheme of the Health Service could be extended and many other fields covered, but when only approximately one fifth of my time is allocated to this work, it is evident that the work has to be curtailed. When the promised New Branch Clinics become available and new professional staff have been appointed it will be possible to extend the service to its fruition.

TABLE 37.

SUMMARY OF DENTAL WORK DONE FOR MATERNITY AND CHILD WELFARE PATIENTS DURING 1946.

No. of patients inspected and treated	...	...	...	...	...	589
No. of Visits made by patients	...	...	...	...	...	1,764
No. of treatment sessions	...	...	...	...	...	97½
No. of Anæsthetic sessions	...	...	...	...	...	27½
No. of Fillings	...	...	...	...	...	561
No. of scalings	...	...	...	...	...	80
No. of extractions	...	...	...	...	...	1,211
No. of other operations	...	...	...	...	...	832
No. of dentures supplied	...	...	...	...	...	130
No. of patients provided with dentures	...	...	...	...	...	75
No. of operations in connection with dental prosthetics	...	...	...	...	...	346

ORTHOPAEDIC.

The Department has continued as in previous years to carry out its valuable work.

The following Tables shows the number of cases admitted to the Orthopaedic Hospitals during the year 1946 :—

TABLE 38.

CASES OVER SCHOOL AGE ADMITTED TO THE ADELA SHAW
ORTHOPAEDIC HOSPITAL, KIRBYMOORSIDE.

Initials	Age	Diagnosis	Admitted to Hospital	Dischgd. from Hospital	Condition on Discharge	Result
N.W.	20	T.B. Spine	16/2/45	30/8/46	Wearing block leather support	Satisfactory
			Re-admitted 4/10/46	13/12/46	do.	do.

TABLE 39.

CASES OVER SCHOOL AGE ADMITTED TO THE ROBERT JONES
AND AGNES HUNT ORTHOPÆDIC HOSPITAL, OSWESTRY.

Initials	Age	Diagnosis	Admitted to Hospital	Dischgd. from Hospital	Condition on Discharge	Result
F.K.	21	T.B. Spine	20/6/46	Still in Hospital		Satisfactory
H.S.	52	T.B. Hip	13/3/46	2/12/46	Wearing block leather support	

TABLE 40.

**SUMMARY OF CASES UNDER SCHOOL AGE ADMITTED TO ADELA SHAW
ORTHOPAEDIC HOSPITAL, 1946.**

Initials	Age	Diagnosis	Admitted to Hospital	Dischgd. from Hospital	Condition on Discharge	Result
M.W.	2	Supernumary Thumb	1/2/46	22/2/46	No apparatus	Very Good
A.B.	3	Lumbar Abscess	1/2/46	31/5/46	No splinting	Satisfactory
V.P.	4	Congenital Club Foot	1/3/46	12/4/46	In plaster	Very Good
A.W.	3	T.B. Spine	3/11/44	3/5/46	Wearing back support	Satisfactory
A.B.	3	Congenital Dislocation of Spine	2/8/46	Still in Hospital		
K.H.	2	Still's Disease	4/10/46	Still in Hospital		
L.D.	1½	Coxa Vara	22/11/46	Still in Hospital		
S.R.	3½	Congenital Dislocation of Hip	29/6/45 Re-admitted 22/11/46	4/7/46	Still in Hospital	

TABLE 41.

**T. B. CASES OF SCHOOL AGE ADMITTED TO ADELA SHAW
ORTHOPAEDIC HOSPITAL.**

Initials	Age	Diagnosis	Admitted to Hospital	Dischgd. from Hospital	Condition on Discharge	Result
P.F.	10	Tb. Hip	2/8/46	2/11/46	Wearing block leather support	Improved
A.J.	6	T.B. Spine	17/11/45	29/11/46	Wearing back support	Very Good

TABLE 42.

**SUMMARY OF WORK DONE UNDER THE ORTHOPAEDIC SCHEME
(EXCLUDING THE WORK DONE UNDER THE SCHOOL HEALTH SERVICES
SCHEME).**

Inspections at Clinic :					
Visits of Orthopaedic Surgeon	...	...	...	...	11 (19 sessions).
No. OF CASES SEEN :					
New Cases :					
Tubercular under 5 years	...	...	...	...	—
over 16 years	...	...	...	...	—
Non-Tubercular under 5 years	...	...	...	...	40
over 16 years	...	...	...	...	—
No. OF RE-EXAMS SEEN :					
Tubercular under 5 years	...	...	...	...	3
over 16 years.	...	...	...	...	59
Non-Tubercular under 5 years	...	...	...	...	109
over 16	...	...	...	...	6

Pre-School Children and T.B. Cases.

Children under 5 years of age have attended the Orthopaedic Clinic for treatment including massage, manipulation, toilet of splints, plastering and electrotherapy.

Tuberculosis patients of all ages have attended the clinic for toilet of splints and physiotherapy.

Maternity and Child Welfare Scheme.

Physiotherapy has been given to women in all stages of pregnancy.

Post-natal exercises have been given to the patients in the Pindar-Oaks Maternity Home.

TREATMENT OF CASES BY ULTRA VIOLET LIGHT.

The following Tables give details of the patients treated with Ultra-Violet Light at the Medical Services Clinic, New Street and at the Ardsley Centre, during 1946 :—

MEDICAL SERVICES CLINIC.

	Cases.	Attendances.
Ante-natal patients	151	1,229
Pre-School children	395	4,475
	<u>546</u>	<u>5,604</u>

ARDSLEY CENTRE.

	Cases.	Attendances.
Ante-natal patients	5	9
Pre-School children	87	932
	<u>92</u>	<u>941</u>

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

1. (i) WATER.

Circular 13/47 of the Ministry of Health asks that special reference be made to matters relating to the water supply of the town. There is little to add to what was said in my Report of last year.

Throughout the whole of the year the water supply of the area with regard to both quality and quantity has been satisfactory.

Bacteriological examinations of the raw water are not made regularly but some chemical examination is made quarterly. Bacteriological examinations of the water as supplied are made fortnightly, and the examinations have shown consistently that the water is pure and potable. Being from an upland surface, the water is of a good natural quality, but it has a plumbo-solvent action. To counteract this, the water, after filtration, is treated with lime and daily examinations of pH. and alkalinity are carried out. I have nothing to suggest that any lead poisoning has been caused in the area of the supply. All the water is chlorinated and daily tests for residual chlorine are taken in the town. Records of the chlorine dose are maintained by automatic apparatus.

All dwelling houses with the exception of one or two within the area of supply are supplied from public water mains and none by standpipes.

It is understood that the Waterworks Department will shortly be opening its own Laboratory for the detailed examination and bacteriological examination of the water.

During the year 31.08 inches of rainfall were registered at Barnsley (Jordan Hill) and 56.90 inches at Midhope Reservoir.

(ii). DRAINAGE AND SEWERAGE.

No private streets were made in 1946.

The Ministry of Health have given approval to the scheme for the extension of the Carlton Sewerage Works to deal with the proposed Housing Scheme drainage to these works.

