[Report 1950] / Medical Officer of Health, Barnsley County Borough.

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

THE HEALTH OF BARNSLEY

1950

The Annual Report of the Medical Officer of Health

The Annual Report of the Schools Medical Officer

G. A. W. NEILL, T.D., M.D., D.P.H.,

Barrister-at-Law,

Medical Officer of Health,

Schools Medical Officer.

Health Committee

(as at 31/12/50)

Chairman: ALDERMAN E. SHEERIEN, J.P.

Vice-Chairman: MRS. COUNCILLOR M. BRANNAN.

HIS WORSHIP THE MAYOR, ALDERMAN W. LEACH, J.P.

ALDERMAN H. BURGIN.
ALDERMAN W. GILL.
ALDERMAN R. NEWMAN.
COUNCILLOR L. BRIGGS, J.P.
COUNCILLOR T. R. BROWN.
COUNCILLOR A. BUTLER.
COUNCILLOR F. W. CLAYTON.
COUNCILLOR J. COSTELLO, M.B.
COUNCILLOR F. B. CROW.
COUNCILLOR F. ELLIOTT.
COUNCILLOR A. LOWERY.
COUNCILLOR G. RACE.
COUNCILLOR J. G. E. RIDEAL, D.S.O., T.D.
COUNCILLOR G. WHYKE.

Co-opted Members:

DR. L. V. BROADHEAD.
DR. N. PICK.

Sanitary Committee

(as at 31/12/50)

Chairman: ALDERMAN A. DUNK, M.M., J.P.

Vice-Chairman: COUNCILLOR G. BURKINSHAW.

HIS WORSHIP THE MAYOR, ALDERMAN W. LEACH, J.P.

ALDERMAN H. BURGIN.
ALDERMAN A. WRIGHT.
COUNCILLOR L. BRIGGS, J.P.
COUNCILLOR F. W. CLAYTON.
COUNCILLOR F. B. CROW.
COUNCILLOR H. DANCER.
COUNCILLOR J. H. FOSTER.
COUNCILLOR W. HUNT.
COUNCILLOR S. JUBB.
COUNCILLOR W. MARTIN-CHAMBERS.
COUNCILLOR G. RACE.
COUNCILLOR T. O. ROBERTS.
COUNCILLOR G. WHYKE.
COUNCILLOR H. WILLS.

Education Committee

Chairman: ALDERMAN E. SHEERIEN, J.P.

Vice-Chairman: ALDERMAN A. E. MCVIE, J.P.

HIS WORSHIP THE MAYOR, ALDERMAN W. LEACH, J.P.

ALDERMAN C. BENTLEY.
ALDERMAN H. BURGIN.
ALDERMAN A. DUNK, M.M.
ALDERMAN W. GILL.
ALDERMAN J. GUEST, J.P.
ALDERMAN A. WRIGHT.
MRS. COUNCILLOR M. BRANNAN.
COUNCILLOR T. W. BEEVERS.
COUNCILLOR L. BRIGGS, J.P.
COUNCILLOR H. DANCER.
COUNCILLOR F. ELLIOTT.
COUNCILLOR J. HALTON.
COUNCILLOR G. MASON, J.P.
COUNCILLOR J. G. E. RIDEAL, D.S.O., T.D.
COUNCILLOR T. O. ROBERTS.
COUNCILLOR S. TRUEMAN.
COUNCILLOR G. WINTERBOTTOM.

Co-opted Members:

MISS G. COPE.
MR. J. W. ROCHE.
MR. W. R. GUNDRY.
REV. J. W. THOMPSON.
REV. CANON W. V. HUDSON.
REV. A. P. MORLEY.

Staff of the Public Health Department

Medical Officer of Health, School Medical Officer and Superintendent of the Blind:

Eric C. Downer, M.A., D.P.H. (Terminated 18/6/50).
G. A. W. Neill, T.D., M.D., D.P.H., Barrister-at-Law (Commenced 1/10/50).

Deputy Medical Officer of Health and Deputy School Medical Officer:

Margaret W. Blackwood, M.B., Ch.B., D.P.H.

Assistant Medical Officers of Health and Assistant School Medical Officers:

Clara L. M. Scally, M.B., B.Ch., B.A.O., L.M., D.P.H.
Godfrey M. O'Donnell, B.A., M.B., B.Ch., B.A.O., D.P.H.
Kathleen Mathers, M.B., Ch.B., D.C.H. (Part-time) (Temporary).
M. S. O'Riordan, M.B., B.Ch., B.A.O. (Commenced 12/6/50) (Part-time) (Temporary).

Health Visiting Service

Assistant Superintendent Health Visitor and School Nurse:

Mrs. M. E. Milburn, S.R.N., S.C.M., H.V. Certificate.

Health Visitors and School Nurses:

Miss E. M. Garnett, S.R.N., S.C.M., H.V. Certificate.
Mrs. A. Hudspith, S.R.N., S.C.M., H.V. Certificate.
Miss E. M. Parkin, S.R.N., S.C.M., H.V. Certificate.
Miss J. Young, S.R.N., S.C.M., H.V. Certificate.
Miss A. Kay, S.R.N., S.C.M., H.V. Certificate.
Miss J. Witty, S.R.N., S.C.M., H.V. Certificate.
Miss I. S. Hawcock, S.R.N., S.C.M., H.V. Certificate.
Mrs. H. Gough, S.R.N., S.C.M., H.V. Certificate.
Miss M. Baker, S.R.N., S.C.M., H.V. Certificate.
Miss E. M. Seabury, S.R.N., S.C.M., H.V. Certificate (Commenced 1/7/50).
Mrs. C. Totty, S.R.N., S.C.M., H.V. Certificate (Commenced 11/9/50).

Health Visitor Trainees:

Miss E. M. Seabury, S.R.N., S.C.M. (Terminated 30/6/50).
Miss E. E. Gelder, S.R.N., S.C.M. (Commenced 2/10/50).
Miss A. E. Thompson, S.R.N., S.C.M. (Commenced 12/4/50).

Departmental Staff Nurses

Mrs. A. Metcalfe, S.R.N.
Miss E. A. Hazelhurst, S.R.N.
Mrs. A. Sugden, S.R.N. (Terminated 30/4/50).
Mrs. M. E. Edge, S.R.N.
Miss M. Musson, S.R.N. (Terminated 3/10/50).
Mrs. M. D. Burrows, S.R.N., S.C.M. (Commenced 24/4/50).
Mrs. I. Higgins, S.R.N., S.C.M. (Commenced 17/4/50).
Mrs. E. A. Atkinson, S.R.F.N.

Pre-Nursing Pupils:

Miss D. Smallman (Terminated 30/12/50).
Miss J. M. Naylor (Terminated 30/12/50).
Miss M. Stone (Commenced 11/9/50).

Midwifery Service

Non-Medical Supervisor of Midwives:

Miss M. Gilliland, S.R.N., S.C.M., Q.I.D.N. (Commenced 1/2/50—Terminated 30/4/50).

Miss M. M. Moore, S.R.N., S.C.M., S.R.C.N., Q.I.D.N. (Commenced 17/7/50).

Domiciliary Midwives:

Miss E. Rushton, S.R.N., S.C.M.

Mrs. K. Tomlinson, S.R.N., S.C.M. (Temporary Relief) (Commenced 27/9/50—Terminated 3/10/50).

Miss R. A. Chamberlain, S.R.N., S.C.M.

Mrs. T. Brownson, S.R.N., S.C.M.

Mrs. C. M. Dempsey, S.R.N., S.C.M.

Mrs. C. Moisley, S.R.N., S.C.M. (Commenced 18/5/50).

Mrs. A. Taylor, S.R.N. (Commenced 1/1/50).

Mrs. R. E. Bedford, S.C.M. (Practising under Defence Regulations).

Miss S. Doherty, S.C.M.

Mrs. B. Hartley, S.C.M.

Home Nursing Service

District Nurses:

Miss I. A. M. N. Preece, S.R.N., S.C.M., Q.I.D.N.S.

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

Mr. G. R. Trueman, S.R.N., Q.I.D.N.S.

Mrs. E. Brooks, S.R.N.

Mrs. H. Padgett, S.R.N.

Mrs. I. Worrall, S.R.N.

Mrs. E. Cross, S.R.N.

Miss D. Major, S.R.N., S.C.M. (Commenced 11/12/50).

Mrs. G. Hanson, S.R.F.N. (Terminated 10/8/50).

Mrs. M. E. Walshaw, S.R.F.N.

Mrs. M. Allen, S.R.F.N. (Part-time).

Miss J. Crawford, S.E.A.N. (Commenced 13/4/50).

Mrs. D. Parkin, S.E.A.N. (Part-time).

Mrs. S. Burnham, S.E.A.N. (Part-time).

New Street Day Nursery

Mrs. M. McConnell, S.R.N., S.C.M., Q.I.D.N.S., Matron.

Miss K. M. Tracey, Deputy Matron.

Mrs. A. Hooson, Warden.

Miss M. Monkman, Staff Nurse.

Mrs. M. E. Carroll, Temporary Nursery Assistant (Commenced 16/10/50).

Miss M. D. O'Donnell, Student (Terminated 31/8/50).

Miss J. Russell, Student (Terminated 14/7/50).

Miss P. Davies, Student.

Miss M. Jones, Student.

Miss G. Worthington, Student.

Miss R. Hutson, Student.

Miss G. Sykes, Student.

Miss A. E. Blueman, Student (Commenced 17/7/50).

Prevention of Illness, Care and After-Care

Miss M. J. Garwood, Social Worker.

Blind Welfare

Mr. A. Henshaw, Assistant Superintendent.
Miss E. I. Mitchell, Home Teacher.
Mr. J. Moore, Home Teacher.
Mr. H. V. Davis, Home Teacher.
Miss E. White, Workshop Supervisor.
Miss B. Hayes, Clerk (Commenced 2/1/50).

Mental Health

Miss S. A. Wain, Duly Authorised Officer.
Mr. H. W. T. Smith, Duly Authorised Officer.
Mr. S. Crossland, Duly Authorised Officer.
Mrs. E. M. Molyneaux, Occupation Centre Assistant (Part-time).
Miss M. Outram, Occupation Centre Assistant (Commenced 18/9/50). (Part-time).
Miss A. Smith, Trainee Supervisor (Commenced 5/9/50).

Domestic Help Service

Mrs. P. M. Gardiner, Domestic Help Organiser (Commenced 1/3/50).

Dental Service

Mr. J. K. Penney, L.D.S., Senior Dental Officer.
Miss M. M. O'Connell, L.D.S., Dental Officer (Commenced 6/11/50).
Miss M. Haigh, Dental Attendant.
Miss M. B. Howard, Dental Attendant.
Miss R. Sharpe, Dental Clerk.

Administrative and Clerical Staff

Mr. B. Payne, Administrative Assistant and Chief Clerk.
Mr. J. Faulkner, Senior Clerk.
Mrs. E. Stephenson, Senior Shorthand Typist (Terminated 30/9/50).
Miss M. Harris, Senior Shorthand Typist (Commenced 25/9/50).
Mrs. J. Wroe, Shorthand Typist-Clerk (Terminated 30/6/50).
Mrs. S. Clarke, Shorthand Typist (Commenced 6/6/50).
Miss J. Turner, Clerk.
Miss M. Buckle, Clerk.
Miss J. Walker, Clerk—Care of Mothers and Young Children.
Mrs. M. Court, Clerk—Care of Mothers and Young Children.
Miss P. Jubb, Clerk—Care of Mothers and Young Children.
Miss A. V. Gyles, Clerk—Care of Mothers and Young Children.
Miss J. Roberts, Clerk—Care of Mothers and Young Children.
Miss B. Clarke, Senior Clerk, School Health Service.
Mrs. E. Stephenson, Clerk, School Health Service (Commenced 1/10/50).
Miss A. Smith, Clerk, School Health Service (Terminated 2/9/50).
Mrs. J. Adamzyk, Clerk, School Health Service (Temporary) (Commenced 31/8/50).

Sanitary Service

Mr. W. H. Spalton, Senior Sanitary Inspector.
Mr. A. Pemberton, Deputy Senior Sanitary Inspector.
Mr. C. Henderson, Assistant Sanitary Inspector.
Mr. F. Midgley, Assistant Sanitary Inspector.
Mr. P. A. Mullany, Assistant Sanitary Inspector (Resigned 28/2/50).
Mr. E. S. Hackney, Assistant Sanitary Inspector (Commenced 1/3/50).
Mr. A. Smith, Assistant Sanitary Inspector (Commenced 22/5/50).
Mr. M. A. Belton, Assistant Sanitary Inspector (Promoted from Clerk/Pupil Sanitary Inspector in December 1950 after passing qualifying examination).
Mr. D. R. Worrall, Senior Clerk.
Mr. P. Walker, Clerk.
Miss H. Hunt, Clerk/Typist.
Miss B. Livesey, Shorthand-Typist.

FOREWORD

This report on the health of Barnsley during the year 1950 contains nothing dramatic and but a few facts of outstanding interest. It is simply a record of an average year's working of the health services of various kinds administered by a progressive local authority. In many ways "just an average year" is most welcome, coming as it does so soon after the inception of the National Health Service. This allows of observation, undistracted by spectacular incidents, of the day-to-day routine of the Authority's services and affords opportunity to plan future improvement and eradicate present shortcomings.

Throughout the year the services provided by the Barnsley Corporation worked well, each in its own particular sphere. If, therefore, the report is read in the light of specific tasks undertaken and carried through, both the members of the Health Authority and the staff will be able to derive considerable satisfaction from a year's work well done. If, however, it is read with the object of studying the working of the National Health Service the contents cannot but reveal the critical nature of the present phase of its development in Barnsley. Evidence of this is the repeated reference that has been found necessary to the need for greater co-operation and understanding between the three statutory bodies entrusted with the Health Services for the Borough. A complete and comprehensive Health Service is an undertaking of so great a magnitude that administrative convenience has dictated a tripartite division of functions between three equal partners. Whether or not this partnership was entered into willingly is now a matter of history. The fact remains that it exists to-day. Furthermore, its survival in some form or another has now become essential if it is desired to improve or even to maintain at their present level the existing standards of health and treatment of illness.

With this in mind attention has been drawn in the report to various ways in which the Local Health Authority has provided facilities and placed them at the disposal of the other partners. It is to be hoped, in the interests of a better service for the community, that the future will see ever-increasing use being made of these facilities. Again, mention is made of several points, discussion and consideration of which would probably do much to promote a better understanding and appreciation amongst the partners of each other's problems. Without an interchange of views it will be most difficult to counter the tendency of each partner to follow a circumscribed course of his own choice and to forget altogether the existence of the others. Such tendencies must be checked at the earliest possible moment if the community is to derive all the benefits possible from the work that has been and is being expended on the National Health Service.

It will be observed that the Report for 1950 differs slighty in lay-out from those of previous years. It is felt that the new form may make the report somewhat more readable, at the same time presenting a factual picture of the state of health in the County Borough during the year. The first two parts of the Report deal with, and attempt to interpret, the facts relevant to the physical well-being of the people of

Barnsley and are concerned with vital statistics and infectious diseases. The part describing the activities of the Health Authority within the framework of the National Health Service then follows (Part III) and after it comes a part devoted to "Environmental Hygiene" (Part IV). Both of these parts are concerned with work done to preserve and improve the health of the people of Barnsley. The former is concerned with measures directed towards effecting this end by promoting the present and future well-being of the individual in sickness and health. The latter part is concerned with the living conditions of the community as a whole and consequently is more impersonal. At present this division between personal and community health services appears to be quite logical. There is little doubt, however, that the development of Social Medicine will prove that such a division is wholly artificial. It is only a matter of time until a detailed report of a patient's environment will be considered as essential to ensure adequate diagnosis and treatment as an X-Ray or a test meal. The subject matter as far as the end of Part IV has been set out in accordance with the Sanitary Officers (Outside London) Regulations, 1935, Article 17 (5) and Circulars 2/50 and 112/50 issued by the Ministry of Health.

The last part of the Report (Part V) is entitled "School Health" and compromises the Annual Report of the School Medical Officer. Previously this report has been prepared and presented to the Education Authority separately from the Annual Report of the Medical Officer of Health (though for 1949 the two were bound between the same covers).

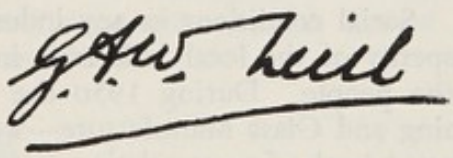
The increasing development and co-ordination of social services have, however, caused "School Health" to become an integral part of the health of the whole community of ever-increasing importance. By reason of this, then, a report on the health of any given area is incomplete without a section devoted to school health. Therefore the time has come when this part must be included in the Annual Report to the Health Committee. At the same time there is a close relationship between the health of the school child and that of the community from which the school population is drawn. For the Education Authority to give effective consideration to a report on School Health it is necessary for such a report to be presented with a background of facts relating to that of the whole community; therefore the Annual Report of the School Medical Officer should now include the Annual Report of the Medical Officer of Health.

Arising from the increasingly close relationship between School Health and the National Health Service is the possibility of a new approach to the problem of Health Education. It is painfully apparent that more effective measures are necessary in this direction. A very great deal of work has been done making use of various kinds of publicity to try to teach people how to preserve their health and how to use the Health Service to the best advantage. The time is coming when the question must be asked, "How effective has all this been?" An honest answer to this question would hardly be encouraging. The frequent mention in newspapers of abuses of facilities provided under the National Health Service, headlines relating to food poisoning outbreaks, scraps of conversation heard in the streets, and the circumstances surrounding at least two of the maternal deaths recorded in this report all seem to indicate that this work has met with a pathetically small measure of

success. The magnitude of the task must, of course, be appreciated when it is remembered how difficult it is to achieve the acceptance of new ideas in the adult portion of the population. Nevertheless the time has come when a new approach must be considered and it is suggested that a long-term policy be adopted by concentrating on the future and teaching health in the proper place — the school. If this principal were to be accepted a still closer association between the work of the Education Authority and that of the Health Authority will follow as a natural sequence.

There is no reason at all why school medical inspection should not become a lesson (the preservation of health by frequent medical overhauls) instead of a somewhat meaningless routine carried out several times during school life. Approached from this angle there is a justification for more frequent medical inspections and a complete answer to those who have recently thrown doubt on the value of such inspections. Again, in the not too distant future, the School Medical Officers and Nurses might undertake the teaching of "health" to the younger children. Instruction in the proper use of the Health and Social Services might be given to older children in the Secondary and Grammar Schools. While such an approach would not have an immediate effect it offers the soundest means of securing the foundation of that kind of informed community essential to the ultimate success of the National Health Service.

The presentation of an Annual Report is normally the occasion for expressions of indebtedness, acknowledgments and thanks for co-operation, work well done and assistance rendered during the year under review. This opportunity, therefore, is taken to record appreciation of the many people who have done so much to make 1950 a successful year for the Health Service of the Barnsley County Borough Council.



Medical Officer of Health
and Schools Medical Officer.

BARNSLEY,
4th October, 1951.

Part I

SOCIAL AND STATISTICAL INFORMATION

GENERAL STATISTICS

1. Geographical situation: Latitude - 53° 33″ N.
   Longitude 1° 29″ W.
2. Elevation: 125ft. to 575ft.
3. Area of County Borough: 7,811 acres.
4. Population: (a) Census 1931 .... 71,522.
   (b) Registrar General's estimate 75,780.
5. Density of population: 9.7 per acre.
6. Number of inhabited houses: 20,605.
7. Rateable value at 31st December, 1950: £405,217.
8. Sum represented by a penny rate: £1,590.

Social Conditions

Social conditions in any industrial town are largely dependent on the prosperity of the local industries in so far as this affects the economic life of the people. During 1950 the traditional industries of Barnsley—Coal Mining and Glass Manufacture—were working at high pressure. This was reflected in the figures relating to unemployment received from the Manager of the Barnsley Employment Exchange:

	MEN 18 and over	WOMEN 18 and over	Total
As at 1/1/50			
Wholly unemployed	420	30	450
Temporarily unemployed	27	2	29
As at 31/12/50			
Wholly unemployed	384	50	434
Temporarily unemployed	18	—	18

There is no doubt at all that this satisfactory state of affairs will have an effect on the vital statistics for the Borough in years to come. The full effects of adverse social conditions are often difficult to assess owing to the resiliency of the human frame to the physical effects arising from them. Conversely, it may well be several years before the beneficial effects of good social conditions become fully apparent. It would therefore be most unwise to attempt to discover any relationship between these figures and the vital statistics at present.

