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Contributors

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COUNTY BOROUGH OF BARNSELY

REPORT
OF THE
MEDICAL OFFICER
OF HEALTH

For the Year 1947



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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 :

" *Hæc olim te meminisse juvabit* " (One day it will rejoice you to call to mind these things). With these words Aeneas rallied and encouraged his men during their long journey from the shores of Troy to Italy where they or their descendants founded Rome. At some future date, Mr. Chairman, you yourself and the Committee may similarly look back on the events and difficulties of each year, and to refresh memory when that time comes, you may find help in the successive Annual Reports of your Medical Officers of Health—that for 1947 I now have the honour to present.

It will be recalled that earlier provisional reports were issued on each Section of the Committee's work—in January last—whilst the events of the year were still fresh in mind. In this way current interest was retained. Reviewing the year as a whole, the most outstanding event was the outbreak of Smallpox, to which a lengthy section of the report is devoted. In the field of epidemiology, the other notable feature was the outbreak of Poliomyelitis—Barnsley was in a part of the country which was subject to heavy infection, but the number of cases in the town appears relatively low.

Administratively, the matters which have most engaged time and thought have been the preparation of the schemes for carrying out our future duties under the National Health Service Act, 1946. In preparing our schemes we have reviewed in detail our existing arrangements for the care of mothers and young children, health visiting, domiciliary midwifery, home help, and after-care, and have submitted our proposals for carrying out our future duties under the Act. Amongst our fresh duties will be that of providing a Home Nursing Service.

This is the last full year for which the Corporation will be responsible for its hospitals and allied services—full reports on each section of these services appear under the appropriate headings.

In writing a preface, there is perhaps a tendency to emphasize the high-lights of the past year, though much of the real work of the department is in the shadow—unspectacular, unpublicised, but equally important to the year's working. To preserve the balance, therefore, let us recognise the efficient way in which the Domiciliary Midwives took over the extra burden when St. Helen Hospital maternity accommodation was not available for some four weeks, following the outbreak of Smallpox. Similarly when we look at the Maternity and Child Welfare and Health Visiting sections of the report, let us not think of them as inert numbers—instead, let us consider them as the record of the interviews so patiently given by the Health Visitor, the words of explanation, advice or mere friendliness that mean so much to the mother.

As you will be aware, I am leaving towards the end of the present year, and this will be my only report, serving as both "*Ave atque vale* "

C. GRANT NICOL,
Medical Officer of Health

Public Health Department,
Town Hall,
Barnsley.

12th/August/1948.

SECTION A.

STAFF.

The following changes in staff occurred in 1947 :—

MEDICAL OFFICER OF HEALTH :

Dr. J. Tudor Lewis	...	...	...	...	terminated 5/1/47.
Dr. C. Grant Nicol	...	...	...	...	commenced 29/1/47.

ASSISTANT MEDICAL OFFICERS OF HEALTH :

Dr. E. Snell	...	...	...	...	terminated 31/7/48.
Dr. P. J. Moroney	...	...	...	...	commenced 13/8/47.

ST. HELEN MUNICIPAL GENERAL HOSPITAL :

RADIOGRAPHER :

Miss M. Harrott	...	...	...	...	commenced 1/1/47.
Miss M. E. Betterton	...	...	...	...	terminated 31/10/47.
					commenced 1/12/47.

KENDRAY ISOLATION HOSPITAL :

NURSING STAFF :

ASSISTANT MATRON :

Miss M. Johnson	...	...	...	...	commenced 1/1/47.
					terminated 16/11/47.

CLERICAL STAFF :

Miss B. Dunn	...	...	...	...	terminated 19/1/47.
Miss H. Gummerson	...	...	...	...	commenced 7/1/47.
					terminated 9/11/47.
Miss E. Wigglesworth	...	...	...	...	commenced 20/10/47.

HEALTH VISITORS AND SCHOOL NURSES :

*†Miss J. Witty	...	...	...	...	commenced 1/4/47.
*†Miss H. Walker	...	...	...	...	terminated 8/2/47.
*†Miss N. Bruce	...	...	...	...	terminated 28/12/47.

DEPARTMENTAL STAFF NURSES :

*Miss D. Allen	...	...	...	...	terminated 31/3/47.
*†Mrs. A. Metcalfe	...	...	...	...	commenced 14/4/47.
*†Mrs. K. E. Hinchcliffe	...	...	...	...	commenced 5/5/47.
					terminated 23/8/47.
*†Miss E. A. Hazelhurst	...	...	...	...	commenced 2/6/47.
*†Miss J. Bellamy	...	...	...	...	commenced 1/9/47.
*†Mrs. H. Gough	...	...	...	...	terminated 30/9/47.
*†Mrs. E. M. Greasley	...	...	...	...	terminated 30/9/47.
*†Mrs. A. Sugden	...	...	...	...	commenced 6/10/47.

HEALTH VISITOR TRAINEES :

*†Mrs. H. Gough	...	...	...	...	commenced 1/10/47.
*†Miss J. W. Brigham	...	...	...	...	commenced 1/10/47.
*†Miss I. S. Hawcock	commenced 1/10/47.

PRE-NURSING STUDENT :

Miss D. P. Tutill	commenced 27/10/47.
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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 :—

	MALES			FEMALES			TOTALS		
	Wholly Unemp.	Tempy. Stpd.	Total	Wholly Unemp.	Tempy. Stpd.	Total	Wholly Unemp.	Tempy. Stpd.	Total
13/1/47.									
Ages :									
21 and over	741	17	758	124	4	128	865	21	886
18—20	19		19	7		7	26		26
8/12/47.									
Ages :									
21 and over	398	39	437	27	3	30	425	42	467
18—20	11		11	1		1	12		12

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

			Total	Males	Females	Birth Rate per 1,000 Population = 22.59
LIVE BIRTHS :						
Legitimate	...	...	1,571	824	747	
Illegitimate	...	...	92	50	42	
TOTAL	...	...	1,663	874	789	

						Rate per 1,000 Live and Still- Births = 24.63
STILL BIRTHS :						
Legitimate	...	...	36	17	19	
Illegitimate	6	5	1	
TOTAL	42	22	20	

DEATHS	875	484	391	Death Rate per 1,000 Population = 11.88
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DEATHS FROM PUEPERAL CAUSES.

				Number	Rate per 1,000 Total Live and Still Births.
Puerperal Sepsis	...	...	...	—	—
Other Maternal Causes	...	...	...	2	1.17
				2	1.17

DEATHS OF INFANTS UNDER ONE YEAR OF AGE :

All Infants—Rate per 1,000 live births	...	...	...	43
Legitimate Infants—Rate per 1,000 legitimate live births	...	...	...	44
Illegitimate Infants—Rate per 1,000 illegitimate live births	...	...	...	33

ANALYSIS OF VITAL STATISTICS.

1. The estimated population in 1947 was 73,600, an increase of 1170 over the the estimated figure of 72,430 in 1946.
2. The number of live Births in Barnsley in 1947 was 1,663, comprising 874 males and 789 females, the corresponding figure for the preceding year being 1,555, of whom 825 were males and 730 females.
The figures for 1947 gives a birth rate of 22.59 per 1,000 population, compared with 21.47 for the preceding year, and 19.9 in 1945.
The rate for England and Wales was 20.5 and for the Great Towns 23.3.
3. The total number of deaths in 1947 was 875, compared with 852 in 1946. This gives a death rate of 11.88, compared with 11.76 in 1946. This compares with 12.0 for England and Wales, and 13.0 for the Great Towns.
4. The Maternal Mortality rate in 1947 was 1.17 per 1,000 total births, live and still, compared with 0.63 in 1946, and for the country as a whole 1.17.
During the year in question, two mothers from Barnsley lost their lives from causes attributable to childbirth.
5. The Infant Mortality rate for the year was 43, compared with 39 in the preceding year and 56 in 1945.
The rate for the country as a whole was 41, and for the Great Towns 47.
The figures for Barnsley showed a slight recession from last year.
Fuller analyses of the principal causes of infant deaths appear elsewhere in the report, but here it may be mentioned that last year 7 deaths were attributable to Bronchitis and Pneumonia whilst this year the figure has increased to 21. The other substantial rise is that the deaths in 1946 from Diarrhoea totalled 6 whilst in 1947 this figure was 10.
Further, the principal rise in each case was in the period 1—12 months, the neo-natal figures being not greatly different from those for 1946.
6. 121 persons died from Cancer in 1947, compared with 108 in 1946.
7. Respiratory Diseases were responsible for 112 deaths as compared with 106 deaths in 1946.
As previously stated, 21 of these deaths occurred in the first year of life, and, as in former years, the greater number of the remaining deaths occurred in the later years of life—45 onwards.
8. Heart Disease accounted for 240 deaths, a definite increase on the preceding year's figures of 218, while intra-cranial vascular lesions accounted for 85 deaths, being a decrease of 11 compared with 1946.
Of the deaths from Heart Disease, 169 occurred in the age-group 65+, and 70 from intra-cranial vascular lesions occurred in the like age-group.
Perhaps one gets a truer picture of the incidence of heart disease if one bears in mind that it is a mode of dying rather than a cause of death in the case of so many of the cases contributing to our figures.
9. Infectious Diseases showed a marked increase, 1611 cases being notified as compared with 996 cases in 1946. 931 notifications related to Measles, 206 to Whooping Cough, 202 to Scarlet Fever and 150 to Pneumonia, the figures for 1946 being :—
Measles 170, Whooping Cough 344, Scarlet Fever 204.
Amongst unusual features to which reference appears subsequently in another section of the report, 18 cases of Smallpox were notified and 15 of Poliomyelitis and Encephalitis.
During the year there were 3 deaths from Smallpox, no death from Poliomyelitis or Encephalitis, and no death from Diphtheria.
10. Tuberculosis and Venereal Diseases are discussed separately under the appropriate sections of the report. No substantial change occurred in the numbers of notifications received in respect of these two groups of disease.

TABLE 1.

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality, and Case rates for certain Infectious Diseases in the year 1947, 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 Administrative County
Rates per 1,000 Civilian Population					
BIRTHS—					
Live ...	22.59	20.5	23.3	22.2	22.7
Still ...	0.57	0.50	0.62	0.54	0.49
DEATHS—					
All Causes ...	11.88	12.0	13.0	11.9	12.8
Typhoid and Paratyphoid fevers ...	0.00	0.00	0.00	0.00	0.00
Scarlet Fever ...	0.00	0.00	0.00	0.00	0.00
Whooping Cough ...	0.04	0.02	0.03	0.02	0.02
Diphtheria ...	0.00	0.01	0.01	0.01	0.01
Influenza... ...	0.04	0.09	0.09	0.08	0.08
Smallpox ...	0.04	0.00	0.00	0.00	—
Measles ...	0.00	0.01	0.02	0.02	0.01
Rates per 1,000 live Births					
Deaths under 1 year of age	43	41	47	36	37
Deaths from Diarrhoea and Enteritis under 2 years of age ...	6.01	5.8	8.0	3.7	4.8
Rates per 1,000 Civilian Population					
NOTIFICATIONS—					
Typhoid fever ...	0.01	0.01	0.01	0.00	0.01
Paratyphoid Fever ...	0.00	0.01	0.01	0.01	0.01
Cerebro' Spinal Fever ...	0.21	0.05	0.06	0.05	0.05
Scarlet fever ...	2.74	1.37	1.54	1.37	1.31
Whooping Cough ...	2.80	2.22	2.41	2.02	2.80
Diphtheria ...	0.21	0.13	0.15	0.14	0.14
Erysipelas ...	0.38	0.19	0.21	0.18	0.22
Smallpox... ...	0.24	0.00	0.00	0.01	0.00
Measles ...	12.65	9.41	9.13	9.58	5.29
Pneumonia ...	2.03	0.79	0.89	0.68	0.64
Rates per 1,000 Total Births (Live & Still)					
(a) NOTIFICATIONS—					
Puerperal fever ...	4.69	7.16	8.99	6.27	1.21
Puerperal pyrexia ...					6.94
England and Wales—					
(b) MATERNAL MORTALITY—	Abortion with Sepsis	Abortion without Sepsis	Puerperal Infections	Other Maternity Causes	
	0.10	0.06	0.16	0.85	
Barnsley—					
	0.00	0.00	0.00	1.17	
Mortality per million women, age 15-45.					
			With Sepsis	Without Sepsis	
England and Wales ...			9	5	
Barnsley ...			Nil	Nil	
ABORTION—					

TABLE 2.
Vital Statistics of the County Borough of Barnsley during 1947 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.	Rate.	
1937	69470	1158	16.59	893	12.85	293		66	55	7.41 10.30
1938	72800	1278	17.80	811	*13.27	284		76	59	9.37 13.19
1939	72160	1219	16.89	842	*13.75	293		71	58	8.53 11.13
1940	69020	1162	16.84	944	*15.59	331		70	60	7.42 10.06
1941	68680	1188	17.30	901	18.12	339		77	66	7.44 10.32
1942	67670	1278	18.88	777	11.48	308		78	61	10.00 14.54
1943	67070	1359	20.26	808	11.97	288		90	66	11.20 13.07
1944	68260	1540	22.50	802	11.75	271		62	40	7.73 18.36
1945	69170	1377	19.90	845	12.22	280		78	56	9.22 11.36
1946	72430	1555	21.47	852	11.76	277		61	39	7.16 8.8
Average for 10 yrs 1937-46	69623	1310	18.84	847	12.76	296		72	56	8.54 11.11
1947	73600	1663	22.59	875	11.88	261		72	43	8.23 10.86

* 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
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	16.83	14.3	*15.59	55	60	2.16	1.64
1941	14.2	17.80	12.9	13.12	59	66	2.23	4.03
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
1947	20.5	22.59	12.0	11.88	41	43	1.01	1.17

*Adjusted Death Rate.

TABLE 4.
DEATHS FROM DIPHTHERIA DURING PAST TEN YEARS.

[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 ...	240	...	2	16	53	169
Respiratory Diseases (Pneumonia, Bronchitis, etc.) ...	112	24	...	5	35	48
Cancer ...	121	...	...	11	45	65
Intra-Cranial Vascular Lesions ...	85	...	...	1	14	70
Violence and Suicide (including Road Traffic Accidents) ...	53	4	...	17	10	22
Circulatory Diseases ..	45	...	...	...	6	39
Tuberculosis (Pulmonary and Non-Pulmonary)	38	2	5	23	6	2
Congenital Malforma- tion, etc. (including Premature Birth)	34	32	...	1	...	1
TOTALS ...	728	62	7	74	169	416

TABLE 6.

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

Causes of Death.	Sex	All Ages	0—1	1—5	5—15	15—45	45—65	65—
All Causes	M	484	42	5	3	48	183	253
	F	391	30	12	3	44	69	238
1 Tuberculosis of Respiratory System	M	16	...	...	...	11	3	2
	F	14	...	...	...	12	2	...
2 Other Tuberculous Diseases ...	M	5	...	3	1	...	1	...
	F	8	1	1	1	...	...	...
3 Syphilitic Diseases ...	M	5	2	...	...	...	3	...
	F	2	1	...	...	...	...	1
4 Influenza	M	2	...	...	...	...	...	2
	F	1	...	1	...	...	...	...
5 Acute Poliomyelitis and Polioencephalitis ...	M	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...
6 Acute Infectious Encephalitis ...	M	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...
7 Cancer of Buccal Cavity ...	M	5	...	...	...	...	1	4
	F	...	...	...	...	...	...	...
8 Cancer of Uterus ...	M	...	...	...	...	...	...	...
	F	7	...	...	...	1	4	2
9 Cancer of Stomach and Duodenum	M	16	...	...	...	...	7	9
	F	13	...	...	...	3	3	7
10 Cancer of Breast ...	M	...	...	...	...	...	...	...
	F	6	...	...	...	2	1	3
11 Cancer of all other sites ...	M	48	...	...	...	3	19	26
	F	26	...	...	...	2	10	14
12 Diabetes	M	1	...	...	...	...	1	...
	F	5	...	...	...	1	2	3
13 Intra-Cranial Vascular Lesions	M	38	...	...	...	...	7	31
	F	47	...	...	...	1	7	39
14 Heart Disease ...	M	127	...	...	1	8	39	80
	F	113	...	...	1	8	15	89
15 Other Circulatory Diseases ...	M	20	...	...	...	...	4	16
	F	25	...	...	...	...	2	23
16 Bronchitis	M	46	8	...	...	3	20	20
	F	13	2	...	...	...	1	10
17 Pneumonia	M	30	11	...	...	1	6	12
	F	13	5	2	...	...	2	4
18 Other Respiratory Diseases ...	M	5	...	1	...	...	3	1
	F	5	...	...	...	1	3	1
19 Ulcer of Stomach or Duodenum ...	M	1	...	...	...	...	1	...
	F	1	...	...	...	...	...	1
20 Diarrhoea—under 2 years ...	M	7	7	...	...	...	...	...
	F	8	8	...	...	...	...	...
21 Appendicitis	M	2	...	...	...	1	...	1
	F	...	...	...	...	...	...	...
22 Other Digestive Diseases ...	M	5	...	...	...	1	2	2
	F	6	...	1	...	...	2	3
23 Nephritis	M	9	1	...	...	1	4	3
	F	17	1	...	...	5	7	4
24 Puerperal and Post Abortive Sepsis	M	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...
25 Other Maternal Causes ...	M	...	...	...	...	2	...	...
	F	2	...	...	...	...	...	...
26 Premature Birth	M	8	8	...	...	...	...	...
	F	4	4	...	...	...	...	...
27 Congenital Malformation, etc. ...	M	11	10	...	...	...	...	1
	F	11	9	1	...	1	...	...
28 Suicide	M	2	...	...	...	1	1	...
	F	1	...	...	...	1	...	...
29 Road Traffic Accidents ...	M	4	...	...	...	2	...	2
	F	4	...	1	...	1	2	...
30 Other Violent Causes ...	M	29	...	...	...	12	7	10
	F	13	2	1	...	...	...	10
31 Scarlet Fever	M	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...
32 Measles	M	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...
33 Whooping Cough	M	...	...	...	...	...	...	...
	F	3	1	2	...	...	...	...
34 Typhoid and Paratyphoid Fevers...	M	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...
35 Cerebro-Spinal Fever ...	M	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...
36 All other Causes	M	42	...	1	1	4	5	31
	F	33	1	2	1	3	6	20
37 Diphtheria	M	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...
		875	72	17	6	92	202	486

TABLE 8.

Inquests held in Barnsley and Inquests held on
Barnsley Residents who died outside the Borough during 1947.

Cause of Death.	Borough Residents		Residents died outside Borough		Strangers	
	M	F	M	F	M	F
Natural Causes.						
Heart Disease ...	7	2	...	1	...	1
Intra Cranial Hæmorrhage due to ruptured blood vessel ...	1	2	...	...	1	...
Syphilitic Disease ...	1	...	...	...	...	...
Pneumonia ...	4	3	...	...	1	...
Pulmonary Tuberculosis ...	3	...	...	...	...	...
Ulcer of Stomach ...	...	...	...	...	...	...
Other Respiratory Diseases ...	2	...	...	...	...	...
Appendicitis ...	...	...	...	...	...	...
Cancer ...	2	...	...	...	...	1
Other Digestive Diseases ...	...	...	...	...	1	1
Cerebral Hæmorrhage ...	1	...	...	...	...	...
Nephritis ...	...	...	...	...	...	...
Bronchitis ...	4	...	...	...	...	1
All Other Causes ...	1	1	...	...	1	...
Other Circulatory Diseases ...	7	2	...	...	...	...
Diarrhœa ...	1	...	...	...	...	...
Congenital Diseases and Malformations ...	2	2	...	...	...	...
Premature Birth ...	...	1	...	...	...	...
	36	13	...	1	4	4
Violence.						
Terminal Broncho Pneumonia following fracture of left humerus caused by a fall ...	1	...	...	...	...	...
Broncho Pneumonia following extensive burns ...	...	1	...	...	...	...
Coal Gas Poisoning inhaled from main disconnected from the gas meter ...	1	...	...	...	...	...
Drowning ...	1	...	...	...	...	...
Broncho Pneumonia following fracture of clavicle and other injuries caused by a fall ...	1	...	...	...	...	...
Fractured Skull caused by being knocked down by a motor lorry...	...	1	...	...	...	...
Senile degeneration of the brain accelerated by fracture of neck of left femur caused by a fall ...	...	1	...	...	...	...
Pernicious Anæmia accelerated by injuries to the leg caused by a fall	1	...	...	...	...	...

TABLE 8.—Continued.