2. RIVERS AND STREAMS.

There was nothing of note in 1946.

REPORT OF THE CHIEF SANITARY INSPECTOR.

The following is the Report of the Chief Sanitary Inspector and Cleansing Superintendent for the Year 1946.

During 1946, 17,286 inspections were made of premises by the Sanitary Inspectors. 5,008 nuisances were found, and 4,197 were abated.

During the year 104 tons, 15 cwts, 1 qr., 13 lbs., of food was condemned as unfit for human consumption. This condemned food was not destroyed, but was manufactured into products for the feeding of animals and for other commercial purposes.

The number of samples of Food and Drugs submitted for analysis was 201, of this number 7 were certified by the Public Analyst as not conforming to the required standard.

One hundred and thirty eight samples of milk were examined for the presence of Tubercle Bacilli, 8 were found to contain the organism.

Three hundred and fifty samples of milk were subjected to a bacteriological examination, 46 of which did not conform to the required standard.

TABLE 43.

FACTORIES ACT, 1937.

1. INSPECTIONS.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(1) Factories in which Local Authority enforces Sections 1, 2, 3, 4, 6. ...	61	76	3	—
(2) Factories to which Section 7 applies ...	210	522	27	—
(3) Other Premises ...	—	—	—	—
Total ...	271	598	30	—

2. CASES IN WHICH DEFECTS WERE FOUND.

	Number of cases in which defects were found				No. of cases prosecuted
	Found	Remed.	Referred To H.M.I. / By H.M.I.		
Want of Cleanliness (s.1)	—	1	—	—	—
Overcrowding ... (s.2)	—	1	—	—	—
Unreasonable temperature (s.3)	1	1	—	—	—
Inadequate ventilation. (s.4)	—	—	—	—	—
Ineffective drainage of floors ... (s.6)	—	—	—	—	—
Sanitary Conveniences. (s.7)					
(a) Insufficient ...	3	1	—	2	—
(b) Unsuitable or defective ...	25	26	—	23	—
(c) Not separate for sexes ...	2	1	—	1	—
Other Offences ...	—	—	—	—	—
Total ...	31	31	—	26	—

OUTWORK.

No outworkers on records during 1946.

SECTION D.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

The total number of notifications of Infectious Disease (excluding Tuberculosis) received in the year was 996. In addition some 47 cases were notified which were subsequently found not to be infectious disease. This figure of 996 is considerably below the figure of 2,293 for the year 1945, and is accounted for by the fact that in the current year 170 cases of Measles were notified compared with 1,777 in the previous year. Apart from this decrease, and an increase in the notifications of Scarlet Fever—204 in 1946 compared with 154 in 1945,—the number of cases of notifiable Infectious Disease shows little variation.

TABLE 44

Notifiable Infectious Diseases (excluding Tuberculosis). Table showing monthly prevalence during 1946.

Notifiable Disease.	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Scarlet Fever	11	4	11	7	10	5	19	7	8	29	35	58	204
Diphtheria	5	2	2	4	2	2	3	1	2	10	7	1	41
Pneumonia	27	14	26	12	16	11	5	8	5	7	10	25	161
Cerebro-Spinal Fever	...	...	...	...	1	2	3	...	...	...	...	...	6
Ophthalmia Neonatorum	...	...	...	...	...	...	1	...	...	1	2	...	4
Erysipelas	1	4	3	1	1	1	2	1	2	3	3	2	24
Puerperal Pyrexia	3	...	1	3	...	...	1	...	1	...	2	...	11
Measles	...	...	1	1	4	6	5	5	12	22	30	84	170
Whooping-Cough	33	42	59	60	60	34	19	11	4	8	3	11	344
Enteric Fever	...	...	...	...	...	...	1	...	...	4	...	...	4
Malaria	...	...	...	...	...	2	1	...	...	2	1	1	7
Dysentery	18	...	...	...	1	...	...	1	...	...	...	...	20
TOTALS	98	66	103	88	95	68	59	29	34	86	93	182	996

8 cases notified as Scarlet Fever, diagnosis of which was later amended, not included in notified cases above.
 8 cases notified as Diphtheria, diagnosis of which was later amended, not included in notified cases above.
 4 cases notified as Pneumonia, diagnosis of which was later amended, not included in notified cases above.
 10 cases notified as Cerebro-Spinal Fever, diagnosis of which was later amended, not included in notified cases above.
 1 case of Ophthalmia Neonatorum, diagnosis of which was later amended, not included in notified cases above
 3 cases notified as Erysipelas, diagnosis of which was later amended, not included in notified cases above.
 2 cases of Puerperal Pyrexia, diagnosis of which was later amended, not included in notified cases above.
 4 cases notified as Whooping Cough, diagnosis of which was later amended, not included in notified cases above.
 3 cases notified as Enteric Fever, diagnosis of which was later amended, not included in notified cases above.
 4 cases notified as Dysentery, diagnosis of which was later amended, not included in notified cases above.

TABLE 45.

**NOTIFIABLE DISEASES (excluding Tuberculosis).
AGE AND WARD DISTRIBUTION OF INFECTIOUS DISEASES NOTIFIED DURING 1946 (excluding Tuberculosis)**

NOTIFIABLE DISEASE.	No. of cases notified in Barnsley during 1946										Total cases in each Ward.										Removed to Hosp.						
	At all Ages.	Under 1 yr.	1 yr. and under 3 yrs.	3 yrs. and under 5 yrs.	5 yrs. and under 10 yrs.	10 yrs. and under 15 yrs.	15 yrs. and under 25 yrs.	25 yrs. and over.	S. East Ward.	North Ward.	South Ward.	East Ward.	West Ward.	S. West Ward.	Arsley Ward.	Monk Bretton Ward.	Central Ward.	Carlton Ward.	St. Helen Hospital.	Limes Hostel.		Kendray Hospital.	Beckett Hospital.	Mount Vernon Sanatorium.	Kendray	St. Helen	
Scarlet Fever	204	1	11	27	95	44	15	11	22	21	11	14	25	10	38	30	13	16	—	—	1	2	1	174	—		
Diphtheria	41	2	7	5	6	2	13	6	4	1	3	5	2	2	12	5	1	1	1	—	4	—	—	40	—		
Pneumonia	161	14	25	12	22	13	10	65	29	13	3	19	6	10	41	26	8	3	3	—	—	—	—	17	3		
Cerebro-Spinal Fever	6	4	—	—	2	—	2	2	2	1	—	—	2	—	1	—	—	—	—	—	—	1	—	4	—		
Ophthalmia Neonatorum	4	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	1	—		
Erysipelas	24	—	—	—	—	—	2	22	6	1	—	3	3	1	8	1	1	—	—	—	—	—	—	7	—		
Puerperal Pyrexia	11	—	—	—	—	—	5	6	—	—	1	1	1	—	—	2	—	—	6	—	—	—	—	6	3		
Measles	170	24	35	54	53	2	1	1	68	5	28	13	7	18	19	4	6	2	—	—	—	—	—	4	—		
Whooping Cough	344	35	109	111	71	4	—	14	47	38	10	53	19	19	83	45	27	3	—	—	—	3	—	24	—		
Enteric Fever	4	—	—	—	1	1	—	2	1	2	—	2	—	—	1	1	—	—	—	—	—	—	—	4	—		
Malaria	7	—	—	—	—	—	2	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—		
Dysentery	20	4	3	3	2	—	5	3	—	1	—	—	4	—	1	—	—	—	—	1	13	—	—	16	—		
Totals	996	84	190	212	252	66	55	137	179	83	56	111	69	60	207	114	56	25	10	1	18	6	1	298	6		
8 cases notified as Scarlet Fever — diagnosis of which was later amended, not included in notified cases above.																											
8	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
4	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
10	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
1 case	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
3 cases	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
2	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
4	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
3	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
4	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	

8 cases notified as Scarlet Fever — diagnosis of which was later amended, not included in notified cases above.