Vital Statistics

In the vital statistics of any area is written the story of the people who live there. From such figures we can ascertain a measure of their health and well-being from year to year, whilst factual comparison between the health of areas is only possible by comparison of the figures relating to them. Extracts from the vital statistics of Barnsley are included each year in this Annual Report. Though the tables containing them in any one year must necessarily of themselves be somewhat dull and uninteresting, to examine them side by side with those of years gone by undoubtedly gives a rough and ready indication of the progress that has been made in prolonging life and making birth a less hazardous process. In this connection attention is drawn to Table I which compares in some detail the 1950 statistics for Barnsley with those of other comparable areas, and to Table IIA which gives some comparative figures for the past twenty years. On the whole, with one single exception the vital statistics are not unsatisfactory.

POPULATION

The Registrar General's estimate of the population is 75,780 in the middle of the year. This is an increase of 530 over the estimate for 1949. Since the Census of 1931 there has been a small but steady increase in the population of the Borough. It is unfortunate that it is not at the moment possible accurately to analyse the population into sex and age groups as it would be interesting to ascertain how far the national trend towards an "older" population is reflected in Barnsley. In view of the birth rate being so much higher and the death rate somewhat lower than the national figures, a population "younger" than the average for the country is to be expected. Without accurate figures, of course, any comment on the age of the population can be nothing more than conjecture.

BIRTHS

There was a total of 1,444 live births in the Borough. The details of these were as follows:

LIVE BIRTHS

	Males	Females	Total
Legitimate	698	663	1,361
Illegitimate	42	41	83
Total	740	704	1,444

Birth rate per 1,000 population—19.06.

This figure of 19.06 per thousand is high when compared with the figure for England and Wales—15.8—and even for that of the 126 Great Towns—17.6 (Table I). It is also interesting to note that there is not amongst the twenty years shown in Table IIA a single year for which the birth rate of Barnsley was not higher than the national average by at least one per thousand of the population.

STILL BIRTHS

	Males	Females	Total
Legitimate	11	12	23
Illegitimate	4	2	6
Total	15	14	29

Rate per 1,000 total births (live and still) 19.70.

Rate per 1,000 population .... 0.38.

Of recent years a certain amount of attention has been focused on the still birth rate as an index of the standard of midwifery practised in any given district. It would appear that the standard in Barnsley is reasonably satisfactory when the still birth rate per 1,000 of the population is only slightly above the national average. In this connection it should be borne in mind that the high birth rate is also a factor to be considered in evaluating the significance of this figure. On this account, therefore, the figure is more satisfactory than it would at first appear to be.

DEATHS

Males, 454. Females, 360. Total, 814.

The death rate was 10.74 per 1,000 of the estimated population.

Comparison of this figure, by reference to Table I, with those for other population groups in England and Wales is favourable to the County Borough. This also holds for the death rates attributable to the various infectious diseases (with the exception of that due to whooping cough). Again, a comparison with the figures for the Borough for the ten preceding years, shown in Table IIB, is also satisfactory.

A detailed statement of numbers of deaths attributable to each of the causes on the abbreviated list is shown in Table III. The distribution of deaths occurring in the several Wards of the Borough and various institutions is also shown in this Table. In addition, the age groups most affected by the principal cause of death are shown in Table IV.

Tuberculosis of the Respiratory System accounts for 26 deaths, compared with 29 in 1949, and 37 in 1948. It is gratifying to see the mortality from this disease decreasing. Only one death it attributed to other tuberculosis diseases, this is extremely satisfactory as in each of the two previous years 8 deaths were attributed to this cause.

The common infectious diseases accounted altogether for 6 deaths (measles, poliomyelitis and meningococcal infections, 1 each; and whooping cough, 3). No great concern need be felt about this—though that whooping cough claimed only three victims indicates the value of a reliable method of immunisation against this disease. Once again there was no death from diphtheria.

The various forms of cancer claimed a total of 119 deaths, an increase on the 85 in 1949, but not greatly in excess of the 116 which occurred in 1948.

The group of causes included in heart disease and diseases of the circulatory system accounts altogether for more than one-third of the total number of deaths—316 in all. Intra cranial vascular lesions caused 74 deaths in 1950 as against 79 in 1949, and 83 in 1948. Pneumonia caused 23 deaths and bronchitis 51, compared with 33 and 46 respectively in 1949, while to influenza are attributed only 4 deaths as against 11 in 1949. Suicides showed an increase to 5, all of whom were males, whilst road traffic accidents accounted for 6 deaths as compared with 12 in 1949.

A survey of the causes of death found at Inquests held in Barnsley is appended (Table V).

MATERNAL MORTALITY

There were 3 deaths in the Borough attributable to pregnancy, child birth and abortion. This number gives a maternal mortality figure of 2.03 deaths per 1,000 total (live and still) births, which compares unfavourably with the national average figure of 0.86. Such a figure looks somewhat discouraging, coming as it does after the first year the Borough has known since records were kept when no death was attributed to these causes. However, on careful examination its significance is not as serious as would at first appear.

It has been accepted that a high maternal mortality figure reflects adversely on the maternity services of the area where it occurs, but without some qualification this statement may well result in unfair conclusions being reached. The principal fallacy is the effect that one maternal death has on the figures in areas of varying size. In the case of a Borough the size of Barnsley where the number of births in a year is in the neighbourhood of 1,500 each year, each maternal death means an alteration of about 0.7 per 1,000. It would seem that a fairer comparison with the national figure would be obtained if both the national and borough figures were averaged for a period of five years. If this is done the national figure works out at 1.02 and Barnsley's figure at 1.26. Thus a number of births in the region of 7,500 is reviewed, showing a much smaller discrepancy. This perhaps offers a fairer assessment than that obtained by considering maternal mortality figures year by year.

It is also useful to examine the facts concerned in each individual maternal death and to make them available as far as is possible to those who are interested in Midwifery.

The facts, then, relating to the three deaths of Barnsley women which were attributable to maternal causes during 1950 are as follows:

	Place of Death	Details
No. 1	Hospital	Had no ante-natal care. Was admitted to hospital in coma and never recovered consciousness. 12 weeks pregnant. Inquest: Open verdict. Cause of death: (a) Pyæmia; (b) Abortion.
No. 2	Hospital	Patient, aged 37, suffered from heart disease, mitral stenosis. Third pregnancy. Admitted to hospital for rest at 14th week. Remained in

Place of Death		Details
		hospital 10 days and took her own discharge against medical advice at the end of this time. Re-admitted to hospital at 26th week with failure of cardiac compensation. Premature onset of labour 35th week. Cæsarian section and delivery of premature living child. Patient died some nine hours later. Cause of death: Pulmonary Oedema; Mitral Stenosis; Pregnancy.
No. 3	Hospital	Patient, who was a primipara, aged 19, booked for hospital and attended the ante-natal clinic regularly from an early stage of pregnancy. No abnormality was detected during pregnancy apart from slight varicose veins of the right leg. She was admitted to hospital in the first stage of labour and was delivered of a full-term female child. Puerperium was normal for the first 10 days. On the 11th day patient devoloped a temperature of 100°F. Chemiotherapy and antibiotic treatment were instituted and the patient was normal again on the 15th day. She remained in hospital. On the 21st day after confinement she collapsed when going to the toilet and died in 15 minutes. Cause of death: Acute pulmonary embolism; Superficial thrombo-phlebitis of the leg, associated with pregnancy.

No comment is offered beyond suggesting that there appears to be some need for wider education of the public in matters relating to motherhood.

Comparison between the occurrence of the causes of maternal mortality in Barnsley during the year with those prevailing in England and Wales as a whole is shown in Table VI.

INFANTILE MORTALITY

During 1950 there was a total of 50 deaths of children under one year of age. This compares with a total of 59 in 1949. When reduced to an "infant mortality figure" of deaths per 1,000 live births, the figure so obtained is 34.6. That for England and Wales is 29.8, and that for the 126 Great Towns is 33.8. Whilst it would be more pleasing to be able to report that the Barnsley figure was lower rather than higher than the national average, there is some satisfaction in finding, by reference to Table IIA, that it is following the general downward trend even though the fall is not so rapid as elsewhere.

A detailed analysis of the various causes of death in infants under one year of age is shown in Table VII along with the age at which the deaths occurred.

Table VIII gives a detailed ten year comparison of the four principal causes of infantile mortality.

TABLE I.

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case rates for certain Infectious Diseases in the year 1950 (Provisional Figures based on Quarterly Returns) for England and Wales, 126 County Boroughs and Great Towns 148 Smaller Towns, London, Administrative County and Barnsley County Borough.

	England and Wales	126 County Boro's and Great Towns	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Administrative County	Barnsley County Borough
	Rates per 1,000 Home Population				
BIRTHS—					
Live	15·8	17·6	16·7	17·8	19·06
Still	0·37	0·45	0·38	0·36	0·38
DEATHS—					
All Causes ...	11·6	12·3	11·6	11·8	10·74
Typhoid and Paratyphoid ..	0·00	0·00	0·00	0·00	0·00
Whooping Cough ..	0·01	0·01	0·01	0·01	0 03
Diphtheria ...	0·00	0·00	0·00	0·00	0·00
Tuberculosis ..	0·36	0·42	0·33	0·39	0·35
Influenza... ...	0·10	0·09	0·10	0·07	0·05
Smallpox ...	0·00	0·00	0·00	0·00	0 00
Acute Poliomyelitis (including Polioencephalitis)	0·02	0·02	0·02	0·01	0·01
Pneumonia ...	0·46	0·49	0·45	0·48	0·30
NOTIFICATIONS—					
Typhoid fever ...	0·00	0·00	0·00	0·00	0·00
Paratyphoid Fever ...	0·01	0.01	0·01	0·01	0·00
Meningococcal Infection ...	0·03	0·03	0 02	0·03	0·12
Scarlet fever ...	1·50	1·56	1·61	1·23	2·52
Whooping Cough ...	3·60	3·97	3·15	3·21	6·32
Diphtheria ...	0·02	0·03	0.02	0·03	0·06
Erysipelas ...	0·17	0·18	0·16	0·17	0·46
Smallpox... ...	0·00	0·00	0·00	0.00	0 00
Measles	8·39	8 76	8·36	6·57	20·77
Pneumonia ...	0·70	0·77	0·61	0·50	2·56
Acute Poliomyelitis (including Polioencephalitis):					
Paralytic ...	0·13	0·12	0·11	0·08	0·10
Non-Paralytic...	0·05	0·05	0·06	0·05	0·02
Food Poisoning ...	0·17	0·16	0·14	0·25	0·13
Deaths under 1 year of age	Rates per 1,000 live Births				
All Causes ...	29·8	33·8	29·4	26·3	34·6
Enteritis and Diarrhœa under 2 years of age	1·9	2·2	1·6	1·0	6·2
NOTIFICATIONS—	Rates per 1,000 Total (Live & Still) Births				
Puerperal fever and Pyrexia ...	5·81	7·43	4·33	6·03	2·03

TABLE IIA.

Vital Statistics of Barnsley for 20 years, compared with those of England and Wales.

Year	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	
	England and Wales,	Barnsley.	England and Wales.	Barnsley.	England and Wales.	Barnsley	England and Wales	Barnsley
1931	15·8	18·79	12·3	13·80	66	109	3·93	6·63
1932	15·2	20·5	12·0	11·80	64	85	4·01	5·30
1933	14·4	17·31	12·3	13·28	64	89	4·23	3·75
1934	14·8	19·20	11·8	11·35	59	64	4·41	3·47
1935	14·7	17·88	11·7	11·36	57	58	3·93	3·00
1936	14·8	17·44	12·1	12·27	59	61	3·65	1·54
1937	14·9	16·59	12·4	12·85	58	55	3·11	4·92
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	17·30	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
1948	17·9	20·87	10·8	10·75	34	46	1·02	2·50
1949	16·7	19 08	11·7	10·67	32	41	0·82	0 00
1950	15·8	19·06	11·6	10 74	29	34	0·86	2 03

*Adjusted Death Rate.

TABLE IIB.

Vital Statistics of the County Borough of Barnsley during 1950 compared with those for the preceding Ten 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	Nett deaths under 5 years
		Number.	Rate	Number.	Rate.		Number.	Rate.	Per cent. of Total Nett Deaths	
1940	69020	1162	16.84	944	*15·59	331	70	60	7.42	10.06
1941	68680	1188	17.30	901	13.12	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	803	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	72480	1555	21.47	852	11.76	277	61	39	7.16	8.8
1947	73600	1668	22·59	875	11.88	261	72	43	8·23	10.36
1948	74730	1560	20·87	804	10.75	247	73	46	8.95	11·44
1949	75250	1436	19.08	803	10.67	223	59	41	7.34	9.59
Average for 10 yrs 1940-49	70588	1411	19.69	840	12.11	282	72	51	8.36	11.79
1950	75780	1444	19·06	814	10.74	244	50	34	6.13	7.86

* Adjusted Death Rate.

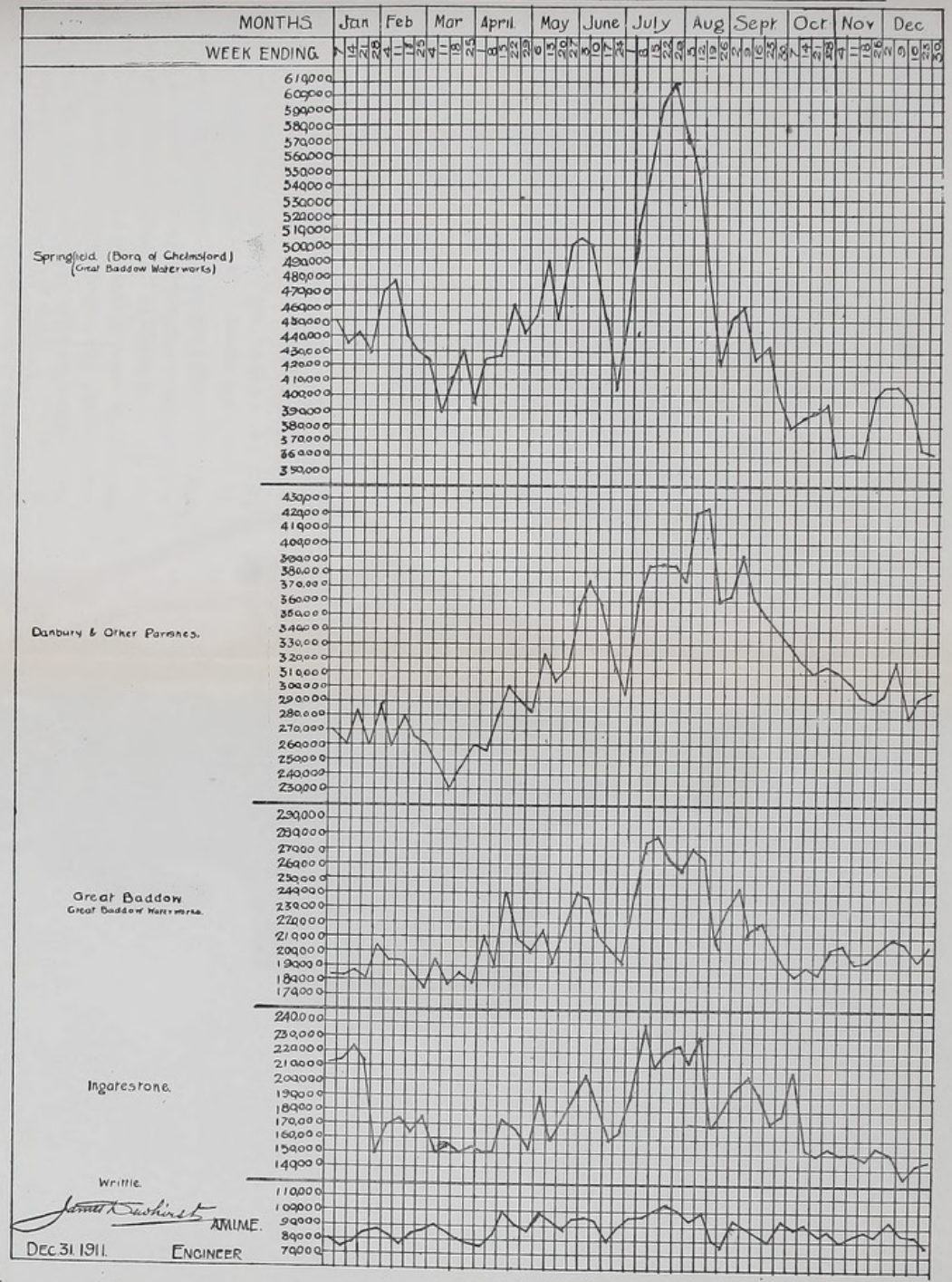
TABLE IV.

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.

Cause of Death	Total	0—5 yrs.	5—15 yrs.	15—45 yrs.	45—65 yrs.	Over 65 yrs.
Heart Diseases ...	212	...	...	8	48	156
Cancer (all form) ...	119	...	...	5	50	64
Respiratory Diseases ...	89	18	1	6	16	48
Intra-Cranial Vascular Lesions	74	...	...	2	12	60
Coronary Diseases Angina	66	...	...	3	31	32
Circulatory Diseases ...	38	...	...	...	4	34
Violence (Motor Accidents etc.) ...	30	3	...	5	7	15
Pulmonary Tuberculosis	26	...	...	21	5	...
Totals	654	21	1	50	173	409

CHELMSFORD RURAL DISTRICT COUNCIL. WATERWORKS CONSUMPTION CHART 1911.



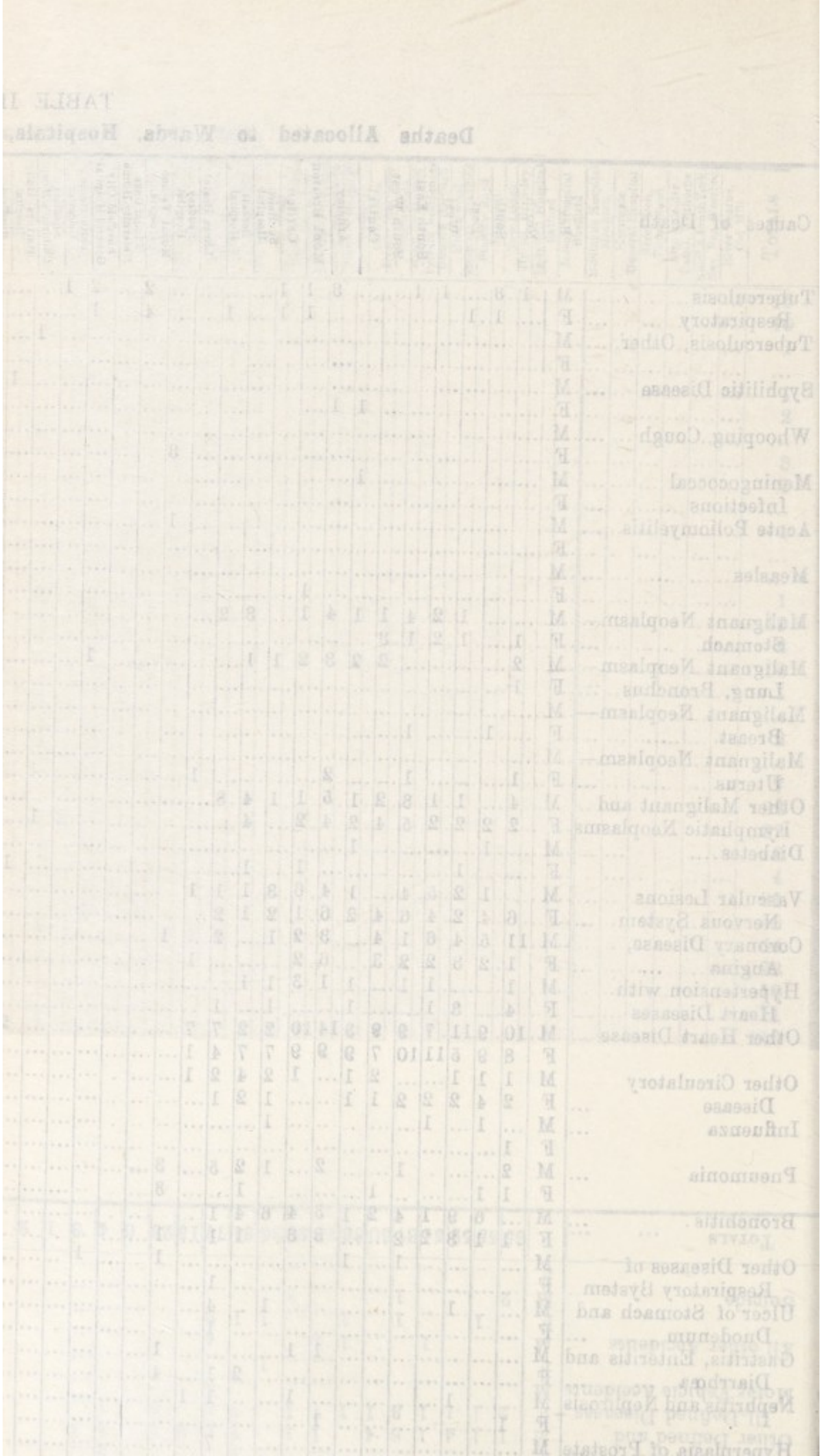


TABLE V.