Cause of Death.	Borough Residents		Residents died outside Borough		Strangers	
	M	F	M	F	M	F
Violence—continued						
Hypostatic Pneumonia following a fall	8	8	...	...	1	...
Intra Cranial Hæmorrhage caused by being knocked down by a horse	...	1	...	...	...	...
Multiple injuries from being thrown from a motor cycle due to collision with motor lorry	1	...	...	...	...	...
Shock following multiple injuries sustained from falling from motor lorry ... ..	...	...	...	...	1	...
Multiple injuries caused by being knocked down by a motor bus ...	1	1	...	...	...	...
Fractured skull caused by being knocked down by motor cycle ...	...	...	...	...	1	...
Shock following injuries caused by being crushed between two buses	...	1	...	...	...	...
Shock following multiple injuries caused by being run over by a trailer ... ..	...	...	...	...	1	...
Lobar Pneumonia following a fall in the house	1	...	...	...	...	...
Cerebral Degeneration following fracture of right humerus caused by a fall	1	...	...	...	...	...
Pulmonary embolism following fracture of right femur caused by fall ... ..	...	1	...	...	...	...
Fractured Skull and laceration of the brain caused by being thrown from a motor cycle ... ..	...	...	...	...	1	...
Asphyxia caused by clothing catching fire from a candle ... ..	...	1	...	...	...	...
Fracture of Left Femur caused by a fall from a chair	1	...	...	...	...	...
Fracture of Cervical Spine due to a fall	1	...	...	...	...	...
Shock and Asphyxia following severe burns caused by clothes catching fire from electric fire ...	...	1	...	...	...	...
Senility accelerated by fracture of right femur caused by a fall ...	...	1	...	...	...	...
Concussion following fractured skull caused by being knocked down by a motor car	1	...	...	...	...	...
Asphyxia through being overlaid in bed ... ..	...	1	...	...	...	...
Shock following injuries to right leg and concussion caused by being knocked down by a motor cycle...	...	...	...	...	...	1

TABLE 8—Continued.

Cause of Death.	Borough Residents		Residents died outside Borough		Strangers	
	M	F	M	F	M	F
Violence—continued						
Intracranial Hæmorrhage following a fall	...	...	...	...	...	1
Fractured Skull and laceration of brain sustained when knocked down by a motor bus	...	...	...	1	...	...
Subdural Hæmorrhage from rupture of meningeal blood vessel from a fall	...	...	1	...	...	...
Injuries sustained in collision between motor car and motor lorry	...	...	1	...	...	...
	15	14	2	1	5	2
Occupational.						
Toxæmia following malignant disease of the right armpit following a burn caused when cleaning out a boiler	1	...	...	...	...	...
Shock following burns caused by an explosion and ignition of fire damp	8	...	...	...	...	...
Fractured Skull caused by being struck on the head by the bucket of an excavator on an outcrop coal site	...	...	...	...	1	...
Fractured Skull caused by an explosion and ignition of fire damp	1	...	...	...	...	...
Asphyxia following multiple fracture of ribs caused by his being crushed by a fall of stone from the roof in the haulage road	...	...	...	...	1	...
Fat embolism of the heart following fractures of thigh and leg caused by being crushed by full tubs which ran away in the Colliery	...	...	...	...	1	...
Rupture of heart and left lung caused by being knocked down by a moulding box being moved by a crane	1	...	...	...	...	...
Cerebral contusion and fractured skull due to being struck by a portion of a metal drum which exploded	...	...	1	...	...	...
Shock following multiple injuries caused by being crushed by a fall in colliery roof	...	...	2	...	...	...
Cerebral compression, Extradural Hæmorrhage from rt. meningeal-artery and fracture of skull (Ammunition dismantler)	...	...	1	...	...	...

TABLE 8—Continued.

Causes of Death	Borough Residents		Residents died outside Borough		Strangers	
Occupational —continued						
Hypostatic Pneumonia following compression fractures from fall when leaving colliery ...	...	...	1	...	...	...
Shock following multiple injuries caused by being crushed by tubs	...	...	1	...	...	...
	11	...	6	...	3	...
Suicide.						
Coal gas poisoning ...	2	...	...	...	...	...
Overdose of Aspirin ...	...	1	...	...	...	...
	2	1	...	...	...	...
Totals ...	64	28	8	2	12	6

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Staff changes during the year are printed on page 4 of this Report.

LABORATORY FACILITIES.

Laboratory facilities for the area are provided at the Public Health Laboratory, St. Helen Hospital, Barnsley, and certain examinations (particularly Wassermans and Gonococcal fixation tests) are carried out at the West Riding County Council Laboratory, Wakefield, and elsewhere.

We are handicapped by the success of our own Municipal Laboratory which has outgrown the premises originally allotted to it, and though it undertakes a wide range of investigations, these could be extended if a whole-time Pathologist were attached to the Barnsley area.

A scheme was jointly agreed with the Board of Management of Beckett Hospital, Barnsley, (where there is a hospital laboratory) and at the time of writing, the matter has gone forward to the Sheffield Regional Hospital Board.

Such proposals also envisage the establishment of larger central premises and certain sites have been suggested to the hospital authorities.

I wish to express my great appreciation of the services rendered in the Municipal Laboratory by the Senior Technician in charge, Mr. L. R. Reeves, F.I.M.L.T., and his colleague, Mr. D. H. Dean, A.I.M.L.T.

A series of ten practical and theory lectures on Elementary bacteriology and Bacteriological asepsis was given to Student Nurses under the direction of the Mining and Technical College.

Three laboratory Student Technicians were given theory and practical lectures—2nd/year course—at the Laboratory during the year, and all passed (100%) the Intermediate Examination for the Institute of Medical Laboratory Technology.

As the average for the whole of Great Britain is less than 50% passes, this was gratifying and it was felt that the training and lectures given were adequate and up-to-date.

More time has been spent this year in preparing solutions of penicillin as the therapeutic use of this antibiotic substance increases. The average number of individual doses per week prepared by the Laboratory for St. Helen Hospital is now about 300 or more.

Below are given figures relating to the investigations carried out at the Laboratories mentioned above :—

St. Helen Public Health Laboratory	...	...	...	54,635 " Units "
Blood Specimens for Wassermann	...	...	...	1,721
Blood specimens for RH. Factor	...	...	...	1,074

TABLE 9.

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

Pleural Fluid for Tubercle Bacilli	...	...	...	...	...	...	...	4
C.S. Fluid—Biochemical	...	...	...	...	...	...	...	32
Blood Phosphatase Estimation	...	...	...	...	...	...	...	2
Hydrocele Fluid for Tubercle Bacilli	...	...	...	...	...	...	...	1
Lange Colloidal Solution Test	...	...	...	...	...	...	...	47
Urines—inoculation	...	...	...	...	...	...	...	6
Blood for Leptospira	...	...	...	...	...	...	...	2
Fluids and Pus for inoculation examinations	...	...	...	...	...	...	...	5
Gastric Lavage for inoculation	...	...	...	...	...	...	...	1
Sputa for Tubercle Bacilli	...	...	...	...	...	...	...	3
Nail, hair, urine and fæces for arsenic	...	...	...	...	...	...	...	1
Swabs for Diphtheria	...	...	...	...	...	...	...	3
Fæces for Tubercle Bacilli	...	...	...	...	...	...	...	1
Paul Bunnell re-action	...	...	...	...	...	...	...	1
Blood Takata Ara Re-action	...	...	...	...	...	...	...	1
Blood Thymal Turbidity Test	...	...	...	...	...	...	...	1
Wasserman Re-action	...	...	...	...	...	...	...	2,345
Wasserman Re-action and Kahn	...	...	...	...	...	...	...	206
Gonococcal Complement Fixation Tests	...	...	...	...	...	...	...	287

TABLE 10.

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

Histology	...	...	...	...	...	...	...	...	24
Zondek Aschheim Test	...	...	...	...	...	...	...	...	41

AMBULANCE FACILITIES.

(1) Infectious Diseases.

No change has been made in the existing arrangements as described in previous Reports.

(2) Ambulances for General Cases and Accidents.

I am indebted to the Chief Constable for the following report on this service, which is under his control.

During 1947, the Borough Ambulance Service, comprising six vehicles, with civilian drivers and maintenance staff, removed 10,350 cases.

This is an increase of approximately 900 cases over the year 1946.

CLINICS.

The general arrangements for Clinics in the town remained unchanged throughout the year, the only alteration being a change of premises in the case of one Branch Clinic.

CO-OPERATION WITH LOCAL MEDICAL PROFESSION.

During the year, the Medical Officer of Health has maintained co-operation with the Practitioners in the town, principally through the membership of the British Medical Association and its Executive Committee.

ST. HELEN MUNICIPAL HOSPITAL.**ANNUAL REPORT 1947.**

BY

Dr. EDWARD WILSON (Medical Superintendent and Obstetrician).

STAFFING.

There has been no change in the Medical Staff at the hospital during the year.

The Hospital Radiographer, Miss H. Harrott, resigned on 31st October, 1947, and Miss M. E. Betterton was appointed to the post from 1st December, 1947.

GENERAL.

The work of the Hospital during 1947 was severely impeded by the period of quarantine made necessary by the discovery of a case of Smallpox on the male ward. This caused the complete closure of the Hospital for 3 weeks and only partial operation for a further 7 weeks, but despite this setback, the same number of patients were admitted as during the previous year (2,956 compared with 2,965).

The figures for the Obstetrical Unit show an increase, the total number of deliveries during 1947 being 1,072 compared with 1,011 for 1946, and it is estimated that, but for the quarantine period, the number of births in hospital during the year would have been around 1,150.

Attendances at the Ante-natal Clinic continue to increase (7,073 compared with 6,067) and this pleasing state of affairs is reflected in the reduced stillbirth rate (22.4 per 1,000 deliveries compared with 29 for 1946) and Neo-natal death rate (33 against 35), 8 of the Neo-natal deaths were children born outside the hospital. I am also pleased to report an increase in the number of attendances at the post-natal clinics. During the year the Hospital was granted recognition as an Assistant Nurses Training School, and the Pupil Assistant Nurses are now receiving lectures in addition to practical training on the wards.

I must again pay tribute to the Nursing Staff of all grades, who, despite serious shortages, have overcome all difficulties with the true nursing spirit.

BUILDINGS.

The conversion of the Gas Cleansing Centre into an Ante-natal clinic was completed during the year, and the new clinic is a great improvement on the temporary accommodation previously used, but already, with the increasing number of ante-natal attendances it is proving to be rather small. Perhaps, in the near future, a specially designed clinic on a larger scale will be made available for this most important work. Preliminary work on the installation of the two lift-shafts was commenced just before Christmas, and when completed these will prove of great help to the work of the Hospital.

ACKNOWLEDGEMENT.

I am indebted to Dr. R. L. Dreifuss, Assistant Medical Officer, for his help in compiling the details in respect of the General Wards, and to Mr. M. Davison, Clerk at the Hospital for his assistance in the extraction of all other statistics.

TABLE A.

GENERAL STATISTICS.

No. of Beds	...	...	...	...	...	...	250
Total No. of Admissions during the year	...	...	...	...	...	...	2,956

ANALYSIS OF ADMISSIONS.

Area	No. of Pat's	Area	No. of Pat's	Area	No. of Pat's
Barnsley	2114	Br. for. ...	2500	Br. for. ...	2651
Adwick-le-Street	2	Goldthorpe ...	3	Redbrook ...	13
Barugh	27	Grimethorpe ...	61	Royston ...	43
Birdwell	15	Haigh	12	Ryhill	2
Blacker Hill ...	3	Higham	14	Shafton	14
Brierley	9	Gt. Houghton ...	2	Silkstone ...	24
Cawthorne	9	Hoyland	18	Stainboro ...	2
Clayton West ...	2	High Hoyland ...	4	South Hiendley ...	2
Cudworth	102	Kexborough ...	19	Staincross & Map'l	68
Darfield	30	Leeds	2	Thurgoland ...	2
Darton	87	Liverpool	1	Thurnscoe... ..	35
Dodworth	65	Mexborough ...	1	Ward Green ...	16
Elsecar	2	Monckton	2	Wombwell ...	23
Gawber	31	Penistone	8	Worsboro' Bridge	15
Gilroyd	2	Platts Common ...	4	Worsboro' Dale ...	46
Carr. for. ...	2500	Carr. for. ...	2651	Total ...	2956

Total No. of Patient days	...	...	...	...	...	43,762
Average No. of Occupied beds	...	...	...	...	...	120
Average duration of stay	...	...	...	...	...	15 days
No. of Maternity cases	...	...	...	...	...	1,407
Total No. of Deaths during the year	...	...	...	...	...	117
No. of deaths within 48 hours of admission	...	...	...	...	...	42

SUMMARY.

	Discharged	Died	Total
Medical	228	70	298
Surgical	97	2	99
Maternity	1404	3	1407
Stillbirths	—	24	
Infants aged 10 days and under ...	1025	29	1072
Infants aged 11 days to 1 year ...	—	18	
Ear, Nose and Throat	80	—	80
	2,834	146	2,980

TABLE B.

OBSTETRICAL UNIT STATISTICS.

Total No. of Maternity cases admitted during the year ... 1,407

Analysis of Admissions :

Barnsley patients	...	983	=	70.08%
West Riding patients	...	353	=	25.09%
Hemsworth patients	...	55	=	3.91%
Wombwell patients	...	12	=	.85%
Leeds City patients	...	1	=	.07%

No. of cases delivered by—Midwives, 892.

Doctors, 165.

No. of cases where medical assistance sought by Midwife in
emergency, etc. ... 411

No. of cases admitted after delivery ... 18

No. of Ante-natal cases admitted—Barnsley, 159
West Riding, 76
Hemsworth, 13
Wombwell 2
— 250

No. of Miscarriages—Barnsley, 50
West Riding, 28
Hemsworth 4
— ... 82

Average duration of stay—cases in lying-in wards ... 10.8 days
—Ante-natal cases ... 7.9 days

No. of cases notified—Puerperal Pyrexia ... 1
Pemphigus Neonatorum —
Ophthalmia Neonatorum —

No. of Maternal deaths ... 3
(2 Barnsley, 1 W.R. Yorks.)

Cause—(1) Cerebral Hæmorrhage and Hypertension (admitted moribund)

(2) Eclampsia and severe purulent nephritis.

(3) Acute fulminating yellow atrophy of the liver.

Attendance at Ante-natal clinics—First attendances ... 1,053
Total attendances ... 7,073

TABLE C.

MATERNITY.

Total Deliveries after 28th week	1072	Prepatellar Bursitis	...	1
Primigravidae	511	Otitis Media	...	2
Presentations (at delivery) :		Microcytic Anæmia	...	5
Vertex, anterior	997	Asthma	...	1
Occipito Posterior	16	Pulmonary Cysts	...	1
Breech	54	Oxyuris Vermicularis	...	1
Transverse	3	Erythema Nodosum	...	1
Face	1	Infantile conditions :		
Multiple Pregnancies :		Hydrocephalus	...	1
Twins	15	Anencephalus	...	2
Hæmorrhages :		Spina Bifida and Hydrocephalus	...	2
Toxæmic accidental	3	Atresia of the Bowels (Colon)	...	1
True accidental	10	Bilateral Talipes	...	1
Placenta Prævia	3	Hare lip and cleft palate	...	2
Post-partum hæmorrhage	20	Hydrops Fœtalis	...	1
Secondary P.P.H.	1	Puerperal conditions :		
Toxæmia of Pregnancy :		Superficial Phlebitis	...	2
Eclampsia	3	Mastitis	...	3
Pre-Eclampsia	17	Operations :		
Toxæmic albuminuria	32	Repair of Perineum	...	
Hypertensive and Nephritic		Episiotomy	...	95
toxæmia	4	Incomplete laceration	...	126
Hypertension only	15	Complete laceration	...	5
Other Abnormal Obstetric		Secondary Suture	...	2
conditions :		Cæsarean section		
Prolapse of Cord	5	New—classical	...	2
Hydramnios	2	Lower segment	...	5
Multiple Fibroids	1	Repeat—classical	...	1
Cervical Polyps	1	Lower Segment	...	3
Hyperemesis	1	Cæsarean Hysterectomy	...	1
Trial Labour	10	Induction of Labour :		
(Method of delivery in 1 case		Surgical	...	37
Cæsarean section)		Medical	...	37
Emergency Admissions :		Forceps delivery :		
Breech Presentation	8	High	...	5
Prolapse of Cord	3	Mid	...	23
Hæmorrhages	11	Low	...	33
Dead Fœtus	1	After head	...	8
Inertia	7	Failed Forceps	...	1
Toxæmia	6	Sterilisation	...	1
Hydramnios	1	Internal version and Extraction	...	5
Disproportion	5	Manual removal of Placenta	...	10
Hyperemesis	1	Embryotomies	...	3
Miscarriages	82	Blood transfusions	...	106
General conditions :		Maternal Morbidity—		
Cardiac disease	15	Only 1 case notifiable as Puerperal		
Pulmonary Tuberculosis	3	Pyrexia.		
Acute Bronchitis	3	Maternal Mortality	...	3
Pyelitis	5	(2 Barnsley, 1 West Riding)		
Epilepsy	1	Percentage Maternal Mortality	0.28%	
Syphilis	12	Fœtal and Neo-natal Mortality :		
Gonorrhœa	1	Still-births	...	24
Insanity	1	Neo-natal deaths :		
Parotitis	1	(a) Born in Hospital	...	26
Abscess of Leg	1	(b) Admitted from District	...	10
Bartholins Abscess	3	Combined Fœtal and Neo-		
Salpingitis	1	natal death rate per 1,000		
Cerebral Hæmorrhage	1	births	...	5.6%

TABLE D.

INFANTS.

Total deliveries within County Borough during 1947	...	...	...	2,079
Total deliveries in Hospital (including twins)	...	...	...	1,072
Total Still-births ...	...	...	...	24
Miscarriages, abortions and moles	...	...	...	82
Incidence Still-births (uncorrected)	...	...	...	2.2%
Neo-natal deaths	...	...	...	36
Incidence Neo-natal deaths (uncorrected)	...	...	...	3.4%

Causes of Still-births :

Hydrocephalus	...	...	...	...	...	3
Anencephalus	...	...	...	...	...	2
Accidental Hæmorrhage	...	...	...	...	...	6
Marginal Placenta Prævia	...	...	...	...	...	1
As the result of Maternal Acute Fulminating Yellow Atrophy	...	...	...	...	...	1
Intra-uterine Asphyxia—Cord round neck	...	...	...	...	...	3
Failed Forceps—Dead Foetus—Craniotomy	...	...	...	...	...	1
Cleidotomy—Dead Foetus	...	...	...	...	...	1
Idiopathic	...	...	...	...	...	6
						<hr/> 24 <hr/>

Causes of Neo-natal deaths :

Prematurity (average period of gestation 30 weeks)	...	...	...	...	...	11
Congenital Syphilis	...	...	...	...	...	1
Congenital Atelectasis	...	...	...	...	...	3
Icterus Gravis Neonatorum	...	...	...	...	...	2
Broncho-pneumonia	...	...	...	...	...	6
Hydrops Fœtalis	...	...	...	...	...	1
Congenital Oesophageal Structure	...	...	...	...	...	1
Congenital Heart Disease and Mongolism	...	...	...	...	...	1
Acute Asphyxia due to Vomitus	...	...	...	...	...	1
Haemorrhagic Nephritis	...	...	...	...	...	1
Debility due to Prematurity	...	...	...	...	...	3
Gastro Enteritis	...	...	...	...	...	1
Intra-cranial Hæmorrhage	...	...	...	...	...	3
Convulsions—Septicaemia—Umbilical Sepsis	...	...	...	...	...	1
						<hr/> 36 <hr/>

Number of Infants receiving a supplementary or complementary feed while
in the Hospital ... 248

Number of Infants wholly breast fed on leaving the Hospital ... 778

TABLE E.

PREMATURE BABY UNIT.

Analysis of Weights.

Under 2 lbs.	2—1 oz. to 2—8 oz.	2—9 oz. to 3—0 oz.	3—1 oz. to 3—8 oz.	3—9 oz. to 4—0 oz.	4—1 oz. to 4—8 oz.	4—9 oz. to 5—0 oz.	5—1 oz. to 5—8 oz.	TOTAL
Admitted 4	2	12	9	8	15	31	48	129
Died 3	—	6 *(2 From District)	3	2	1 † (From District)	2	1	18
Discharged 1	2	6	6	6	14	29	47	111

Total number of Premature Babies admitted:—

Born in Hospital	...	...	...	122
Admitted from District	...	...	...	7
				<hr/> 129

Total number of Premature Babies died:—

Born in Hospital	...	...	...	15
Admitted from District	...	...	...	3
				<hr/> 18

Percentage Survival Rate ... 86.0%

Premature babies died within 10 days of birth ... 16

Average weight on admission ... 4—6 oz.