8	"	Diphtheria	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
4	"	Pneumonia	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
10	"	Cerebro-Spinal Fever	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
1 case	"	Ophthalmia Neonatorum	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
3 cases	"	Erysipelas	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
2	"	Puerperal Pyrexia	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
4	"	Whooping Cough	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
3	"	Enteric Fever	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
4	"	Dysentery	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"

DIPHTHERIA.

49 cases of suspected Diphtheria were notified during the year, compared with 59 in the previous year.

Of these 49, 48 were admitted to Kendray Isolation Hospital and the clinical diagnosis was confirmed in 41 cases.

One death was recorded from Diphtheria in 1946, amongst the Barnsley residents. This is the first time in three years that a death from Diphtheria has been recorded in Barnsley.

DIPHTHERIA IMMUNIZATION.

The diminishing incidence of Diphtheria as well as lack of fatalities must be related to the Diphtheria immunization work and below is given the numbers of children immunized throughout the year :—

Children from 0—5 years	...	...	...	1,161
Children from 5—15 years	...	...	...	288

At the end of the year the percentage of children who had been immunized, and who were under 5 years of age was 80.64%, and in the age group 5—15 years at 92.9%.

SCARLET FEVER.

212 suspected cases of Scarlet Fever were notified during the year, compared with 154 in the previous year.

174 cases were admitted to Kendray Hospital and the clinical diagnosis was confirmed in 204 cases.

ENTERIC FEVER.

7 cases of Enteric Fever were notified and admitted to Kendray Isolation Hospital. Clinical diagnosis was confirmed in 4 cases only.

PNEUMONIA.

165 cases were notified compared with 160 in 1945. 17 cases were removed to Kendray Isolation Hospital and 3 to St. Helen Hospital.

In 4 cases the diagnosis was amended.

CEREBRO-SPINAL FEVER.

16 cases of Cerebro-Spinal Fever were notified. The diagnosis was confirmed in 6 cases.

PUERPERAL PYREXIA.

13 cases of Puerperal Pyrexia were notified. The diagnosis was confirmed in 11 cases. 6 cases were admitted to Kendray Isolation Hospital.

MEASLES.

170 cases of Measles were notified during the year, of which 4 cases were removed to Kendray Isolation Hospital.

WHOOPING COUGH.

348 cases of Whooping Cough were notified during the year. 24 cases were admitted to Kendray Isolation Hospital.

OPHTHALMIA NEONATORUM.

5 cases were notified during 1946, the diagnosis being confirmed in 4 cases. All recovered, there was no impairment of vision.

VACCINATION.

During the year 371 children were successfully vaccinated. There was a total of 920 certificates of exemption on conscientious grounds.

SPECIAL MEASURES TO DEAL WITH LOUSINESS.

There has been no departure from the routine as described in my Report for 1945.

SCABIES.

During the year the arrangement for the treatment of Scabies at the Public Baths and at the Medical Services Clinic was continued.

A total of 423 adults and 91 infants attended for treatment at the Public Baths.

520 school children were also treated.

The figures show a slight decrease as compared with those for 1945.

KENDRAY ISOLATION HOSPITAL.

Table 46 gives a summary of cases admitted, discharged and died, in the Kendray Isolation Hospital during the year 1946.

A total of 673 cases were admitted during 1946, compared with 575 in 1945. A total of 18 deaths occurred, one less than in the previous year.

One case of Diphtheria died.

There were no deaths due to Scarlet Fever.

The average daily number of patients in the Hospital, including Tuberculosis and Special Treatment patients, was 58.6.

DENTAL TREATMENT.**Summary of Work done at Kendray Hospital.**

Number of patients inspected and treated by Senior Dental Officer	...	3
Number of Visits made to the Hospital by Senior Dental Officer	...	3
Number of Extractions	...	3
Number of other operations	...	1

LUNDWOOD SMALLPOX HOSPITAL.

No cases were admitted during the year.

TABLE 46
KENDRAY HOSPITAL.
Cases Admitted, Discharged or Died for the Year ending December 31st, 1946.

NAME OF DISTRICT	Cases in Hospital, 1/1/1946.						Cases Admitted during 1946.						Cases Discharged during 1946.						Cases Died during 1946.						Cases in Hospital, 31/12/1946.						OPERATIONS 1946.									
	Miscellaneous.	Diphtheria.	Scarlet Fever.	Enteric Fever.	V.D. (Penicillin Treatment)	Total.	Miscellaneous.	Diphtheria.	Scarlet Fever.	Enteric Fever.	V.D. (Penicillin Treatment)	Total.	Miscellaneous.	Diphtheria.	Scarlet Fever.	Enteric Fever.	V.D. (Penicillin Treatment)	Total.	Miscellaneous.	Diphtheria.	Scarlet Fever.	Enteric Fever.	V.D. (Penicillin Treatment)	Total.	Miscellaneous.	Diphtheria.	Scarlet Fever.	Enteric Fever.	V.D. (Penicillin Treatment)	Total.	Lumbar Punctures	Angiograms	Excisions	Digital Removal of Nails	F.V. Exam.	Intubation of Air	No. Anesthetics	Local Anesthetics	General Anesthetics	
Barnsley C.B.C.	12	8	8	...	...	23	159	41	189	7	54	450	147	41	162	7	54	411	15	1	...	...	16	7	4	35	...	...	46	17	5	5	2	1	3	11	14	8	
Barnsley (T.B.)	32	...	...	...	...	32	79	...	...	...	...	79	85	...	...	...	...	85	2	...	...	...	2	24	...	...	...	...	24	...	...	...	...	...	...	...	...	...	...
Calworth U.D.C.	1	...	...	...	...	1	7	4	38	...	...	44	8	4	26	...	...	38	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...
Darfield U.D.C.	...	...	2	...	...	2	...	...	11	...	...	11	...	...	13	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dodworth U.D.C.	...	...	1	...	...	1	...	...	1	...	...	1	...	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Royston U.D.C.	...	2	1	...	...	3	...	2	24	...	...	26	...	4	19	...	...	23	...	...	...	...	...	...	...	...	6	...	6	...	...	...	...	...	...	...	...	...
Service Cases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Areas	...	1	...	...	...	1	29	...	...	...	...	82	61	80	...	...	...	82	62	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	46	5	12	...	...	63	274	48	258	7	86	678	270	50	222	7	86	635	17	1	...	...	18	81	4	48	...	...	83	20	7	7	2	1	3	13	16	11	