Inquests held in Barnsley and Inquests held on Barnsley Residents who died outside the Borough during 1950.

Cause of Death.	Borough Residents		Residents died outside Borough		Non-Resident of Borough	
Natural Causes.	M	F	M	F	M	F
Heart Diseases	10	2	3	...	7	...
Pregnancy, Childbirth and Abortion	...	...	...	1	...	...
Meningococcal Infections ...	...	...	1	...	...	...
Tuberculosis, Respiratory ...	2	...	...	...	1	...
Other Defined and Ill-Defined Diseases	1	3	...	...	1	1
Bronchitis	1	...	...	...	...	...
Vascular Lesions of Nervous System	1	...	...	...	...	...
Malignant Neoplasms	2	...	...	...	1	...
Nephritis	1	...	...	...	...	...
Pneumonia	2	...	...	...	...	...
Congenital Malformations ...	2	...	...	...	...	...
Other Diseases of Respiratory System	1	...	...	...	...	...
Violence.	23	5	4	1	10	1
Broncho-pneumonia, Contusion of brain due to being knocked down by a motor car	...	...	1	...	...	...
Found drowned there being no sufficient evidence to show how he came to be in the water ...	...	...	1	...	...	...
Broncho - Pneumonia following bilateral femoral vein thrombosis, secondary fracture of neck of right femur caused by a fall ...	...	1	...	...	...	...
Coronary thrombosis accelerated by fracture of neck of left femur caused by a fall in her home in the darkness	...	...	...	...	...	1
Extra dural hæmorrhage following linear fracture of the skull caused by her being struck on the head by a stone thrown by her brother	...	...	...	...	...	1
Hypostatic pneumonia following fracture of neck of left femur caused by a fall	...	1	...	...	...	...
Shock and hæmorrhage following fractured ribs and patella with rupture of liver and spleen caused when a motor car he was driving collided with a telegraph pole and the boundary wall during a temporary lapse.	...	...	...	...	1	...

TABLE V.—Continued.

Cause of Death.	Borough Residents		Residents died outside Borough		Non-Residents of Borough	
Violence—continued	M	F	M	F	M	F
Hypostatic pneumonia following fracture of left femur caused by a fall	1	1	...	...	...	...
Extra dural hæmorrhage following linear fracture of the skull caused by his being knocked off a pedal cycle by a passing lorry ...	...	...	...	...	1	...
Cardiac failure accelerated by fracture of pelvis from falling from a tree when getting apples ...	...	...	...	...	...	1
Fracture of the skull and laceration of the brain caused by his being struck and knocked down by a motor cycle when crossing the road in front of a stationery motor car.	1	...	...	...	...	...
Fracture of the skull caused by his head being struck by a lamp standard when an army truck in which he was riding struck the said lamp standard	1	...	...	...	...	...
Renal failure. Hæmorrhage oesophagitis following drinking liniment in mistake for medicine	...	...	...	...	1	...
Uraemia. Enlarged prostate accelerated by fracture of neck of left femur caused by a fall ...	...	...	...	...	1	...
Found drowned in the canal there being no sufficient evidence to show how he came to be in the water	1	...	...	...	...	...
Hypostatic pneumonia following fracture of right femur caused by a fall	...	1	...	...	...	...
An overdose of barbitone tablets there being no sufficient evidence to show in what circumstances such tablets were taken ...	...	...	...	...	...	1
Myocardial degeneration accelerated by a fracture of the left femur following a fall	...	...	...	...	...	1
Shock following multiple burns ...	1	...	...	...	...	...
General Senility accelerated by fracture of neck of left femur from falling	...	1	...	...	...	...
Fracture of base of skull and laceration of the brain caused by falling downstairs at his home ...	...	...	...	...	1	...

TABLE V—Continued.

Cause of Death.	Borough Residents		Residents died outside Borough		Non-Residents of Borough	
Violence—continued	M	F	M	F	M	F
Senile degeneration accelerated by a fracture of neck of left femur caused by a fall	...	...	...	...	...	1
Asphyxia caused by lying face downwards on the pillow in her cot ...	...	1	...	...	...	...
Cerebral compression following depressed and basal fractures of the skull caused by being knocked down by a motor lorry ...	1	...	...	...	...	...
Pulmonary congestion and broncho-pneumonia following injury to left side caused by a fall on the icy road	1	...	...	...	...	...
Hypostatic pneumonia following fracture of neck of right femur caused by a fall in her home through old age	...	...	...	...	...	1
Myocardial failure and diabetes accelerated by fracture of neck of left femur caused by a fall in the garden of her home through weakness	...	...	...	...	...	1
Cerebral contusion and laceration following fissued fracture of skull caused by his being knocked down by a motor bus	1	...	...	...	...	...
Shock following fracture of neck of of right femur caused by a fall from a chair	...	...	...	...	1	...
Fracture of skull and intra cranial damage caused by his being knocked down by a motor cycle ...	...	...	...	...	1	...
Multiple injuries caused by her being knocked down by a motor lorry whilst crossing the road ...	...	1	...	...	...	...
Arterio sclerosis accelerated by fracture of neck of left femur caused by a fall in the house through dizziness	...	...	...	...	...	1
Shock following extensive burns on the left side caused by her clothing catching fire from the fire in her room	...	...	...	...	...	1
Senility accelerated by shock following injuries to head and arm caused by falling downstairs at his home	1	...	...	...	...	...

TABLE V—Continued.

Causes of Death	Borough Residents		Residents died outside Borough		Non-Residents of Borough	
	M	F	M	F	M	F
Violence—continued						
Toxic Myocarditis following acute infection of tendon sheath of left thumb due to injury caused by her hand being pressed against the back of a rocking chair whilst playing	...	1	...	...	...	...
Hypostatic pneumonia following fracture of left femur caused by falling from a rocking chair in her home whilst asleep ...	...	...	...	...	...	1
Toxic abortion following extensive burns of the upper part of her body caused by her clothing catching fire from a candle in her home	...	...	...	...	...	1
Hypostatic pneumonia following fracture of neck of left femur caused by a fall in her home ...	...	1	...	...	...	...
	9	9	2	...	7	12
Occupational.						
Traumatic amputation of the right leg and right arm due to being struck by engine when working on railway	...	...	1	...	...	...
Electrocution by lightning whilst forking hay	...	...	1	...	...	...
Shock following multiple injuries caused by the explosion of a shell when he was engaged in sorting shells	...	...	1	...	...	...
Broncho pneumonia. Hydrocephalus following injuries to the head sustained whilst working in Cortonwood Colliery in 1945 ...	1	...	..	...	...	...
Myocardial degeneration and aortic valve disease accelerated by an accident in the pit (in which he lost a leg) twenty years ago ...	1	...	...	...	...	...
Fracture of cervical spine from being struck by a falling door in Barrow Colliery	...	...	...	...	1	...
Broncho pneumonia. Pneumococcal meningitis accelerated by a blow on his head by striking the roof when leaving his work in Monckton Colliery	...	...	...	...	1	...
	2	...	3	...	2	...

TABLE V—Continued.

Causes of Death	Borough Residents		Residents died outside Borough		Non-Residents of Borough	
Suicide.	M	F	M	F	M	F
Poisoned himself with coal gas inhaled from a gas tube whilst the balance of his mind was disturbed	3	...	...	...	...	...
Asphyxia from inhaled blood and shock and hæmorrhage following injuries to the throat self inflicted with a carving knife whilst the balance of his mind was disturbed and whilst under the influence of anaesthetics nitrous oxide and oxygen administered for the purpose of an operation to repair the wound	...	...	...	...	1	...
Hanged himself by the neck with a strap attached to the bed post whilst the balance of his mind was disturbed owing to ill health	1	...	...	...	...	...
Drowned himself in the river Dearne whilst the balance of his mind was disturbed. ...	1	...	...	...	...	...
	5	...	...	...	1	...
TOTALS	39	14	9	1	20	13

TABLE VI.

Maternal Mortality in England and Wales and Barnsley County Borough in the year 1950.

Rate per 1,000 Total (Live and Still) Births.

	England and Wales	Barnsley
Abortion with Sepsis ...	0·09	0.68
Other Abortion ...	0 05	0·00
Complications of Pregnancy and delivery	0·54	0.68
Sepsis of Childbirth and the Puerperium ...	0.03	0 00
Other complications of the Puerperium ...	0.15	0.68
Total	0 86	2 04

TABLE VII

INFANT MORTALITY 1950

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 1950.
Whooping Cough ...	...	...	...	...	...	...	2	...	...	2	2
Meningococcal Infections ...	..	...	...	...	...	...	1	...	...	1	1
Malignant Neoplasms ...	1	...	...	...	1	...	...	...	...	...	1
Pneumonia	1	...	1	...	2	5	3	1	...	9	11
Bronchitis	...	...	...	...	...	...	...	1	...	1	1
Other Diseases of Respiratory System	...	...	...	1	1	...	...	...	...	...	1
Gastritis, enteriris & diarrhœa	...	...	2	...	2	3	2	...	2	7	9
Congenital Malformations ...	3		...	1	4	2	...	...	...	2	6
Other defined or ill-defined Diseases	9	...	1	1	11	2	...	3	1	6	17
All other Accidents ...	...	...	...	...	...	...	1	...	...	1	1
Totals ...	14	...	4	3	21	12	9	5	3	29	50

TABLE VIII.

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
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
1948	—	—	2	1.28	—	—	27	17.31	2	1.28	6	3.84	16	10.25	5	3.20
1949	1	0.70	2	1.40	—	—	25	17.40	1	0.70	9	6.26	6	4.20	10	7.00
1950	—	—	2	1.38	2	1.38	17	11.77	1	0.69	9	6.23	7	4.85	12	8.31

Part II

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

Notifications of infectious diseases received during 1950 amounted to 2,588. This compares with 1,988 notifications in 1949. The numbers of each of the diseases notified and their incidence in the various Wards in the Borough is shown in Table I while the monthly incidence is shown in Table II. Taken on the whole, the figures shown in these Tables, despite the increase in the total number of notifications over the previous year, cannot be regarded as unsatisfactory. There has been a decrease in the notifications of all those diseases that have in the past been considered the more dangerous, with the exception of infection by the meningococcus. The increased total number of notifications was almost entirely accounted for by the prevalence of measles during the latter half of the year. It might be well at this point to consider each disease separately.

Scarlet Fever

There were in all 191 cases of Scarlet Fever notified, compared with 296 in the previous year, and the disease continues to be mild. There has been in recent years a considerable body of opinion which has tended to question why Scarlet Fever has been made notifiable whilst other manifestations of infection by the Hæmolytic Streptococcus are not subject to official interest. There would appear to be a certain amount of logical reasoning to support this. Nevertheless, until a sound scientific explanation has been found for the gradual decrease of severity of this disease in recent years it is well that it should remain notifiable. In this way it is possible to keep in touch with cases as they occur and any tendency towards an increase in virulence that may develop will be detected more readily by the notification of every case than by any other means.

Diphtheria

There were only 5 cases of Diphtheria notified in Barnsley during 1950 and all were admitted to Kendray Hospital. This is the smallest number of cases notified in the Borough since notification was introduced. It is also pleasant to be able to report that there has been no death from Diphtheria in Barnsley since 1946.

It cannot be too strongly emphasised that this satisfactory situation is the direct result of the efforts that have been expended in making immunisation against this disease available to every parent and in convincing the parents of the desirability of having their children immunised. In view of this low-level record a graph has been prepared to show the incidence

of Diphtheria in Barnsley during the past 30 years (Fig. 1). This is most interesting as it shows the sharp rise in 1928 when a general increase in the severity and incidence of the disease was experienced not only in Great Britain but throughout Europe. From then the level of incidence remained high until 1941 when the effects of the immunisation campaign began to become apparent. This campaign has been pressed still further and with these renewed efforts the incidence of the disease has dropped steadily until 1950. It is essential, if this control of the disease is to continue—and there is no reason why it should not—that everyone, doctors, parents, nurses and teachers, should not relax their efforts not only to maintain, but to improve, the immunisation level in the child population.

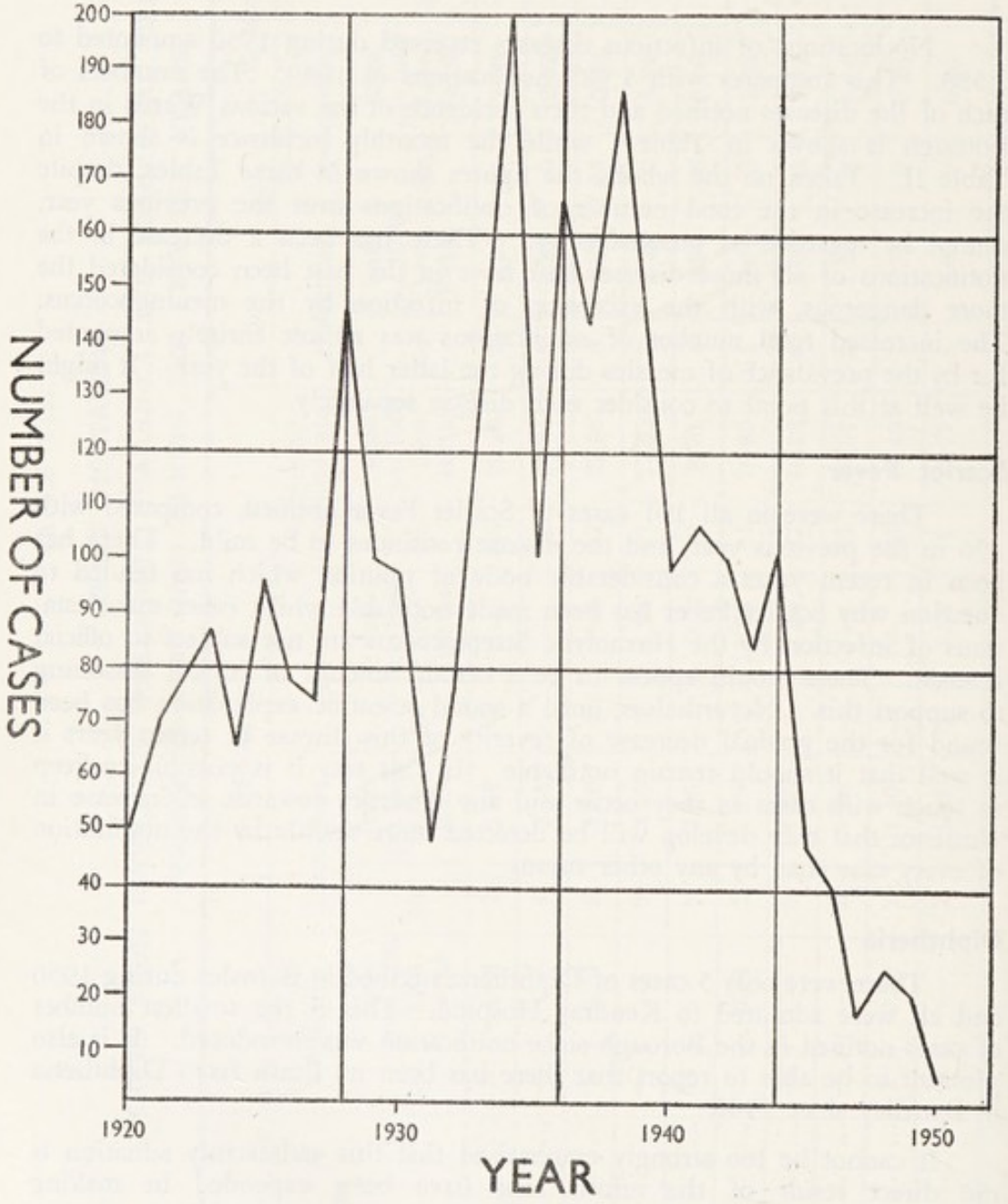


Figure 1.
Graph showing Incidence of Diphtheria in Barnsley during the past thirty years.

Meningococcal Infections

9 cases of infection by the Meningococcus were notified as compared with the 2 cases of Cerebro-spinal Fever in 1949.

Measles

This disease by itself almost accounts for the increase in the total number of notifications for the year. 1,574 notifications were received. Reference to Table II will show that the last three months of the year saw the greater number of these cases, whilst Table I shows that the age group between 3 and 5 years of age provided the greatest number of victims.

In text books on epidemiology it used to be stated that Measles epidemics occurred in two-year cycles. This has not, however, been occurring of late, and to gain a clear idea of the incidence of Measles in Barnsley since the disease became notifiable in 1939 a graph has been prepared (Fig. II). The first four years show more or less what was expected from the text book description but since then there has been no regularity. It might well be that the adoption of notification of every case of measles will show that the celebrated two-yearly measles epidemic was in fact a falacy. To prove this, observations must necessarily be continued for many years. In the meantime this figure shows how for the past five years the incidence has gradually increased until 1950. Owing to the large number of susceptibles who have had the disease during the year a much lower figure is to be expected for 1951.

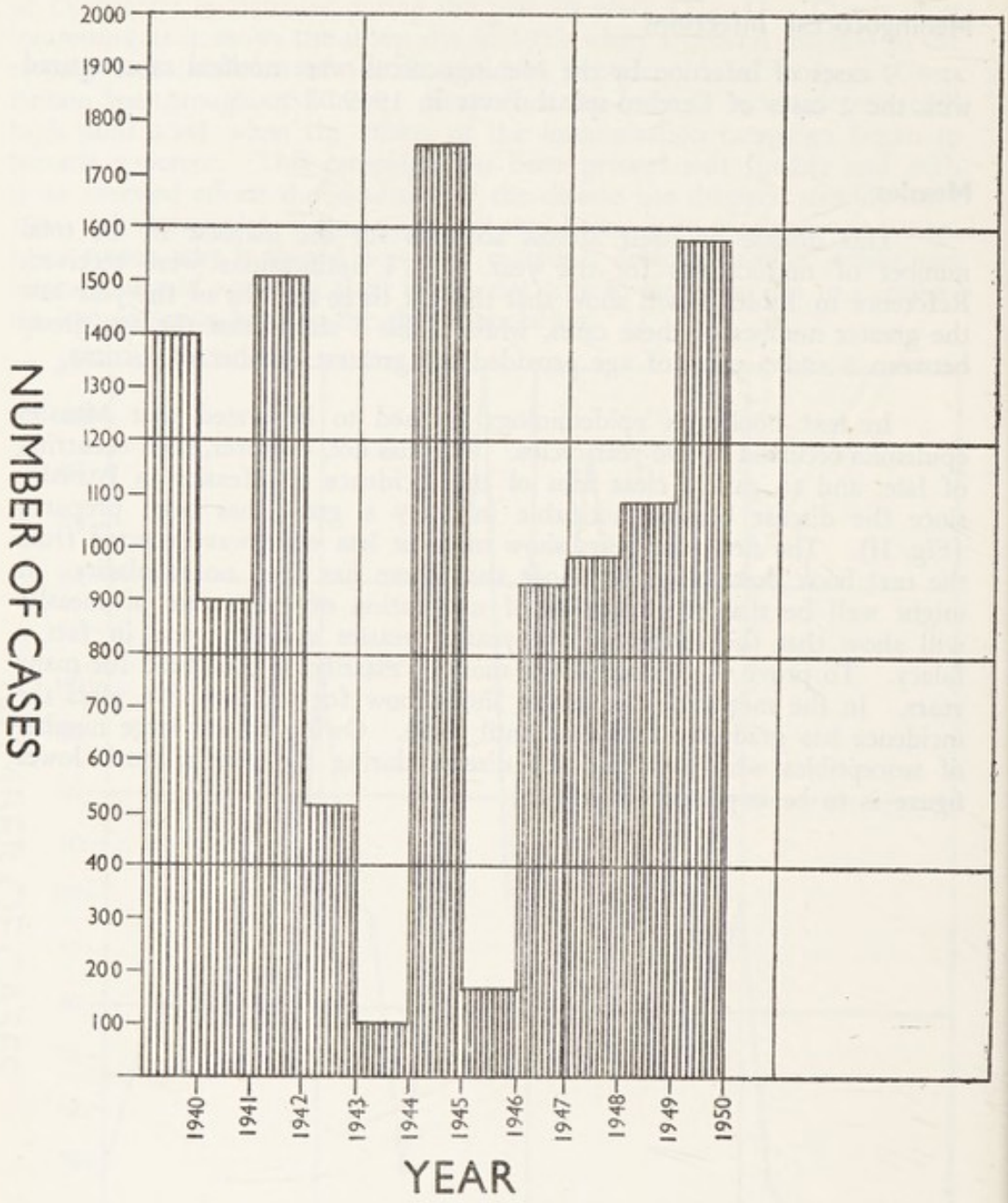


Figure 2.