Average weight on discharge ... 5—13 oz.

Average duration of pregnancy ... 32 weeks

Percentage of total babies born in hospital died through Prematurity 1.5%

* Admitted in extremis.

† Died within 24 hours of admission.

Certified Cause of Death in Premature Babies.

Weight Groups.	CAUSE OF DEATH.	No. of deaths
Under 2 lbs.	Prematurity—22 weeks gestation—lived few hours	3
2—9 oz. to 3—0 oz.	Prematurity—32 weeks gestation—lived few hours	3
	Prematurity—28 weeks gestation—lived few days	2
	Congenital Atelectasis—lived two days	1
3—1 oz. to 3—8 oz.	Hydrops Foetalis—lived 20 minutes	1
	Prematurity—33 weeks gestation—lived few hours	2
3—9 oz. to 4—0 oz.	Congenital Syphilis—lived seven days	1
	Prematurity—37 weeks gestation—lived three days	1
4—1 oz. to 4—8 oz.	Aspiration Pneumonia—lived 36 hours	1
4—9 oz. to 5—0 oz.	Intra-cranial Haemorrhage—lived six days	1
	Prematurity—35 weeks gestation—lived 13 hours	1
5—1 oz. to 5—8 oz.	Congenital Atelectasis—lived 16 hours	1
	TOTAL	18

TABLE F.

NOTIFIABLE PUERPERAL PYREXIA.

Only one case notifiable as Puerperal Pyrexia during 1947 :—

Mrs. F. Para. 3. Interstitial Mastitis.

TABLE G.

DELIVERIES IN ABNORMAL PRESENTATION.

	Breech	Brow	Face	Trans-verse	Occipito-Posterior	Compound
Primigravidæ ...	32	—	—	1	9	—
Multipara ...	22	—	1	2	7	—
Total ...	54	—	1	3	16	—

TABLE H.

BREECH DELIVERIES.

Total number of Breech Deliveries :—					
Primigravidæ ...	32				
Multipara ...	22				
					54
Percentage of total deliveries ...	...	...	...	...	5.0%
Maternal Mortality ...	...	...	...	...	Nil.
Foetal Mortality—					
Primigravidæ ...	1				
Multipara ...	7				
					8
Causes of Foetal Mortality :					
Primigravidæ :					
Difficult Delivery (Large Baby 8 lb. 4 oz.) ...	...	...	...	...	1
Multipara :					
Macerated Foetus (Accidental Hæmorrhage) ...	...	...	...	...	1
Hydrocephalus and Spina Bifida ...	...	...	...	...	2
Congenital Syphilitic (Died 2 hours after delivery) ...	...	...	...	...	1
Prematurity—3 lb 4 oz. (Accidental Hæmorrhage) ...	...	...	...	...	1
Prematurity—2 lb. 10 oz.—Ablatio Placenta ...	...	...	...	...	1
Marginal Placenta Prævia (Foetus dead on admission) ...	...	...	...	...	1
					8

TABLE I.

CAESAREAN SECTION.

No. of Cases 11. Percentage of Total Deliveries 1.03%. Maternal Mortality 1. Morbidity Nil. Foetal Mortality Nil.

Name and Date	Age	Para.	Period	Result		Weight of Child	Variety of Section	Morbidity	Remarks
				M	C				
New Sections. E.B. 13/2/47	27	1	40	A	A	lb. ozs. 6—0	Lower Segment under Gas, O2 and Ether	No.	Admitted 11/2/47 at 11-30 hours—draining liquor, head just gripping brim, no pains. 13/2/47 at 11-30 hours. Pains commenced—cervix 3F., 1800 hours—passing meconium F.H. irregular, Os $\frac{3}{4}$ —caput and moulding ++ No advance of head. 1900 hours—Lower segment—cord tight round neck—child very asphyxiated on birth—came round slowly.
G.B. 10/4/47	30	2	30	A	A	3—0	Classical under local anæsthetic 1% Novutox, Pethidine and Hyoscine	No.	Admitted 8/3/47—Mitral Stenosis with severe decompensation. Pregnancy terminated owing to continued deterioration in heart condition. 10/4/47 Classical section and sterilization. Baby died 4 days later owing to prematurity. Condition gradually improved and discharged reasonably fit on 8/5/47.
M.D. 11/4/47	43	5	44	A	A	9—6	Lower Segment under Gas, O2 and Ether	No. (Temp. 99° on 8th day)	10/4/47 at 2325 hours. Emergency admission with history of 2 very difficult forceps, and 2 very prolonged labours—pendulous abdomen—small, stocky type of woman. P.V.—OS $\frac{1}{2}$ —Cervix very thick and oedematous—head in upper strait. 11/4/47 at 1245 hours—draining meconium stained liquor—caput and moulding increased—F.H. slow and irregular. 1355 hours lower Segment—cord twice round neck very tight—Placenta very adherent.
J.B. 25/8/47	45	7	36	D	A	5—12	Classical—nil anæsthetic (admitted moribund)		Emergency admission 1010 hours—Cerebral hæmorrhage—moribund. Had been in bed 13 weeks—Hypertension—right sided hæmoplegia. Operation for stangulated ventral hernia 1943. 1100 hours—classical section—no anæsthetic necessary—patient in extremis. Living child 5lb. 12oz.—discharged 6lb. 5oz. on 13th day. P.M. was refused.

Name and Date	Age	Para.	Period	Result		Weight of Child lb. ozs.	Variety of Section	Morbid	Remarks
				M	C				
E.M. 24/9/47	32	2	42	A	A	6-13	Lower Segment under Pentothal	No. (Temp. 100.4° on 2nd day)	23/9/47 at 1600 hours. Admitted from clinic for simple induction—overdue. 24/9/47 at 0600 hours—Oil 2 ozs. 0855 hours—Membranes ruptured—meconium +++ F.H. irregular. P.V. OS 2F—cervix long and uneffaced—head in upper strait. Lower segment—uterus full of meconium—short cord very tight round neck.
G.S. 14/11/47	23	1	42	A	A	8-8	Lower Segment under Pentothal	No. (Temp. 100° on 7th, 8th and 9th days)	3/11/47 Admitted from clinic for simple inductions—P.V. cervix long and uneffaced—head mobile but could be made to enter brim. 7/11/47 Nil doing—discharged home. 12/11/47 readmitted—vague pains. 14/11/47 0090 hours—membranes ruptured, meconium stained liquor—OS 2F. 1000 hrs.—meconium +++ 1100 hrs. Lower segment—no apparent cause for foetal distress.
M.M. 27/11/47	26	2	40	A	A	7-5	Lower Segment under Pentothal Gas and O ₂	No. (Temp. 100° on 13th day Mastitis)	S.B. 1944—Difficult delivery—T.B. Spine, small android pelvis Occipito—Posterior—marked disproportion. Interstitial Mastitis 13th day.
Repeat Sections M.M. 29/9/47	28	2	37	A	A	5-10	Lower Segment under Pentothal Gas and O ₂	No.	Repeat section for gross congenital deformity of pelvis.
R.S. 17/11/47	33	4	40	A	A	6-2	Lower Segment under Pentothal	No.	Repeat section for Disproportion—small round pelvis.
E.F. 29/11/47	24	2	40	A	A	7-2	Lower Segment under local anaesthetic, 1% Nov-utox, Pethidine and Hyoscine	No.	Repeat section for gross disproportion.
C.M. 4/12/47	31	3	70	A	A	7-0	Classical under Pentothal, Gas	No.	Previous classical section in December 1946.

TABLE J.

PLACENTA PRAEVIA.

No. of Cases 3.		Percentage of total Cases 0.28%.				Maternal Mortality Nil.			Foetal Mortality 1.		
Name and Date	Age	Para.	Period	Variety	Presentation	Treatment	Weight of Child	Result		Morbid	Remarks
								M	C		
E.H. 11/9/47	22	2	35	Lateral	Vertex	A.R.M. and binder	lb. oz. 4-14	A	A	No.	Emergency admission—condition very poor. 2 pints of blood given. 30 mgm methedrine. P.V. OS 2 fingers—Spontaneous delivery. 3rd stage normal.
A.T. 16/9/47	32	7	38	Lateral	Vertex	A.R.M. and binder	6-1	A	A	No.	Admitted 16/9/47 with history of severe bleeding. On admission, general condition good. Profuse bleeding B.P. 80/60. 2 pints of blood. P.V. OS 1F.—cervix long and uneffaced. Spontaneous delivery. 3rd stage normal. Booked case.
G.N. 26/6/47	29	4	37	Marginal	Breech	A.R.M. and Willett's	5-8	A	DB.	No.	26/6/47 at 0535 hrs.—History of bleeding since 0400 hours. Not losing on admission. No P.V. 1220 hrs.—brisk hæmorrhage—P.V. OS 2 fingers. Placenta felt dipping down into cervix. A.R.M. and foot brought down, 2 lb traction. Continued to lose. Vaginal pack. 1535 hrs. pack removed, and assisted breech delivery of a S.B. foetus. 3rd stage normal—5 minutes (placenta very small).

TABLE A.
ECLAMPSIA.

ECLAMPSIA.

Percentage of total cases 0.28%.

Maternal Mortality 1.

Foetal Mortality Nil.

Name and Date	Age	Para.	Period	Albumin	No. of Fits			Treatment	Result		Weight of Child lb. oz.	Morbidity	Remarks
					Ante	Intra	Post		M	C			
E.B. 14/4/47	25	1	40	Nil			2	Routine	A	A	8—4	No.	26/2/47—B.P. 140/100—settled down with rest—Kidney function tests normal. There was no other evidence of toxæmia throughout pregnancy. 14/4/47 Normal delivery at 1740 hrs.—first fit at 2130 hrs.—second fit at 0300 hrs. on 15/4/47. Discharged fit and well on 25/4/47—B.P. 120/70. Albumin Nil.
L.F. 16/4/47	29	1	37	Nil	1			Routine and Forceps	A	A	5—0	No.	Hypertensive—average B.P. 180/100. Albumin Nil. Kidney Function test showed mild deficit. 16/4/47 at 1700 hrs. One eclamptic fit. B.P. 200/100 Albumin + Routine treatment. 2340 hrs. Low Forceps extraction of a male. 30/4/47 Kinney Function test—normal B.P. 150/80.
E.N. 30/9/47	33	2	35	Solid			4	Routine	D	A	4—14	No.	30/9/47 at 0115 hrs. Emergency admission had not attended any clinic. Normal delivery at 1255 hrs. on 29/9/47 at home. First fit at 2300 hrs, 2nd fit at 0030 hrs. On admission—unconscious, jaundiced. B.P. 200/110—urine albumin solid. Routine treatment—Morphia $\frac{1}{4}$ gr., 50% glucose, 10% calcium gluconate, 20% mag.-sulph. 3rd fit 0445 hrs—morphia gr. $\frac{1}{4}$ gr. repeated. 4th fit 0630 hrs—morphia gr. $\frac{1}{4}$ gr. repeated. sulph. No further fits—general condition very poor. 1/10/47—unconscious all day. Methionine 25 grams daily in view of increasing jaundice. 2/10/47—Temp. 99° penicillin 60,000 units 3 hourly—still comatose. 3/10/47—Condition much worse B.P. 210/110—signs of encephalopathy—veratrone $\frac{1}{2}$ c.c given every 15 mins. 6 doses brought pressure down to 16/100. 1545 hrs. B.P. 150/100. Condition continued to deteriorate and mors supervened on 5/10/47. P.M. 6/10/47.

TABLE L.
PROLAPSE OF CORD.

No. of Cases 5.			Percentage of total deliveries 0.47%			Maternal Mortality Nil.			Foetal Mortality 1		
Name and Date	Age	Para.	Presentation	Size of OS.	Weight of Child	Result		Morbid	Remarks		
						M	C				
E.L. 10/4/47	26	2	Cephalic	2F	lb. oz. 7—8	A	A	No.	Was examined in Ante-natal Clinic—OS 2 fingers—Cord presenting through external OS—Cord pushed up overhead. 12 hours later cord presenting at Vulva—replaced in genu-pectoral position—OS $\frac{3}{4}$ —normal delivery 15 mins later. Child slightly asphyxiated at birth but came round quickly.		
K.M. 24/8/47	35	4	Cephalic	2F	8—1	A	D.B.	No.	Emergency admission—Ablatio Placenta. A.R.M.—no F.H.H. Normal delivery. 2 pints blood given.		
G.V. 4/11/47	43	2	Transverse	4F	6—6	A	A	No.	Emergency admission—Transverse lie—difficult internal version. Cord prolapsed during manipulations. Version completed and foetus extracted. (Mother had Rt. leg in plaster—fractured Tibia).		
M.H. 11/12/47	26	2	Cephalic	2F	6—4	A	A	No.	Cord prolapsed when membranes ruptured—replaced in genu-pectoral position—F.H.H. Normal delivery 4 hours later. Child slightly asphyxiated at birth but came round quickly. Uterus full of meconium. F.H. regular throughout.		
D.L. 25/12/47	23	1	Breech		6—5	A	A	No.	Emergency admission as prolapsed cord and shoulder presentation cord had been prolapsed for 1½ hours prior to admission no pulsation in cord—No F.H.H.—P.V. Breech. OS 4F—assisted breech delivery 1½ hrs after admission (2½ hours from prolapse of cord) whilst after-head being delivered child gasped responded slowly to resuscitation.		

TABLE M.

MATERNAL MORTALITY.

No. of Maternal Deaths 3.			Percentage of Delivered Cases 0.28%			Booked Cases 1.		Emergencies 2.	
Name	Age	Para.	Period	Admitted	Delivered	Died	Cause of Death	Remarks	
D.D.	20	1	40	31/1/47	12/2/47	12/2/47	Acute Fulminating Yellow Atrophy of Liver	Admitted from Ante-natal clinic with B.P.160. Albumin ++. U.C.T. shewed mild deficit of kidney function. Routine toxæmia treatment. 10/2/47. Cerebral proteins 5%—pint of plasma given. 11/2/47 at 2330 hrs.—Labour commenced—bleeding from genus, vagina and rectum. A.R.M. 12/2/47—0830 hrs.—Deeply jaundiced. 1335 hrs.—Low Forceps extraction—S.B. patient gradually became comatose, condition deteriorated and she died at 1515 hrs. P.M.—Acute Fulminating Yellow Atrophy of Liver. Kidneys enlarged and hæmorrhagic.	
J.B.	45	7	36	25/8/47	25/8/47	25/8/47	Cerebral Hæmorrhage.	Admitted moribund. In bed at home for last 13 weeks during which period she had 4 attacks of cerebral hæmorrhage. Classical Casarean section in extremis. Living child 5-12oz. Discharged fit and well on 13th day weighing 6-5oz.	
E.N.	33	2	34	30/9/47	29/9/47	5/10/47	Uraemia—Post-partum Eclampsia	Normal delivery at home 1255 hrs. on 29/9/47—Eclamptic fit at 2300 hrs. Emergency admission 0100 hrs. on 30/9/47. On admission—unconscious, jaundiced, oedema ++ B.P. 200/100. Urine—catheter specimen—heavily concentrated with albumin solid. R.B.C. ++. Routine eclamptic treatment. 3/10/47 Blood Urea 220 M.G.M.S. per cent.—4/10/47 Blood Urea 400 M.G.M.S. per cent. Condition gradually deteriorated and more ensued at 2225 hrs. on 5/10/47. P.M.—Liver enlarged—section typically eclamptic. Kidneys enlarged—section purulent pyelitis.	

TABLE O.

CASES ADMITTED DURING 1947 TO THE MALE AND FEMALE MEDICAL
WARDS.

(incl. cases carried over from 1946).

Class of Disease	No. of Admissions			Age of Cases			No. and Age of Fatal Cases			
	Total	Males	Females	Average Age	Youngest	Oldest	Total	Average Age	Youngest	Oldest
Psychiatric Cases										
Anxiety neurosis ...	1	1		23						
Hysteria ...	3		3	28	14	44				
Manic-depressive psychosis ...	1	1		43						
Neurological Diseases										
Idiopathic epilepsy ...	1	1		35						
Neuro-syphilis ...	4	3	1	52	47	56				
Herpes zoster (ophthalmic) ...	1	1		77						
Post-encephalitic Parkinsonism ...	1	1		58						
Disseminated sclerosis ...	2	2		53	47	58				
Subacute combined degeneration ...	1	1		64						
Motor neurone disease ...	1		1	42						
Paralysis agitans ...	1		1	67						
Cerebral hæmorrhage ...	22	7	15	70	46	81	10	69	46	81
Cerebral thrombosis ...	7	4	3	56	40	77	3	71	67	77
Progressive senile cerebral softening ...	18	7	11	80	70	95	15	81	70	95
Respiratory Diseases										
Traumatic contusion of lung ...	1	1		66						
Influenza ...	3		3	48	33	68				
Pleurisy ...	1		1	14						
Chronic bronchitis ...	9	6	3	63	42	78				
Pneumonia ...	9	4	5	51	19	71	2	71	63	79
Pulmonary tuberculosis ...	2	1	1	27	23	31				
Bronchiectasis ...	1	1		13						
Pneumoconiosis ...	1	1		55			1	55		
Paroxysmal asthma ...	2	1	1	38	35	41				
Carcinoma of bronchus ...	4	4		58	42	78	2	62	45	78
Heart Disease										
Acute rheumatic carditis ...	1	1		26						
Chronic rheumatic heart disease ...	16	8	8	56	26	89	4	50	26	77
Subacute bacterial endocarditis ...	3		3	37	34	38				
Syphilitic heart disease ...	2	2		54	52	56	1	56		
Arterio-sclerotic valvular heart disease ...	1	1		66			1	66		
Hypertensive heart disease ...	11	5	6	68	57	78	3	73	72	73
Coronary thrombosis ...	1	1		66			1	66		
Progress senile myocardial degen. ...	7	4	3	78	70	86	4	80	73	86

TABLE O—(continued).

Class of Disease	No. of Admissions			Age of Cases			No. and Age of Fatal Cases			
	Total	Males	Females	Average Age	Youngest	Oldest	Total	Average Age	Youngest	Oldest
Vascular Diseases										
Malignant hypertension ...	1		1	50			1	50		
Arterio-sclerotic gangrene ...	2	1	1	76	71	81	1	71		
Venous thrombosis ...	1		1	73						
Gastro-Intestinal Diseases										
Peptic ulcers ...	7	5	2	53	42	73				
Carcinoma of gastro-intestinal tract ...	5	3	2	64	33	81	3	71	65	81
Abdominal tuberculosis ...	2		2	34	33	34				
Intestinal worms ...	1		1	19						
Undiagnosed cases ...	2		2	60	56	64				
Liver and Gall-Bladder Diseases										
Cirrhosis of liver ...	2		2	73	71	74	2	73	71	74
Subacute yellow atrophy of liver ...	1	1		29						
Carcinoma of gall-bladder ...	1		1	79			1	79		
Kidney and Uro-genital Diseases										
Nephritis (subacute and chronic) ...	4	1	3	47	25	60	3	44	25	60
Cystitis ...	2	2		25	17	34				
Senile prostatic hypertrophy ...	13	13		79	65	84	3	75	69	84
Carcinoma of bladder ...	1	1		73			1	73		
Blood Diseases										
Iron deficiency anaemia ...	3		3	61	38	73				
Pernicious anaemia ...	3	2	1	56	43	76				
Purpura (1 thrombocytopenic ; 1 anaphyl) ...	2	1	1	45	41	49				
Endocrine Diseases										
Diabetes mellitus ...	5	1	4	64	60	71				
Myxoedema ...	1		1	65						
Muscle, Bone and Joint Diseases										
Lumbago ...	1	1		28						
Acute osteo-myelitis ...	1	1		15						
Tuberculosis of spine ...	1	1		30						
Rheumatoid arthritis ...	6	1	5	61	53	65	2	57	53	61
Ankylosing spondylitis ...	1	1		31						
Osteo-arthritis ...	1	1		68						
Osteitis deformans ...	2		2	67	67	67				
Congenital bilateral talipes ...	2		2	79	79	79				
Accidental fractures ...	12	8	4	66	32	82	5	70	32	81
Ear-Nose-Throat Diseases										
Otitis media ...	1		1	17						
Dental Diseases										
Total dental clearance ...	1	1		49						

TABLE O—(continued).