Daily Average Number of Patients ...	58.6
Daily Average Number of Nursing Staff ...	23
Daily Average Number of Domestic Staff ...	22.9
Total Daily Average Number of Residents ...	104.5

CAUSES OF DEATH.							Barnsley	Cadworth	Darfield	Dodworth	Royston	Service Cases	TOTAL
Broncho-Pneumonia	...	...	...	...	...	...	2	...	...	...	...	...	2
Pulmonary Tuberculosis	...	...	...	...	...	...	2	...	...	...	...	...	2
Broncho-Pneumonia and Whooping Cough	...	...	...	...	...	...	3	...	...	...	...	...	3
Tuberculous Meningitis	...	...	...	...	...	...	4	...	...	...	...	...	4
Cancer of Colon	...	...	...	...	...	...	1	...	...	...	...	...	1
T.B. Meningitis and Whooping Cough	...	...	...	...	...	...	1	...	...	...	...	...	1
Lymphatic Leukaemia	...	...	...	...	...	...	1	...	...	...	...	...	1
Whooping Cough and Bronchitis	...	...	...	...	...	...	1	...	...	...	...	...	1
Pneumococcal Meningitis	...	...	...	...	...	...	1	...	...	...	...	...	1
Diphtheria	...	...	...	...	...	...	1	...	...	...	...	...	1
Gastro Enteritis	...	...	...	...	...	...	1	...	...	...	...	...	1
							18	...	...	...	...	...	18

Average Number of Patients ... 58.8

Average Number of Nursing Staff ... 28

Average Number of Domestic Staff ... 22.9

Average Number of Residents ... 104.5

Cases Admitted

Cases in Hospital 1/1/1946	Total	Diphtheria	Scarlet Fever	Erysipelas	D. & T. (all types)	Cases Admitted during 1946					
						Measles	Total	Diphtheria	Scarlet Fever	Erysipelas	D. & T. (all types)
C.B.C.	13	8	8	...	...	147	147	...	...	...	...
B.)	32	...	...	...	...	79	79	...	...	...	...
U.D.C.	1	...	...	...	...	44	44	...	...	...	...
U.D.C.	...	...	2	...	...	11	11	...	...	...	...
U.D.C.	...	...	1	...	...	1	1	...	...	...	...
U.D.C.	...	2	1	...	...	28	28	...	...	...	...
...	...	...	...	...	...	1	1	...	...	...	...
...	1	...	...	...	...	61	61	...	...	...	...
...	48	5	12	...	...	88	88	...	...	...	...
...	274	48	258	...	...	7	7	...	...	...	...
...	63	274	...	...	...	270	270	...	...	...	...

TUBERCULOSIS.

REPORT ON THE WORK OF THE CLINIC FOR DISEASES OF THE CHEST.

I am indebted to Dr. J. J. Danaher who took up duty on the 4th November, 1946, as Clinical Tuberculosis Officer, for the following report :—

" The number of new cases (excluding contacts), investigated during the year was 186.

77 were found to be tuberculous, as compared with 67 out of a total of 246 (excluding contacts) in 1945, and 73 out of 245 cases in 1944.

129 contacts were investigated, out of which number 8 were found to be tuberculous, and 17 remain under close observation with, as yet, no definite diagnosis.

The names of 6 patients were removed from the Dispensary Register as recovered.

The number of patients on Dispensary Register at present :

(a) Definitely tuberculous	...	...	...	...	467
(b) Still under observation	...	...	...	...	32
No. of cases on Register at beginning of year	...	...	...	...	465
No. of cases transferred from other areas and cases returned after previous discharge as non-tuberculous	...	...	...	...	19
Cases written off as dead (all causes)	...	...	...	...	28
The total number of new cases seen during year was	...	...	...	...	315
In 1945 the number was	...	...	...	...	483

No. of cases restored to the Dispensary Register during the year, which had previously been removed from register as "Recovered" or "Non-Tuberculous" ... Nil.

Total No. of attendances at the Clinic during the year was...	2,756
As compared with 1945	2,987
As compared with 1944	4,279

The reduction in the number of attendances in 1946, compared with the number in 1945 and 1944, was due to many old cases who had been on observation, being discharged during the year, and to the fact that for part of the year, the X-ray Department at the St. Helen Hospital was closed owing to shortage of staff, with the result that cases had not to attend the Chest Clinic as frequently as was desirable.

Summary of Work of Chest Clinic for the Year ending December 31st, 1946.

	Attendances at Dispensary	Reports to Med. Practitioner	Visits by T.O. to homes	Nurses' Visits	Sputums Examined	X-ray	Contacts examined
1st Quarter	710	65	13	79	92	1211 pat- ie'ts 1315 films	36
2nd "	654	98	14	130	146		33
3rd "	701	85	24	115	175		50
4th "	691	86	23	147	85		31
TOTALS	2756	334	74	521	498		154

Where indicated patients were admitted to Mount Vernon Sanatorium, the Tuberculosis Department at Kendray Hospital, to Kirbymoorside Orthopaedic Hospital or Orthopaedic Hospital at Oswestry.

Memo 266/T (Tuberculosis Allowances) was utilised wherever possible and a sum of £3,122 6s. 3d., paid in Maintenance Allowances, £1001 7s. 10d., in Discretionary Allowances and £43 0s. 0d., in Special Payments—A total of £3,266 4s. 1d.

Rehabilitation.

Those patients who were considered fit to engage in work, other than as in their original occupations or trades were recommended to the local Ministry of Labour and National Service Authorities for advice and help.

These persons are offered a course of instruction at a suitable centre in the particular work considered suitable.

As far as possible a compromise is sought between the occupation desired by the patient and that considered suitable by the Clinical Tuberculosis Officer.

It may be of interest to note that amongst the male patients the position of chauffeur or that of lorry or van driver is by far the most popular, and are, of course not always either suitable or available.

In certain selected cases Ultra Violet Light Therapy was carried out at the clinic.

The reduction in some of the figures as compared with previous yearly reports is more apparent than real. During the year under review the cases, under observation and those whose diagnoses were not completed which were brought forward from 1945 were **not** regarded as **new** cases for purposes of this year's report.

Summary of Work of Chest Clinic for the Year ending December 31st 1946

Category	1945		1946		1947		1948	
	No.	%	No.	%	No.	%	No.	%
Admitted	710	55	13	75	121	52	131	58
Discharged	824	64	14	120	140	62	140	62
Deaths	301	24	24	118	175	78	1815	82
Still in hospital	681	53	23	145	85	38	131	59
Total	1716	100	74	621	406	181	1815	100

TREATMENT OF TUBERCULOSIS

Return showing the work of the Chest Clinic during the year 1946.