Graph showing Incidence of Measles in Barnsley during the past ten years.

Whooping Cough, with 489 notifications, also showed an increase in incidence over 1949.

Pneumonia

194 cases of Pneumonia were notified as compared with 286 in 1949. During the year there has been, in some quarters, considerable discussion on the value of the notification of Pneumonia and also on the definition of the exact morbid conditions which should be notified under this heading. Experience in Barnsley towards the end of the year showed that there is a definite practical value in the notification of Pneumonia. Notifications of Pneumonia in one particular area of the Borough showed an unusually high incidence of this disease there. Enquiry by Health Department staff revealed

that owing to mining subsidence the drainage arrangements of a number of the houses in this area had been seriously damaged. As a result of this, drainage water had been collecting in the space under the floors and causing excessive dampness. Immediate action was taken to remedy the defective drainage and a careful watch has been kept on notifications from this area ever since.

Poliomyelitis

There were 10 notifications of this disease (otherwise known as Infantile Paralysis). This compares with a total of 25 in 1949. The seasonal distribution of the disease was very much as expected:

March	1
June	1
August	3
September	2
December	3
Total	10

The age incidence is shown in Table I. One of the patients, an adult, died from the disease.

Careful study of the geographical incidence of the disease tends to suggest that there was little, if any, association between the cases. Much has been written in professional and scientific journals during the year about Poliomyelitis but little has emerged from these writings to assist in finding an answer to the problem of these ten cases in Barnsley. Investigation of those groups of cases which were notified round about the same time has failed to reveal any tangible evidence of a common factor. Nevertheless it is striking that six of the ten cases occurred in areas where old and unsatisfactory property is still providing housing accommodation for a large proportion of the population.

As regards the relationship between immunisation against Diphtheria and Poliomyelitis, both experience and review of the literature on this subject would suggest that immunisation against Diphtheria does not in any way make a child more liable to contract Poliomyelitis. However, if by any chance a patient has received an injury in a muscle a short time before developing Poliomyelitis, this muscle is more liable to be paralysed than one which has not been so injured. Now immunisation tends to cause a slight injury of the muscle so that should a patient pick up a coincidental infection of Poliomyelitis shortly after immunisation, the muscle in which the immunisation injection was given is more liable than the other muscles to paralysis. It is unfortunate that this phenomenon as related to immunisation has received a certain amount of publicity. Reference to last year's report will show that attention was drawn there to the effect of the amount of energy displayed by the patient during the days preceding the onset of the disease, and also to the way in which fatigue appears to enhance the severity of paralysis should poliomyelitis be contracted after a period of extended effort. There is little doubt that the localisation of paralysis in a limb after the administration of an injection is part and parcel of the same phenomenon. It is absolutely essential that this should be fully understood by the public. In this way persons who are " feeling a bit off colour " during a period when cases are occurring may avoid fatigue lest they may be incubating the disease. At the same time, those who may be doubtful

about affording their children the benefit of immunisation against Diphtheria may be re-assured that the immunisation will not predispose them to Poliomyelitis.

Only one of the ten cases notified in Barnsley had had an injection during the six months preceding the onset of the disease and in this case the paresis affected the arm in which the injection had been given. Careful investigation of this case did not provide any evidence whatsoever to suggest that immunisation " per se " had anything to do with the patient contracting the disease.

Dysentery

There were 64 cases of Dysentery notified during 1950. Most of these occurred in the early part of the year. Unfortunately bacteriological confirmation was not forthcoming in every case.

Food Poisoning

Only 10 cases of food poisoning were notified during the year. Reference to Table II will show that these were sporadic and investigation of them produced nothing of interest. Bacteriological surveys carried out for other purposes have shown the occurrence of the Salmonella (or food poisoning) group of organisms to be much more widespread than is generally thought even by members of the medical profession. Very often food poisoning is manifest in the individual simply by a few colicky pains and perhaps one or two loose stools, not sufficient for him to seek medical advice. Should, however, such an individual be engaged on the preparation of food for others, a single act of omission in strict " W.C. Hygiene " may cause a widespread outbreak of food poisoning. Again the medical profession is apt to overlook the fact that food poisoning is a notifiable disease. For this reason it is extremely doubtful if the 10 notifications reported in 1950 present anything like a true picture of the incidence of food poisoning in the Borough.

It is realised that so often the patient with vomiting, colic and diarrhœa goes to the doctor for something to " settle the stomach." The condition is not in any way dangerous to that particular patient. He recovers with a few doses of bland and soothing medicine, missing, perhaps, only a day or two off work. With many of the cases this is all that happens, particularly if the patient is not a food handler or even if he is but practises good " closet hygiene." In this way a condition that is really food poisoning goes unrecognised and unnotified.

There are no statistics to show the incidence of " gastric upset " in Barnsley. The hope can, however, be expressed here and now that, in future, practitioners in the Borough will make the fullest use of the Laboratory facilities available. The Public Health Laboratory at Wakefield is not only very well equipped to examine and report on material sent by doctors (or by the Public Health Department on their behalf), but the Director will be greatly interested in any work of this kind that comes his way. If practitioners would submit at as early a stage in the illness as possible specimens of fæces for bacteriological examination from even a small proportion of patients who consult them about digestive upsets, a much clearer picture of the food poisoning situation would be available from the data obtained. With such information it should be possible to take steps to reduce the number of " upsets " occurring in the community and thus to prevent a considerable amount of avoidable absenteeism from industry as well as unnecessary discomfort and illness.

Tuberculosis

118 notifications of Pulmonary Tuberculosis were received during 1950, compared with 71 in 1949.

This increase cannot but be considered disturbing especially when comparison is made with the figures for previous years in Table III. There are a number of factors involved in this. In the first place, 1950 saw the first extensive Mass Miniature Radiography Survey carried out in Barnsley and as a result of this 62 suspect cases of Pulmonary Tuberculosis were referred to the Barnsley Chest Clinic. Since, however, neither the Mass Miniature Radiography Unit nor the Chest Clinic is administered by the Local Health Authority it has not been possible to ascertain the proportion of these cases that were in fact notified to the Medical Officer of Health. It is reasonable, however, to assume that a fairly high proportion of them are included in the figure quoted above. If this is so then it means that the increase is more apparent than real. Radiography detects Tuberculosis at a much earlier stage than do other methods of diagnosis; therefore it is likely that a number of the cases notified in 1950 might not have been detected for months or years without X-ray. Therefore in comparison with other years, 1950 has had credited to it notifications which, under conditions previously prevailing, would have been credited to subsequent years.

On the other hand there are factors which cannot but have an adverse effect on the control of Tuberculosis and must consequently contribute to a greater or lesser degree to the unsatisfactory figures. These factors are the long waiting period for hospital treatment of Tuberculosis and unsatisfactory housing conditions. If these two factors in the causation of new cases of Tuberculosis could be removed an improvement in the notification figures would occur at once. It is appreciated that the problems involved are very great and very complex but they should not be incapable of solution. Both for hospital beds and for housing accommodation there are many diverse claims and in their distribution many competing interests must be considered.

It is unfortunate that the voice of the Tuberculosis patient has not been louder. Expenditure of resources on him not only brings the individual himself back to economic independence but prevents those in close association with him from becoming a charge on the health and social services of the community.

The steady fall in the death rate for Pulmonary Tuberculosis shown in Table III is one of the more satisfactory aspects of the position regarding Tuberculosis in the Borough. So also is the decreasing number of cases of and deaths from Non-pulmonary Tuberculosis.

The relationship between the incidence of new cases of Tuberculosis and their age groups at the time of notification is shown in Tables IV, V and VI. It is interesting to note that the greatest number of new cases occurred amongst females in the 15-20 and 20-25 year groups. Those are the groups which were singled out for special survey with mass miniature radiography. Table VII shows the periods which elapsed between notification and death in the 27 fatal cases of Tuberculosis which occurred.

Scabies

25 persons were treated for Scabies at New Street Clinic during the year. This involved a total of 48 attendances.

TABLE I.

NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis).

AGE AND WARD DISTRIBUTION, AS CORRECTED

Notifiable Disease.	Number of cases notified in Barnsley during 1950								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.	Central Ward.	Ardsley Ward.	Monk Bretton Ward	Carlton Ward.	Sheffield City General	St. Helen Hospital	Beckett Hospital	Kendray Hospital.
Scarlet Fever	191	—	29	51	82	19	5	5	25	10	13	15	14	9	7	21	43	34	—	—	—	170
Diphtheria	5	—	—	—	1	3	—	1	—	—	—	—	—	—	1	1	3	—	—	—	—	5
Pneumonia	194	21	37	40	23	7	6	60	8	12	1	17	8	11	2	64	50	21	—	4	1	42
Meningoccocal Infection	9	—	4	2	3	—	—	—	2	—	1	2	—	—	1	1	1	1	—	—	—	9
Measles	1574	109	444	596	413	7	4	1	197	179	82	134	107	113	61	207	235	259	1	—	—	65
Whooping Cough ...	489	82	111	156	137	2	—	1	52	26	14	24	17	13	12	143	95	93	—	1	—	49
Ophthalmia Neonatorum	4	4	—	—	—	—	—	—	—	—	—	1	—	—	—	3	—	—	—	—	—	1
Erysipelas	35	1	—	—	—	—	3	31	2	4	1	6	3	1	3	9	5	1	—	—	—	18
Puerperal Pyrexia ...	3	—	—	—	—	—	1	2	—	—	—	—	2	—	—	1	—	—	—	1	—	2
Poliomyelitis	10	1	1	2	—	4	—	2	—	—	2	—	1	2	1	3	—	1	—	—	—	10
Dysentery	64	6	12	9	15	2	6	14	3	10	—	6	3	—	2	7	21	12	—	—	—	11
Food Poisoning ...	10	—	—	2	3	—	—	5	1	—	—	—	—	—	1	8	—	—	—	—	—	—
Totals	2588	224	638	858	677	44	25	122	290	241	114	205	155	149	91	468	435	422	1	6	1	382

TABLE II.

Notifiable Infectious Diseases (excluding Tuberculosis). Table shewing monthly prevalence during 1950.

Notifiable Disease.	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Totals
Scarlet Fever ...	30	19	24	18	24	7	6	8	7	21	16	16	191
Diphtheria ...	1	1	...	...	...	...	2	...	1	...	...	...	5
Pneumonia ...	52	22	20	19	16	15	11	6	6	16	7	4	194
Meningocccoal Inf. ...	2	1	2	1	...	...	...	...	...	...	1	2	9
Measles ...	40	34	35	51	102	134	110	125	124	278	341	200	1574
Whooping-Cough ...	46	16	65	75	122	66	36	18	24	8	9	4	489
Ophthalmia Neonatorum	...	...	1	...	1	...	...	2	...	...	...	...	4
Erysipelas ..	9	3	2	3	1	2	...	4	...	5	3	3	35
Puerperal Pyrexia ...	...	...	...	...	...	...	...	...	1	1	1	...	3
Poliomyelitis ...	...	...	1	...	...	1	...	3	2	...	...	3	10
Dysentery ...	20	2	10	9	4	12	3	1	...	1	...	2	64
Food Poisoning ...	2	3	1	...	...	1	...	...	1	1	1	...	10
TOTALS ...	202	101	161	171	270	238	168	167	166	331	379	234	2588

TABLE III.

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.	
1939	61	34	0·47	45	4	0·06	0·53
1940	75	49	0·79	35	9	0·13	0·92
1941	72	34	0·49	43	9	0·13	0·62
1942	84	29	0·43	44	10	0·14	0·57
1943	101	35	0·52	30	6	0·09	0·61
1944	108	30	0·44	35	4	0·06	0·50
1945	76	45	0·65	25	6	0·08	0·73
1946	102	31	0·43	22	5	0·07	0·50
1947	91	30	0·40	14	8	0·11	0·51
1948	166	37	0·41	16	8	0·10	0·51
1949	71	29	0·38	15	8	0·10	0·48
1950	118	26	0·34	16	1	0·03	0·35

TABLE IV

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—2 ...	...	...	...	...	...	...	...	...
2—5 ...	3	8	2	...	...	...	...	...
5—10 ...	4	5	2	1	...	...	...	...
10—15 ...	3	6	1	1	1	...	1	...
15—20 ...	7	14	1	1	2	2	...	...
20—25 ...	6	18	...	2	...	1	...	...
25—35 ..	13	9	1	2	4	5	...	...
35—45 ...	7	2	...	1	4	2	...	...
45—55 ...	6	1	...	...	2	...	...	...
55—65 ..	3	3	...	...	3	...	...	...
65—75 ...	3	...	1	...	...	...	...	...
75 and over	...	...	...	...	...	...	...	...
Totals ...	56*	62*	8*	8*	16	10	1	...

* Includes new cases coming to knowledge of Medical Officer of Health otherwise than by formal notification.

TABLE V

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Summary of notifications of Tuberculosis during Year 1950.

AGE PERIODS	Formal Notifications													
	Number of Primary Notifications of new cases of tuberculosis													
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total (all ages)
Respiratory, Males	1	—	3	4	3	7	6	9	5	5	3	2	—	48
Respiratory, Females	1	—	3	5	6	13	18	9	2	1	3	—	—	61
Non-Respiratory, Males	—	—	2	2	1	1	—	—	—	—	—	—	—	6
Non-Respiratory, Females	—	—	—	1	1	1	2	1	1	—	—	—	—	7

TABLE VI

New cases of Tuberculosis coming to th knowledge of the Medical Officer of Health during 1950 otherwise than by formal notification.

SOURCE OF INFORMATION			Number of cases in age Groups												Total	
			0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—		
Death Returns from Local Registrars	Respiratory	M	—	—	—	—	—	—	—	—	1	1	—	—	—	2	(A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	1	—	1	(C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)
Death Returns from Registrar-General (Transferable deaths)	Respiratory	M	—	—	—	—	—	—	—	1	—	—	—	—	—	1	(A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)
Posthumous Notifications ...	Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)
"Transfers" from Other Areas (excluding transferable deaths) ...	Respiratory	M	—	—	—	—	—	—	—	2	1	—	—	—	—	3	(A)
		F	—	—	—	—	1	—	—	—	—	—	—	—	—	1	(B)
	Non-Respiratory	M	—	—	—	—	—	—	1	—	—	—	—	—	—	1	(C)
		F	—	—	—	—	—	—	1	—	—	—	—	—	—	1	(D)
Other Sources ...	Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)

TOTALS (A) 6
(B) 1
(C) 2
(D) 1

TABLE VII.

TUBERCULOSIS DEATHS.

PERIODS BETWEEN NOTIFICATION AND DEATH.

1 case died within	1 week	of notification
2 cases died within	1 month	,, ,,
1 case died within	2 months	,, ,,
2 cases died within	3 months	,, ,,
1 case died within	6 months	,, ,,
1 case died within	7 months	,, ,,
1 case died within	10 months	,, ,,
1 case died within	1 year	,, ,,
2 cases died within	2 years	,, ,,
3 cases died within	3 years	,, ,,
4 cases died within	5 years	,, ,,
1 case died within	6 years	,, ,,
1 case died within	7 years	,, ,,
2 cases died within	10 years	,, ,,
2 cases died within	11 years	,, ,,
1 case died within	17 years	,, ,,
1 case died which was not notified		
27 cases		

Part III

THE NATIONAL HEALTH SERVICE

Development of the National Health Service as a whole became more gradual during 1950 and it would at first appear that there is little to report apart from routine work carried out to discharge the Health Authority's statutory obligations. More careful examination of all that has been done during the year will show that there has been a continual effort to improve the services available to the public and to adapt them to form an integral part of a National Health Service in its widest sense. In the report for 1949 the relationship between the Barnsley Local Health Authority and the Sheffield Regional Hospital Board on the one hand and the Barnsley Executive Council on the other was described as it existed at the beginning of the year and certain lines were suggested along which the relationship and liaison between the three bodies might develop. As yet this development has been slow and much remains to be done to ensure co-ordination of the work of the three partners in the Service. It is essential that a feeling of partnership be developed and that each partner accord to the others equal status. It is also necessary that each of the three bodies appreciate that the National Health Service in its present form requires all three. The Local Health Authority has social and preventive work to do—work for which it alone has the resources and experience to perform efficiently. These services are necessary both to the Hospital Specialist and to the General Practitioner and must be employed and exploited by them if they themselves are to play their part to the full in providing a truly comprehensive Health Service.

The duty of providing institutional care and Specialist services for the sick has been placed on the Regional Hospital Board. There is a feeling amongst some of those who work for Health Authorities—conceal it how they will—that they could administer the hospitals better and more efficiently than the Regional Hospital Board. Doubtless some may have had ample experience to do a reasonably good job. How many, on the other hand, have had experience of the provision of a co-ordinated specialist-hospital service to cover territories of the size of the present hospital regions? It is therefore easy to be critical of the difficulties encountered by others in gaining necessary experience.

The general practitioner has had a difficult time and as an individual working for individuals has probably suffered the greatest disturbance by the changes involved in the introduction of the National Health Service. In view of the peculiar place he holds in the community it is very awkward indeed for him to adapt himself to changing conditions. Nevertheless he would find that working in real partnership with the Hospital Service and the Preventive Service would relieve him of many of the worries which beset him to-day. This might mean relinquishment of some of his traditional

omniscience but in the realist's world in which he works to-day such relinquishment would certainly result in enhanced public confidence in the medical profession as a whole.

It is hard to estimate at the present stage the extent to which this need for such partnership and mutual trust between all those involved in giving full effect to the National Health Service Act has been appreciated. Much difficulty has arisen from those who have had doubts and fears regarding an impoverishment of either their personal prestige or their financial position. Still more has arisen from those opportunists who have seen in the Service a means to personal advancement irrespective of the value of the contribution they have to offer to the community. These problems are only to be expected in any service so closely associated with roots of human nature as a Health Service. How soon and how effectively they will be solved in any particular area depends greatly on the intellectual honesty of those individuals to whom the building of the service is entrusted in that area.

In Barnsley during 1950 there have been unmistakable signs that there is developing an appreciation of the need for partnership in giving the citizens of the Borough a fully comprehensive Health Service. For example, the arrangement inaugurated during the year whereby the Chairman and Chief Officers of the three bodies concerned with the administration of the Health Service in the Borough meet informally to discuss mutual problems, is certainly a first step forward on the road to partnership This arrangement, properly developed, offers the rational solution of most of the problems of representation of various interests that have been so widely discussed since the inception of the Service. Whether the Medical Officer of Health is a member or attends as an observer at meetings of the Hospital Authority or the Executive Council matters not at all. The important thing is that he knows what these bodies are doing and that an opportunity is afforded by them for the hearing of his views as technical adviser to the Local Health Authority. Again it is important that no member of the partnership should take any step which may even remotely affect the work of the other two without prior consultation in an atmosphere of absolute frankness and mutual trust. Nothing is more destructive of that most necessary spirit of co-operation than the *fait accompli.* This system of consultation inaugurated in Barnsley, informal though it is at present, offers, if properly developed, perhaps the only hope of rescuing the original concept of the National Health Service from destruction by factional jealousies within the Service itself. Thus it will be seen that in terms of established practice and current thought there appeared to be in 1950 little new to report or to comment upon in the relationship between the Barnsley Local Health Authority and the Regional Hospital Board (with its Local Management Committee) and the Barnsley Executive Council. Nevertheless when the time comes to record the history of the Health Services in Barnsley it may well be the events of 1950 that constituted the turning point in their development.

Having thus examined the relationship between the Local Health Authority and other bodies, consideration may be given to those services which have been imposed on the Authority by the National Health Service Act, 1946, and other statutes.

HEALTH CENTRES

National Health Service Act, 1946, S.21.