Class of Disease	No. of Admissions			Age of Cases			No. and Age of Fatal Cases			
	Total	Males	Females	Average Age	Youngest	Oldest	Total	Average Age	Youngest	Oldest
Skin Diseases										
Scabies, pediculosis, etc. ...	3	1	2	50	32	74				
Varicose ulceration ...	2		2	54	53	55				
Eczema (seborrhoeaic) ...	9	4	5	58	30	71				
Eczema (occupational) ...	2	2		35	26	44				
Infected cheiropompholyx ...	1		1	48						
Pemphigus ...	1	1		65			1	65		
Acute Infectious Fevers										
Smallpox ...	1	1		76						
Poisonings										
Accidental coal gas poisoning	1		1	36						
General Surgical Conditions										
Herniorrhaphy ...	1	1		57						
Septic Conditions										
Superficial boils, abscesses, etc.	5	3	2	51	14	82				
Septic infection of hand ...	1	1		71						
Gynaecological Diseases										
Bartholinitis ...	2		2	20	20	20				
Hysterectomy for myomata ...	1		1	37			1	37		
Carcinoma of cervix ...	2		2	53	39	67				
Prolapse ...	4		4	63	42	80				
Sterilization ...	1		1	26						
Metropathia hæmorrhagica ...	1		1	48						
Curettages of uterus (incomplete abortions, metrorrhagia etc.) ...	24		24	31	18	47				
Diseases of the Breast										
Breast abscesses ...	4		4	27	22	32				
Carcinoma of breast ...	1		1	87			1	87		
Total ...	293	130	163				72			

CHILDREN'S WARD, 1947.

ADMISSIONS.

117 children were admitted to the Children's Ward during the year, and 79 to the Tonsils Ward making a total of 196 admissions.

Table P. gives a classification of the diseases admitted which covered the whole pædiatric field. The largest group consisted of respiratory infections, numbering 39, including 20 pneumonias. The next most important group was that of generalised neonatal infections (i.e. arising in the first 4 wks. of life) which numbered 14.

DEATHS.

There were 15 deaths of which details are given in Table Q. It will be seen that 5 of these occurred in congenitally defective children who would never have reached physical or mental normality, and at least 3 of whom suffered from such gross malformations as to be non-viable beyond infancy. A sixth death, that of nephritis, was also unavoidable, there being no effective treatment.

There remain 9 deaths (5 pneumonias; 1 septicæmia from septic umbilicus; 3 gastroenteritis). One gastroenteritis death (occurring in a baby recovering from pneumonia) was almost certainly due to a hospital cross-infection, a danger which in spite of all precautions can never be fully eliminated. Several of the fatal cases reached hospital moribund and died within less than a day of admission.

NURSING.

There were a number of remarkable recoveries of desperately ill babies (notably some extremely severe cases of pneumonia and neonatal infections, and the case of brain-abscess). Much credit for these gratifying successes is due to the very satisfactory standard of nursing on the Children's Ward, which is often the most important factor in the recovery of a baby.

LIAISON WITH CLINICS AND PUBLIC HEALTH DEPT.

Close collaboration was developed during the year between the Children's Ward on the one hand, and the Consultant Infant Clinic and the Child Welfare of the Public Health Dept. on the other.

On discharge from hospital of children after serious illnesses appointments were made for follow-up examinations at the Clinic. If home conditions or standard of parent-craft was judged unsatisfactory, follow-up supervision at home by Health Visitors was arranged with the Child Welfare at the time of discharge.

TABLE P.

ADMISSIONS TO CHILDREN'S WARD, 1947.

Class of Diseases	No.	No. and Age of Fatal Cases
Congenital Malformations.		
Hydrocephalus	4	1 (6/12)
Exomphalus	1	1 (2/12)
Mongolism and congenital heart disease ...	1	1 (9 ds.)
Cleft palate	1	
Atresia of oesophagus	1	
Psychiatric Diseases.		
Habit spasms	1	
Mental deficiency	1	
Imbecility	1	
Neurological Diseases.		
Idiopathic epilepsy	1	
Congenital spastic diplegia	1	
Chorea	1	
Post-vaccinal encephalitis	1	
Post-pneumonic brain abscess	1	
Pink disease	1	
Respiratory Diseases.		
Bronchitis	7	
Respir. infections with secondary convulsions or diarrhoea, 1st year	5	
Pneumonia	20	6 (2/12; 2/12; 4/12; 4/12; 7/12; 11/12)
Bronchiectasis	4	
Asthma	4	
Pulmonary tuberculosis	3	

TABLE P—(continued)

Class of Diseases					No.	No. and Age of Fatal Cases
Neonatal Infections.						
Probably upper respiratory entry	...	...	...	...	13	
Septicæmia from septic umbilicus	...	...	...	...	1	1 (11 ds.)
Congenital Syphilis.					1	
Heart Disease.						
Acute rheumatic carditis	...	...	...	...	1	
Congenital heart disease (1 patent duct ; 1 Fallot tetralogy)	...	...	...	...	2	
Gastro-intestinal Diseases.						
Neonatal feeding difficulties	...	...	...	...	2	
Neonatal nervous vomiting	...	...	...	...	1	
Pylorospasm	...	...	...	...	1	
Congenital pyloric stenosis	...	...	...	...	3	
Vincent's stomatitis	...	...	...	...	1	
Infantile gastro-enteritis	...	...	...	...	3	3 (1/12; 3/12; 4/12)
Abdominal tuberculosis	...	...	...	...	1	
Renal Disease.						
Subacute nephritis	...	...	...	...	1	1 (9/12)
Blood Diseases.						
Neonatal hæmolytic anæmia	...	...	...	...	1	
Iron deficiency anæmia	...	...	...	...	1	
Severe undiagnosed anæmia in mongol	...	...	...	...	1	1 (2 yrs)
Septic Conditions.						
Superficial boils and abscesses	...	...	...	...	8	
Subphrenic abscess	...	...	...	...	1	
Septic arthritis of knee	...	...	...	...	1	
Skin Diseases.						
Impetigo	...	...	...	...	1	
Eye Diseases.						
Corneal ulcers and irido-cyclitis	...	...	...	...	1	
Ear, Nose and Throat Diseases.						
Tonsillectomies	...	...	...	...	79	
Otitis media	...	...	...	...	5	
Dental Diseases.						
Dental Abscess	...	...	...	...	1	
Infectious Fevers.						
Whooping cough	...	...	...	...	7	
Measles	...	...	...	...	1	
Infantile paralysis	...	...	...	...	1	
Investigations with Negative Results					3	
Total Number of Cases					203	No. of Deaths 15.

TABLE Q.
DEATHS ON CHILDREN'S WARD, 1947.

	Name and Age	Cause of Death	Remarks
1	P.B. aged 6/12	Progressive int. hydrocephalus	Unavoidable death.
2	P.O. aged 2/12	Complete exomphalos and ectopia of bladder	Unavoidable death.
3	V.S. aged 9 ds.	Mongolian idiocy ; severe congenital heart defect	Unavoidable death.
4	W.L. aged 2/12	Broncho-pneumonia convulsions	Undersized anæmic child with poor resistance. Abnormally developed skull ; probably a future mental defective.
5	G.E. aged 2/12	Broncho-pneumonia	A fulminating pneumonia with no response to treatment.
6	L.G. aged 4/12	Lobar pneumonia	Moribund on admission ; died 4½ hrs. after admission. Earlier hospitalisation might have saved this case.
7	M.R. aged 4/12	Broncho-pneumonia	Neglected under-nourished baby of a mentally defective mother. Moribund on admission ; died within 1 day of admission.
8	B.M. aged 7/12	Broncho-pneumonia. Asthma	Pneumonia was complicated by asthma of extreme severity which materially contributed to death.
9	D.W. aged 11/12	Broncho-pneumonia ; Mongolian idiocy	Mongolism was pronounced Poor physical resistance.
10	J.D. aged 11ds.	Septicæmia from septic umbilicus	Moribund on admission. This death could have been avoided by preventing the original umbilical infection.
11	M.W. aged 1/12	Gastro-enteritis	Several improvements and relapses. Eventually died 3 wks. after admission of a severe relapse.
12	A.J. aged 3/12	Gastro-enteritis	When recovering from pneumonia, this child succumbed to a very severe attack of gastro-enteritis which was possibly caused by a hospital cross-infection. Admitted extremely ill ; died 2 days later in spite of treatment.
13	F.S. aged 4/12	Gastro-enteritis	Unavoidable death.
14	C.S. aged 2/12	Subacute nephritis ; progressive renal failure ; uræmia	
15	M.H. aged 2yrs.	Fatal anæmia in a Mongolian idiot	Moribund on admission, died 12 hrs. later. The type of anæmia was never elucidated ; PM refused.

TABLE R.

SURGICAL OPERATIONS PERFORMED DURING 1947.

Cæsarean Sections :	Lower Segment	...	...	...	...	...	...	9
	Classical	...	...	...	...	...	...	2
Cæsarean Hysterotomy	...	...	...	...	...	...	...	1
Sterilization	...	...	...	...	...	...	...	1
Dilatation and Curettage	...	...	...	...	...	...	...	38
Tonsillectomies	...	...	...	...	...	...	...	80
Mastoidectomy	...	...	...	...	...	...	...	1
Supra pubic Cystotomy	...	...	...	...	...	...	...	10
Rammstedt's Operation	...	...	...	...	...	...	...	3
Investigations under Anæsthetic	...	...	...	...	...	...	...	4
Complete Dental extraction	...	...	...	...	...	...	—	1
Minor Operations	...	...	...	...	...	...	...	29
Total								179

Of the above mentioned 179 patients, the following deaths were caused by the disorders for which operative treatment was deemed to be necessary :—

Mrs. L. (Bsly). Carcinoma G.B.

Mr. T. (Bsly). Uræmia—Senile Prostatic Hypertrophy.

TABLE S.

X-RAY DEPARTMENT STATISTICS.

	No. of patients.	No. of films.
Work done for the Hospital :		
In-patients	286	513
Ante-natal—Chest	168	204
Obstetrical	140	205
	<u>594</u>	<u>922</u>
Work done for outside Departments :		
Queen's Road Dispensary	1,016	1,116
Mount Vernon Sanatorium	294	306
Kendray Hospital—Chest	109	109
General	31	38
Limes Hostel	38	52
Open Air School	36	39
New Street Clinic :		
Orthopædic	49	73
Ear, Nose and Throat	23	30
Dental	25	30
M. & C. W.	10	10
	<u>1,623</u>	<u>1,803</u>
Total number of Patients X-Rayed	2,217	
Total number of X-Ray Films taken	2,725	

TABLE T.

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

Number of patients inspected and treated by Senior Dental Officer ...	10
Number of visits made to hospital by Senior Dental Officer ...	8
Number of Extractions performed ...	5
Number of other operations performed ...	12

KENDRAY ISOLATION HOSPITAL.

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

698 cases were admitted during 1947, and 705 were discharged. A total of 35 deaths took place in the Hospital and at the 31st December, 1947, 42 patients remained in the hospital.

For details see Table 25.

DENTAL TREATMENT.**Summary of work done at the Kendray Isolation Hospital.**

Number of Patients inspected and Treated ...	4
Number of Visits made to Hospital ...	3
Number of Other Operations ...	4

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).

274 Maternity cases were admitted during the year.

222 cases were delivered by Midwives and 48 by Doctors.

3 cases of Puerperal Pyrexia were notified.

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

LUNDWOOD SMALLPOX HOSPITAL.

The Smallpox Hospital, with accommodation for 42 cases of Smallpox, was in use from the 15th May, to the 18th August, 1947, in connection with the outbreak of Smallpox.

Full details of this are given in the appropriate section.

BECKETT HOSPITAL.

This is a Voluntary Hospital of 195 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.

PATIENTS TREATED :						1947	1946
IN-PATIENTS.							
Number of Beds available	...	...	...	...	...	166	166
Number of Beds available (Annexe)	...	...	...	...	...	29	29
Average number of beds occupied daily	...	...	...	...	...	140.6	142.5
Number of In-patients admitted during the year	...	...	...	...	...	3,085	3,483
Average cost of each In-patient	...	...	...	...	...	£15 8 0	£13 1 7
Average cost of each In-patient per week	...	...	...	...	...	£6 13 0	£5 14 4
OUT-PATIENTS.							
General, Surgical and Medical	...	...	...	...	...	2,527	2,331
Casualties	...	...	...	...	...	10,574	9,609
Orthopaedic	...	...	...	...	...	3,270	3,117
Ophthalmic	...	...	...	...	...	969	916
Gynaecological	...	...	...	...	...	306	253
Aural	...	...	...	...	...	1,417	1,505
Dermatological	...	...	...	...	...	576	465
Radium...	...	...	...	...	...	77	78
Dental	...	...	...	...	...	447	497
Massage and Electrical	...	...	...	...	...	1,360	1,240
Remedial	...	...	...	...	...	632	682
						22,000	20,693
Total number of Out-patient attendances						109,642	106,320
Total cost of each Out-patient						12/3	8/4
Operations performed during the year :							
Major	...	...	...	...	...	1,929	2,303
Minor	...	...	...	...	...	1,784	2,113
X-ray Department—							
Patients	...	...	...	...	...	12,822	10,960
Radiographs	...	...	...	...	...	27,286	23,238
Fluoroscopic Examinations	...	...	...	...	...	817	609
Superficial Therapy Treatments	...	...	...	...	...	3,628	1,072
Laboratory—							
Pathological and Physiological Examinations	...	...	...	...	...	3,646	378

MOUNT VERNON SANATORIUM.

The Mount Vernon Sanatorium has 53 beds and admits cases of Pulmonary Tuberculosis—males and females.

Details will be found in the report of the Clinical Tuberculosis Officer on page 71.

SOCIAL WELFARE.

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

DISTRICT MEDICAL OFFICERS.

S. Curry, M.D., M.B., B.S.
 N. Pick, M.B., Ch.B.
 J. Lyon Foster, M.B., Ch.B.
 A. B. Slack, M.B., Ch.B.
 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, 1947 ... 1,546.

Amount of Home Assistance granted during the year ended 31st December, 1947 ... £64,144 2s. 8d.

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 72 patients in the St. Catherine's Institution: 31 males and 41 females. In addition, 3 males and 1 female patient were on licence leave.

MATERNITY AND CHILD WELFARE.

INFANT MORTALITY.

In addition to continuing a systematic investigation into each infant death (which work has been undertaken very largely by Dr. Blackwood) a similar enquiry was made into each of 33 stillbirths being a "pilot" survey—a summary of the result is as follows :—

(1)	Foetal conditions incompatible with life	...	8
(2)	Macerated foetus	... ..	5
(3)	Prematurity	... ..	5
(4)	Maternal Causes	... ..	6
(5)	Obstetric Casualties	... ..	9

MIDWIFERY SERVICES.

The number of Midwives practising in Barnsley at the end of the year was 24, made up by 7 Domiciliary Midwives, 23 in Municipal Hospitals and Homes, and 1 in private Nursing Home. The total number of cases attended by Midwives was 1,725, of which 324 were attended as Maternity Nurses. Medical Aid was summoned on 309 occasions.

DOMICILIARY MIDWIFERY SERVICE.

The total number of cases attended by all Domiciliary Midwives was 626 compared with 548 in 1946, and 521 in 1945.

MUNICIPAL MATERNITY HOME, PINDAR OAKS.

During the year 1947, there were 274 admissions to the Home and 270 babies were born :—

- (a) Delivered by Doctors ... 48
- (b) Delivered by Midwives ... 222

There were three Stillbirths :

- (i) Prematurity (34 weeks)—due to severe toxæmia of mother.
- (ii) Full-term—No obvious cause.
- (iii) Full-term—Congenital malformation of child.

Two Infants Died :

- (i) Age 8/hours—Prematurity due to illness of mother (30 weeks).
- (ii) Age 1/day—Full-term. Congenital defect.

The number of patients is rather less than last year, due to several booked cases having to be admitted to hospital for complications in the last month of pregnancy.

The Home was closed for 7 days—26/2/1947—6/3/1947—for disinfection and cleaning, after two cases of Puerperal Pyrexia had occurred. These two patients were transferred—one to Kendray Hospital and the other to the Jessop Hospital—and made good recoveries.

No further cases of infection occurred during the year.

There were no cases of Ophthalmia Neonatorum or Pemphigus Neonatorum.

There were 54 West Riding cases during the year. This number is due to several Barnsley residents obtaining rooms or other accommodation in the West Riding area before admission.

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 the cases will be found on Page 19.

ANTE-NATAL CLINICS.

These have been run entirely as in previous years.

During the year 5,421 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 5,070 in 1946.

Clinics are held at St. Helen Hospital at which 1,053 cases attended, 666 of whom also attended in the first instance at the New Street or Out-districts Ante-natal Clinics. At Pindar Oaks Maternity Home, 242 cases attended.

POST-NATAL CLINICS.

During the year, 117 cases attended the Post-Natal Clinic at the Medical Services Clinic, the total attendances being 164 mothers and 15 babies. The arrangements continued as in previous years.

CONSULTING CLINIC.

The work of this Clinic has continued : 86 cases were seen during the year, who made a total of 164 attendances.

PUERPERAL PYREXIA.

8 notifications were received during the year. 3 cases were treated in Kendray Hospital and 5 in other Hospitals.

OPHTHALMIA NEONATORUM.

1 case of Ophthalmia Neonatorum was notified in 1947 and was treated in Kendray Hospital. The case recovered without impairment of vision.

MATERNAL DEATHS.

Details of the three Maternal deaths are given in the St. Helen Hospital report.

INSTITUTIONAL TREATMENT OF MOTHERS AND CHILDREN.

This has not varied from previous years.

HEALTH VISITORS.

During the year three Student Health Visitors were sent for training, one to Leeds University and two to Nottingham University College. The recruits so gained will barely keep our number of Health Visitors at its present low strength. To save unnecessary time spent in travelling, transport was provided for visitors with scattered districts. This, while it is the best that can be done in the circumstances is barely nibbling at the problem of providing sufficient Health Visitors. At the close of the year, the staff consisted of 9 Health Visitors, 5 Departmental Staff Nurses and three Student Health Visitors (one being an existing Departmental Staff Nurse) as compared with the number recommended by the Committee as a minimum, viz :—24.

INFANT WELFARE CENTRES.

The Infant Welfare Centres have continued to function as in previous years. Details of the attendances will be found in Table 15, page 49.

INFANT LIFE PROTECTION.

Number of persons who were receiving children for reward at the end of the year 1947—2.

Number of children on the register at the end of the year 1947—2.

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.

DAY NURSERIES.

The attendance of children at the New Street Day Nursery has been normal, the average daily attendance over the year being as follows :—

30.58, made up thus :— 0—2 years 9.08 2—4 years 21.50.

The total amount of fees received during the year was £347 1s. 6d.

A number of small repairs to the building and fencing have been carried out and the surrounding site has been tidied but the proposed laying down to grass has not yet been carried out.

During the year a Slide and a Climbing Frame were provided, these have been a constant source of pleasure and amusement to the children.

New floor covering to the Toddlers' room was laid during the year.

The general health of the staff of the Nursery and the children has been good.

NURSING HOMES.

During the year, the Medical Officer of Health made periodic visits of inspection to the St. Margaret's Nursing Home, the only one registered in Barnsley.

TABLE 11
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 3 months.	3 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 1947.
Whooping Cough	...	...	...	...	...	...	...	...	1	1	1
Bronchitis	...	...	...	...	...	...	...	1	...	5	5
Pneumonia	...	3	...	...	3	6	5	2	...	13	16
Diarrhoea	...	1	1	...	2	2	5	...	1	8	10
Violence	2	...	...	...	2	...	...	...	...	...	2
Premature Birth	10	1	1	...	12	4	...	2	...	...	12
Congenital Diseases	11	1	...	1	13	...	...	...	...	6	19
All other Causes—	...	...	...	...	...	...	...	...	...	...	...
Nephritis	...	...	1	...	1	...	...	...	1	1	2
Syphilis	3	...	...	...	3	...	...	...	...	...	3
Tuberculous Meningitis	...	...	...	...	...	1	...	...	1	1	1
Cerebral Meningitis	...	...	...	...	...	...	1	...	...	1	1
Totals	26	6	3	1	36	14	14	5	3	36	72

TABLE 12.