Diagnosis.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.		
	Adults.		Children.		Adults.		Children.		Adults.		Children.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
A—NEW CASES examined during the year (excluding contacts):															
(a) Definitely Tuberculous	85	22	1	3	2	7	5	2	37	29	6	5	77		
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	9	6	...	...	15
(c) Cases transferred to area	15	2	1	...	1	...	...	...	16	2	1	...	19
(d) Non-Tuberculous	...	...	...	...	...	...	...	...	84	69	21	12	186
B—CONTACTS examined during the year:															
(a) Definitely Tuberculous	3	3	...	2	...	...	...	...	3	3	...	2	8
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	8	4	2	3	17
(c) Non-Tuberculous	...	...	...	...	...	...	...	...	29	88	25	37	129
C—CASES written off the Chest Clinic Register as:—															
(a) Recovered	2	...	...	...	2	2	...	...	4	2	...	...	6
(b) Non-Tuberculous (including any such cases previously diagnosed and entered on the Chest Clinic Register as Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...
1945 obs. discharged	...	...	...	...	...	...	...	...	15	11	4	6	36
1946 obs. discharged	...	...	...	...	...	...	...	...	113	107	46	49	315
D—NUMBER OF CASES remaining on Chest Clinic Register:—															
(a) Definitely Tuberculous	170	98	28	85	22	31	58	30	192	129	81	65	467		
(b) Diag. not completed	...	...	...	...	...	...	...	...	17	10	2	3	32
1. Number of Cases on Chest Clinic Register at beginning of year															
465											4. Cases written off during the year as Dead (all causes)				28
2. Number of cases transferred from other areas and cases returned after previous discharge under head C															
19											5. Number of attendances at the Chest Clinic (including Contacts)				2756
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"															
50											6. Total Number of Recovered Cases restored to Register				...

MOUNT VERNON SANATORIUM.

During the year under review 114 patients were treated at Mount Vernon Sanatorium, 2 patients less than the figure for 1945.

While it is true that all available accommodation at the Sanatorium is seldom utilised to capacity it should be noted that "the huts" or chalets—are not always suitable for the housing of patients.

The weather, the degree of illness or perhaps the patients temperament are considerations which may contra-indicate the admission or transfer of persons to these chalets. In certain circumstances, therefore, there may be theoretical but not practical accommodation available. For instance, during severe weather patients normally using chalets have to be transferred indoors. Gross overcrowding ensues and further admissions are impossible.

The lack of suitable conditions for the admission of Observation Cases is frequently a serious problem. In many instances a period of observation on to known and controlled environment may be necessary for the assessment of doubtful cases of tuberculosis or other suspected chest diseases. The position at the Sanatorium in this regard is very unsatisfactory.

The prospect of having, during 1947, new heating facilities installed, is a very welcome one.

A modern sputum disposal plant remains an urgent necessity.

During the year the old X-ray and fluoroscopic plant was found to be inefficient and dangerous and so was abandoned. Arrangements have been completed for the installation of a new Fluoroscopic screen. The cubicle adjacent to the old treatment room is to be altered and appointed to its future use as a screening room.

At the X-ray dept. of St. Helen's Hospital, 92 X-ray films were taken for sanatorium patients while the Fluoroscopic screen was used 420 times.

At the laboratory at St. Helen's Hospital 454 sputum specimens were examined, while Erythrocyte sedimentation rate was estimated in 193 blood specimens.

Mr. Allison, Thoracic Surgeon, made periodic visits to the Sanatorium for consultation on selected cases.

The shortage of trained staff at Pinder Fields Hospital prevented the prompt admission and surgical treatment of many of our cases.

The possibility of a modest surgical unit being organised in Barnsley was investigated. Certain surgical procedures might be carried out here, leaving the limited number of available beds at Pinder Fields Hospital exclusively at the disposal of the more serious cases in which "heavy" surgery is proposed.

During the year under review the following cases were treated at Pinder Fields Hospital by Mr. Allison or Mr. O'Neill.

	Sex	Thoraco- plasty	Internal Pneumolysis	Cavity Drainage	Phrenic Interruption
Operations performed 1946	M	—	4	—	—
	F	2	2	—	—
Operations to be carried out as soon as possible. Delay due to staff short- age at Pinder Fields Hospital	M	10	4	—	—
	F	2	10	2	1

No children were treated at the Sanatorium. Gold Therapy was not employed. Of late this form of treatment has fallen into disrepute, authorities regard its value as very doubtful.

A number of patients "took their own discharges" during the year.

Lectures were given to members of the staff who propose to submit themselves for the Tuberculosis Association Certificate in 1947.

TABLE 48.

Details concerning Patients treated at the Sanatorium during 1946.

Classification	Sex	In Sanatorium 31/12/45	Admitted during 1946	Discharged during 1946	Died during 1946	In Sanatorium 31/12/46
A	M	—	5	2	—	3
	F	1	3	1	—	3
B1	M	3	2	3	—	2
	F	4	2	3	—	3
B2	M	10	15	19	—	6
	F	12	19	18	—	13
B3	M	7	9	3	8	5
	F	8	10	2	5	11
Observation	M	—	1	1	—	—
	F	—	1	1	—	—
Non-Pulmonary	M	—	—	—	—	—
	F	—	2	1	—	1
Total ...	M	20	32	28	8	16
	F	25	37	26	5	31
GRAND TOTAL		45	69	54	13	47

TUBERCULOSIS DEPT.—KENDRAY ISOLATION HOSPITAL.

This department proves an invaluable help in the control of tuberculosis in children in Barnsley. Shortage of trained staff prevented the admission of several cases which would normally be kept under observation in a controlled environment.

It is of interest to note the preponderance of female over male cases. There were two cases of Pleural Effusion in children aged 9 years and 11 years, both female. Five instances of so-called Epi-tuberculosis were treated. The majority of those cases coming under the heading of "Primary Pulmonary" were seen to have grossly enlarged hilar glands.

Six adults, all females, were also treated. One case was that of severe Tuberculous Broncho-Pneumonia in a girl aged 16 years. This patient was acutely ill and was transferred from Mount Vernon Sanatorium to an observation room in the Tuberculosis Dept. at Kendray Hospital. The severe weather prevailing at the time of transfer was the overriding consideration and the relative comfort and privacy of an observation room with a fire was considered the principle factor in the surprising improvement which followed.

Another adult patient was transferred from Mount Vernon Sanatorium. This girl, aged 27 years, had severe progressive disease. An artificial Pneumothorax was induced. She was subsequently ear-marked for Internal Pneumolysis but while awaiting accommodation at Pinder Fields Hospital developed a Spontaneous Pneumothorax. It was found necessary to remove air from her Pleural cavity at frequent intervals—2 hourly for almost 3 days. In all air was removed 23 times. She was very lucky in avoiding the serious complications so likely to arise in such a case. She made a rapid recovery from her accident, but subsequently took her own discharge in spite of emphatic advice to the contrary.

One 22 year old female was seen at the Tuberculosis Dispensary, she was 6 months pregnant and Radiography showed an Assmanas Focus in her left infra clavicular area. There was no suitable accommodation at Mount Vernon Sanatorium where she might be observed. She was admitted to Tuberculosis Dept. Kendray Hospital. Fortnightly radiographs suggested Rarefaction of the Assmanas focus and an L.A.P. was induced.