Owing to building restrictions and other National factors it was not possible to make much progress towards the provision of Health Centres during 1951. This is perhaps as well as wide experience of working the National Health Service will be required before it will be possible to decide exactly what should constitute a Health Centre. It will be necessary for a considerable amount of experimental work to be done and it would seem that such progressive authorities as are sufficiently interested to do this would be well advised not to experiment on too large a scale. The logical method of development would seem to be, from a building much in the form of the present Local Health Authority Clinic, so designed as to allow of multilateral extension. Extra accommodation and other services could be then added as the demand for them would arise. In this way it would be possible to gain experience in the requirements for Centres and ultimately to arrive at the most workable arrangement. With this in mind then, a site in Hunningley Lane was acquired during the year, primarily for the purpose of providing a clinic to give ample accommodation for the Health Authority Services. However, sufficient land has been acquired for extension should this be found necessary or desirable.

CARE OF MOTHERS AND YOUNG CHILDREN

National Health Service Act, 1946, S.22.

Centres and Clinics

During the year an addition was made to the clinic services by the opening in July of a small maternity and child welfare clinic in the former Highways Depot at Carlton.

There was a small reduction in the numbers of women attending the ante-natal clinics whilst attendances at the post-natal clinic shows once more an increase over the previous year. There is a great need for education of the public in the matter of post-natal examinations. Only a small proportion of those who attend the ante-natal clinics return to them post-natally. This is most unfortunate. It is, however, extremely difficult to impress upon a woman after what was to her an apparently normal confinement, the need for an examination to detect a hidden abnormality which she herself does not believe to exist, whilst in the case of many women who suspect an abnormality the fear of having their own suspicions confirmed keeps them away. Enquiries made of general practitioners who undertake Maternity Medical Services show that the same difficulty is encountered by them in persuading their patients to submit to a post-natal examination.

There has been a definite decline in the attendances at the Infant Welfare Centres and this decline is greater than any that could be explained by the slight fall in the birth rate. It would seem that some, if not all, of this must be attributed to the new arrangements under the National Health Service. In the past, before the services of the family doctor were free to everybody, parents brought children to the Infant Welfare Centre for medical advice in cases of illness or near illness. Often it was a case of doubt whether or not they should incur the expenditure of a visit to the private practitioner and a high proportion were advised to go to him. All such cases figured in the attendance statistics of the clinics. Now parents go straight to the doctor. It is debatable whether or not seeing such cases

was in the best interests of the public. On the one hand it formed an introduction to the Centre. Often it resulted in the parents bringing their children back to the clinic at a later date for that kind of advice which is properly the province of an Infant Welfare Centre. On the other hand, much time was wasted in seeing cases which had to be referred elsewhere and there was much more danger of a child incubating some such disease as measles, being brought out to go to the Centre.

In these circumstances there would seem to be little ground for dissatisfaction at the decline in attendances, provided the parents who are now attending are making use of the Centres for their real purpose. That is, to obtain advice to keep their children well rather than to get them cured when they fall sick.

The attendances at the various Clinics and the total attendances are shown in tabular form below.

Barnsley, Ardsley, Monk Bretton, Lundwood, Smithies and Carlton Infant Welfare Centres and Ante-Natal Centres. Annual Report, 1950

	Barnsley	Lund-wood	Ardsley	Monk Bretton	Smithies	Carlton	Total
Infant Welfare—							
Number of cases on books on 31/12/1949:—							
0—1 years ...	326	53	60	21	83	...	543
1—5 ,, ...	317	31	35	81	98	...	512
Number of new children seen by M.O. in 1950, including children known to have attended a clinic in another town, who on their first attendance were:—							
0—1 years ...	614	118	220	52	156	36	1196
1—2 ,, ..	15	1	8	2	6	7	39
2—5 ,, ...	28	5	12	4	8	7	59
Total number of children who attended during the year and who at the end of the were:							
0—1 years ..	594	107	175	50	105	82	1113
1—5 ,, ...	982	116	185	94	267	74	1718
Total number of attendances made by cases during the year 1950:—							
0—1 years ...	7387	1072	1771	584	1665	425	12904
1—5 ,, ...	2420	178	241	243	495	84	3661
Total number of cases on books 31/12/50:— 0—1 years ...	287	34	68	24	36	34	483
1—5 ,, ...	189	21	16	32	41	23	322
Pædiatric Clinic—							
Number of cases	123	...	...	...	...	...	123
Number of attendances made	585	...	...	...	...	...	585

	Barnsley	Lund-wood	Ardsley	Monk Bretton	Smithies	Carlton	Total
Premature Baby Survey—							
Number of cases	157	...	...	...	...	...	157
Number of attendances made	165	...	...	...	...	...	165
Ante-Natal—							
Number of cases	688	164	217	...	...	...	1069
Total number of attendances made by above cases ...	2509	523	649	...	...	...	3681
Post-Natal—							
Number of cases	118	...	...	...	...	...	118
Total number of attendances made by above cases ...	159	Mothers ...	...	...	...	...	159
	30	Babies ...	...	...	...	...	30
Consultant Ante-Natal and Post Natal Clinic—							
Number of cases	77	...	...	...	...	...	77
Total number of attendances made by above cases ...	132	...	...	...	...	...	132
Mother and Baby Homes—							
Number of Post-Natal cases sent to Mother and Baby Homes	2	...	...	...	...	...	2

NOTE:—Of Barnsley's 688 Ante-Natal cases, 329 were later transferred to St. Helen Hospital.

Of Lundwood's 164 Ante-Natal cases, 70 were later transferred to St. Helen Hospital.

Of Ardsley's 217 Ante-Natal cases, 56 were later transferred to St. Helen Hospital.

Care of Premature Babies

No alteration was made in the arrangements for dealing with premature babies during the year.

Infants whose birth weight is under 5½lbs. are regarded as premature. 32 such babies were born at home. Of these 9 were afterwards transferred to hospital. Of the 23 who remained at home all survived, as did one who was born in a private nursing home. 83 premature babies were born in institutions. No figures are available to show how many of these survived.

Dental Care of Mothers and Children

The following report has been received from the Senior Dental Officer.

The number of patients referred by the Medical Officers is practically the same number as was referred in the preceding year. The patients from St. Helen Hospital are now referred as a routine, but as the clinic does not adjoin the Dental Department, quite a number do not attend for the dental inspection.

It is very evident from the patients referred, that quite a number have been, or are being, dentally treated by the private practitioners under the National Health Service Act. This is particularly so where denture treatment is required, thus relieving the prosthetic treatment at the clinic, as shown in only eighteen dentures supplied against 76 the previous year. The conservation treatment (fillings, etc.) has not declined and it will be noted that the number is only 100 less than the previous year, the treatment sessions being 15 less. The problem is, of the patient who will not accept the treatment advised, who refuses to attend a private dentist, and who has a filthy septic mouth. The procedure is usually an intensive propaganda talk explaining the position, the patient agrees to have the treatment, and an appointment is arranged. When the time comes the appointment is usually broken and valuable time is lost. The patient usually presents herself in the course of time, when approaching her full term, with toothache, and is very amazed and disgusted when the tooth is not extracted immediately.

All X-ray examinations are undertaken at the St. Helen Hospital. It might well be considered acquiring a dental X-ray apparatus for the dental clinic as it is now recognised to be a most important part of the diagnostic facilities, which should be included in the apparatus in an up-to-date private surgery or dental clinic.

All children attending the Nursery Schools are included in that part of the report which deals with School Health (Dental Section).

(a) NUMBERS PROVIDED WITH DENTAL CARE.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	402	286	121	84
Children under Five	112	87	87	78

(b) FORMS OF DENTAL TREATMENT PROVIDED.

	Extractions	Anæsthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nit. Treatment	Dressings	Radiographs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	125	37	9	523	83	—	33	—	15	3
Children under Five	113	7	92	3	—	4	—	—	—	—

Dentures are supplied as and when they are required.

Patients who require X-ray examinations are referred to the radiographer at the St. Helen Hospital.

SUMMARY OF WORK DONE FOR MATERNITY AND CHILD WELFARE PATIENTS JANUARY—DECEMBER, 1950

Number of Patients Inspected and Treated	514
Number of Visits made by Patients	991
Number of Treatment Sessions	76
Number of Anæsthetic Sessions	4
Number of Fillings	526
Number of Scalings	83
Number of Extractions	238
Number of Other Operations	623
Number of Dentures Supplied	18
Number of Patients Provided with Dentures	9
Number of Prosthetic Operations	66

New Street Day Nursery

This Nursery has accommodation for 36 children—nominally 18 places for children under two years of age and 18 for those over two.

Children are admitted to the Nursery between the ages of six months and two years. Those children over two years who will be transferred later to a Nursery School are allowed to remain at the Nursery until three years of age.

The waiting list for admission to the Nursery has always presented a problem. All applications are carefully investigated by the Health Visitors and priority is granted in those cases where admission to the Nursery is a vital factor in the child's welfare.

The Matron reports as follows on the work of the Nursery during 1950.

STAFF

During the year two Nursery Students resigned, one for home duties, one for private work. One Nursery Student and a Nursery Assistant commenced duty.

ADMISSIONS AND TRANSFERS

15 children were transferred from the Nursery to various nursery schools and classes during the year. 13 children left the Nursery, their mothers having ceased work. 29 new children of the 0—2 year group were admitted during the year.

ATTENDANCE

The attendance of children has been rather low throughout the year due, possibly, to the fact that younger children are being admitted. The daily average attendance over the year, Monday to Friday, was 30.01, made up as thus:—

0—2 years	17.57
2—3 years	12.44

On Saturday mornings very few children take advantage of the Nursery, the average attendance being 4, which makes the overall daily average attendance for the year:—

0—2 years	15.68
2—3 years	10.73

HEALTH

2 cases of Scarlet Fever and 14 cases of Measles were notified in October. The Measles epidemic reduced the numbers considerably during that month, though many of the children were kept away from the Nursery as a precautionary measure. Other than these complaints, the health of the children over the year has been satisfactory.

17 children have been given Ultra Violet Ray treatment at the Health Services Clinic during the year.

REPAIRS

A great number of repairs and alterations have been carried out, new baby and toddler baths have been installed, new floors laid in the hall, bathroom and kitchen. A new refrigerator was installed early in the year. Alterations to the hall and kitchen have given more space and improved the appearance of the entrance hall. Painting of the entire Nursery was commenced in December. This is still awaiting completion.

Orthopædic Clinic

The following is the report on the work of the Orthopædic Department during the year 1950:—

INSPECTIONS AT CLINIC

Visits of Orthopædic Surgeon	14 sessions.

NUMBER OF CASES SEEN

New Cases	41
Re-Examinations	136

NUMBER TREATED IN THE ORTHOPÆDIC CLINIC

162 pre-school children have been treated during the year.
297 attendances have been made for Observation, Splinting and Postural Defects.

ADMISSIONS TO HOSPITALS

4 children have been admitted to the Adela Shaw Orthopædic Hospital, Kirbymoorside, and the Beckett Hospital, Barnsley, as follows:—

Adela Shaw

Initial	Age	Diagnosis	Admitted	Discharged	Condition on Discharge	Result
J.W.	2	Congenital Club Foot	18/11/49	8/2/50	Improved	Satisfactory
P.F.	2	Do.	2/12/49	22/4/50	Improved	Relapsing
L.P.	4	Do.	27/ 1/50	1/4/50	Improved	Satisfactory

Beckett Hospital

Initial	Age	Diagnosis	Admitted	Discharged	Condition on Discharge	Result
J.B.	3	Congenital Dislocation of Hip	19/ 1/50	—	—	In Plaster

Ultra Violet Light

The arrangements whereby Ultra Violet Light treatment is available at the New Street Clinic for mothers and children under school age were continued during 1950. The numbers treated were as follows:—

	No. Treated	No. of Attendances
Children 0—5 years	12	106
Expectant and Nursing Mothers	49	302
	61	408

Nursing Homes

The St. Margaret's Nursing Home—the only one registered in the Borough—was inspected at regular intervals by the Medical Officer of Health and the Non-medical Supervisor of Midwives. There were 6 maternity and 4 other beds. 12 maternity cases were dealt with in 1950.

Homes for Mothers and Babies

Consideration was given during the year to the establishment of a "Mothers' and Babies'" Hostel, a place where the expectant mother who for any reason had been exposed to any strain, physical or emotional, could be admitted for rest and quiet; where the mother who had had a difficult confinement could go in that interval between discharge from hospital and full return to the work of the housewife; and where mothers and babies might go if breast feeding proved difficult to establish. An outline of a scheme for the establishment of such a home was prepared and one property was actually surveyed. This proved, however, to be unsuitable for the purpose.

In the meantime four unmarried mothers were admitted to Hostels provided by other bodies.

MIDWIFERY

National Health Service Act, 1946, S.23.

This Section places upon every Local Health Authority the obligation of securing that the number of midwives in the Authority's area is adequate for the needs thereof. The Barnsley Local Health Authority discharged this obligation during 1950 by the employment of 9 Midwives who are supervised by the Medical Officer of Health and a Non-medical Supervisor who is also the Superintendent of District Nurses.

Staff

During 1950 Miss Gilliland was appointed Supervisor in February and left in April, and Miss Moore, the present Non-medical Supervisor, took up duty in July.

Two Midwives were appointed and one who had been on leave of absence resigned. The services of one Midwife who was compensated for surrender of Certificate were retained in accordance with the provisions of the Defence Regulations.

Gas and Air Analgesia

All Midwives are now in possession of the Certificate for the administration of Gas and Air Analgesia. This was administered in 158 domiciliary cases, in 31 of which the Midwife was acting as a maternity nurse. This compares with 88 cases in 1949. The scheme for the provision of sterilized maternity packs for women confined at home was continued.

Medical Aid

Medical aid was summoned in accordance with the provisions of Section 14 (1) of the Midwives' Act, 1918, as follows:—

(a)	For domiciliary cases:	
	(i) where the medical practitioner had arranged to provide the patient with Maternity Medical Services under the National Health Service	20
	(ii) Other	82
		102
(b)	For Institutional cases	34

Teaching of Midwifery

There are two teacher midwives and it is hoped that this number will be increased to four as the number of pupil midwives who are candidates for Part II of State Certificate examination is increasing. Four candidates taking Part II of the Certificate examination who received practical instruction from teacher midwives employed by the Local Health Authority were successful.

Domicilliary Midwifery and Institutional Confinements.

During 1950 in Barnsley—

401 confinements were conducted at home by Municipal Domiciliary Midwives;

61 women confined at home had the services of a Municipal Midwife acting as a Maternity Nurse;

1956 women were confined in Institutions and were attended by Midwives;

60 women confined in hospital had Midwives in attendance as Maternity Nurses.

Thus it will be seen that more than four times as many women were confined in hospital than at home.

Since the beginning of the century many points of view on the relative merits of confinement at home and confinement in hospital have been expressed. Several of these have suggested that the ideal method is that all confinements should take place in specially arranged institutions. The protagonists of this view seem to forget that such an arrangement would convert childbirth, which is after all a physiological incident, into a pathological event which can only take place in hospital. No one would dispute that in many individual cases childbirth can only safely take place within immediate reach of the most experienced and skilled attention provided under ideal conditions; nor would anyone deny that the conditions under which some expectant mothers are obliged to live by reason of the present housing shortage constitute anything but safe surroundings for a confinement. At the same time there is no doubt that there are also many normal women living in good houses who, with adequate ante-natal care, can be confined at home without risk to themselves and possibly with some advantage to their infants. However, so long as women are able to have their confinements more cheaply in hospital there will be a demand for maternity hospital beds that is not in every way justified by either the obstetrical and the socio-medical circumstances.

Now there is a general shortage of hospital beds for the community as a whole. There are long waiting lists for surgical treatment that can only take place in hospital. It will therefore be the duty of the Local Health Authority to do everything possible to encourage the use in suitable cases of the Domiciliary Midwifery Service. Furthermore the Health Authority commands all the means of ascertaining those cases which may be confined at home without risk and is in a position to provide all reasonable facilities for such cases. This is an outstanding example of the urgent need for disinterested co-operation between the Regional Hospital Board, the General Practitioners and the Health Authority. It would be so simple for all applications for hospital confinement (on other than obstetrical grounds supported by medical opinion) to be investigated by the Local Health Authority as to the suitability of the home for a domiciliary confinement. By increasing the proportion of domiciliary cases this would do much to obviate the difficulties at present encountered by the Local Health Authority, arising from the discharge of maternity patients on the tenth day, on account of pressure on accommodation. It might even result in the release of some maternity beds to reduce the surgical waiting lists. It is to be hoped that the urgency of this need for co-operation will be appreciated by all the interested parties at an early date.

There is a further point in connection with this practice of discharging "Midwives' cases" from hospital on the tenth day after confinement which

is worthy of note. The Midwives' rules require that these patients be visited by a Midwife until the fourteenth day. When they are discharged on the tenth day it is necessary for the Local Health Authority to arrange for a Municipal Midwife to visit the patient at home. There is no difficulty at all in doing this but it is not altogether satisfactory either for the Midwife or for the patient. Apart from this the practice is putting an additional financial burden on the Local Health Authority which morally belongs to the Regional Hospital Board. Should either the mother or the infant require medical attention during these four days, in accordance with the Midwives' rules the Health Authority Midwife must issue a requisition for medical aid. The payment for this medical aid falls upon the Health Authority. It is difficult to see how this can be obviated without legislative change except by ensuring that a strict control of the allocation of maternity hospital beds is exercised in the case of those women who may safely have their babies at home.

HEALTH VISITING SERVICE

National Health Service Act, 1948, S.24.

During the year the Health Visitors paid visits as follows:—

	1950	1949
Expectant mothers:		
First visits	918	964
Total	1487	1520
Children under 1 year:		
First visits	1463	1493
Total	8990	9603
Children between 1 and 5 years of age:		
First visits	—	—
Total	14303	15522
Other visits:		
First visits	2449	2254
Total	3455	3055
Ineffective visits not included above	2777	3243
Miscellaneous visits made by Departmental Staff Nurses	1395	5792

Comparison with last year's figures gives a slight indication of the change that is taking place in the work of the Health Visitor.

The slight decrease in visits paid to mothers and infants is accounted for by the falling birth rate. At the same time there is an increase in other visits. These include visits to old people, visits to homes to investigate circumstances surrounding claims for priority in re-housing on health grounds, infectious disease investigations and after-care visits. Another interesting feature is the decrease in ineffective visits. All this is evidence of the almost imperceptible change that is taking place in the character of the Health Visitor's work. She is no longer just the "Welfare Nurse" whose sole interest is to follow up the growth and upbringing of babies and to advise expectant mothers to visit ante-natal clinics. She is well on her

way to becoming the "Guide, Philosopher and Friend" of the whole family on health matters. This, of course, is the ideal to be aimed at and it is most encouraging to be able to find in the figures for Barnsley for 1950 some indication that this is happening. The general trend towards re-housing in the new estates, whilst it scatters the Health Visitor's work (and incidentally increases the transport problems of the Health Visiting Service), provides an excellent opportunity for making a new relationship with family units as they move into her area. In many cases this represents the family making a fresh start in encouraging surroundings where it is much easier to carry out the Health Visitor's advice. In such circumstances the beneficial results of taking advice are more apparent because they are more quickly achieved. It would seem that the Health Visitors in Barnsley are making the most of this opportunity. As a result of this the community is becoming conscious of the fact that since the inception of the National Health Service the Health Visitor's interest is no longer just the children and expectant and nursing mothers. Consequently there is a greater tendency for the older members of the family to talk to the Health Visitor and to discuss their problems with her. In this way she can get a picture of those social difficulties and economic anxieties which, in the past, have overshadowed the approach to health and increased the fear of sickness. This is, of course, the ideal at which the modern conception of social medicine aims, but it must be realised that the wider the field covered by the Health Visitor in Social Work, the smaller the geographical area she will be able to cover. Consequently the nearer the approach to this ideal the larger is the number of Health Visitors that will be required.

To justify the expenditure involved it will be necessary to utilise their knowledge to the greatest possible advantage for the community. At present it would seem that this is not by any means being done. There is no reason why the knowledge of the Health Visitor should not be available to the Specialist at the hospital or why she should not be made use of to persuade the convalescent to do all those things which he was told to do on his discharge from hospital. This could all be so easily arranged by short discussions in the right atmosphere between hospital staffs and the Health Authority.

Again, does the General Practitioner realise the assistance he could obtain in doing the best for his patients from the Health Visitor? She is no longer a person who will advise the parents of potential patients to take them to a clinic instead of to the practitioner. She is part and parcel of his own service. If he is in doubt about the economic effect of some advice he may wish to give, or if he comes up against some inexplicable refusal to accept proferred treatment, the Health Visitor is there to help. The General Practitioner has only to ask to receive from her fullest co-operation. There are many families who will discuss their circumstances more freely with a nurse than with a doctor. Health Visitors with their special training both as Nurses and Social Workers can often indicate to the doctor things of this kind without breaking confidence. If, in addition to this, the Health Visitor follows up her convalescents from hospital, she is able to give the General Practitioner an authoritative outline of the after-treatment prescribed by the Specialist and to see that when medical attention is required it is not called prematurely nor delayed unnecessarily.