INFANT MORTALITY

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

Year	NEO-NATAL.								1-12 MONTHS.							
	Bronchitis		Pneumonia		Diarrhœa		Congenital Debility, etc.		Bronchitis		Pneumonia		Diarrhœa		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
1938	—	—	—	—	—	—	36	28.28	3	2.36	9	7.07	4	3.14	9	7.07
1939	1	0.82	2	1.64	—	—	35	28.71	3	2.47	12	9.84	1	0.82	4	3.29
1940	2	1.70	3	2.58	1	0.84	21	18.07	8	6.88	20	17.02	—	—	10	8.60
1941	2	1.68	2	1.68	—	—	35	29.46	3	2.53	21	17.68	2	1.68	1	0.84
1942	—	—	4	3.13	—	—	26	20.34	5	3.91	16	12.52	5	3.91	5	3.91
1943	1	0.73	8	5.88	2	1.46	37	27.96	8	5.88	14	10.30	2	1.46	10	7.36
1944	—	—	6	3.89	3	1.94	27	17.53	2	1.29	9	5.84	3	1.94	8	5.19
1945	—	—	6	4.35	1	0.72	12	8.70	4	2.90	18	13.06	6	4.35	7	5.08
1946	—	0.64	2	1.28	2	1.28	31	19.89	1	0.64	3	1.93	4	2.57	7	4.05
1947	—	—	3	1.80	2	1.20	27	16.23	5	3.01	13	7.82	8	4.81	6	3.61

TABLE 13.
BIRTHS DELIVERED BY THE DOMICILIARY MUNICIPAL MIDWIVES DURING THE YEAR, 1947.

Name of Midwife	Total Number of Births	As Midwife	As Maternity Nurse	CASES TRANSFERRED TO :			Additional Cases to cols. (2)-(4) attended			Cases given Ante-Natal Care
				St. Helen Hospital	Jessop Hospital		Threatened or Abortions	Left Area	Found to be Not Pregnant	
*Cousions, S.C.M. ...	54	48	6	9	1		1	—	—	65
Doherty, S.C.M. ...	76	59	17	5	1		1	—	—	82
*Brigham, S.R.N., S.C.M. ...	39	29	10	2	—		—	2	—	43
*Coldwell, S.C.M. ...	3	3	—	—	—		—	—	—	20
(Compensated)										
*Taylor, S.R.N., S.C.M. ...	9	7	2	3	—		1	—	—	12
*Hartley, S.C.M. ...	102	88	14	3	4		1	—	—	109
Rushton, S.R.N., S.C.M. ...	82	72	10	7	4		3	1	—	96
O'Dwyer, S.C.M. ...	68	65	3	9	—		2	1	1	78
Tomlinson, S.R.N., S.C.M. ...	106	96	10	10	—		—	4	2	121
Bedford, S.C.M. ...	57	54	3	12	1		2	3	—	68
(Compensated)										
*Rainford, S.C.M. ...	35	30	5	7	—		1	—	—	40
*Sewell, S.R.N., S.C.M. ...	3	3	—	—	—		—	—	—	7
TOTAL ...	634	554	80	67	11		12	13	3	741

* A. COUSIONS Terminated Duty 6-9-47
 J. W. BRIGHAM Commenced Duty 15-5-47 Terminated 30-9-47
 H. COLDWELL Commenced Duty 25-5-47 Terminated 25-6-47
 A. TAYLOR Terminated Duty 21-2-47 Holiday Duty 17-11-47 to 30-11-47
 B. HARTLEY Commenced Duty 21-2-47
 E. RAINFORD Terminated Duty 11-10-47
 F. M. SEWELL Commenced Duty 1-12-47

The 634 babies were born to 626 mothers (8 cases of twins)
 Number of Ante-Natal Visits ... 2964
 Number of Nursing Visits ... 8068

TABLE 14.
SUMMARY OF THE WORK OF HEALTH VISITORS FOR THE YEAR 1947.
VISITS MADE BY ALL HEALTH VISITORS.

1,680	6,622	11,141	1,026	635	—	—	33	65	60	912	205	138	102	20	176	272	9	2,568
1st Visits	Under 1 year	1—5 years	Ante-Natal		Ophthalmia Neonatorum		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												

TABLE 15.

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

Annual Report, 1947

	Barnsley	Ardsley	Monk Bretton	Lund- wood	Smithies	Total
Infant Welfare—						
Number of cases on books on 1/1/1947:—						
0—1 years ...	697	142	45	123	111	1118
1—5 „ ...	1867	219	80	169	215	2050
Number of new cases seen by M.O. during 1947, and who on their first attendance were:—						
0—1 years ...	861	215	65	160	139	1440
1—2 „ ...	85	7	3	4	4	53
2—5 „ ...	28	4	3	2	3	40
Total number of cases who attended during the year 1947:—						
0—1 years ...	1558	357	110	283	250	2558
1—5 „ ...	1480	230	86	175	222	2148
Total number of children who attended the Centres during the year and who at the end of the year were:—						
0—1 years ...	734	182	57	132	139	1244
1—5 „ ...	1071	223	88	159	193	1734
Total Attendances made by cases during the year:—						
0—1 years ...	9337	2227	703	1654	1629	15550
1—5 „ ...	2480	350	201	280	453	3764
Pædiatric Clinic—						
Number of cases	12	...	...	...	...	...
Total number of attendances made	27	...	...	...	...	...
(Clinic Commenced 8/12/47)						

(See next page)

TABLE 15—(continued).

	Barnsley	Ardsley	Monk Bretton	Lund- wood	Smithies	Total
Ante-Natal—						
Number of cases	994	285	...	218	...	1497
Total number of attendances made by above cases ...	3581	957	...	888	...	5421
Ante-Natal cases examined at Maternity Home ...	242	...	...	...	...	...
Total number of attendances made by cases at the Maternity Home ...	1803	...	...	...	...	...
Ante-natal cases examined at St. Helen Hospital ...	1058	...	...	...	...	...
Total number of attendances made by cases at St. Helen Hospital	7078	...	...	...	...	...
Post-Natal—						
Number of cases	117	(13 seen at St. Helen Ante-Natal Clinic)				
Total number of attendances made by above cases ...	164 15	Mothers Babies	...	...	...	...
Consultant Ante-Natal and Post Natal Clinic—						
Number of cases	86	...	...	...	...	...
Total number of attendances made by above cases ...	164	...	...	...	...	...
Mother and Baby Home—						
Number of Post-Natal cases sent to Mother and Baby Home	11	...	...	...	...	...

NOTE:—Of Barnsley's 994 Ante-Natal Cases 477 also attended St. Helen Hospital and are included in the figure 1,058.

Of Ardsley's 285 Ante-Natal Cases 100 also attended St. Helen Hospital and are included in the figure 1,058.

Of Lundwood's 218 Ante-Natal Cases 89 also attended St. Helen Hospital and are included in the figure 1,058.

TABLE 16.

Statement of Receipts at Infant Welfare Clinics, etc., and value of free issues during 1947.

	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	...			...			...			...			...			...			...
Total cost to the Committee 1946	8	9		...			...			...			...			...			8	9	
1947	...			...			...			...			...			...			...
Receipts for the year 1946	4975	17	9	915	16	0	214	2	10	688	4	5	582	0	11	...			7326	1	11
1947	5570	6	10	849	3	6	267	8	4	771	14	11	749	17	2	...			8208	10	9

ARRANGEMENTS FOR TREATMENT.

DENTAL.

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

The number of patients inspected during the year 1947 closely approximates the number inspected for the previous year, the treatment accomplished being very similar.

The Scheme, where every expectant mother is referred by the Medical Officer for dental inspection as a routine is working well, and very few patients miss the opportunity of having their mouth and teeth inspected.

There are still some, however, who will not accept the treatment offered, and in consequence still retain any septic teeth of which they are possessed. There are a number of patients, who although referred by the Medical Officers, do not present themselves for inspection until very late in their pregnancy, and in consequence the treatment has to be postponed until after the birth of the child. Invariably it is the case that these particular patients suffer from severe oral sepsis which should have been attended to early in their pregnancy, for the patient and her offspring to derive the maximum amount of benefit from that treatment.

The National Health Service Act (Part 3—Section 22) which gives the Expectant and Nursing mother and pre-school child precedence over all other classes of patients necessitates a re-organisation of the scheme at present in operation and more time will have to be devoted to this particular branch of the service. The cost of Dentures will have to be reviewed, in the light of the new Act, which in itself is a complete insurance for Dental treatment without additional charge to the patient.

The Mount Vernon Sanatorium has been visited, the patients inspected and treatment given, where and when the patient was fit enough to have that treatment.

The St. Helen and Kendray Hospitals are visited on the request of the Medical Officers responsible and the emergency Dental treatment required has been given.

TABLE 17.

SUMMARY OF WORK DONE FOR MATERNITY AND
CHILD WELFARE PATIENTS DURING 1947.

No. of patients inspected and treated	...	...	...	...	...	...	545
No. of Visits made by patients	...	...	...	...	...	...	1,605
No. of treatment sessions	...	...	...	...	...	...	89½
No. of Anæsthetic sessions	...	...	...	...	...	...	12½
No. of fillings	...	...	...	...	...	...	602
No. of scalings	...	...	...	...	...	...	110
No. of extractions	...	...	...	...	...	...	625
No. of other operations	...	...	...	...	...	...	835
No. of dentures supplied	...	...	...	...	...	...	99
No. of patients provided with dentures	...	...	...	...	...	...	54
No. of operations in connection with dental prosthetics	...	...	...	...	...	...	345

ORTHOPAEDIC.

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

The following Tables show the number of cases admitted to the Orthopaedic Hospitals during the year 1947 :—

TABLE 18.

**SUMMARY OF CASES UNDER SCHOOL AGE ADMITTED TO ADELA SHAW
ORTHOPAEDIC HOSPITAL, 1947.**

Initials	Age	Diagnosis	Admitted	Dischg'd.	Condition on Discharge	Result
A.B.	4	Congenital Dislocation of Hip	2/8/46	8/6/47	No splinting	Very Good
K.H.	3	Still's Disease	4/10/46	4/10/47	No splinting Walking	Very Good
L.D.	3	Coxa Vara	22/11/46	17/1/47	No splinting	Very Good
S.R.	4	Congenital Dislocation of Hip	22/11/46	10/6/47	Wearing caliper	Satisfactory
D.P.	1	Congenital Club Feet	18/4/47	2/9/47	No splints	Very Good
L.P.	1	Congenital Club Foot	18/4/47	31/7/47	No splints	Very Good
P.J.	2	Poliomyelitis	31/7/47	6/12/47	Wearing caliper	Satisfactory
J.H.	2	Poliomyelitis	19/8/47	Still in Hospital		
M.J.	2	Poliomyelitis	19/8/47	Still in Hospital		
N.B.	8/12	Poliomyelitis	10/10/47	Still in Hospital		
A.B.	4	Congenital Club Foot	31/7/47	2/9/47	In plaster	Very Good

TABLE 19.

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

Initials	Age	Diagnosis	Admitted	Dischg'd. from Hospital	Condition on Discharge	Result
H.S.	56	T.B. Hip	21/10/47	Still in Hospital		
N.W.	20	T.B. Spine	23/10/47	25/10/47	Wearing Spinal Jacket	Satisfactory

TABLE 20.

**SUMMARY OF WORK DONE UNDER THE ORTHOPAEDIC SCHEME
(EXCLUDING THAT 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	...	...	...	...	25
over 16 years	...	...	...	...	1

No. OF RE-EXAMS SEEN :

Tubercular under 5 years	...	...	...	...	8
over 16 years.	...	...	...	...	26
Non-Tubercular under 5 years	...	...	...	...	128
over 16	...	...	...	...	1

PRE-SCHOOL CHILDREN.

161 Pre-school children have been treated at the Orthopaedic Clinic during the year.

631 Attendances have been made for Observation, Splinting and Physiotherapy.

253 Attendances have been made for Breathing and Postural Exercises.

11 Children under 5 years of age have been admitted to the Adela Shaw Orthopaedic Hospital.

There were 6 cases of Poliomyelitis : of these :—

3 are still in Hospital.

2 are receiving treatment at the Clinic.

1 has completely recovered.

MATERNITY SERVICE.

148 Women have been given Post-Natal Exercises in the Municipal Maternity Home.

T.B. ADULTS.

56 Attendances have been made by T.B. Adults for Physiotherapy and Adjustment of Splints.

TREATMENT OF CASES BY ULTRA VIOLET LIGHT.

The following Tables give details of the patients treated with Ultra-Violet Light at all Light Centres during the year 1947:—

					Number Treated.	Number of Attendances.
Children 0—5 years	...	...	...		264	2,698
Adults	...	...	...		4	70
Expectant Mothers	...	...	...		49	507
					<u>317</u>	<u>3,275</u>

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

1. (i) WATER.

Circular 170/47 of the Ministry of Health asks that reference be made to matters relating to the water supply of the town. There is little to add to what has previously been reported :—

- (i) The water supply in the area has been satisfactory in quality and, generally, in quantity, except for the latter part of the year when, in common with many other towns, the effect of the drought necessitated the imposition of restrictions and some curtailment of supplies.
- (ii) Bacteriological examinations of the raw water are not normally made, but copies of the reports of the analyses made by the Borough Analyst are sent to the M.O.H. by the Waterworks Engineer and Manager.
- (iii) Precautions against plumbo-solvent action have been continued as in the past, namely, the dosing of the filtered water with lime.
- (iv) All the water is chlorinated.
- (v) 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.

During the year 27.88 inches of rainfall were registered at Barnsley (Jordan Hill) and 46.47 inches at Midhope Reservoir.

(ii) DRAINAGE AND SEWERAGE.

During the year, no private streets have been made up and no alterations of importance have been made at the Sewage Disposal Works.

2. RIVERS AND STREAMS.

There was nothing of note in 1947.

REPORT OF THE CHIEF SANITARY INSPECTOR.

The following is the Report of the Chief Sanitary Inspector and
Cleansing Superintendent for the Year 1947.

During 1947, 15,242 inspections were made of premises by the Sanitary Inspectors. 4,197 nuisances were found and 3,762 were abated.

During the year, 92 tons, 19 cwt., 1 qr., 5½ 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 187, of this number 18 were certified by the Public Analyst as not conforming to the required standard.

130 samples of milk were examined for the presence of Tubercle Bacilli, three were found to contain the organism.

366 samples of milk were subjected to a bacteriological examination, 60 of which did not conform to the required standard.

The shortage of Inspectorial Staff is reflected in the above figures. Two inspectors left to take up other appointments. These have not been replaced. Changes early in 1948 will bring about a further reduction in the number of inspectors. Advertisements do not produce applicants. The position is serious and should receive the earnest attention of the Committee.

TABLE 21.

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.	64	60	5	—
(2) Factories to which Section 7 applies	207	289	17	—
(3) Other Premises	—	—	—	—
Total	271	349	22	—

2. CASES IN WHICH DEFECTS WERE FOUND.

	Number of cases in which defects were found				No. of cases prosecuted
	Found	Remed.	Referrred To H.M.I. / By H.M.I.		
Want of Cleanliness (s.1)	5	1	—	—	—
Overcrowding ... (s.2)	—	—	—	—	—
Unreasonable temperature (s.3)	2	—	—	—	—
Inadequate ventilation. (s.4)	2	—	1	—	—
Ineffective drainage of floors ... (s.6)	—	—	—	—	—
Sanitary Conveniences. (s.7)					
(a) Insufficient ...	4	3	—	1	—
(b) Unsuitable or defective ...	16	23	1	4	—
(c) Not separate for sexes ...	—	—	—	—	—
Other Offences ...	—	—	—	—	—
Total ...	29	27	2	5	—

TABLE 22

Notifiable Infectious Diseases (excluding Tuberculosis). Table showing monthly prevalence during 1947.

Notifiable Disease.	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Scarlet Fever	41	27	23	10	17	15	17	8	9	11	8	16	202
Diphtheria	...	1	4	3	2	...	1	1	...	2	...	2	16
Pneumonia	18	21	21	8	8	7	9	7	6	12	12	21	150
Cerebro-Spinal Fever	...	...	3	5	2	3	...	...	1	1	...	...	15
Ophthalmia Neonatorum	4	...	2	...	...	...	...	1	...	...	...	...	1
Erysipelas	...	2	...	2	1	3	...	...	4	4	3	3	28
Puerperal Pyrexia	...	2	1	...	1	...	1	...	1	1	...	...	8
Measles	124	147	67	67	132	162	121	91	18	27	36	9	931
Whooping-Cough	14	5	6	3	6	7	14	6	14	28	65	43	206
Enteric Fever	...	...	1	...	...	...	...	...	...	...	...	...	1
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	1
Dysentery	1	...	...	...	1	...	...	...	...	...	...	...	4
Smallpox	...	...	...	...	14	24	2	...	...	...	...	...	18
Poliomyelitis	...	...	...	...	...	24	5	3	3	...	...	...	18
Polioencephalitis	...	...	...	...	1	...	...	...	...	...	...	...	2
*Chickenpox	...	...	...	...	2	12	...	...	...	...	...	...	14
Food Poisoning	...	...	...	...	1	...	...	...	...	...	...	...	1
TOTALS	202	205	128	98	188	203	170	59	56	81	126	95	1611

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

14 cases notified as Diphtheria, diagnosis of which was later amended, not included in notified cases above.

5 cases notified as Pneumonia, diagnosis of which was later amended, not included in notified cases above.

6 cases notified as Cerebro-Spinal Fever, diagnosis of which was later amended, not included in notified cases above.

2 cases notified as Puerperal Pyrexia, diagnosis of which was later amended, not included in notified cases above.

3 cases notified as Measles, diagnosis of which was later amended, not included in notified cases above.

1 case notified as Whooping Cough, diagnosis of which was later amended, not included in notified cases above.

7 cases notified as Smallpox, diagnosis of which was later amended, not included in notified cases above.

4 cases notified as Poliomyelitis, "diagnosis of which was later amended, not included in notified cases above.

1 case notified as Polioencephalitis, diagnosis of which was later amended, not included in notified cases above.

* Notifiable from 19th May to 5th July, 1947.

TABLE 23.

NOTIFIABLE DISEASES (excluding Tuberculosis).

AGE AND WARD DISTRIBUTION OF INFECTIOUS DISEASES NOTIFIED DURING 1947 (excluding Tuberculosis)

NOTIFIABLE DISEASE.	No. of cases notified in Barnsley during 1947								Total cases in each Ward.												Removed to Hospital.								
	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.	Ardsley Ward.	Monk Bretton Ward	Central Ward.	Carlton Ward.	St. Helen Hospital	Limes Hostel		Childrens Homes, Gawber Road	Kendray Hospital.	Beckett Hospital	Kendray	St. Helen	Beckett	Norton Hall	Seacroft, Leeds	Lundwood
Scarlet Fever ...	202	1	9	31	86	47	18	10	23	23	14	19	20	17	37	21	14	12	—	—	—	1	1	11	20	—	—	—	—
Diphtheria ...	16	2	2	6	2	1	2	1	3	—	—	2	—	4	4	1	2	—	—	—	—	—	—	—	9	5	—	—	—
Pneumonia ...	150	17	24	15	19	6	19	50	23	12	6	17	4	4	48	25	10	1	1	—	—	—	—	15	—	4	—	—	—
Cerebro-Spinal Fever ...	15	3	3	2	1	1	1	4	4	—	—	2	4	1	1	2	—	—	—	—	—	—	—	1	—	—	—	—	—
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	28	—	—	—	—	—	2	26	5	1	3	5	1	2	6	4	2	—	—	—	—	—	—	3	1	—	—	—	—
Puerperal Pyrexia ...	8	—	—	—	—	—	2	6	60	4	1	1	1	46	186	265	39	26	1	1	10	—	—	13	—	—	—	—	—
Measles ...	931	63	244	349	251	7	11	6	41	108	50	72	68	9	78	6	3	1	2	1	2	—	—	8	—	—	—	—	—
Whooping Cough ...	206	20	56	95	35	—	—	—	—	—	11	19	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever ...	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ...	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	4	—	1	—	—	—	—	3	—	—	—	7	1	—	1	—	—	1	—	—	—	—	1	3	—	1	—	—	—
Smallpox ...	18	—	—	—	—	—	—	17	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polioencephalitis ...	13	1	3	2	4	2	1	1	2	4	—	1	—	1	1	3	—	1	6	—	—	—	—	—	11	—	—	—	—
Polioencephalitis ...	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
*Chickenpox ...	14	2	2	5	5	—	—	—	—	—	—	—	2	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning ...	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	1611	110	345	505	403	65	59	124	161	179	87	144	110	84	364	340	70	44	10	1	12	1	4	202	6	7	3	1	18

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

14 cases notified as Diphtheria

5 cases notified as Pneumonia

6 cases notified as Cerebro-Spinal Fever

2 cases notified as Puerperal Pyrexia

3 cases notified as Measles

1 case notified as Whooping Cough

7 cases notified as Smallpox

4 cases notified as Polioencephalitis

1 case notified as Polioencephalitis

* Notifiable from 19th May to 5th July, 1947.