The relaxation collapse was most satisfactory and the patient remained until her confinement and for six weeks afterwards. She is doing very well despite the very serious prognosis when first seen.

One adult was admitted with Tuberculous Peritonitis. There was no suitable accommodation at the Sanatorium. Two daughters of this woman were patients in the Dept. during the year under review.

One 18 year old student nurse developed Erythema Nodosum. Six months previously her mantoux test was negative. When the Erythema was first seen a Mantoux test (P.P.D.I.) showed a very highly sensitive positive re-action with vesiculation followed by an area of necrosis. A radiograph showed a markedly enlarged right hilar shadow. Her Erythrocyte sedimentation rate was markedly raised. Auxillary pain suggests the possiblity of Pleuritis in the near future.

TABLE 49.

TUBERCULOSIS DEPT. KENDRAY HOSPITAL.—REPORT FOR 1946.

Classification	Sex	In Dept. 31/12/45	Admitted during 1946	Dis- charged 1946	Died 1946	In Dept. 31/12/46
Observation ...	M	1	1	2	—	—
	F	1	4	5	—	—
Primary Pulmonary ...	M	1	6	5	—	2
	F	1	23	8	—	16
Cervical Adenitis ...	M	—	4	4	—	—
	F	3	11	10	—	4
Mesenteric Adenitis ...	M	1	—	1	—	—
	F	1	4	5	—	—
Tuberculosis Peritonitis ...	M	—	—	—	—	—
	F	—	2	2	—	—
Bones and Joints ...	M	—	—	—	—	—
	F	1	—	1	—	—
Other Regions	M	—	—	—	—	—
	F	1	4	4	—	1
Total ...	M	3	11	12	—	2
	F	8	48	35	—	21
GRAND TOTAL		11	59	47	—	23

DENTAL TREATMENT.

I am indebted to Mr. J. K. Penney for the following report on the Dental Work done at the Sanatorium.

The Mount Vernon Sanatorium has been visited and all patients inspected as a routine. Treatment was given as far as possible and arrangements made for further treatment at the Medical Services Clinic when inmates become well enough to attend.

TABLE 50.

**WORK DONE BY THE DENTAL DEPARTMENT AT THE MOUNT
VERNON SANATORIUM.**

No. of patients inspected and treated	...	...	...	...	...	92
No. of visits made by patients	...	...	...	...	...	7
No. of Visits made to the Sanatorium	...	...	...	...	...	11
No. of Fillings	...	...	...	...	...	None
No. of Scalings	...	...	...	...	...	4
No. of Extractions	...	...	...	...	...	22
No. of other operations	...	...	...	...	...	93

TABLE 51.
TUBERCULOSIS.

New Cases and Deaths.
CLASSIFIED INTO AGE GROUPS.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 years	...	...	1	...	...	..	1	...
1—5 ..	1	1	3	...	...	...	1	...
5—10 ...	...	2	1	2	...	...	...	...
10—15 ...	1	1	2	2	...	...	...	1
15—20 ..	6	7	1	2	...	1	...	2
20—25 ...	5	18	...	...	...	3	...	...
25—35 ..	17	12	2	2	1	10	...	...
35—45 ...	10	8	1	1	3	...	...	...
45—55 ...	9	...	...	1	2	...	...	...
55—65 ..	12	...	...	...	7	2	...	...
65 and upwards	2	...	...	1	2	...	...	...
Totals ...	68	89	11	11	15	16	2	3

TABLE 52
TUBERCULOSIS DEATHS.

PERIODS BETWEEN NOTIFICATION AND DEATH.

4 cases died within 1 week
 2 cases died within 2 weeks
 1 case died within 3 weeks
 2 cases died within 1 month
 1 case died within 2 months
 1 case died within 3 months
 1 case died within 5 months
 1 case died within 9 months
 1 case died within 10 months
 1 case died within 11 months
 6 cases died within 2 years
 3 cases died within 3 years
 4 cases died within 5 years
 1 case died within 6 years
 1 case died within 10 years
 1 case died within 13 years
 5 cases were not notified

36 cases

TABLE 53
TUBERCULOSIS—NOTIFICATIONS AND DEATHS
For 12 Years.

Year.	Pulmonary.			Other Forms of Tuberculosis.			Total Tuberculosis Death Rate.
	Notified	Died.	Death Rate per 1000 living.	Notified.	Died.	Death Rate per 1000 living.	
1935	65	37	0.52	131	10	0.14	0.66
1936	97	40	0.57	188	2	0.03	0.60
1937	106	44	0.61	68	11	0.16	0.77
1938	65	33	0.45	42	10	0.14	0.59
1939	61	34	0.47	45	4	0.06	0.53
1940	75	49	0.79	35	9	0.13	0.92
1941	72	34	0.49	43	9	0.13	0.62
1942	84	29	0.43	44	10	0.14	0.57
1943	101	35	0.52	30	6	0.09	0.61
1944	108	30	0.44	35	4	0.06	0.50
1945	76	45	0.65	25	6	0.08	0.73
1946	102	31	0.43	22	5	0.07	0.50

TABLE 54.

TUBERCULOSIS.

U.V. LIGHT REPORT—1st January to the 31st December, 1946.

CHILDREN OF SCHOOL AGE.

CHEST CLINIC.

Diagnosis	Boys	Girls	Total No. of Patients treated	Total No. of Treatments Given
Tb. Spine	—	—	—	—
Tb. Neck Glands	8	5	13	439
Tb. Abdomen	1	3	4	70
Observation	4	2	6	229
TOTAL	13	10	23	738

CHILDREN UNDER SCHOOL AGE.

Diagnosis	Boys	Girls	Total No. of Patients treated	Total No. of Treatments given
Tb. Spine	—	—	—	—
Tb. Neck Glands	—	1	1	6
Tb. Abdomen	—	—	—	—
Observation	—	2	2	50
TOTAL	—	3	3	56

ADULTS.

Diagnosis	Men	Women	Total No. of Patients treated	Total No. of Treatments given
Lupus of face	1	2	3	109
Tb. Spine	—	—	—	—
Tb. Neck Glands	1	4	5	271
Tb. Abdomen	—	2	2	126
Observation	—	1	1	32
TOTAL	2	9	11	538

VENEREAL DISEASES.

I am indebted to Dr. J. J. Danaher for the following report :—

VENEREAL DISEASES.

The number of cases discharged after completion of treatment and Tests for cure, or after diagnosis of non-venereal conditions was 149, compared with 96 in 1945.

The number of cases defaulting, from all causes, was 423, compared with 365 in 1945.

The number of cases remaining under treatment or under observation on 31/12/1946 was 431, compared with 460 in 1945.

The number of cases of Syphilis which failed to complete **one** course of treatment on either Arsenic, Bismuth, or Penicillin, was 18, compared with 20 in 1945.

NUMBER OF ATTENDANCES DURING THE YEAR.