The Health Visiting Service is an excellent example of the way in which partnership between the three branches of the National Health Service might be developed.

Staff

During the year two Health Visitors took up duty and two Health Visitor trainees were appointed as Departmental Staff Nurses. Two Departmental Staff Nurses took up duty and also one Pre-nursing Student. Two Departmental Staff Nurses terminated their appointments. One of the Health Visitors who was appointed had obtained her certificate through the Barnsley Training Scheme.

HOME NURSING SERVICE

National Health Service Act, 1946, S.25.

The year has been marked by a great extension in the demand for Home Nursing services and by a sustained effort on the part of the Home Nursing staff to satisfy this demand. The comparison between 1950 and the previous year shows a 60% increase in the number of cases handled:—

1950	1949
1,610 cases. 40,156 visits.	1,061 cases. 25,851 visits.
10 whole-time Nurses	9 whole-time Nurses
3 part-time Nurses	1 part-time Nurse
No Orderlies	2 part-time Orderlies

It will be observed that despite the great increase in demand for this Service the staff increase might be estimated at 15%.

It is most encouraging to find that this Service is being so well received by the community and there seems little doubt that its rapid development reveals a need which until now has gone largely unsatisfied. There are many possible reasons for this, the chief ones of which are the change in the social structure of the country and the general advances in medical treatment which call for more nursing assistance. In addition, the medical profession is learning to make more use of the facilities now being provided by the Local Health Authority. This increase in demand is perhaps the surest sign that the work of the nursing staff is appreciated by the patients, their families, and the medical profession and as such should be a matter of some satisfaction to those responsible for the administration of the Service.

The popularity of this Service offers great possibilities for the future and seems to justify the expenditure of thought, labour and money in developing this Service to the full. Already in 1950 plans for such development were laid. A scheme for a District Nursing Centre was prepared during the year and steps were taken to have it equipped and ready for opening early in 1951. In addition to being a centre from which the nurses would work and to which all requests and enquiries regarding District Nursing could be addressed, it is intended that a greatly extended system of loans of nursing and sick room requisites should be made from the Centre instead of from the Nurses' Home as in the past.

The transport problem continued to be difficult through the year though the delivery of one new staff car relieved it somewhat. The ever-increasing demands on the staff makes this question of transport an urgent

one, particularly in the Winter time when it is most undesirable that a nurse should be called upon to attend patients when she is tired and wet. Such conditions are bound to have their effect on the staff sickness rates.

Staff

Miss Gilliland was appointed to the combined post of Supervisor of Midwives and Superintendent of Home Nursing in February 1950, and resigned in April 1950. She was followed by Miss Moore who was appointed in July 1950. One whole-time nurse resigned as a result of illness and one new whole-time appointment was made. One part-time nurse took over whole-time duties.

VACCINATION AND IMMUNISATION

National Health Service Act, 1946, S.26.

Vaccination Against Smallpox

The vaccination statistics for Barnsley are shown in tabular form as follows:—

I. NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED) DURING 1950

Age at Date of Vaccination	Under 1	1 to 4	5 to 14	15 or over	Total
Number vaccinated	353	25	15	14	407
Number re-vaccinated	1	—	4	54	59

II. NUMBER OF CASES SPECIALLY REPORTED DURING 1950 (age groups as above)

(a) Generalised Vaccinia	—	—	—	—	—
(b) Post-vaccinal Encephalomyelitis	—	—	—	—	—
(c) Death from complications of vaccination other than (a) & (b)	—	—	—	—	—

This is a much more satisfactory return than that for 1949 when only 257 persons were vaccinated and 9 were re-vaccinated.

It is most unfortunate that vaccination should have become the subject of controversy and it is doubly so that the ability to refuse vaccination for another individual should have in many cases become symbolic of the assertion of the enlargement of human freedom. Review of the history of most of the recent outbreaks of Smallpox in this country (almost all of which have been importations of the severe Asiatic variety of the disease) has shown that the person who has been vaccinated in infancy has, generally speaking, had the balance tipped in his favour should he contract the disease. Furthermore, experience has shown that much of the suffering and most, if not all, of the tragedies attributed to vaccination have arisen from vaccination in adult life which has been more or less forced on the individual by reason of actual or apprehended contact with virulent Smallpox.

It is pleasing, therefore, to be able to record an increase in infant vaccination in Barnsley in 1950. In reply to questions regarding the reason given for failing to have a baby vaccinated, another question is asked: "Why should I make up his mind for him? When he gets older he can have it done if he wants." With some other things in life there is a lot to be said for this argument. With vaccination, however, the position is rather different. Even when it is agreed that everyone who comes into contact with Smallpox should be vaccinated at once there are those who

question Infant Vaccination. The answer to all these arguments would seem to be that primary vaccination always creates some systematic upset. It is better, therefore, to have it done at a period of life when such upset causes the least inconvenience. Furthermore it has been shown that older people are very much more liable to severe complications like Encephalitis. In view of this, parents need have little worry in making up the child's mind for him. If he is vaccinated in infancy and does not want re-vaccination later in life no harm is done and often some little good. If he wants to be re-vaccinated it is after all only re-vaccination and is not the more serious business of primary vaccination in later life. It is to be hoped that parents will consider this viewpoint and will appreciate that vaccination is offered as it is through the family doctor or the clinic purely in the interests of the health of their children and not for any other purpose.

Immunisation Against Diphtheria

A total of 835 children under 15 years of age received immunisation against Diphtheria and 313 received an injection of antigen to reinforce previous immunisation. The immunisation state of children in the County Borough may be shown as follows:—

NUMBER OF CHILDREN AT 31ST DECEMBER, 1950, WHO HAD COMPLETED A COURSE OF IMMUNISATION *at any time before that date* (i.e., at any time since 1st January, 1936)

Age at 31.12.50								Total
i.e.,	Under 1	1	2	3	4	5 to 9	10 to 14	under
Born in Year:	1950	1949	1948	1947	1946	1941-5	1936-40	15
No. Immunised	490	766	881	1147	1039	5784	5498	15605

	Children under 5	Children 5—14	
Estimated mid-year child population, 1950	7074	11590	18664

The percentage of the child population immunised is 83.6 as against 86 for 1949.

All these figures are somewhat disappointing. There is a definite falling-off in the number of children immunised compared with the previous year—835 as against 1137. This falling-off could become a most serious matter and could result in a return to the bad old days when Diphtheria accounted for a high percentage of child deaths. It is almost like the first half of one of those old-time "fairy-tales-with-a-moral" to record in one part of this report that notifications of Diphtheria for 1950 were the lowest on record and then to have to report in another part that immunisation is falling off. It is essential that the second part of this story which would contain the "moral" should not be told. And told it will be unless everyone concerned combines to maintain a high immunisation level amongst the children of Barnsley.

This, again, illustrates the need for the fullest partnership between the preventive and curative sides of the Health Service. There are many parents who for some undisclosed reason are not particularly anxious to have their children immunised. They can avoid this by telling the Health Visitor that they are going to get the family doctor to do it. They never go near him although under the National Health Service scheme he is as readily available to do immunisation as is the Health Authority Clinic. The family doctor is not, however, at present equipped or staffed to follow up all those children who need immunisation. It is a thousand pities that he does not make use

of the Health Visitor in his area to do it for him. The preparation of a workable scheme for this purpose is surely not beyond the abilities of the local medical profession.

Immunisation Against Whooping Cough

572 children received a complete course of injections during 1950.

AMBULANCE SERVICE

National Health Service Act, 1946, S.27.

The Ambulance Service continued to function satisfactorily during 1950. The arrangement whereby the Chief Fire Officer acts as Chief Ambulance Officer has proved to be an excellent one. In this way the vehicles are maintained and the staff supervised alongside their opposite numbers in the Fire Service, whilst all questions relating to the relationship of the Ambulance Service with the other Health Services are dealt with by consultation between the Medical Officer of Health and the Chief Ambulance Officer. During the year discussions took place between the Local Health Authority and the West Riding Ambulance Service with regard to financial arrangements and, once again, with the Barnsley Hospital Management Committee with a view to reducing the proportion of ineffective journeys carried out by the ambulances.

The following report on the year's work of the Ambulance Service has been prepared by the Chief Ambulance Officer.

Observations

This year, the second complete year since the inception of the National Health Service Act, has seen a further increase in ambulance traffic over the previous year, but it would appear from observation of recent figures that the demand on the Service has about reached its highest level.

Agreement with Other Authorities

WEST RIDING COUNTY COUNCIL

Previous agreements with the County whereby we undertake to deal with all emergency calls within a certain part of their territory, and also to carrying all infectious diseases patients from the County territory to and from Kendray Hospital, and to also carrying patients to and from Mount Vernon Sanatorium, still continue, and these services are paid for by the County at an agreed rate.

Discussion has taken place with the County Council regarding a suitable financial arrangement for the large amount of traffic which we undertake on their behalf in addition to emergencies, accidents, and infectious diseases.

The respective Borough and County Treasurers have now arrived at an agreement which is being submitted to both authorities. The agreement has not yet been ratified.

OTHER AUTHORITIES

Arrangements exist with all other authorities for mutual assistance.

Authority to Order Ambulances

Formal requests for Ambulance Conveyances are not accepted direct from members of the public but only as follows:—

From Doctors
Hospitals
Institutions
Other authorised persons.

Emergency calls, including maternity cases, however, are accepted from any source whatever.

Return of Ambulance Journeys

The return is shown on a monthly basis, and is sub-divided into ordinary calls undertaken for patients within the County Borough, and similarly for calls undertaken on behalf of other authorities.

Figures for 1949 are also given for comparison purposes.

	County Borough						West Riding County Council							
Month	Ordinary		Emergency		Total		Ordinary		Emergency		Total		Grand Total	
	1949	1950	1949	1950	1949	1950	1949	1950	1949	1950	1949	1950	1949	1950
Jan.	1425	1487	36	41	1461	1528	148	250	3	15	151	265	1612	1793
Feb.	1343	1496	46	40	1389	1536	172	272	4	12	176	284	1565	1820
Mar.	1322	1768	54	44	1376	1812	166	237	12	7	178	244	1554	2056
April	1235	1394	52	37	1287	1431	163	186	5	8	168	194	1456	1625
May	1465	1596	46	56	1511	1652	185	212	5	7	190	219	1701	1871
June	1432	1733	63	70	1495	1803	209	220	3	20	212	240	1707	2043
July	1440	1586	66	63	1506	1649	210	225	6	16	216	241	1788	1890
Aug.	1365	1397	50	75	1415	1472	198	227	6	2	204	229	1619	1701
Sept.	1591	1490	54	67	1645	1557	221	220	9	7	230	227	1875	1784
Oct.	1686	1643	69	52	1745	1695	257	242	6	13	263	255	2008	1950
Nov.	1723	1817	52	51	1775	1868	271	237	2	9	273	246	2048	2114
Dec.	1377	1689	70	89	1447	1778	284	231	12	16	296	247	1743	2015
Total	17404	19096	648	685	18052	19781	2484	2759	73	132	2557	2891	20609	22672

Mental Defectives

From the figures given it will be seen that 22,672 journeys have been undertaken during the year which does not include mentally defective children who are transported daily to and from school by the ambulance-coach. On this service during the year, the coach has made 565 journeys and carried 6,688 passengers.

Details of Journeys

A summary of the 22,672 journeys, showing the nature of each journey, is appended herewith.

Details of Journey	Jan	Feb	Mar	Apl	May	Jne	July	Aug	Sep	Oct	Nov	Dec	Total
To Hospitals, etc., Within the Borough													
Beckett Hospital	426	441	512	408	464	534	441	412	367	401	481	439	5326
St. Helen Hospital	100	106	100	98	116	107	117	97	115	149	112	124	1341
Beckett Annexe	70	77	76	85	81	79	61	65	72	105	88	78	937
Pindar Oaks	7	5	8	3	8	7	5	11	3	4	5	9	75
Kendray Hospital	6	1	7	3	0	1	2	1	1	2	1	1	26
New St. Clinic	2	1	2	3	8	3	0	1	3	1	1	4	29
Limes Hostel	0	1	2	1	6	0	9	1	3	3	4	7	37
Queens Rd. Clinic	0	0	0	2	1	0	60	60	74	53	83	76	409
Schools	74	61	103	50	62	111	92	42	90	99	126	90	1000
St. Margaret's Nursing Home	1	0	2	1	0	0	0	1	0	0	0	0	5
Barnsley Mortuary	0	0	0	0	0	0	0	0	0	0	0	1	1
To Hospitals Etc., out of the Borough													
Mount Vernon Sanatorium	7	6	7	5	12	9	14	18	24	18	13	13	146
Penistone Annexe	20	17	20	9	5	16	11	14	22	33	24	23	214
Sheffield	74	58	96	91	86	83	68	53	86	61	67	71	894
Leeds	7	4	10	5	2	12	8	4	7	8	6	5	78
Wakefield	0	2	0	1	0	2	0	0	2	2	1	2	12
Bradford	0	2	0	0	0	0	1	0	7	0	0	0	10
Buxton	0	2	1	0	3	1	0	0	0	0	0	0	7
Chapeltown	0	0	0	0	0	0	0	0	0	0	0	1	1
Denaby	0	0	0	0	0	0	0	0	0	0	1	0	1
Doncaster	5	4	2	1	1	0	4	0	0	0	0	0	17
Epworth	0	0	0	0	0	0	0	0	0	0	0	1	1
Goole	1	0	0	0	0	0	0	0	0	0	0	0	1
Harrogate	1	0	0	0	1	0	0	0	0	0	0	1	3
Hemsworth	0	0	2	2	1	1	0	1	0	1	0	1	9
Huddersfield	0	1	0	0	0	0	0	0	0	0	0	0	1
Ilkley	1	1	2	0	0	0	0	1	0	1	1	1	8
Kirby Moorside	0	0	0	0	0	1	0	0	0	0	0	0	1
Kirkburton	2	2	0	3	2	1	2	6	3	3	0	3	27
Manchester	0	0	0	0	0	0	0	0	0	1	0	0	1
Market Rasen	2	0	0	0	0	0	0	0	0	0	0	0	2
Mexboro'	0	0	0	0	1	0	0	1	0	0	0	2	4
Northallerton	0	0	1	0	0	0	0	0	0	0	0	0	1
Oswestry	0	0	0	0	2	1	0	1	0	0	0	0	4
Peterborough	0	0	0	0	0	0	0	0	2	0	0	0	2
Pontefract	0	0	0	0	1	1	0	0	0	0	0	0	2
Rotherham	0	2	3	0	1	2	3	1	0	0	0	2	14
Scarborough	1	0	0	0	0	1	0	0	0	0	0	0	2
Skegness	0	0	4	2	1	0	0	1	0	0	0	0	8
Carried forward	807	794	960	773	865	973	898	792	881	945	1014	955	10657

Details of Journey	Jan	Feb	Mar	Apl	May	Jne	July	Aug	Sep	Oct	Nov	Dec	Total
Brought Forward	807	794	960	773	865	973	898	792	881	945	1014	955	10657
To Home Addresses Within the Borough From :													
Beckett Hospital	429	413	496	367	423	534	417	361	339	382	452	406	5019
St. Helen Hospital	67	106	95	64	79	77	97	48	66	76	82	82	939
Beckett Annexe	26	42	39	44	50	31	32	32	27	43	29	36	431
Pindar Oaks	0	0	1	0	0	0	3	1	1	2	0	1	9
Kendray Hospital	72	58	53	39	65	53	41	46	41	42	58	47	615
New St. Clinic	3	2	2	4	5	3	0	2	6	3	4	3	37
Limes Hostel	0	0	0	0	1	0	0	0	0	1	0	0	2
Queens Rd. Clinic	1	0	0	3	2	1	45	63	65	52	80	73	385
Penistone Annexe	0	7	4	6	2	0	1	0	2	5	12	8	47
House to House Removals	9	3	6	8	7	8	5	8	5	10	9	9	87
Journeys made patient not conveyed	42	54	61	56	59	56	74	60	60	54	52	79	707
St. Margaret's Nursing Home	0	0	0	1	1	0	0	0	1	0	0	0	3
To Home Addresses out of the Borough													
West Riding	228	260	244	191	218	215	201	208	216	239	234	229	2683
Bradford	1	0	0	1	0	0	0	0	1	1	0	1	5
Bridlington	0	0	0	0	0	1	1	0	0	0	0	0	2
Burton on Trent	0	0	0	0	0	0	0	0	0	1	0	0	1
Chesterfield	0	1	0	0	0	0	0	0	0	0	0	0	1
Doncaster	2	0	0	0	0	0	0	0	1	0	0	0	3
Durham	1	0	0	0	0	0	0	0	0	0	0	0	1
Halifax	0	0	0	0	0	0	0	1	0	0	1	0	2
Huddersfield	0	0	0	0	0	1	0	0	0	0	0	0	1
Hull	1	0	0	1	0	0	0	0	0	0	0	0	2
Knaresborough	0	0	0	0	0	0	0	1	0	0	0	0	1
Leicester	0	0	0	0	0	1	0	0	0	0	0	0	1
Liverpool	0	0	0	0	0	0	0	0	1	0	0	0	1
Ossett	0	0	0	0	0	1	0	0	0	0	0	0	1
Oxford	0	0	0	0	1	0	0	0	0	0	0	0	1
Rotherham	1	0	0	0	0	0	0	0	0	0	1	0	2
Sheffield	0	0	2	0	0	0	0	0	1	0	0	0	3
Wakefield	0	0	0	1	0	0	0	0	0	0	0	1	2
York	0	0	0	0	0	0	0	0	0	1	0	1	2
Journeys made by ambulance stationed at Kendray Hospital	103	80	93	66	93	88	75	78	70	93	85	95	1019
TOTALS	1793	1820	2056	1625	1871	2043	1890	1701	1784	1950	2113	2026	22672

Appliances

The wise policy of obtaining new replacement vehicles during the preceding year was borne out by the way in which the increased traffic has been handled during 1950.

Nevertheless, due to the large amount of mileage accomplished by each vehicle, the maintenance department has always been working to capacity. Major repairs are less, due to the replacement of obsolete vehicles, but regular maintenance and routines are strictly carried out to ensure that the fleet is always efficient.

Whilst quite a number of accidents to vehicles have occurred, particularly during the icy and foggy weather experienced during the latter part of the year, only one major accident was experienced. The accident occurred on the 2nd November, and the vehicle was taken to Messrs. Appleyards of Leeds for repair. It is expected back early in the New Year.

No new ambulances have been received during the year, nor have any vehicles been disposed of, but the fifth new Morris C.V. Ambulance is due for delivery in January, and then CAK 599 will become redundant.

At 31st December, 1950, therefore, the fleet consisted of:—

Make	Reg. No.	Year	H.P.	Type
Morris	CHE 138	1949	24.8	Ambulance
Morris	CHE 469	1949	24.8	Ambulance
Morris	CHE 652	1949	24.8	Ambulance
Morris	CHE 745	1949	24.8	Ambulance
Morris	CHE 567	1949	15.9	Ten-seater Ambulance Coach
Austin	AHE 41	1945	26.9	Ambulance
Vauxhall	CAK 599	1938	25	Converted Ambulance stationed at Kendray
Austin	HE 7711	1936	23	Ambulance stationed at Kendray
Vauxhall	HE 8469	1938	25	Ambulance
Wolseley	EUC 77	1937	18	Sitting-car
Vauxhall	DPX 181	1938	25	Sitting-car
Wolseley	BVH 397	1939	25	Sitting-car

Report on Vehicles

The repair work during the year, particularly on new vehicles, has been light with the majority of the work being entailed by the older Ambulances and Cars.

The following list will give some idea of the work carried out in the Workshop:—

CHE 138 Engine decarbonised; new exhaust valves fitted; clutch plate and clutch thrust, brake liners, nearside running board, fitted.

CHE 469 New starter motor, brake liners, fitted; oil filter system overhauled.

CHE 567 Engine decarbonised; new exhaust valves, brake liners, fitted.

CAK 599 Axle shafts, kingpins, fitted; dynamo and starter motor reconditioned; bodywork overhauled; repainted inside and out.

AHE 41 Engine decarbonised; new exhaust valves, new brake ratchet, springs, stub axle, kingpins and bisectors, fitted; injection system and petrol system overhauled; new radiator, storm guard, centre and thermostat fitted.