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 1,611. In addition some 49 cases were notified which were subsequently found not to be infectious disease. This compares with 996 cases last year (1946) and 2,293 cases in 1945. The principal cause of this variation is the number of notifications of Measles—the figures for this disease in 1947, 1946, and 1945, were 931, 170 and 1,777, the other notifications for these years totalling 680, 826 and 516.

The most noteworthy features of the year were the outbreaks of Smallpox and of Poliomyelitis, to each of which further reference is made under their respective headings.

DIPHTHERIA.

30 cases were notified as Diphtheria during the year, all being admitted to the Kendray Hospital, the diagnosis being confirmed in 16 cases.

No death was recorded during the year from this disease.

DIPHTHERIA IMMUNIZATION.

The total number of children immunized during the year 1947 is as follows :—

Children from 0—5 years ... 1,254

Children from 5—15 years ... 313

The actual numbers in each group show an increase on the figures for 1946 (1,161 and 288 respectively). The percentages of immunized children at the end of the year was 0—5 years 63.33%, and 5—15 years 84.62%.

For the child population as a whole (0—15 years), the percentage immunized is 82.5%.

SCARLET FEVER.

208 notifications were received and the diagnosis was confirmed in 202 cases. This shows little change from last year. 120 cases were admitted to Kendray Hospital.

ENTERIC FEVER.

1 case of Enteric Fever was notified and admitted to Kendray Hospital.

PNEUMONIA.

155 cases of Pneumonia were notified, the diagnosis being amended in 5 instances. 9 cases were removed to Kendray Hospital and 5 to St. Helen Hospital.

CEREBRO-SPINAL FEVER.

21 notifications were received and the diagnosis was confirmed in 15 cases, all of which were treated in Kendray Hospital.

PUERPERAL PYREXIA.

10 notifications were received, 8 of which were confirmed, 3 of which were removed to Kendray Hospital and 5 to other Hospitals.

MEASLES.

934 cases were notified, with 3 subsequent amendments of diagnosis, and 13 admissions to Kendray Hospital.

WHOOPING COUGH.

207 notifications were received, with one subsequent amendment of diagnosis and 8 admissions to Kendray Hospital.

OPHTHALMIA NEONATORUM.

1 case was notified during the year, and this was admitted to Kendray Hospital for treatment.

VACCINATION.

During the year, 468 children were successfully vaccinated, and 1,022 statutory declarations of conscientious objection were received.

SMALLPOX.

The series of outbreaks of Smallpox commenced in Grimsby early in 1947, almost certainly by importation from ship. The main tramp route from this port follows the ancient trade-route due West, by Scunthorpe and Doncaster to Barnsley, where it joins the main north-south route which runs through Sheffield and Nottingham to London and through Wakefield and Leeds to the North. Barnsley is at once a junction and a resting-place in the tramp world, and this migratory class gravitates to the common lodging houses, of which there are five in the town. Some tramps remain overnight or at most for a day or two before passing on, others obtain temporary local employment, frequently with firms of civil engineers engaged on construction work which calls for some semi-skilled labourers. These migrant workers and vagrants move against a background of elderly permanent lodgers who have found in the lodging-house a resting-place for their old age.

ONSET OF EPIDEMIC IN BARNSELEY.

On the 16th May, 1947 a case of smallpox was diagnosed in Bermondsey and removed to hospital on the first day of the rash. This patient had been staying at a common lodging house in Barnsley from the 4th April to the 6th May, and enquiry was accordingly made at this lodging house where first a woman was found ill in bed with a first day rash, then a man was found with a 2/3 day rash. Further enquiry regarding recent illness showed that earlier in the week a lodger had been sent to the Municipal General Hospital, and a visit to the ward found this man in the vesicular stage of smallpox.

The dates of appearance of the rash, the domicile, and the initials where relevant, are given below in respect of the further definite cases of smallpox, in the order of occurrence, together with any noteworthy features of each case. For ease of reference and completeness, the three cases mentioned above are also included:—

- 16/5/1947. C.H. Male, aged 72. 2nd/3rd day rash, resident of lodging house, admitted from Municipal General Hospital—for many years a blind inmate of the Common Lodging House.

This patient unfortunately died in the Smallpox Hospital.

- 16/5/1947. Male, aged 72. 2nd/3rd day rash. Admitted from Common Lodging House. He too developed variola major to which he succumbed later.

- 16/5/1947. Female, aged 49. 1st/day rash. Admitted from Common Lodging House. Severe variola major, semi-confluent on face; recovered.

- 18/5/1947. Male, aged 68. Admitted from Common Lodging House on 1st/day of rash. Definite variola major. Recovered.

- 18/5/1947. Male, aged 28. T.McG. This man had been at Scunthorpe at the time of the Smallpox outbreak in that town, and had been a resident in the infected Common Lodging House there. When seen here, he presented a recent successful single insertion vaccination mark, and some three suspicious pocks on the forearms. He arrived at Common Lodging House Barnsley on the 30th/April in company with another inmate—P.W.—who did not, however, come from the Scunthorpe Common Lodging House and is mentioned rather as a witness to the actual date of McG's arrival. At first it was considered that T. McG. was the vector of Smallpox from Scunthorpe to Barnsley. He was admitted to the Smallpox Hospital where he remained under observation for some weeks. He was in robust health throughout, and though examined by many medical men no definite diagnosis of smallpox was made, and his serological test was negative. Tempting as it appeared to claim him as the vector, it was finally considered that even if he were regarded as a modified smallpox, he did not arrive in Barnsley in time to have infected C.H., the first case in point of time and the first on this list.

- 19/5/1947. Male, aged 70. Admitted from Common Lodging House, developed semi-confluent smallpox, from which he died.

There is then an interval until the second generation of cases began to appear.

- 27/5/1947. Male, aged 67. Admitted to Smallpox Hospital from the infected ward of Municipal Hospital. Developed mild modified Smallpox.
- 28/5/1947. Male, aged 81. Similarly admitted from Municipal Hospital; a case of mild modified Smallpox.
- 29/5/1947. Male, aged 57. A further similar mild case from same ward.
- 29/5/1947. Male, aged 25. ditto.
- 29/5/1947. Male, aged 45. ditto.
- 29/5/1947. Male, aged 60. An inmate of Common Lodging House who had refused vaccination, and who had come safely through the first series of cases in the Common Lodging House, but developed a fairly severe form of Smallpox as a second generation case. This man attained some notoriety by absconding from the lodging house on the day of appearance of the rash and later after a day's walk travelled home by 'bus. Fellow travellers were warned by radio and further surveillance duties were thrown on the department but, in passing, it may be mentioned that no case of smallpox arose in the 'bus passengers or other contacts.

- 29/5/1947. Girl, aged 11. C.O. This girl was one of those children admitted to the Municipal Hospital for tonsillectomy during the time that elapsed between the admission to that hospital of the original case—C.H., on the 13th/May, and his diagnosis and removal on the 16th/May. C.O. was admitted to a different ward on a different floor of the same wing of the hospital on the 15th/May and was discharged on the morning of the 16th/May, owing to cancellation of the operation list. Vaccination was offered but refused.

The case was seen at home on 29th/May, in consultation, and was found to be a definite case of smallpox, and admitted to hospital forthwith, where in due course she recovered from a severe form of the disease, with classical distribution and a semi-confluent eruption on face.

The interesting point here is that the rash had been present on the 28th, so that this is presumably an example of acceleration in the incubation period in a child. No other case arose in connection with this girl, nor in any of her fellow ward inmates.

- 30/5/1947. Male, aged 70. Had visited a patient in the infected ward during the period 13th/16th May, seen in consultation and admitted with 2nd/day rash.
- 5/6/1947. After nearly a week's interval a further and final case, a male, aged 65, was admitted from Common Lodging House with definite smallpox, and his case proved severe in type.
- 5/6/1947. On the same date a man of 71, S.F. was seen in consultation at a Common Lodging House in Wakefield, some 8 miles away, and admitted to our Smallpox hospital, to develop a severe attack of classical smallpox from which he made a good recovery. This man was a night watchman and during the period when his infection was contracted he was working on one of the recognized "tramp routes", and vagrants were in the habit of warming themselves at his fire.

It is suggested that one such vagrant may have been the vector of his infection.

No further case had arisen in the Barnsley Common Lodging House by the 30th/June, or elsewhere in the town; the quarantine and supervision of the inmates of the Common Lodging House had come to an end with terminal bathing and disinfection, and Smallpox appeared to be over when, on the 30th/June, a Mrs. P., aged 62, was seen in consultation and found to be a further case of smallpox—3rd day of rash. This patient lived on a housing estate in Barnsley, on the main Barnsley-Pontefract Road, and about $\frac{1}{2}$ mile from the Smallpox Hospital. She was something of an invalid and rarely went out of her house, and no link was ever traced between her and the earlier series of cases. Of her immediate contacts a married daughter who had come from a neighbouring town to nurse her, developed smallpox, a severe classical case, and this daughter's husband developed a mild attack of smallpox, both on the 11th/July.

No further case arose, and these three cases concluded our series.

The clinical points that struck me were:—

- (1) The severity of the disease in the old, the infirm, and the unvaccinated or those vaccinated many years previously, and the classical distribution and course of the disease in such cases.
- (2) The relative mildness of the disease and the atypical distribution of the disease when it occurred in the very recently vaccinated—the distribution was in many ways more like that of chicken-pox than that of classical smallpox.

The inmates of the Common Lodging House who had left in the initial "infected" period were all ultimately traced, largely through the excellent co-operation of the police, and none showed evidence of current or recent smallpox.

One measure that I consider to have played a large part in bringing to an end the spread of smallpox by tramps was the large-scale terminal cleaning and disinfection. This was carried out at the close of the observation period of sixteen days following the diagnosis of the final case in these premises. A section of the isolation hospital was put into use, and the entire remaining residents of the lodging house were conveyed there by ambulance in relays. Every person received what was in many cases the first bath for a considerable time, and after bathing the residents were put to bed while their clothing was "stoved" in the hospital disinfectant. The entire operation took two days and a half. In the meantime, a disinfectant, obtained on loan from the Military Authorities and sent up from Warwickshire complete with operator, had been set up in the courtyard of the lodging house, and every article of clothing and bedding was put through this machine. Bedding which failed to survive treatment was burnt. The lodging house itself was sealed and disinfected, and later a working party was formed from the residents to scrub, clean down, and distemper the premises. It is felt that this very thorough treatment of the persons, clothing, and bundles of the vagrants was materially effective in controlling further spread of smallpox.

Another precaution was the obvious one of vaccination of all contacts. This point is not laboured unduly—but it may be mentioned that surprisingly few of the lodging house residents developed smallpox, and no member of the medical, nursing, or sanitary staff developed the disease. In an endeavour to trace the original vector of the disease an extensive cross-exchange of the names of lodging house residents was made between Barnsley and those towns that had previously been the scene of similar outbreaks, but no satisfactory link was ever discovered. It is tempting to regard T. McG., as the vector, and this possibility has already been discussed in the section devoted to the course of the epidemic. Certainly in arriving in Barnsley on the 30th/April, straight from the infected lodging house in Scunthorpe, he could have infected the Bermondsey case, and the third and fourth cases in the Barnsley series, but by all recognised criteria T. McG., did not reach Barnsley in time to have infected the first two cases, C.H., and the male, aged 72. But turning to the case of C.O., the girl of 11 who spent one night 15/16th May in the Municipal Hospital, the earliest date of possible infection was the 15th May, and the rash had certainly appeared on the 28th/May, which gives an incubation period of thirteen days in an unvaccinated child. "Acceleration" of the appearance of the rash is a recognised phenomenon, and it is submitted that similar acceleration may occur in the old and feeble. If this is so, infection of both C.H. and the other man of 72, could have occurred on the 30th/April, i.e., T.McG., might after all have been the vector.

In writing so fully of our outbreak of smallpox, I must acknowledge the help given by Dr. Snell and Dr. Moroney, by the Chief Sanitary Inspector (Mr. J. W. Mellor) and his staff, and by the Matron of Kendray and Lundwood Hospitals and her staff. During the whole of the epidemic Matron had the responsibility for the nursing of the actual patients at Lundwood Hospital, and for the discharged smallpox patients at Kendray Hospital, as well as the other cases of infectious disease normally at Kendray Hospital. In addition, for nearly a month one of the Kendray wards was occupied by contacts transferred from St. Helen Hospital, and the final bathing and disinfection of the Common Lodging House inmates was carried out at Kendray Hospital under Matron's personal supervision.

POLIOMYELITIS AND POLIO-ENCEPHALITIS.

17 notifications were received of Poliomyelitis and 3 of Polio-encephalitis, the disease being confirmed in 13 and 2 cases respectively. The cases were all admitted to Kendray Hospital and an account of the actual cases is given in the report of the Medical Superintendent of that hospital. Home enquiries were made also, with particular reference to abortive cases, and one such was found.

In only one instance was there more than one case in any one family—in this instance, two sisters were affected.

DISINFESTATION AND TREATMENT OF SCABIES.

There is no change of note to record in the arrangements made for disinfection and for the treatment of Scabies. The figures given below show a further decrease from those of last year.

TABLE 24.
NUMBER OF PERSONS TREATED FOR SCABIES AT ALL
CLEANSING CENTRES DURING 1947.

	AT THE PUBLIC BATHS		AT THE CLINIC	
	Number Treated	Number of Attendances	Number Treated	Number of Attendances
Children 0—5 years	60	98	6	12
Persons 15 years and over ...	187	278	14	25
	247	376	20	37

Total Treated : 267.

Total Attendances : 413.

KENDRAY AND LUNDWOOD ISOLATION HOSPITALS.

Details of cases admitted are given in the appended Tables.

I am indebted to Dr. P. J. Moroney, Medical Superintendent, Kendray Hospital, for the following report :—

Report of Resident Medical Superintendent Kendray Hospital for year 1947.

During the 12 months ending 31st December, 1947, 698 patients were admitted to Kendray Isolation Hospital and 705 patients were discharged. 83 patients were carried over from 1946 to 1947. During the year 35 deaths took place giving a case fatality rate of 5.01%.

42 patients remained in the Hospital on 31st December, 1947.

SMALLPOX.

1947 saw the reopening of Lundwood Smallpox Hospital after being closed for 14 years. Lundwood was opened on 16th May for the reception of Smallpox. It remained open until 16th August when the last patient was discharged. During these 3 months 31 patients were admitted in 18 of whom the diagnosis of smallpox was confirmed and on one of whom the diagnosis was regarded as being probably smallpox in a very modified form. Of these 18 patients, 11 were cases of Variola Major and 7 were modified Smallpox.

3 deaths took place from Smallpox—These were Variola Major. Ages ranged from 70—75 years.

Penicillin and " Sulpha " Drugs were availed of in the " Pustular " stage of the disease and without doubt reduced the incidence of complication from Secondary Infection.

Smallpox patients were detained at Lundwood until they were free of infection. Then they were transferred to Kendray where they remained a further 16 days before discharge.

106 Smallpox contacts from a Common Lodging House were quarantined at Kendray Hospital, also 28 contacts from St. Helen Hospital.

Special mention must be made of the Nursing, Domestic and Male Staff of Kendray Hospital who all played their part in eradicating Smallpox from our midst.

INFANTILE PARALYSIS.

During 1947 this country was swept by an epidemic of Infantile Paralysis unprecedented.

13 cases of Acute Interior Poliomyelitis and 2 cases of Polioencephalitis were admitted to Kendray Hospital.

Mortality rate : Nil.

Treatment in vogue at present was carried out i.e. Lumbar Puncture, splinting of paralysed muscles in position of rest, hot packs to relieve spasm or pain, plus analgesic drugs. When the acute stage had passed passive movements and light massage were instituted. After 8 weeks cases which required further treatment were transferred to an Orthopaedic Hospital.

Of the cases admitted 3 were discharged home cured, 11 were transferred to an Orthopaedic Hospital and one case elsewhere for further treatment.

DIPHTHERIA.

Number of cases confirmed 16. No death recorded from this disease during the year. Cases mostly of a mild nature.

SCARLET FEVER.

Number of cases confirmed 191. No deaths. Fairly mild type and responds well to modern therapy.

ENTERIC FEVER.

No case admitted during year.

CEREBRO-SPINAL FEVER.

Number of cases confirmed 15.

PNEUMONIA.

Number of cases confirmed 22.

PUERPERAL PYREXIA.

Number of cases confirmed 8. No deaths.

OPHTHALMIA NEONATORUM.

Number of cases confirmed 1.

AMOEBIC DYSENTRY.

One case admitted. Transferred to Beckett Hospital for Surgical treatment, where he died. This patient had not been outside this country.

TUBERCULOUS MENINGITIS.

This was the greatest single cause of death in the Hospital during the year with five deaths from this disease.

Five deaths took place amongst the infirm patients admitted as Smallpox contacts from St. Helen Hospital. These are included under deaths at Kendray Hospital.

Professor Naish was appointed Consultant Paediatrician during the year and visited the Hospital once weekly and as requested. Mr J. K. Penny, Senior Dental officer visited the Hospital 3 times during the year.

No serious illness occurred amongst the staff during the year.

Arrangements have been made with Beckett Hospital to admit our Nurses for the Pre-Nursing course prior to entering their Preliminary Training School.

I wish to express my thanks to Matron, Sisters, Nurses and each member of the staff for their co-operation during the year.

TABLE 25.

KENDRAY AND LUNDWOOD ISOLATION HOSPITALS.

Cases Admitted, Discharged or Died for the Year ending December 31st, 1947.

Name of District	Cases in Hospital, 1/1/1947.						Cases Admitted during 1947.						Cases Discharged during 1947.						Cases Died during 1947.						Cases in Hospital, 31/12/1947.					
	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.
Barnsley ...	8	4	96	...	...	48	344	27	125	...	12	508	916	29	155	...	12	512	27	...	...	...	...	27	9	2	5	...	...	16
Barnsley (T.B.)	24	...	...	...	...	24	65	...	...	...	...	65	68	...	...	...	...	68	...	...	...	...	...	27	25	...	...	...	...	25
Ossett ...	1	...	7	...	...	8	19	4	10	...	2	35	18	4	17	...	2	36	5	...	...	...	...	5	...	...	...	...	...	...
Darfield ...	...	...	...	...	...	...	4	...	27	...	...	31	8	...	26	...	...	29	1	...	...	...	...	1	...	...	...	...	...	...
Dolworth ...	...	...	...	...	...	...	8	...	8	...	...	6	8	...	3	...	...	6	...	...	...	...	...	1	...	...	1	...	...	...
Boyston ...	...	...	7	...	...	7	4	...	26	...	1	31	4	...	32	...	1	37	...	...	...	...	...	...	...	...	...	...	...	...
Service Cases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Areas	...	...	...	...	...	...	8	...	...	...	19	22	8	...	...	...	19	22	2	...	...	...	...	2	...	...	...	...	...	...
Totals	88	4	50	...	...	87	442	81	191	...	34	698	405	38	233	...	34	705	35	...	...	...	...	35	34	2	6	...	...	42

Daily Average Number of Patients ... 60.2

Daily Average Number of Nursing Staff ... 20.2

Daily Average Number of Domestic Staff ... 22.1

TABLE 25—continued

NAME OF TREATING DISTRICT.		Lumbar Punctures	Chest Aspirations	Injections	Digital Removal of Debris	Induction of Air	Tracheotomy	Local Anesthetics	General Anesthetics	Blood Transfusions	Total.
Barnsley	44	4	14	2	10	3	39	8	1	157	
Cudworth	12	3	1	1	2	9	1	1	23		
Dafeld	8	1	1	1	1	1	1	1	5		
Dodworth	1	1	1	1	1	1	1	1	1		
Roydon	1	1	1	1	1	1	1	1	1		
Service Cases	...	...	...	...	...	...	...	...	...	...
Other Areas	...	...	...	...	...	...	...	...	...	...
Totals	61	4	14	4	10	3	50	10	3	159	

Causes of Death at Kendray and Lundwood Hospital during 1947.

CAUSES OF DEATH.	A.D.		Relative Excess.
	1901	1902	
Barnsley	21	21	...
Cudworth
Darfield
Dodworth
Royston
Service Cases
Other Areas

Tuberculous Meningitis</
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DENTAL TREATMENT.

Number of patients inspected and treated	4
Number of visits made to Hospital	3
Number of Other Operations	...	...	...	...	4

TUBERCULOSIS.