(a) For individual attention of Medical Officers, as compared with the previous year was :—

	1946		1945	
	Male	Female	Male	Female
Syphilis	3,114	2,870	2,801	2,671
Gonorrhœa	2,034	1,141	2,176	841
Non-venereal Diseases ...	825	303	405	238
Total	5,973	4,314	5,382	3,750
GRAND TOTALS ...	10,287		9,132	

(b) For Irrigations, Dressings, Penicillin Injections, etc.

	1946		1945	
	Male	Female	Male	Female
Syphilis	223	52	106	46
Gonorrhœa	4,279	941	7,161	616
Non-Venereal Diseases ...	320	149	333	197
Totals	4,822	1,142	7,600	859
GRAND TOTALS ...	5,964		8,459	

The Grand total number of attendances at the centre was therefore, 16,251 in 1946, compared with 17,591 in 1945.

The total number of Persons admitted to the Kendray Isolation Hospital for Penicillin treatment during the year was 76, as compared with 24 in 1945.

The average number of "In-patient days" treatment given at the Kendray Hospital was 405, in 1946, compared with 120 in 1945.

The number of cases treated with Penicillin was 480, compared with 303 in 1945.

Pathological Work.

(a) The number of specimens examined at and by the Medical Officers of the Treatment Centre was 1,301, as compared with 1,440 in 1945.

(b) The number of specimens from Treatment Centre Patients sent to approved Laboratory was 4,538 in 1946, compared with 2,860 in 1945.

The number of cases under treatment or observation on 1/1/46 was 460—277 males and 183 females.

On the corresponding date in 1945 the figure was 440—252 males and 188 females and on 1/1/44 436 in all—191 males and 245 females.

Of those cases removed from the Register during any previous year, 84 returned for observation and treatment of the same infection—39 males and 45 females.

The number of cases dealt with for the first time during 1946 was 87—compared with 70 for 1945.

A sharp increase in the incidence of early syphilis is noted in males, as compared to a moderate decrease in that of females.

In Secondary and Latent disease, there is a considerable rise in the number of females, the position of males remaining stationery.

Some reduction in the number of "late" cases is noted, while the figures for attendance of congenital cases remains little changed.

No case of soft sore attended during the year.

A reduction in incidence of Gonorrhœa cases is noted. This reduction embraces the numbers in each sex group and in both "early" and "late" cases.

The increase in attendance for investigation of conditions subsequently found to be non-venereal, might be construed as a sign that the propaganda campaign against Venereal Disease is becoming more influential.

Of those cases known to have been under observation and treatment at other centres, Service Hospitals or by General Practitioners approved under Ministry of Health Circular 2226, 71 presented themselves for observation and treatment.

Female Patients.

The principal non-venereal condition was seen to be *Trichomonas Vaginalis* infection. Several cases of Monilial infection were also noted. A number of cases showed purulent vaginal discharges, of the chronic variety, where repeated and careful Bacteriological investigation failed to reveal the organism involved.

A female child aged eleven years was admitted to Kendray Isolation Hospital with Septicæmia. She was very ill with well defined peritonitis, and suffering from frequent rigors. A purulent Vaginal discharge showed Gonorrhœa infection. Saline infusions, sulphonamide and Penicillin therapy controlled this condition, after a very stormy ten day period. Careful examination revealed no signs of "criminal interference". The child's parents and sisters were examined and were found healthy. Everybody concerned were carefully questioned, but the source of infection was not determined.

Males.

Two cases of *Trichomonas* infection were seen. Several cases of non-specific urethritis responded to sulphonamide therapy—at least the discharge ceased after a short course of sulphadiazine—no organism was discovered.

Penicillin was found to be a very useful addition to the time-honoured line of treatment for Syphilis, but it remains an addition. Penicillin alone has been proved insufficient in many cases and in order to be sure all authorities advise adherence to the Arsenic-Bismuth variations. The combination of the new and old regimes promises very satisfactory results with a marked shortening of the time factor. It is too soon as yet for pontification in this regard but the future seems full of promise. Penicillin gives, in all but extremely rare cases, dramatically good results in the treatment of Acute Gonorrhœa. There is, however, a danger that a double infection with both Syphilis and Gonorrhœa may have been simultaneously acquired, in which case Penicillin may cure the Gonorrhœa and merely mask the Syphilis. The Syphilis may reveal itself several months later than would normally transpire and then in a chronic form. Authorities advise caution in its use for Acute Gonorrhœa and suggest that the sulphonamides and routine therapy be utilised to the full before bringing Penicillin to bear on this stage of the disease. If it is used, monthly blood examinations for Syphilis should be carried out for a period of at least eight months.

In Chronic Gonorrhoea results with Penicillin vary and on the whole appear disappointing.

The danger of incautious use of Penicillin was noted in a number of Service cases who were found to have blood tests proving the presence of Syphilis, several months after having been liberally treated with Penicillin alone. These cases had been treated in the early or relatively early stages of Syphilis and showed "Positive Bloods" either for the first time or as a relapse in positivity.

The oily suspension of Penicillin has to a marked degree replaced the aqueous preparation in the treatment of Venereal disease. Efforts are now being made to increase the unitage per C.C. of this preparation. This would be an important advance as injections of such oily solutions are painful in direct proportion to the amount injected.

The number of 'defaulters' remains high. During the year under review one of the female patients ceased attending for treatment before directed to do so. She was later prosecuted and sentenced to detention in an institution where treatment might be carried out without interruption. A brief account of this trial and its result was published in the Press. As a result of this publication nine men presented themselves at the Special Treatment Centre for examination. So far, three have been proved to have contracted Syphilis and two, Gonorrhoea. The observation of the others proceeds.

The treatment of certain types of Syphilis by intensive Penicillin treatment in hospital has proved very satisfactory. The wards at Kendray Isolation Hospital provided for this therapy have been utilised as much as the shortage of trained staff permitted.

An incubator was installed at the special treatment centre during the year. It is used for cultures during the "tests for cure" periods in the treatment of Gonorrhoea. Certain associated equipment has not yet been delivered and so the incubator can not be used to the extent desired.

A refrigerator for the storage of culture materials and Penicillin remains an urgent necessity.

A new 'dark ground' outfit, long on order, has not yet been delivered at the time of writing.

It is hoped that when the Public Health Dental Personnel is augmented a special dental clinic for special treatment patients will be organised. Patients on "heavy metal" therapy need periodic dental overhaul. It is too much to expect that every syphilitic patient will inform his private dental practitioner of his disease if for no other reason than the belief that the dentist may decline to treat them. On the other hand, it is unfair to the dentist, who not knowing the facts, may run the risk of accidental infection, or in occasional instances injury to his practice.

Eighteen cases were reported under Regulation 33B.

The Venereal Diseases visitor paid visits to 203 cases who had ceased attendance during the year. Six cases which had been reported on Form 1. (Regulation 33B) were persuaded to attend the clinic for examination. In one case the patient ceased attendance after several treatments. Four cases who had been reported on two Forms 1, were served with the notice required under the Regulations and attended for examination and are under treatment.