HE 7711 Starter motor overhauled; petrol system overhauled; repairs to rear axle.

HE 8469 Ignition system, water pump, overhauled; new torsion bar fitted to front suspension; repairs to rear axle and starter motor.

DPX 181 Fuel system, lighting system, starter motor, overhauled; new battery and box fitted; engine decarbonised; repair to rear springs; steering column rewired.

EUC 77 New mudguard, new hubs, ball-races, fitted; clutch relined; starter motor overhauled; front axles overhauled; new kingpins and bushes fitted; water system repaired.

BVH 397 Clutch and brakes relined; new flywheel, gear box, fitted; ignition and petrol systems overhauled.

During the year the fleet covered 125,296 miles on ambulance work made up as follows:—

AMBULANCES		
CHE 138	11,913	
CHE 469	7,944	
CHE 652	6,162	
CHE 745	2,058	
AHE 41	12,744	
HE 8469	8,222	
HE 7711	5,222	
		54,265
AMBULANCE-COACH		
CHE 567		14,528
SITTING-CARS		
DPX 181	19,794	
EUC 77	15,906	
BVH 397	20,803	
		56,503
Total		125,296 Miles

For comparison purposes the total mileage covered during 1949 was 107,927.

Equipment

Two further Novox Resuscitation Sets have been purchased making five of these sets now available and carried on ambulances.

The First Aid Boxes have been re-equipped to comply with Ministry of Health Circular No. 51/50 and, in addition, all ambulances have been fitted with:—

Carrying Sheet
Rubber Mattress
Waterproof Pillows
Bed Pan
Urine Bottle
Vomit Bowl
Stoppered Bottle for Drinking Water
Feeding Cup
Hot Water Bottle with cover (one for each stretcher).

In addition a maternity pack has also been issued to each ambulance.

All men on ambulance duties are issued with a three-quarter length khaki coat for use whilst attending calls. These coats not only save their uniform from being soiled but improve the appearance of the personnel on ambulance service duties and are more hygienic. The coats are regularly laundered.

All ambulances in use are sprayed with disinfectant regularly twice daily and more often if the circumstances warrant it, to ensure that they are germ free and pleasantly odoured when conveying patients.

First-Aid Training

As recorded in the Fire Service Report, 56 members of the Brigade are competent to render first aid and hold current certificates. Only men so qualified are used on ambulance work.

Communications

The majority of calls for ambulances are received on Barnsley 3366 at the Station Control Room.

In an emergency, however, "999" will speedily reach the Control Room and the public are advised to use this method when telephoning an emergency call.

Due to the large amount of traffic between Beckett Hospital and the Ambulance Control Room, discussions have taken place with the Hospital Committee for placing an order with the Telephone Engineer for the installation of a private line between Beckett Hospital and the Station Control Room. This line when installed should be of immense value.

Accommodation

It is pleasing to note that the foundations have been laid for the new Ambulance Station, and that this should be completed during the coming year.

Conveyance of Midwives

The Service continues to place a sitting-car and driver at the disposal of the Medical Officer of Health for conveyance of midwives during non-working hours.

i.e. Monday to Friday, from 5-30 p.m. to 9-00 a.m. the following morning.

Saturday from 12-00 noon until 9-00 a.m. the following morning.

Public and Bank Holidays.

339 requests were received and responded to during the year.

Infectious Diseases

Two ambulances are stationed at Kendray Hospital for the purpose of responding to infectious diseases cases. The Driver/Porters at the Hospital operate these ambulances, but all maintenance, regular routines, etc., of the vehicles are executed in the Brigade Workshop.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

National Health Service Act, 1946, S.28.

This Section of the National Health Service Act may well turn out to be the most important part of all recent legislation relating to Health Services. It confers upon the Local Health Authority permissive powers which allow of the development of the preventive and social health services on lines hitherto neglected. It provides the statutory machinery for the transition from public health based on sanitation to provision of a comprehensive service of social medicine.

This Section sanctions opportunities for co-operation and partnership between the three branches of the Health Service which do not occur anywhere else in the whole body of legislation creating the Service. The initiative must, however, be taken by the Local Health Authority and in several fields this has been done, notably Tuberculosis and Venereal Diseases.

In addition, much is being done with regard to after-care of patients leaving hospital. This is arranged largely through the Hospital Almoners but it seems that there is still a very great deal to be done to ensure that maximum benefit of all existing facilities is made available to every individual who is in need of them. It is difficult to escape the impression that there is a greater degree of demarkation between the spheres of the hospital and domiciliary services than is either desirable or necessary. Sometimes the Health Authority is asked to provide something for a patient leaving hospital. Sometimes this request reaches the Medical Officer of Health third or fourth hand. Sometimes the Medical Officer of Health is of the opinion that his service has something better to offer but is not given the opportunity of discussing this with the Medical Officer concerned. Surely this is the kind of situation where good partners should be able to get together with a view to making the best possible arrangements to further the objects of their partnership—in this case the speedy return of the patient to a fully active life. Unfortunately, so far, there has been no response to the suggestion that information regarding patients discharged from hospital should be given to the Medical Officer of Health so that he could examine the needs of any particular patient with his colleagues, the general practitioners, and the hospital consultant. The Health Authority has taken the initiative in this and is only waiting for a response from its partner—the Hospital Service.

If any real progress in after-care and rehabilitation is to be made it is essential that there should be a mechanism for discussion embodying all three branches of the Service. The Consultant must, if the fullest benefit is to be derived from his efforts, have some means of assurance that his instructions as to behaviour and routine are carried out after the patient leaves hospital. The general practitioner must have the fullest possible details to do his part as regards medical treatment. The Medical Officer of Health requires all relevant details in order that he may place at the disposal of the family doctor and the consultant all the resources that the Health Authority has to offer. It is to be hoped, therefore, that the day is not too far distant when exchange of information and discussion of this kind can take place. When it does it will be possible to give after-care and rehabilitation after illness the place in the Health Service that its importance warrants.

Work done by the Social Worker

As regards the purely social aspects of illness, the Social Worker continued to do excellent work during 1950. Her report on her year's work is as follows:—

VENEREAL DISEASES—Visits 241

The Social Worker attends the weekly female sessions at the Clinic although hampered by the fact that there is no separate room in which to interview the patients. The aim of the Social Worker is to co-operate with the staff of the Clinic and to ensure that no problem prevents a patient from taking treatment, and to see that the treatment is continued with the minimum of default.

Defaulters can be roughly divided into three groups, namely:—

(a) The new patient who does not realise that non-attendance will be followed up;
(b) Those who default with a genuine cause, e.g., illness; and
(c) Patients who default regularly.

The latter are a small minority; in some cases regular visits by the Social Worker induce the defaulter to re-commence treatment, especially if the patient is dispirited after seemingly endless treatment. Lack of knowledge of the disease causes them to think that because they do not feel ill they are cured.

Three female patients have, during this year, been restored to the register.

Contact tracing is also undertaken by the Social Worker.

TUBERCULOSIS—Visits 230

By arrangement with the Chest Physician the Sanatorium is visited by the Social Worker. The main problems of the patients are financial. When necessary, an official from the Ministry of National Insurance and/or National Assistance Board accompanies the Social Worker: these visits clear up many problems on the spot.

On discharge some of the patients are followed up by the Social Worker; they are all followed up by the Health Visitor.

Barnsley is a heavy industrial area and the number of light jobs is very small. Consequently the young male patient is often discouraged and depressed, especially when his wife must work to keep things going.

There is a special Tuberculosis Remploy in Sheffield but this is too far away to be of any use to Barnsley patients.

AFTER-CARE—Visits 1,336

Much of the work of After-care is carried out in conjunction with the Almoner of Beckett Hospital. Whilst the patient is in hospital the Almoner attempts to remove problems which retard recovery, whilst the Social Worker attempts to remove environmental and social difficulties so that the patient will not return to the same environment which precipitated his illness. The patient who is able to confer with someone who understands both the medical and social implications is helped to overcome his

problem. There is untold value in being able to listen to a patient's difficulty. Similarly, an old age pensioner living alone looks forward to a regular visitor and saves the little problems that occur so that they may be discussed and, where possible, disposed of.

The close proximity of other workers, e.g., Mental Health and Health Visitors, and co-ordination with both statutory and voluntary resources is imperative to the Social Worker, without whose co-operation she is helpless. Their knowledge of the family background is invaluable.

Occupational Therapy in the home would help to improve the standard of health but as yet there is no Occupational Therapist in Barnsley. Two examples of this need are given.

The first is a boy of 17 years who suffers from hæmophilia. As there is insufficient room for him to live with his parents he lives with his grandparents. Numerous efforts have been made to obtain employment of some sort, by various people, but on each occasion the father has stepped in and taken the boy from work, and has also forbidden any further effort. Leatherwork would be one solution to the problem.

The second example is a 35 year old man, crippled from childhood. At his own request he was discharged from a distant hospital as it was too far for his relatives to visit. Whilst he is waiting to be admitted to a local hospital he is living with relatives. He paints with the paint brush held in his mouth.

One of the major problems in After-care is shortage of bedding, especially for the old age pensioner who cannot possibly buy more. In such cases the National Assistance Board makes an allowance. An amazing factor is that in cases where a pensioner has a family the said family think it is the duty of the State to look after their parent(s) whilst they themselves are most reluctant to help.

Food is THE essential factor in any circumstance, but more so in the case of illness and convalescence. One small consignment of tinned food was received earlier in the year from the British Red Cross and proved to be greatly appreciated.

Ex-Service families in need of assistance are referred to the various Service Associations.

The Domestic Help Service continues to be of tremendous help in After-care.

Prevention of Illness

TUBERCULOSIS

An arrangement exists whereby the Chest Physician of the Sheffield Regional Hospital Board carries out certain duties on behalf of the Local Health Authority who in turn makes a payment to the Board in consideration of these services. These duties consist of those of a preventive nature which are most efficiently done by the person responsible for the care of those suffering from Tuberculosis in the area.

Under this arrangement during 1950 the Chest Physician examined 283 persons who had been contacts of cases of Tuberculosis. The Chest Physician paid 181 visits to the homes of patients or suspect cases and the Clinic Nurse paid 193 visits.

19 children and 11 student nurses were given a course of immunisation against Tuberculosis with B.C.G. Vaccine.

The visit of the Mass Miniature Radiography Unit of Sheffield Regional Hospital Board in July, when 5,375 individuals submitted themselves for radiological examination of the chest, has already been mentioned in Part II of this report. This mass miniature X-ray of the chest is perhaps the most useful of all weapons against Tuberculosis and it is unfortunate that it is not possible to have the Unit stationed permanently in Barnsley.

Health Education

It is from this section of the Act that the Local Health Authority derives power to educate the community in matters relating to the promotion and maintenance of health both in the community itself and in the individual. The full importance of this power is in many quarters not yet fully appreciated. Now, the National Health Service is a very complex machine which can be put into operation for the benefit of every individual. However, like all complex machines, it works to its best advantage when every member of the team related to it understands its purposes reasonably well; whilst, on the other hand, misuse of it from ignorance or misunderstanding even by a few individuals will not only hinder its work but might well cause it to break down altogether. For this reason it is essential to have the community for whom the National Health Service is provided well versed in matters relating to its use.

During the year much has been done in Barnsley by the Health Visitors as "Health Educators," whilst there is little doubt that the continued activities of the School Health Service will have their effect on the coming generation. Lectures were given by the Medical Officer of Health and members of his staff to selected groups including those from the various branches of the food handling trade. The subscription to the Central Council for Health Education was continued and material for the Exhibition Stand was received from that body and displayed at regular intervals. A member of the staff of the Central Council paid a special visit to Barnsley during the year in response to a request for advice on a specific problem.

Results from pursuing the time-honoured and accepted methods of Health Education mentioned above will doubtless ultimately accrue but the progress will be slow; perhaps too slow. A very much wider appreciation of the need for knowledge about health is necessary. It is not enough to make it the aim of Health Education that every member of the population will wash their hands every time a water closet is used by that member. Health Education should go further. It should not only eliminate the old superstitions, it should replace them with modern scientific knowledge.

It is essential that the magnitude of this task be realised and that more consideration be given to improving the approach to the problem. It is not a matter that can be tackled successfully by any one of the three partners of the National Health Service scheme, acting alone. In the first instance it is a problem for all of them together and for consultation and

discussion between them. It is of little use for the partner responsible for education to set out to eradicate the cult of the pill and the medicine bottle if one of the other partners by taking the line of least resistance acts as High Priest of that very cult. Again, it is difficult to teach the community the proper use of the Domiciliary Midwifery Service if another partner in the Service concentrates on encouraging institutional confinements. Furthermore, the need for a wider study of all the problems involved in Health Education is not confined to the bodies comprising the Service itself. It extends to those concerned with education and all those other services which help to mould the mind and outlook of the community. If the National Health Service is to function to the best advantage in future, co-operation between all these interests is necessary. However, before this can come about, full co-operation within the Service itself must be achieved. It is well worth while attempting to make a beginning by establishing this in Health Education if in nothing else.

It might well be that the problems involved in providing a wide and consistent Health Education policy are so fundamental that even a partial solution of them would in turn resolve some of the lack of understanding of each other's problems which seems to exist between the three partners in the Health Service at present.

DOMESTIC HELP SERVICE

National Health Service Act, 1946, S.29.

The development of the Domestic Help Service continued during the year. The work is carried out by part-time Home Helps who register for this work with the Domestic Help Organiser. At the beginning of the year there were 22 names on the Register and on the 31st December the number was 50.

The Domestic Help Organiser investigates all applications for domestic help. This involves a considerable amount of social work as the Health Authority has adopted the scale of charges suggested by the Association of Municipal Corporations with special provisions to provide free help for those in receipt of old age or retirement pensions who also have a grant from the National Assistance Board. A number of applications for domestic help in cases of illness have been withdrawn when the applicants have found that there was to be a charge. These have been further investigated and in those few exceptional cases where the facts have shown that strict application of the scale would cause hardship the Authority has made such arrangements as will ensure that the necessary assistance in the home is made available.

During the year domestic help was afforded in 176 cases which may be considered as falling into the following groups:—

Illness	37
Maternity (lying-in)	13
Old age	18
Old age and illness	106
Tuberculosis	1
Expectant mothers (ante-natal)	1
	176

From these, 90 cases have been carried forward into 1951. It will be noted that the largest group of cases is that in which old age is the principal factor. There are a number of reasons for this—the general change in the character of the social structure of the community: children, particularly daughters, tend to go out to work and often to work away from home. This makes the old person more dependent on such services as the Domestic Help Service. Again, the fact that in a number of cases the Service is available to old people without charge tends to make it more freely utilised in this group of cases.

Domestic Help for tuberculous patients presents peculiar difficulties owing to the dread of infection on the part of many of the Helps themselves. There are a number of possible solutions to this problem and they are being carefully explored.

The members of the present panel of Domestic Helps have proved themselves to be a fine body of women. They perform many thankless and difficult tasks with tact, endurance and sympathy. They often put much more into the job than ought to be expected of them, showing many acts of kindliness especially to old people. Sometimes this is almost embarrassing and has presented some difficult problems for the Organiser who, on her part, has always succeeded in finding a tactful solution to them.

The year's working has shown that Domestic Help provided at the proper time can do a very great deal in promoting recovery from illness as well as ensuring that feeling of security in the home which is so very essential to people so weakened by sickness or old age as to doubt their own ability to look after themselves.

MENTAL HEALTH SERVICE

National Health Service Act, 1948, S.51.

In accordance with Circular 2/50 dated the 25th January, 1950, and Circular 112/50 dated the 6th December, 1950, the following details of the Mental Health Service are appended.

(1) Administration

(a) The duties of a Mental Health Sub-Committee are carried out by the Handicapped Persons' Sub-Committee of the Health Committee. This Sub-Committee on which no co-opted members sit contains 11 members, one of whom is a lady. The Sub-Committee meets monthly.

(b) Number and qualifications of the staff:—

The Medical Officer of Health.

The Deputy Medical Officer of Health, the Senior Assistant Medical Officer of Health, and one part-time Assistant Medical Officer of Health are certifying officers for mental defect.

One part-time Assistant Medical Officer of Health has had special experience in mental diseases.

The Authority employs three Duly Authorised Officers, one of whom is a State Registered Nurse and acts as Mental Health Visitor. The other two are male.

The Occupation Centre was supervised by the Duly Authorised Officers who had the services of two part-time assistants. A whole-time Supervisor was appointed in December but did not take up duties until 1951.

(c) A Consulting Psychiatrist employed by the Regional Hospital Board holds an out-patient clinic at the Beckett Hospital. The Duly Authorised Officers attend with patients at this Psychiatric Clinic as occasion demands.

There are no officers jointly employed by the Local Authority and the Regional Hospital Board.

Supervision of patients on trial or on licence from mental hospitals or institutions is carried out when required by the Medical Officers of these institutions and by the Duly Authorised Officers.

(d) No duties are delegated to Voluntary Associations.

(e) The three Duly Authorised Officers have all within the last two years received a course of training in Mental Health—two at the Sheffield University and one at Manchester.

A candidate was sent to take the year's Course for Occupation Centres staff, arranged by the National Association for Mental Health, and will have completed the course by July 1951.

(2) Work undertaken in the Community

(a) UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

This was done by visitation by the Duly Authorised Officers and also by the Authority's Health Visitors and Social Workers. By this means it is possible to persuade patients to attend the Psychiatric Out-patients' Clinic held by the Regional Hospital Board. The Duly Authorised Officers usually go with them and ascertain the nature of the advice. In this way it is possible to ensure that adequate supervision and assistance is available in cases where preventive measures were likely to be of value. One of the Authority's Assistant Medical Officers attended the Psychiatric Clinic to study problems relating to out-patients as a field worker in co-operation with the Consultant Psychiatrist.

(b) UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890–1930 BY DULY AUTHORISED OFFICERS.

The number of cases dealt with and the numbers of patients in mental hospitals is shown in tabular form on page 72. In addition to the work involved in arranging admission to mental hospitals the Duly Authorised Officers made 63 visits to reported cases which were not removed to a mental hospital. They also made 129 visits to patients who had been discharged from mental hospitals.

The work of the Duly Authorised Officers has been made much more difficult owing to the shortage of accommodation for

cases in respect of whom a "3 day order" under Section 20 of the principal Act has been made. No such accommodation was available in the County Borough during 1950. Cases had to be taken either to Sheffield or to Storthes Hall Hospital, near Huddersfield.

At times during the year owing to this shortage of accommodation considerable delay was occasioned by reason of the difficulty experienced by the Duly Authorised Officer in finding a place to which the patient might be sent. Much of this difficulty has arisen because Storthes Hall Hospital which used to be the Mental Hospital for Barnsley is now in the Leeds Hospital Region, whereas the County Borough is in the Sheffield Region. After a number of particularly difficult cases, discussions were inaugurated towards the end of the year between officials of the Health Authority and the two Regional Boards concerned, with a view to solving the problem.

ANALYSIS OF CASES INVESTIGATED AND DEALT WITH BY DULY AUTHORISED OFFICERS DURING 1950

	Males	Females	Total	Over 70 years of age	Death prior to further action	Discharges prior to further action	Certified under Section 16	Other Disposals	
								Section 1 Voluntary	Section 5 Temporary
(a) Lunacy Act, 1890.									
Order of Duly Authorised Officers (3 day, Section 20)	20	14	34	1	—	9	20	2	3
Order of Judicial Authority (14 day, Section 21)	—	—	—	—	—	—	—	—	—
Summary Reception Orders (Section 16) Direct to Mental Hospital	4	6	10	3	—	—	10	—	—
	24	20	44	4	—	9	30	2	3
(b) Mental Treatment Act, 1930.									
Voluntary Cases—Section 1, Mental Treatment Act, 1930	2	4	6	—	—	—	—	6	—
Temporary Cases—Section 5, Mental Treatment Act	—	—	—	—	—	—	—	—	—
	2	4	6	—	—	—	—	6	—
Grand Total, Lunacy and Mental Treatment Acts	26	24	50	4	—	9	30	8	3

Patients in Mental Hospitals during 1950

NUMBERS OF PATIENTS IN MENTAL HOSPITALS ON THE 1ST JANUARY, 1950:

	Males	Females
Storthes Hall Hospital	83	70
Stanley Royd Hospital	1	8
Middlewood Hospital	1	1
Menston Hospital	2	1
	87	80

ADMISSIONS DURING THE 12 MONTHS ENDED 31ST DECEMBER, 1950:

	Males	Females
Storthes Hall Hospital	20	12
Stanley Royd Hospital	—	2
Middlewood Hospital	—	7
Menston Hospital	—	—
	20	21

DISCHARGES DURING THE 12 MONTHS ENDED THE 31ST DECEMBER, 1950:

	Males	Females
Storthes Hall Hospital	11	14
Stanley Royd Hospital	—	1
Middlewood Hospital	—	3
Menston Hospital	—	—
	11	18

DEATHS IN MENTAL HOSPITALS DURING THE 12 MONTHS ENDED THE 31ST DECEMBER, 1950:

	Males	Females
Storthes Hall Hospital	6	3
Stanley Royd Hospital	—	1
Middlewood Hospital	—	2
Menston Hospital	—	—
	6	6

NUMBERS OF PATIENTS IN MENTAL HOSPITALS ON THE 1ST JANUARY, 1951:

	Males	Females
Storthes Hall Hospital	86	65
Stanley Royd Hospital	1	8
Middlewood Hospital	1	3
Menston Hospital	2	1
	90	77

(c) UNDER THE MENTAL DEFICIENCY ACT, 1913–1918.