I am indebted to Dr. J. J. Danaher, Clinical Tuberculosis Officer and Medical Superintendent, Mount Vernon Sanatorium, for the reports which follow on the work of the Chest Clinic, the Tuberculosis section of Kendray Hospital, and the Sanatorium. Considering changes made during the year, the most important was the success that attended our further approach to the City of Sheffield regarding a thoracic surgery service. To this Dr. Danaher refers in his report. Considering pulmonary tuberculosis generally, it will be observed that there are some 40 more notified cases this year than last remaining on the register at the end of the year. In another section of the report, the Medical Superintendent of Kendray Hospital refers to Tuberculous Meningitis as the greatest single cause of death at that hospital during the year. From the point of view of the patient, what is wanted is early diagnosis and prompt and energetic treatment, and this is certainly provided in Barnsley. But, from the point of view of the community, what is further wanted is segregation of the open case to prevent the continued broadcast of tubercle bacilli. To meet this latter need, further beds are required, and at the time of preparation of this report, this view is being brought to the notice of those now responsible for the Sanatorium policy.

CHEST CLINIC

During the year under review a sharp rise in the number of patients with active disease was noted, as reference to the following table will show.

The total number of cases investigated shows an increase while the figure for contacts is reduced.

The number of persons regarded as having recovered was 7 as compared to 6 in 1946 and 13 in 1945.

Transfers to other authorities numbered 20 while 11 patients were accepted from other areas.

The death rate shows an increase.

COMPARATIVE TABLE FOR 1947 AND PAST THREE YEARS.

	1947	1946	1945	1944
Total number of cases investigated	500 (131)	451 (154)	483 (125)	564 (200)
Proven Tuberculous	90	77	67	73
Total number of attendances ...	2,900	2,756	2,987	4,279
Domiciliary Visits by Tuberculosis Officer	248	74	62	68
Domiciliary visits by Chest Clinic Nurse	1,192	521	1,718	2,361

(Figures in brackets denote contacts).

	1947	1946
Number of cases on Register at present		
(a) Definitely Tuberculous	506	467
(b) Still under observation	29	32
Number of cases on Register at beginning of year	467	465
Transfers from other areas and cases returned having been discharged as non-Tuberculous	11	19
Cases written off as dead (all causes)	37	28
Number of cases restored to Register during the year which had previously been removed from the Register as "Recovered" or "Non Tuberculous"	2	Nil.

THE PUBLIC HEALTH LABORATORIES CARRIED OUT THE FOLLOWING EXAMINATIONS DURING 1947.

Investigations	Public Health Laboratory St. Helen Hospital	Public Health Laboratory, Wakefield
Sputum for T.B.	519	—
Culture for T.B.	16	—
Guinea Pig Innoculation	—	7
Sputum for Monilia	5	—
Sputum for Mites (Icari)	4	—
Blood Counts	18	—
Blood Sedimentation Estimations	6	—
Glucose Tolerance tests	2	—
Throat Swabs	1	—
Fæces for T.B.	1	—
Blood W.R. (Kahn), G.C.F.T.	—	19

INVESTIGATIONS CARRIED OUT ON PATIENTS BELIEVED TO BE NON TUBERCULOUS AFTER PRELIMINARY CLINIC EXAMINATION.

Investigation	St. Helen Hospital Barnsley Clinical T.O.	Pinderfields Hospital	Chest Unit, City General Hospital Sheffield
Bronchographies	13	1	—
Bronchoscopies	—	1	12

This series includes a total of 14 patients, 13 of whom were investigated between October, 1947 and the end of that year. In each case symptoms such as pain, hæmoptysis or cough were not explained by routine Chest Clinic investigation.

An additional five persons declined further investigation.

Of the 13 cases, on whom Bronchography was carried out five were found to have bronchiectasis.

In one female, age 33 years, the disease was too extensive to warrant operation.

Two boys, aged four years and ten years respectively, were found to have Left Lower Lobe Bronchiectasis. One was transferred direct to the Chest Unit, City General Hospital, Sheffield, where lobectomy was followed by unevenful recovery. The child, aged four years, was admitted to the Tuberculosis Department at Kendray Hospital, his subsequent management is discussed in the section of the report devoted to this department.

One female, aged 23 years, was found to have isolated "pockets" of disease. Mr. Chesterman, at Sheffield, performed segmental resection with most satisfactory results.

One female, aged 22 years, showed right Lower Lobe Bronchiectasis. She suffered from frequent slight Hæmoptysis and perennial cough. Despite persuasion she refused operation or further treatment of any description.

For Bronchography done at St. Helen Hospital, in this series, the "Erwin one stage Technique" was used.

One patient, a girl, aged 23 years, the diagnosis of whose condition was doubtful on preliminary clinical examination, was found to be tuberculous on Guinea Pig inoculation of sputum removed at Bronchoscopy. She has since been subjected to artificial pneumothorax and appears to be progressing very well.

One female, aged 30 years, suffered from frequent Hæmoptysis of small amounts. Careful examination, involving Bronchoscopy, Bronchography and Tomography, Guinea Pig inoculation with Bronchia secretions in addition to the routine Chest Clinic investigations, followed by intensive general medical examination, failed to reveal any basis for her symptoms.

One female and four males were finally diagnosed as Chronic Tracheo-Bronchitis. One case is not without interest. A female, aged 30 years, apparantly in perfect health, applied for a post as Nurse in the Public Health Service. At routine radiography of chest a hemispherical shadow above and partly overlapping her right Hilar area, was noted. Despite complete absence of symptoms this patient readily agreed to further investigation. After Bronchography and Bronchoscopy, Thoracotomy was performed. Mr. Chesterman found a Mediastinal Tumour "It lay behind the Inferior Vena Cava above the Hilum of Lung and below Vena Azygos Major".

In the course of investigation, 3 cases of Aortic Aneurysm were found, one in a female and two in males.

Three cases which showed Radiographic evidence of Aortitis were also found to be syphilitic. All these cases were transferred to the Special Treatment Centre.

It is of interest, perhaps, to note that in the female with Aortic Aneurysm ten weeks antisyphilitic treatment brought about an all but complete return to normal phonation.

2 cases of Laryngitis were ultimately found to be syphilitic.

2 instances of Hodgkins disease were seen.

2 cases referred for investigation of dyspnoea were found to be suffering from Addisons Anæmia.

3 cases referred for investigation of weight loss were found to have Thyrotoxicosis.

Review of the years X Ray films recalls 21 cases of Cervical Rib and 8 cases of Bifurcated Ribs—two Bilateral.

No case of accessory azygos lobe was seen either in the 2,000 odd, films taken over the past 18 months, nor was any found on review of a further 2,000 films taken previously.

3 cases of Carcinoma of the lung were seen, all males, 56, 57 and 59 years old respectively. All three were far too advanced to warrant even investigation on any appreciable scale.

2 have died and the third is moribund.

Pneumoconiosis, as might be expected, is a very common ailment in the district. In the early stages it is difficult to differentiate between the relatively benign Anthracosis and the more serious and progressive Silicosis.

One case of Asbestosis was seen in a "grinder" who worked for years on a Carborundum wheel.

Number of cases referred to Silicosis Board	Number of cases accepted as "coming under para 8"
39	13

During the year ten cases of Non Pulmonary Tuberculosis were seen. Six were transferred to Orthopaedic hospitals for treatment.

Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry		Orthopaedic Hospital, Kirbymoorside	
M	F	M	F
1	2	1	2

All were suffering from Potts Disease (Tuberculosis of the Spine). Patients were seen by Mr. Crockatt, Orthopaedic Surgeon, during his periodic visits to New Street Clinic.

As the occasion demanded patients were transferred to the Robert Jones and Agnes Hunt Hospital, Oswestry for review, refitting of casts and appliances etc.

During 1947, 4 cases of Lupus were seen and treated.

The provisions set out in Memo 266/T (Tuberculosis Allowance) were again utilised to the full within the framework of the regulations.

Maintenance Allowance	Discretionary Allowance	Special Payment	Total Amount
£ s. d.	£ s. d.	£ s. d.	£ s. d.
2,170 15 1	130 19 1	72 12 2	2,311 6 4

Ultra Violet Light therapy was carried out at New Street Clinic, where necessary.

At the earliest possible moment patients are encouraged to return to gainful occupation. Where a full-time post is not indicated, part time employment is advised.

The long term enforced idleness in the average case, tends to demoralise some patients and alter their outlook into that of complete dependance on others.

Wherever possible the patient's wishes and preferences are considered in selection of occupation. Return to the original work is not always advisable. Again such activities as that of chauffeur, van or lorry driver are about the most popular selections, and candidates even when suitable are not always successful in the quest.

The Staff of the local Ministry of Labour and National Service bureau are very helpful and considerate, taking a keen interest in returning patients to suitable posts, and arranging courses of instruction and training where such is desired and recommended.

Full advantage was taken of the expert advice available at the local Hospitals and Public Health Clinics. Appropriate cases were sent to Mr. Rowe, E.N.T. Dept., Mr. Yates, Visiting Surgeon, Beckett Hospital; Dr. Skipper, Visiting Physician, Beckett Hospital; Dr. Wilkie, Ophthalmologist; Dr. Fletcher, Dermatologist; Dr. Wilson, St. Helen's Hospital; Mr. Penney, Senior Dental Officer, and Mr. Stacey, Consulting Gynaecologist.

This help and advice so readily offered was of great assistance in dealing with the doubtful and difficult.

During the year, cases under observation or cases whose diagnosis was not completed for any reason and which were brought forward from 1946, were not regarded as new cases as had been the practice in previous yearly reports.

Where applicable, this consideration explains certain reductions in figures.

TUBERCULOSIS DEPT., KENDRAY HOSPITAL.

The department continues to be invaluable for the investigation and treatment, not alone of children, who constitute the majority of its patients but also for selected adult cases who for various reasons are not suited for admission to the Sanatorium.

During the year under review 81 patients were investigated in the department.

DETAILS OF PATIENTS TREATED DURING 1947.

	Sex	In Dept. 31/12/46	Admitted during 1947	Dis- charged 1947	Died 1947	In Dept. 31/12/47
Observation ...	M	—	4	4	—	—
	F	—	15	12	—	3
Primary Pulmonary ...	M	2	18	8	—	12
	F	16	16	26	—	6
Cervical Adenitis ...	M	—	1	—	—	1
	F	4	2	4	—	2
Mesenteric Adenitis ...	M	—	—	—	—	—
	F	—	—	—	—	—
Tuberculosis Peritonitis ...	M	—	—	—	—	—
	F	—	1	1	—	—
Bones and Joints ...	M	—	—	—	—	—
	F	—	1	1	—	—
Other Regions	M	—	—	—	—	—
	F	1	—	—	—	—
Total ...	M	2	23	12	—	13
	F	21	35	44	—	11
GRAND TOTAL		23	58	56	—	24

Under the heading of "Observation" come 13 patients who were admitted for 24 hours. This period covered the premedication for Bronchography and that of observation following.

Amongst the Primary Pulmonary cases were 3 adults. One student nurse aged 17 years developed marked Erythema Nodosum. She was confined to bed. Mantoux tests were carried out weekly and during the 3rd week high sensitive reaction with P.P.D.I. was recorded.

14 days later she developed a Left Pleural Effusion. She spent 5 months in bed and as the year ends is discharged and in excellent condition. 8 months after the initial first very markedly Positive Mantoux reaction she was retested. She is now P.P.D.I. Positive with a definite but mild result.

12 months previous to the appearance of the Erythema Nodosum, on entering the Kendray Hospital her Mantoux test was negative. She never nursed a known case of open Tuberculosis.

In one girl, aged 16 years, a right Basal Assman's Focus was seen. 5½ months bed-rest resulted in its complete disappearance.

One female, aged 23 years, referred from the ante-natal clinic was found to have Pulmonary Tuberculosis complicating her pregnancy. She proved a most difficult patient and finally took her own discharge.

One girl aged 15 years was admitted with Right Pleural Effusion. X-Ray film of her chest, on admission showed the lower half of her right lung field clouded over in characterisic fashion. A sample of fluid failed to unfavourably influence the health of a Guinea Pig.

After three weeks in bed her temperature settled down, appetite increased and the patient looked very well. On the seventh week she developed a slight cough. X Ray film of chest revealed that the fluid had almost completely cleared leaving a well defined posterior Basal Cavity. Repeated attempts to obtain a sputum specimen failed. Gastric wash-out material was concentrated and tubercle bacilli were found. She was transferred to Mount Vernon Sanatorium.

This is believed to be a case of late Primary infection, rapidly developing into progressive Pulmonary Tuberculosis.

One female child developed a tuberculous knee-joint. She has made excellent progress.

Four children were transferred to the Chest Unit, City General Hospital, Sheffield for investigation. Two were suspected of having Bronchiectasis and in the others slight hæmoptysis was very difficult to explain. One boy, aged four years, was found to have left lower lobe Bronchiectasis. Lobectomy was performed and the child made a splendid recovery.

One boy, aged 9 years had a lobectomy performed for similar reasons and with equally good results.

One adult with Tuberculous Peritonitis made an excellent recovery. She was treated with bed rest, Vitamin D2 and Ultra Violet Light.

Mist, Ferri et Ammon. Cit. and Haliborange are given as a routine.

Cervical Adenitis reacted to Synthetic Vitamin D2 therapy in a very satisfactory manner.

During good weather full use was made of the Balconies and the children enjoyed both waking and sleeping in the all but open.

INVESTIGATIONS CARRIED OUT DURING 1947.

X-Ray Films	Blood Counts	Gastric Lavage	Blood Sedimentation Rates
137	9	17	11

MOUNT VERNON SANATORIUM.

The number of patients treated in Mt. Vernon Sanatorium during the year under review as compared with two previous years :—

1947	1946	1945
113	114	116

Again it is pointed out that varying factors such as weather and condition of patients must influence the numbers in the institution at any given time. Only patients who have reached a certain stage of progress can be housed in the chalets and again only if weather conditions permit. The available accommodation therefore is relative rather than absolute, in practice.

Lack of accommodation for "observation Chest cases" remains a serious deficiency.

During 1947 the pressing problem of suitable facilities for chest investigation and thoracic surgery has largely been solved. Up to October our cases went to Pinderfields E.M.S. Hospital. The acute shortage of trained staff, long waiting lists and preferential admission of service cases all conspired to establish long delays between selection of patients for operation or investigation and actual admission. In October arrangements were completed in liaison with the Chest Unit at City General Hospital, Sheffield, and since then surgical facilities are running smoothly.

The regret in terminating the very pleasant and profitable association with Mr. Allison and Mr. O'Neill has been fully compensated in the very satisfactory relations established with Mr. Chesterman at the Chest Unit, City General Hospital, Sheffield.

DETAILS OF PATIENTS TREATED AT SANATORIUM DURING 1947.

Classification	Sex	In Sanatorium 31/12/46	Admitted during 1947	Discharged during 1947	Died during 1947	In Sanatorium 31/12/47
A	M	3	4	5	—	2
	F	3	4	6	—	1
B1	M	2	4	5	—	1
	F	3	3	2	—	4
B2	M	6	12	6	2	10
	F	13	16	14	—	15
B3	M	5	9	3	8	3
	F	11	6	6	6	5
Observation	M	—	4	4	—	—
	F	—	1	1	—	—
Non-Pulmonary	M	—	1	1	—	—
	F	1	2	3	—	*1
Total ...	M	16	34	24	10	16
	F	31	32	32	6	25
GRAND TOTAL		47	66	56	16	41

* (complicating a B2 case already entered above).

The observation cases were all Mantoux Positive and were housed in isolated cubicles. Two underwent Pneumonectomy for Extensive Bronchiectasis and both are back at their original occupations after uneventful operation and convalescence.

Of the two B11 male deaths, so classified on admission—each had Artificial Pneumothorax induced. Each underwent Thoracoscopy and adhesiotomy. Each developed a Spontaneous Pneumothorax and Broncho-pleural fistula. Death in each case followed intractable Empyema. The interval between occurrence of spontaneous Pneumothorax and operation was 5 weeks and 9 weeks respectively. Resistance in each case was of a very low order.

The family history of one of these youths is not without interest. The father suffers from "Asthma" and declines investigation. Two brothers are already dead with Pulmonary Tuberculosis of a particularly fulminating character. One brother and one sister have been hospitalised with Tuberculous Pleural Effusions, both are, so far, showing good progress. The remaining child shows Radiographic evidence of heavy primary infection. Serial investigation shows no sign of reactivation as yet.

All other deaths were amongst B111 cases, classified on admission. One man died from Intra-cranial Tuberculoma complicating advanced Pulmonary disease while another died from Pulmonary disease aggravated by advanced Renal and Bladder Tuberculosis.

Leaving the sanatorium "against Medical advice" remains a problem, the solution of which is impossible as long as some form of compulsion is lacking. Of the 8 patients who "took own discharge" during 1947, 6 were grossly infectious.

DETAILS OF INVESTIGATIONS DONE DURING 1947.

X Ray films	...	...	...	...	...	...	...	...	276
Fluoroscopic Examinations	...	...	...	...	...	...	...	...	830
Sputum Examinations	— Direct	...	...	...	...	...	...	...	495
	— Culture	...	...	...	...	...	...	...	15
	— Guinea Pig inoculation	...	...	...	...	...	...	...	8
Pleural Fluids examined	...	...	...	...	...	...	...	...	22
Erythrocyte Sedimentation Estimations	...	...	...	...	...	...	...	...	39
Blood Counts	...	...	...	...	...	...	...	...	10
Zondek Ascheim Tests	...	...	...	...	...	...	...	...	6
Blood Urea Estimations	...	...	...	...	...	...	...	...	2
Blood Sugar Estimations	...	...	...	...	...	...	...	...	1
Urine Microscopy	...	...	...	...	...	...	...	...	15
Wasserman Reaction	...	...	...	...	...	...	...	...	1

During 1947 provision of new equipment and certain structural alterations and repairs helped in the prosecution of more energetic measures against Tuberculosis.

New equipment includes :— Screening apparatus.
X Ray film fluoroline illuminators.
Steriliser.
Equipment for Pleural Lavage.

Alterations and repairs :— Construction of new screening room.
Repairs to chalets.
Alteration to rear main gate.
Painting and cleaning of wards.
Transfer of telephone from old to new Examination Room.

On order at year's end :— High Pressure Steriliser.
Combustible Sputum containers.
Ultra Violet Lamp.

Implementation of orders for installation of a bell push system and reorganisation of lighting is being awaited.

During the year the Directors of Barnsley Football Club presented 12 season tickets for the use of Sanatorium patients, these tickets provide good comfortable seats and opportunity for shelter during inclement weather. This generous action is much appreciated by the patients. In addition to a health and weather "test" good conduct is also a qualification for enjoyment of the privilege and the consequent reduction in "misdemeanour" is noticeable.

Lectures for nurses for the Tuberculosis Association Certificate were delivered during the year. Two candidates passed the final T.A.C. Examination and two were successful in part 1.

DETAILS OF ACTIVE TREATMENT EMPLOYED DURING 1947.

Active Measure	Totals	Mount Vernon Sanatorium		Pinderfields Hospital Wakefield		Chest Unit City General Hospital Sheffield	
		M	F	M	F	M	F
Artificial Pneumothorax Induction	19	9	9				1
Pneumo-Peritoneum Induction ...	5	4	1				
Thoracoplasties ...	12			1	1	5	5
Thoracoscopies ...	18			4	3	6	5
Adhesiotomies ...	13			3	3	2	5
Phrenic Interruption ...	5			2		2	1
Pneumonectomies ...	2					1	1
Bronchoscopies ...	24			2	1	8	13
Brochographies ...	7	2	1	1	1	1	1
External Cavity Drainage ...	2				2		

Bilateral Pneumothorax is being maintained in two male patients. Both cases showed evidence of Bilateral Cavitation. One man had Bilateral Adhesiotomy performed, and conversion of sputum, Radiographic evidence of cavity closure and general improvement augur well for his future. Another male had Unilateral Adhesiotomy carried out, excellent primary relaxation collapse having occurred on his other side. He, too shows sputum conversion and general improvement. Both these patients are intelligent co-operative people who, despite the gloomy long term prognosis in Bilateral Pneumothorax treatment, are full of promise.

In two female cases, and one male, Bilateral Collapse was attempted. In one female total symphysis prevented success while in the other instances contra-selective relaxation collapse forced abandonment. These three patients underwent Thoracoplasty. All have done well and sputum conversion and general well being suggest a hopeful prognosis.

Pneumoperitoneum, augmenting Phrenic Crush, is being maintained in 5 patients. In two cases basal cavities are no longer visible and sputum is no longer positive. In one case Artificial Pneumothorax is aided by Phrenic Crush on the contralateral side and Pneumoperitoneum appears to have closed the basal cavity. In the remaining two instances Pneumoperitoneum is, so far, giving disappointing results. The hope that improvement may ensue and distaste for the psychological set-back associated with abandonment of Active treatment makes for reluctance in decision. (Unless something unusual transpires the inevitable must soon be accepted).