The Visitor finds that the most difficult cases are those patients with children who also should be receiving regular treatment and that they are invariably non-attenders.

The excuse for non attendance is very frequently given as "inclement weather, poor transport conditions and so on".

During 1947 it is hoped that the visitor will be able to devote more time to the visitation of defaulting patients with a view to securing their more frequent attendance at the Clinic.

BLIND WELFARE SERVICES.

I am indebted to Mr. A. Henshaw, the Assistant Supervisor, for the following report :—

BLIND POPULATION.

The numbers of registered blind persons under the care of the Department and a comparison with previous years are as follows :—

	1946	1945	1944	1943	1942
BARNSELY C.B. CASES ...	150	158	165	160	153
WEST RIDING C.C. CASES	311	329	342	344	359

In the Barnsley area, 10 new cases were registered and 5 cases from outside areas removed into the Borough. There were 23 deaths amongst those previously registered, making a net decrease of 8.

In the West Riding area, 27 new cases were registered and 2 cases removed into the area; 40 deaths occurred amongst those previously registered, 2 cases were de-certified and 5 cases removed out of the area, making a net decrease of 18 for the year.

It will be observed from the above figures that "Blindness" is apparently on the decrease. 10 new cases against 23 deaths in Barnsley and 27 new cases against 40 deaths in the West Riding area. This decrease is general throughout the country.

CATEGORIES—	BARNSELY.	WEST RIDING C.C.
(a) Unemployable ...	114	266
(b) Employable but unemployed...	8	14
(c) Trained but unemployed ...	—	1
(d) Employed ...	9	13
(e) In Blind Home ...	3	2
(f) At School ...	5	1
(g) In training ...	1	—
(h) In Social Welfare Institutions	7	7
(i) In Mental Institutions ...	3	3
(k) Below 5 years of age ...	—	4
	150	311

AGE GROUPS.	BARNSELY.		WEST RIDING C.C.	
	M.	F.	M.	F.
Under 5 years ...	Nil.	Nil.	—	3
5—16 years ...	3	5	1	2
16—40 years ...	7	4	17	18
40—65 years ...	35	24	48	67
Over 65 years ...	39	33	70	85
	84	66	136	175

OCCUPATIONS—	BARNSELY.		WEST RIDING C.C.	
Hosiery Knitters ...	—	3	—	2
Newsvendor ...	1	—	—	—
Organiser ...	1	—	—	—
Basket Maker ...	1	—	—	—
Home Teachers ...	2	—	—	—
Boot Repairers ...	—	—	3	—
Braille Copyist ...	—	—	1	—
Typist ...	—	—	—	1
Piano Tuner ...	—	—	4	—
Switchboard Operator ...	—	—	1	—
Industrial ...	—	—	1	—
Masseur ...	1	—	—	—
	6	3	10	3

EMPLOYMENT OF BLIND PERSONS.

Employment of blind persons is one of the most satisfactory features of blind welfare services. Whenever work is obtained for even one blind person, it is felt that something has been done worth doing. It will be noted from the above tables that the scope and type of employment for the blind is being extended, if only gradually, *e.g.*, Home Teaching, Typing, Switchboard operating, Capstan Lathe Operator and Masseur.

All the above are employed through schemes fostered by the local authorities except four; one by the Ministry of Labour as Telephone Switchboard operator, one by a local engineering firm, as Lathe Operator and one by the Beckett Hospital as Masseur. The two latter being ex-service men and trained by St. Dunstan's, the fourth is employed as a news vendor.

HOMES FOR THE BLIND.

A number of blind persons are unavoidably having to spend their last years of life in institutions as will be seen from the above Table. Whenever possible accommodation has been obtained in Homes for the Blind where the environment is more suitable for blind persons.

In other cases applications have been made to the Housing Department for bungalows for aged people and these have always received sympathetic consideration.

FINANCIAL NEEDS.

Under the National Insurance Act 1946, Blind Pensions have been increased from 10/- per week to 26/- per week for men and widows and to 16/- per week in other cases.

During the year the Council have also amended their scales of financial assistance, and supplemented the above pensions as follows:—

Single person	...	...	Income made up to	38/6	per week.
Blind man and sighted wife	"	"	"	50/-	"
Blind couple	"	"	"	70/-	"
Plus actual rent up to 15/- per week in the case of householder and 3/- per week coal allowance in the winter months.					

These scales go a long way towards alleviating financial worry which unfortunately added to the misfortune of the blind in past years.

SOCIAL ACTIVITIES.

The premises at Pitt Street provide a Social Centre for those whose disabilities do not compel them to remain indoors all the time.

Social centres are also provided at Wombwell and Hoyland. These centres are well attended and very much appreciated.

Hiking and rambling parties have also been arranged from time to time and these have been enjoyed very much.

The above activities have also been supplemented by the provision of seaside and country outings, etc. organised by the Barnsley and District Joint Blind Welfare Committee.

HOME VISITING SERVICES.

Four Home Visitors to the blind are normally employed in the department, but at the early part of the year two vacancies existed. These were filled in March by the appointment of Mrs. Joan Siddons and a registered blind person, Mr. Hubert V. Davis as Student Home Teachers and Visitors.

Some details of the services rendered by Home Teachers are shown by the Table appended herewith:—

	Attend- ance at Social Centres	Handi- craft Classes	Braille Lessons	Home Visits
Miss E. I. Mitchell	70	38	—	849
Mr. John Moore	60	—	10	1,647
Mrs. J. Siddons	51	29	—	1,033
Mr. H. V. Davis	28	29	8	1,333

These social centres and systematic visits are very much appreciated, providing opportunities for giving advice on personal matters, and rendering practical assistance in many ways.

PREVENTION OF BLINDNESS.

In addition to the registration of Blind Persons and Welfare Services for the Blind, the department is also concerned in preventative measures by systematic examination of border line cases by Ophthalmic Surgeons, provisions of spectacles to needy cases and medical attention.

In this respect acknowledgement is made of the services of Dr. E. G. Mackie and Dr. E. Hatherley, the surgeons responsible for the examination of all Barnsley cases.

MENTAL DEFICIENCY.

MENTAL DEFICIENCY.

There were 129 cases under Statutory Supervision at the end of the year—62 males and 67 females.

OCCUPATIONAL CENTRE.

The work of the Occupational Centre has continued throughout the year. The number on the register at the end of the year was 32—20 girls and 12 boys.

The classes for girls of all ages and boys under 16 are held on Monday, Tuesday and Thursday afternoons 1-30—4-0 p.m. The class for older boys is held on Friday afternoons.

The centre provides social interests and handwork and activities are graded in accordance with the limited capacity for learning of the pupils. Various kinds of handwork are taught and the patients make useful articles and simple garments for themselves.

The home teaching of patients who for physical or other reasons cannot attend the Centre has been continued, and we have found that parents have much appreciated this service.

An arrangement has been made whereby the garden at the Blind Welfare Department can be used during the coming year for some instruction in gardening for the older boys.

Miss Gavin the Board of Control Inspector visited the Centre on the 17th October and the older boys class and some home teaching cases on 29th November.

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