Two patients died after Thoracoplasty, one 18 days and one 23 days after operation. (Post Mortem examination revealed that rapid Broncho-Pneumonic Spread was responsible in one case, while the exact cause of death in the other instance remains a speculative hazard.)

The remaining 10 patients are progressing excellently.

Bronchoscopy was carried out on all patients selected for Thoracoplasty and on a number of others in whom Tuberculous Bronchitis was suspected. This condition was found in one case. Review of the Trans-Atlantic literature suggests that Streptomycin will play a large part in management of these troublesome cases.

External Cavity Drainage is an active measure difficult to evaluate. Usually, as a last resort, it is reasonable to assume that liability to laryngitis is thereby reduced. The long term effects are a matter of speculation.

Consideration of the year's records further reinforces the view that the single most important factor for good or evil in the Tuberculous remains resistance to the disease, given this mysterious property in good measure, almost any form of treatment selected and conducted with reasonable intelligence will seldom fail.

As the year ends 44 patients are on active regular treatment.

	IN PATIENTS		OUT PATIENTS	
	M	F	M	F
Artificial Pneumothorax	5	8	14	13
Pneumo-Peritoneum	2	1	—	1

One patient receiving both Artificial Pneumoperitoneum and Artificial Pneumothorax is regarded as two cases in compilation of this table.

The year under review has been one of some progress towards the goal of more energetic treatment of Tuberculosis. The sympathetic and ready co-operation of two Medical Officers of Health and the Sanatorium Sub-Committee have made such progress possible.

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.

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

Number of patients Inspected and Treated	...	...	...	...	...	56
Number of Visits made by Patients	...	...	...	...	...	10
Number of Visits made to Sanatorium	...	...	...	...	...	13
Number of Fillings	...	...	...	...	...	1
Number of Scalings	...	...	...	...	...	6
Number of Other Operations	...	...	...	...	...	41
Number of Extractions	...	...	...	...	...	16 "

TABLE 26.

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	4	1	3	1	...	...	3	1
5-10	3	3	1	2	}	...	1	1
10-15	3	3	...	...		
15-20	6	10	1	...				
20-25	7	7	...	...	}	11	12	...
25-35	10	7	2	2				
35-45	5	5	...	...		
45-55	3	3	1	...	}	3	2	1
55-65	2	3	...	...		
65 and upwards	6	...	...	...	
Totals	49*	42*	8†	6†	16	14	5	3

* Includes 7 males and 6 females coming to knowledge of Medical Officer of Health otherwise than by formal notification.

† Includes 1 male and 2 females coming to knowledge of Medical Officer of Health otherwise than by formal notification.

TABLE 27

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.	
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	85	9	0.13	0.92
1941	72	34	0.49	48	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	85	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
1947	91	30	0.40	14	8	0.11	0.51

TABLE 28

TUBERCULOSIS DEATHS.

PERIODS BETWEEN NOTIFICATION AND DEATH.

3 cases died within 1 week
 1 cases died within 2 weeks
 1 case died within 3 weeks
 1 cases died within 1 month
 1 case died within 2 months
 1 case died within 3 months
 1 case died within 6 months
 2 case died within 9 months
 1 case died within 11 months
 2 case died within 1 year
 3 cases died within 2 years
 5 cases died within 3 years
 7 cases died within 4 years
 2 case died within 5 years
 1 case died within 7 years
 1 case died within 15 years
 5 cases were not notified

 38 cases

VENEREAL DISEASES.

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

During the year under review 352 new cases attended the Centre, as compared with 449 in 1946 and 372 in 1945.

The number of cases discharged after completion of investigation and treatment was 147 as contrasted with 149 in 1946 and 96 in 1945.

Defaulters from all causes amounted to 136 as compared with 423 in 1946 and 365 in 1945.

21 persons, proven Luetics, failed to complete one course of treatment, as compared with a similar default of 18 in 1946 and of 20 in 1945.

NO. OF ATTENDANCES DURING 1947.

For individual attention of Medical Officers.

	1947		1946		1945	
	M	F	M	F	M	F
Syphilis	1936	2,340	3,114	2,870	2,801	2,671
Gonorrhoea	1,244	611	2,034	1,141	2,176	841
Non Venereal Conditions	609	263	825	303	405	238
TOTALS	3,789	3,214	5,973	4,314	5,382	3,750
Grand Totals	7,003		10,287		9,132	

**NO. OF ATTENDANCES FOR PENICILLIN, INJECTIONS
IRRIGATIONS, DRESSINGS, Etc.**

	1947		1946		1945	
	M	F	M	F	M	F
Syphilis	153	11	223	52	106	46
Gonorrhoea	1,717	167	4,279	941	7,161	616
Non Venereal Conditions	501	55	320	149	333	197
TOTALS	2,371	233	4,822	1,142	7,600	859
Grand Totals	2,604		5,964		8,459	

NO. OF PATIENTS HOSPITALISED

Penicillin Therapy with or without Pyrexial treatment.

1947		1946		1945	
Penicillin	Malarial therapy	Penicillin	Malarial therapy	Penicillin	Malarial therapy
38	7	76	—	24	—

TOTAL NUMBER OF CASES TREATED WITH PENICILLIN.

1947	1946	1945
261	480	303

TOTAL NUMBER OF ATTENDANCES AT SPECIAL TREATMENT CENTRE.

1947	1946	1945
9,607	16,251	17,591

NUMBER OF CASES UNDERGOING OBSERVATION OR TREATMENT AT BEGINNING OF YEAR.

1947		1946		1945	
M	F	M	F	M	F
257	174	277	183	252	188
431		460		440	

NUMBER OF CASES REMAINING ON TREATMENT OR UNDER OBSERVATION AT THE END OF YEAR.

1947	1946	1945
426	431	460

General Review of the year's records shows a sharp decline in the incidence of Early Syphilis. It is of interest to note that three chancres were seen during the year while seventeen were observed during 1946. Secondary Syphilis likewise shows a decrease.

Endosyphilis shows an appreciable increase, while a parallel rise in the figures for congenital disease in females is manifest.

Figures for Acute Gonorrhoea show a sharp decline, while that of Chronic Gonorrhoea takes on a rising trend.

No case of "soft sore" was reported.

Non-Venereal conditions show a reduction in incidence as contrasted with the previous year.

FEMALE PATIENTS.

The chief "non-venereal" conditions remains *Trichomonas Vaginalis*—inverted commas are deliberately used, for the consensus of opinion regards this disease as being potentially venereal, if not legally regarded as such.

A few instances of Monilial infection in pregnant women were noted.

In a number of cases despite repeated and careful investigation—with extramural opinion as a control—no bacteriological basis could be established to explain profuse discharge, vaginitis and cervicitis.

One unusually difficult case might be briefly outlined :—

A female, nullip, aged 24 years in excellent general condition attended complaining of profuse discharge, present for six weeks and becoming much worse during the few days immediately prior to her first attendance. Organisms morphologically indistinguishable with *Diplococcus Gonorrhoeae* were isolated.

The usual routine treatment was adopted, involving sulpha and penicillin therapy and carefully timed local treatment.

The consort, her husband, was examined and having denied any suggestive history or symptoms was found to be free of disease.

The Patient's condition improved but failed to clear completely. The outline course was repeated without result.

Culture and "sugar tests" confirmed the findings at direct examination. Seven Mega units of Penicillin were given during a hospital course involving 3-hourly injections. Culture confirmed the direct findings again when, despite everything the infection refused to clear.

Malarial treatment was arranged but later the proposal was abandoned when patient announced that she was an epileptic. Periodic examination of consort reveals him free of disease. (As the year ends both patient and doctor are enjoying a months respite.)

MALE GONORRHOEA.

Over 90% of acute Gonorrhoeal infection reacts quickly and completely to a combination of sulpha and Penicillin Therapy.

The routine employed involves a course of 48 sulpha tablets (24 grammes.) taken over a 4 day period and one injection of 250,000 Units of Penicillin in oil. Carefully timed local treatment completes the course.

In a noticeable number of instances this was not enough and a repeat penicillin injection was found, in most cases, sufficient to bring about complete disappearance of both symptoms and evidence of the disease.

A small number still failed to react favourably. These cases were given a special penicillin course consisting of 250,000 Units twice daily for 5 days. Almost without fail it was noted that those cases which resisted the second course resisted the 5 day course.

"Two glass" tests, Urethral massage where indicated, routine prostatic massage and irrigation courses were instituted in these refractory cases with slow but eventually good results.

Chronic Gonorrhoea remains a problem which taxes to the full the morale of the patient. Shortage of staff and lack of a full time Venereal Diseases Officer make impossible the well-timed and thorough prosecution of therapy in Venereal Disease.

The break in the existing service over week-ends has and can have serious results. Under present conditions, male patients are seen on Monday mornings and Thursday evenings. This arrangement is not enough. The figures of incidence of disease have no real bearing on the necessity for more frequent sessions and for facilities for injection and local therapy on every day of every week. As long as even one single patient needs this service, such facilities should be provided.

SYPHILIS.

In every proven case the strongest possible persuasion is used in favour of a Penicillin course. The Hospital course is first proposed. This involves a minimum period of 5 days in hospital during which $3\frac{1}{2}$ Mega Units of Penicillin is given at 3 hourly intervals. Wherever feasible the course is prolonged to 10 days. Great difficulty is experienced in persuading patients, especially men, to accept. Fear of recognition by hospital staff, distaste for financial loss involved in lost time and failure to appreciate the implications of the disease are the principal factors underlying non-co-operation.

As a second choice a Clinic Course is provided. This includes two injections daily, morning and evening of 250,000 Units of Penicillin in oil for 5 days.

Again the short comings of current arrangement become apparent. The Centre is closed from midday Saturday to Monday morning. Furthermore the evening female clinic session on Mondays prevents proper continuity of injections. The Antibiotic Barrage varies in intensity and continuity and in many instances loses much of its value. Routine continuous alternating Arsenical and Bismuth therapy is concurrently administered. Again, due to the staffing difficulties, injections more than once a week are almost impossible, a serious disability.

In Endosyphilis, patients are urged to have a series of Penicillin courses—usually three punctuating the long Arsenical-Bismuth schedules. Where Iodide medication is indicated Intra Venous Colloidal Iodine is used. During the year in conformity with the unanimous opinion of authority, arsenical preparations with alleged special properties in the treatment of Neuro-Syphilis were abandoned. Routine therapy was substituted and malarial treatment added where no contra-indication existed. The results were very gratifying.

Review of the year brings to mind three instances of well marked Aortic Aneurysm—all detected as a result of examination at the Chest Clinic. Four cases of Endosyphilis were discovered during investigation prompted by radiographic evidence of Aortitis. One case of "Cluttons Joints" was noted. Three cases of coincident anal Syphilis and Gonorrhoea were discovered in males who admitted to perversion.

The propaganda campaign against Venereal Disease appears to meet with some success, apart from consideration of no less than five extremely trying anxiety neurotics all of whom were most difficult to convince.

During the year under review installation of new equipment, alterations and repairs, made work at the Centre at once more pleasant and interesting. A disused back room was converted into a laboratory. This houses a regulation bench, two microscopes, and incubator, a refrigerator and well stocked shelves of chemical reagents.

The services of a technician remain the only factor which prevents both the Special Treatment Centre and the Chest Clinic from being pathologically self-sufficient.

Alteration and repairs during the year included installation of fluorescent lighting in the Reception Office, reorganisation of inside lighting, fitting of outside lights, repairs to pathways, rearrangement of female treatment room and provision of a special cubicle for prostatic massage.

All Endosyphilitics have a chest X Ray film taken—an X Ray illuminator has been provided.

The thanks of all the staff are due to our consultant Dr. H. F. Horne for his ever ready help and valuable advice at all times. His exceptionally long experience in the management of Venereal Disease and his kindness and willingness to oblige provided a certain prop in times of difficulty and indecision. His clinical instinct received full and invariable support in subsequent laboratory investigation and his advice in the management of Chronic Gonorrhoea proved invaluable.

Penicillin was found to be a very useful addition to the time-honoured line of treatment for syphilis but it remains "An Addition".

This observation made in the yearly report of 12 months ago still remains true. In certain cases of Chronic Gonorrhoea the fact also remains that results with Penicillin vary and on the whole appear disappointing.

The ward at Kendray Hospital for Special treatment cases continues to be of great value. The atmosphere of seclusion, anonymity and general air of understanding so skillfully conjured by Matron has been invaluable in helping the patients to persevere in a course of therapy which can be painful in every sense of that term.

The Special Treatment Visitor carried out a most intensive campaign during the year amongst the female patients. She finds that lack of home-help providing attention for young children, bad weather and frank inability to understand the implications of the disease are the principal factors underlying non-cooperation.

Again the necessity for a special Dental service for Syphilitics is stressed. Dental attention is particularly needed by persons undergoing "heavy metal" therapy. Quoting from last year's report "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 might decline treatment. 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."—repetition needs no apology.

At Staincliffe Hospital, Dewsbury seven patients underwent Malarial therapy for Neurosyphilis. The results were excellent in 5 instances while the progress of the remaining 2 is being observed with interest.

As a preliminary to Malarial infection each patient received at the Hospital 10 Mega Units of Penicillin.

DEFENCE REGULATION 33B.

The names of many contacts were secured during 1947. 50 of the patients giving such names were found to be suffering from Venereal Disease.

50 Forms 1. were issued.

BARNSELEY BOROUGH		WEST RIDING AND OTHER DISTRICTS	
M	F	M	F
3	13	9	23

3 persons were named on two "Forms 1" during 1947.

All females from the West Riding.

In accordance with the Regulation, two patients from the Special Treatment Centre were committed to prison. Both females, one from Barnsley and one from the West Riding. One girl aged 15 years from West Riding was sent to an approved school for 3 years. She was suffering from both Syphilis and Gonorrhoea. She proffered the names of 3 contacts, all were examined and two were found to be infected; one man with both diseases and one with Syphilis alone. The third man escaped infection, an example of good luck difficult to explain.

The proposal to abolish Defence Regulation 33B is viewed with misgiving when it is remembered that the most prolific sources of infection are uninfluenced by any less severe form of persuasion.

SEROLOGICAL, MICROSCOPIC, CULTURE AND GENERAL CLINICAL PATHOLOGICAL WORK CARRIED OUT AT THE CENTRE AND ELSEWHERE.

Tests	At Centre	Elsewhere
WR. Kahn		1621
G.C.F.T.		1621
Direct Smears	1111	
Cultures	34	11
Cerebro Spinal Fluids		76
Routine Urine Examinations ...	248	
"Two Glass" Urine Tests ...	176	

CLASSIFICATION OF AREAS SERVED.

	1947		1946		1945	
	Barnsley	West Riding	Barnsley	West Riding	Barnsley	West Riding
Syphilis ...	32	36	44	43	37	33
Gonorrhoea ...	46	36	72	54	71	71
Soft Chancre ...	—	—	—	—	—	—
Non-Venereal Conditions ...	85	70	101	75	90	72
Observation ...	6	3	—	—	—	—
Totals ...	169	145	217	172	198	176
Grand Totals ...	314		389		374	

496 visits were made by the visitor during the year.

The most difficult patients to visit were those with children.

The weather plays an important part—the mothers finding it very difficult to bring young babies to the Centre in rainy and cold weather.

Indifference and the inability to understand the seriousness of defaulting, is another big factor.

Some of the patients were visited repeatedly, but with no avail.

In particular cases the co-operation of the N.S.P.C.C. Inspector was available, but even after this welcome assistance, the patients report once only, and again, the need for revisiting arises, and this goes on in a vicious circle.

There is still the other type of patient—the one who actually awaits the visitor, cheerfully exclaiming "I've been expecting you";

However, on the whole, with the majority, a fair amount of success was achieved.

BLIND WELFARE SERVICES.

I am indebted to Mr. A. Henshaw, the Assistant Superintendent, 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:—

	1947	1946	1945	1944	1943
BARNSELY C.B. CASES ...	153	150	158	165	160
WEST RIDING C.C. CASES	309	311	329	342	344

In the Barnsley area, 17 new cases were registered and 1 case removed into the area. There were 11 deaths amongst those previously registered, and 4 cases removed out of the area, making a net increase of 3.

In the West Riding area, under supervision by arrangement, 19 new cases were registered, and 10 cases removed into the area. 24 deaths occurred amongst those previously registered, and 7 cases removed out of the area, making a net decrease of 2 for the year.

CAUSE OF BLINDNESS.

Of the 18 new cases in the Barnsley area, Cataract was the cause of blindness in 11 cases, General diseases of the eye the cause in 3 cases, and detached Retina, Glaucoma, Acquired Syphilis and Myopic error 1 case each.

CATEGORIES—	BARNSELY.		WEST RIDING C.C.	
(a) Unemployable	123		268	
(b) Employable but unemployed ...	5		10	
(c) Employed	9		14	
(d) In Blind Home	1		2	
(e) At Blind School	5		1	
(f) In training	1		1	
(g) In Social Welfare Institutions ...	5		5	
(h) In Mental Institutions	4		4	
(i) Below School age or unable to attend School	—		4	
	153		309	

AGE GROUPS.					BARNSELY.		WEST RIDING C.C.	
					M.	F.	M.	F.
Under 5 years					Nil.	Nil.	1	3
5—16 years					2	4	1	2
1—40 years					8	6	15	17
40—65 years					31	18	34	59
Over 65 years					46	38	74	103
					87	66	125	184

EMPLOYMENT—					BARNSELY.		WEST RIDING C.C.	
					M.	F.	M.	F.
Hosiery Knitters					—	3	—	1
Newsvendor					1	—	—	—
Organiser					1	—	—	—
Basket Maker					1	—	—	—
Commercial Traveller					—	—	1	—
Home Teachers					2	—	—	—
Switchboard Operator					—	—	1	—
Boot Repairers					—	—	3	—
Typist					—	—	—	1
Piano Tuners					—	—	4	—
Industrial					—	—	2	—
Masseur					1	—	—	—
Cabinet Maker (part-time)					—	—	1	—
					6	3	12	2

HOME VISITING SERVICES :

Four Home Teachers and Visitors to the blind are normally employed for the purpose of visiting the blind in their homes ; teaching braille and pastime occupation, and arranging social activities.

Mrs. J. Siddons and Mr. H. V. Davies, Student Home Teachers, at the early part of the year were both successful in obtaining Diploma Certificates at the Home Teachers' examination organised by the National College of Home Teachers. Mrs. Siddons was placed second in Great Britain in the examination results, and Mr. Davis obtained 4 Honours out of 7 subjects.

Mrs. Siddons resigned her appointment in April to take up similar duties in another area ; and at the present time the vacancy has not been filled.

Details of the services rendered by Home Teachers are shown by the following Table :—

	Miss E. Ingram Mitchell	Mr. John Moore	Mr. Hubert V. Davis
Attendance at Social Centres	31	96	24
Handicraft Classes	43	—	35
Home Visits	1,014	1,569	1,094
Braille Readers	18	18	21
Braille Lessons	—	—	24

Mr Davis has also given music lessons to one blind pupil.

SOCIAL ACTIVITIES.

In addition to the Social work done at the weekly Social Centres, outings in the country have been arranged during the summer months and interchange of Social Centre visits with the blind persons from other areas. Teams of Domino players have been selected, and competitive games have been arranged and Trophies presented to the winning teams. Christmas Parties were also arranged at the various Centres. The Blind people are very appreciative for all these services.

FINANCIAL NEEDS.

During the year the Council have amended their scales of financial assistance, as follows :—

	New Scale	Old Scale
Single blind person. Income made up to :	45/- p.w.	38/6 p.w.
Blind man and dependent wife. Income made up to :	56/6 p.w.	50/- p.w.
Blind Couple. Income made up to :	70/- p.w.	70/- p.w.

Plus actual rent up to 15/- per week for householders and 3/- per week coal allowance in the winter months.

PREVENTION OF BLINDNESS.

Dr. E. Gordon Mackie and Dr. Edith Hatherley are the Ophthalmic Surgeons responsible for the examination of all Barnsley cases, and advice on surgical, medical, and optical treatment for Blind Persons.

MENTAL DEFICIENCY.

There were 128 cases under Statutory Supervision at the end of the year—62 males and 66 females.

OCCUPATIONAL CENTRE.

The work of the Occupational Centre has been continued throughout the year. The classes for girls of all ages and boys under 16 years are held on Monday, Tuesday and Thursday afternoons.

The classes for older boys are held on Friday afternoons.

The number on the Register at the end of the year was 28—9 boys and 19 girls.

The Centre is much enjoyed by the patients. It provides social interests for them and the handwork and activities are graded in accordance with their limited capacity for learning.

Miss Gordon, Board of Control Inspector, visited the Centre on the 29th July, 1947.

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