(i) ASCERTAINMENT AND CERTIFICATION proceeded during the year as cases came to the notice of the Authority through the School Health Service and otherwise. Details are shown in tabular form on page ?.

(ii) GUARDIANSHIP AND SUPERVISION. There are no cases under guardianship in the County Borough.

The welfare of mental defectives on licence and those placed under statutory supervision is followed up by the Mental Health Visitor (female Duly Authorised Officer), and the two male Duly Authorised Officers. The three certifying Medical Officers on the Authority's staff dealt with such cases as were from time to time referred to them.

(iii) TRAINING—THE OCCUPATION CENTRE. The Authority's Mental Defective Occupation Centre in Pitt Street continued to operate throughout the year on a part-time basis. The number on the register at the end of the year was:—

Boys	21
Girls	23
	44

Classes for boys only, all ages, were held on Wednesday and Friday afternoons. Classes for girls and boys under 16 years of age were held on Monday, Tuesday and Thursday afternoons.

Children from the outlying parts of the Borough have been brought to the Centre in the Sitting Case Coach of the Ambulance Service by exercise of the power contained in the National Health Service Act, S.27.

Arrangements were made for medical examination of all those attending the Centre as well as for Mass Miniature Radiography of the chest in July 1950.

Their time at the Centre appears to be greatly appreciated by the defectives, and does a great deal to provide them with social contacts with others suffering from similar disability. In addition they are taught handicrafts, and some of the older girls are instructed in simple methods of cookery. In good weather gardening is taught in the garden of 39, Pitt Street (the Blind Welfare Centre). The Centre was inspected in October by the Inspector from the Board of Control.

As well as the Duly Authorised Officers, two part-time female assistants take part in the activities of the Centre.

Towards the end of the year a scheme was placed before the Health Authority whereby the Centre would be

open to the defectives for the whole day. This is to be made possible by the appointment of a Supervisor and an Assistant Supervisor, both of whom will be in possession of the Diploma qualification for Occupation Centre staff awarded by the National Association for Mental Health. This scheme has now been adopted.

Mental Deficiency Acts, 1913 to 1938

I. PARTICULARS OF MENTAL DEFECTIVES AS ON 31ST DECEMBER, 1950.

	M.	F.	T.
(1) Number of ascertained mental defectives found to be "subject to be dealt with":			
(a) In Institution (including cases on licence therefrom):			
Under 16 years of age	8	4	12
Aged 16 years and over	25	38	63
(b) Under Guardianship (including cases on licence therefrom):			
Under 16 years of age	—	—	—
Aged 16 years and over	—	—	—
(c) In "places of safety"	—	—	—
(d) Under Statutory Supervision (excluding cases on licence):			
Under 16 years of age	18	8	26
Aged 16 years and over	48	54	102
(e) Action not yet taken under any one of the above headings	—	—	—
TOTAL ascertained cases found to be "subject to be dealt with"	99	104	203
No. of cases included in (b) to (e) above awaiting removal to an Institution	6	4	10
(2) Number of Mental Defectives not at present "subject to be dealt with," but over whom some form of voluntary supervision is maintained:			
Under 16 years of age	40	12	52
Aged 16 years and over	30	34	64
TOTAL number of mental defectives (1) plus (2)	70	46	116

(3) Number of Mental Defectives receiving Training:			
(a) In day-training centres:			
Under 16 years of age	11	8	19
Aged 16 years and over	10	15	25
(b) At home	—	—	—
TOTAL	21	23	44

II. PARTICULARS OF CASES REPORTED DURING THE YEAR 1950.

	M.	F.	T.
(1) Ascertainment:			
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):			
(i) Under Section 57(3)	2	—	2
(ii) Under Section 57(5):			
On leaving special schools	—	1	1
On leaving ordinary schools.....	3	1	4
(b) Other ascertained defectives reported during 1950 and found to be "subject to be dealt with"	—	—	—
TOTAL ascertained defectives found to be "subject to be dealt with" during the year	5	2	7
(c) Other reported cases ascertained during 1950 who are not at present "subject to be dealt with"	3	1	4
TOTAL number of cases reported during the year	8	3	11
(2) Disposal of Cases reported during the year:			
(a) Ascertained defectives found to be "subject to be dealt with":			
(i) Admitted to Institutions	—	—	—
(ii) Placed under Guardianship	—	—	—
(iii) Taken to "places of safety"	—	—	—
(iv) Placed under Statutory Supervision	5	2	7
(v) Died or removed from area	—	—	—
(vi) Action not yet taken	—	—	—
TOTAL ascertained defectives found to be "subject to be dealt with" (to agree with the total of (1) (a) and (1) (b) above)	5	2	7

(b) Cases not at present "subject to be dealt with":				
(i)	Placed under voluntary supervision	3	—	3
(ii)	Later found not to be defective	—	1	1
(iii)	Died or removed from area	—	—	—
(iv)	Action unnecessary	—	—	—
(v)	Action not yet taken	—	—	—
	TOTAL cases not at present "subject to be dealt with" (to agree with the numbers entered under (1)(c) above)	3	1	4

III. NUMBER OF MENTAL DEFECTIVES IN INSTITUTIONS UNDER COMMUNITY CARE INCLUDING VOLUNTARY SUPERVISION OR IN "PLACES OF SAFETY" ON 1ST JANUARY, 1950, WHO HAVE CEASED TO BE UNDER ANY OF THESE FORMS OF CARE DURING 1950.

	M.	F.	T.
(a) Ceased to be under care	5	5	10
(b) Died, removed from area, or lost sight of	8	5	13
TOTAL	13	10	23

IV. OF THE TOTAL NUMBER OF MENTAL DEFECTIVES KNOWN TO THE LOCAL HEALTH AUTHORITY

(a) Number who have given birth to children during 1950:	
(i) After marriage	1
(ii) While unmarried	—
(b) Number who have married during 1950	—

CARE OF THE DEAF

National Assistance Act, 1948, S.29.

The care of the deaf is entrusted to the Barnsley and District Mission for the Deaf. The Corporation subscribes to the funds of the Mission and is represented on its Executive Committee while the Medical Officer of Health, the Director of Education and the Director of Social Welfare are ex-officio members.

The Mission is situated at St. Augustine's Hall, Racecommon Road. There is a Club for the deaf and special facilities are made available for the "Hard of Hearing." On Sundays a service is held and the premises are open for quiet recreation.

The Mission employed a whole-time Missioner who was assisted by his wife. This officer visited the deaf in their homes, acted as interpreter where necessary, and was most helpful to both the deaf and the hard of

hearing. It was with regret that it was learned during the Summer that the Missioner had resigned to take up an appointment elsewhere. Considerable difficulty was experienced by the Mission in obtaining a suitable successor so from September an arrangement was made whereby the services of the Missioner to the Wakefield and District Deaf and Dumb Society were made available part-time in Barnsley.

The Barnsley Corporation is empowered by various Statutes to contribute to a voluntary Society promoting the care and welfare of the deaf. In this way the voluntary body to some extent becomes the agent of the Health Authority. Alternatively, power exists for the provision of all necessary welfare services for the deaf by the Corporation. So far this power has not been exercised in Barnsley. The Mission caters for some 90 deaf persons in the area covered by it and appears to do so most efficiently.

WELFARE OF THE BLIND

National Assistance Act, 1948, S.29.

In addition to providing Blind Welfare Services for those requiring them in the County Borough, services are also provided for a large area of the West Riding as well. The Medical Officer of Health is Superintendent of the Blind. The day-to-day work of the Blind Welfare Department is carried out by the Assistant Superintendent (Mr. A. Henshaw). A Workshop Supervisor and three Home Teachers are also employed.

Blind Population

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

	1950	1949	1948	1947
Barnsley County Borough cases	161	155	153	158
West Riding County Council cases	352	349	309	329

In the Barnsley area 33 new cases were registered, and 27 deaths occurred amongst those previously registered, making a net increase of 6 for the year.

In the West Riding area, under supervision by arrangement, 48 new cases were registered, and 45 deaths occurred amongst those previously registered, making a net increase for the year of 3.

AGE GROUPS

	Barnsley		West Riding	
	M.	F.	M.	F.
Under 5 years	—	1	—	1
5—16 years	3	1	1	5
16—40 years	9	7	10	12
40—50 years	8	5	12	11
50—60 years	12	8	12	22
60—70 years	22	13	34	50
Over 70 years	37	35	86	96
	91	70	155	197

CATEGORIES

	Barnsley	West Riding
(a) Unemployable	128	319
(b) Employable but unemployed	5	4
(c) Employed	12	14
(d) In Blind Homes	1	2
(e) In Training	1	—
(f) In Welfare Institutions	4	3
(g) In Mental Hospitals	5	3
(h) In Blind Schools	3	5
(i) Not at School	2	2
	161	352

EMPLOYMENT

	Barnsley		West Riding	
	M.	F.	M.	F.
Hosiery Knitwear	—	3	—	1
Newsvendor	2	—	—	—
Basket Maker	1	—	—	—
Commercial Traveller	—	—	1	—
Home Teachers	2	—	—	—
Switchboard Operator	—	—	1	—
Boot and Shoe Repairers	1	—	3	—
Typist	—	1	—	1
Piano Tuners	—	—	4	—
Lamp Assembly Worker	—	—	1	—
Masseur	1	—	—	—
Shop Keeper and Cabinet Worker	—	—	1	—
Labourer	—	—	1	—
Lathe Operator	1	—	—	—
	8	4	12	2
Employment 1949	7	3	11	2

Even though only slight, it is pleasing to note an increase in the number of blind persons employed—two in the Barnsley area and one in the West Riding, shown in the above table as Typist, Lathe Operator and Labourer.

Causes of Blindness

The cause of blindness in new cases registered in 1950 was as follows :—

	West Riding Cases	Barnsley Cases
Congenital and Hereditary Defects	4	5
Myopic Error	4	2
Glaucoma	6	2
Cataract—Primary	18	10
Chronic Septicæmia	—	1
Local Infection of Coats of Eye	2	1
General Diseases	5	8
Industrial Trauma	4	1
Detachment of Retina	1	—
Eczematous Kerato-conjunctivitis	1	—
Infectious Diseases	3	3
Totals	48	33

Home Visiting Services

Three Home Teachers, one sighted and two partially-sighted but registered as blind, are employed for the purpose of visiting blind persons in their homes, teaching Braille, organising social activities, arranging classes in pastime handicrafts and rendering various services such as the blind are unable to perform for themselves, or additional to those rendered by friends and relatives. These services are very much appreciated by the blind persons, particularly as many of them are advanced in years.

Social Activities

An important part of the blind welfare work is the organisation of social activities amongst the blind people themselves. For this purpose Social Centre Clubs are provided at Barnsley, Wombwell, Hoyland and Thurnscoe. The Centres are well attended and provide an opportunity for various games such as Dominoes, Occupational Therapy and discussion. There is keen competition between the various Centres and Domino and card matches have taken place amongst teams selected from each Centre. In addition, games and competitions have also been organised between the blind and teams of sighted people.

In the Winter time dramatic and musical entertainments are arranged, sometimes by the blind themselves and sometimes with the help of amateur and professional artistes whose assistance in this direction is very much appreciated.

In the Summer outings were organised which took the members of the various Centres out into the country and have even included long walking tours. In addition, special seaside outings were arranged for small groups, while at Christmas special socials took place and gifts to invalid blind persons are provided by the Barnsley and District Joint Blind Welfare Committee. This Committee has extended its activities during the year to Penistone, Thurgoland, Oxspring, Stocksbridge, Ecclesfield and Parsons Cross.

Blind Workshop

This is probably one of the most important blind welfare activities of Barnsley Corporation. Nothing is more important for the handicapped person than to provide him with the feeling that he is pulling his weight in the world. The Blind Workshop provides this outlet for selected blind people. Here they are able to make woollen goods which can be sold and which, in addition to occupying the persons concerned, allow them actually to earn some money on their own. There has been a continued demand for the knitted goods and chair caning and basket work that come from the Blind Workshop. There was a little anxiety that the increasing cost of wool might affect the sales of the hosiery manufactured in the Workshop but the customers seem to have been so satisfied with the goods they have obtained that they have continued their patronage. As a result, full-time employment has been maintained.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

National Assistance Act, 1948, S.47.

No formal action under this Section was taken during 1950. In several cases, however, it was contemplated, but persuasion and advice on the part of the Health Authority's staff prevailed and the persons concerned consented to enter the accommodation offered.

In considering problems connected with this section it should be noted that the assistance of the Medical Officer of Health is often enlisted by general practitioners in order to help them to obtain accommodation for persons who are in need of care and attention in a suitable place and who are perfectly willing to go into such a place. In these cases the Medical Officer of Health satisfies himself that a medico-social emergency has in fact arisen and communicates with the Regional Hospital Board, whereupon the required accommodation is usually forthcoming.

CARE OF OLD PEOPLE

National Assistance Act, 1948, S.21.

National Health Service Act, 1946, S.28.

The responsibility for the care of the healthy aged, as far as the provision of hostels and institutional accommodation is concerned, has been placed by the Council on the Housing and Welfare Services Committee. The care of old people in their own homes is, however, the responsibility of the Local Health Authority. Close co-operation exists between the Health and Welfare Departments.

It is, however, in relation to the care of the aged that the need for close liaison between the three partners in the National Health Service is most apparent. The General Practitioner finds an aged person who is not receiving the attention necessary for his well-being and comfort. He may apply for a Home Help or nursing assistance or he may not. Whatever he asks that is within the powers of the Health Authority to provide is placed at his disposal. At the same time it must be borne in mind that it is not easy for the Health Authority to assist unless its help is asked. Sometimes the Nursing Service finds that home nursing is impracticable and when this

occurs it should be possible to arrange institutional care without difficulty. Again, the family doctor may right away decide that adequate care can only be given in an institution. The only body that has power to provide such care is the Regional Hospital Board. The Doctor in either case can only apply to this body. If the case be such that he can state quite honestly that the removal to hospital may not be instantly essential, he is then told that the patient's name will be given to the "Bed Bureau." In most cases nothing more is heard and no bed is offered. Where the condition of a patient who is waiting for a bed has greatly deteriorated, the Medical Officer of Health is sometimes asked to find accommodation either through the impossibility of home nursing or for some medical reason. An appeal by the Medical Officer of Health to the local officials of the Board in such urgent cases invariably results in a bed being found. In fact in such circumstances everyone is most helpful; nevertheless such a position is most unsatisfactory as it is only desperate cases that come to be dealt with in this way.

It is difficult to see why some sort of regular consultation should not take place between the Local Health Authority's officials and those who run the "Bed Bureau" for the Regional Hospital Board. The Health Authority has access to all the facts relating to the social conditions and other circumstances of these old people. Yet though there must be a great shortage of hospital accommodation for these cases, if the "Bed Bureau" cannot find beds for them, no request has ever been received by the Health Authority to assist in deciding priority in the allocation of beds for geriatric cases. This is a very great pity because such information could be readily supplied and would doubtless ensure that the best possible use is made of the beds available to the community. It is to be hoped, for the sake of the community, that the growing spirit of co-operation between the three partners in the Service will remove difficulties of this kind in the near future.

Part IV
ENVIRONMENTAL HYGIENE

During 1950 the work of maintaining and improving the environmental hygiene of the County Borough continued to follow the pattern which has been evolved during many preceding years. This unremitting effort expended in reducing the possibility of contact between the community and factors liable to damage the health of the individuals constituting it is unspectacular and is rarely appreciated until failure to prevent such contact occurs. Consequently there is a tendency to take the work of the Sanitary Authority very much for granted and to overlook the fact that the bare figures of inspections carried out shown in a report such as this represent only a very small part of what is actually being done to protect the community by improving and maintaining the hygiene of its environment. This outlook has arisen to some extent from the fact that it has not been possible during the past two or three decades to demonstrate the cause and effect of improvements in hygiene and sanitation so dramatically as it was during the latter part of the nineteenth century. Furthermore there is also a tendency to regard present conditions as a pinnacle of achievement to ignore the possibilities that still exist for endeavour in the field of hygiene.

To exploit these possibilities it will be necessary to extend the study of environment far beyond its present somewhat artificial bounds. For example, much remains to be done regarding those diseases, such as Tuberculosis, in which hygiene has long been established as an important ætiological factor. At the same time there is little doubt that a careful correlation of environmental factors in relation to mental illness and psychomatic disturbances would be of the greatest possible value in increasing the understanding of these conditions.

During recent years a tendency has arisen to regard environmental hygiene as being concerned solely with the technical aspects of drains, structural defects in buildings and the preparation of food and drink, and to believe that routine supervision of these aspects is all that is necessary to maintain the public health. There is, of course, no question at all that this work plays an important part in the prevention of certain diseases and will continue to do so as it has done for the last twenty years. Should this tendency continue to the point where the perfection of the means—this technical supervision—obscures the end for which it is performed, it would without doubt retard, if not arrest, the development of the more modern conception of Social Medicine. This conception sees the family unit against its background of clinical history, the illnesses from which each member has suffered, and compares these with a survey of the conditions under which the family unit sleeps and eats and under which each member of that unit works. Correlation of these will almost certainly provide the information and material necessary for the prevention of a far wider range of illnesses than is possible by the technical supervision of isolated specified items on the inventory which seems to comprise the idea of environmental hygiene at present.

It is appreciated that before this conception of social medicine is realised, there is much to be done. The new methods demanded by it will not only call for an entirely fresh approach to the work of the Sanitary Authority but will also probably call for wide legislative changes. It would

therefore be erroneous to suppose that an immediate change is being advocated in this report. Nevertheless it appears prudent to pause for a moment to consider the lines of possible future development and to ask the question, "Is Environmental Hygiene going to make a valuable contribution to the new conception of Social Medicine with all it offers to the community? Or is it going to become an arid and circumscribed technical speciality satisfied once for all with present attainments in the preventive field?"

Having now considered the wider issues affecting the part to be played in the National Health Service by Environmental Hygiene, attention may now be given to the conditions prevailing in the County Borough and the work done in that field during 1950.

Housing

1. Number of dwellinghouses built since the re-commencement of building after the 1939-45 War:
   - (a) For private ownership 70
   - (b) By the Council 1368
2. Number of houses built during 1950:
   - (a) For private ownership 12
   - (b) By the Council 225

Private Streets

No private street was made up during 1950.

Water Supply

In accordance with the requirements of Ministry of Health Circulars 2/50 and 112/50, the following information is supplied:—

(i) The water supply of the area has been satisfactory both in quantity and quality.

(ii) Chemical analyses are made frequently of raw water from all sources at the new laboratory. Quarterly chemical analyses of the waters from Midhope, Ingbirchworth and Royd Moor are carried out by the Public Analyst. All were satisfactory. Bacteriological examinations have been carried out frequently and copies of these reports are supplied by the Waterworks Engineer to the Medical Officer of Health.

(iii) Lime is added to the water after filtration as a precautionary against plumbo solvency.

(iv) No case of contamination occurred during the year.

(v) There is no change in the position regarding the number of premises in the Borough with a piped water supply, only one or two of which lack this amenity.

During the year rainfall was recorded as follows:—

Jordan Hill, Barnsley	Midhope Reservoir
26.84 inches	44.88 inches

Sewage Disposal Works

The improvement works undertaken in 1949 were continued in 1950.

Food and Food Poisoning

The results of the inspections carried out to safeguard the meat and food supplies of the County Borough are shown in the pages which follow.

There were 10 notifications of food poisoning during the year, of which none was fatal. These cases were sporadic and it was not possible to demonstrate the agent responsible or to isolate a specific organism in any of them. The question of food poisoning in Barnsley has already been discussed in some detail in Part II of this report.

SANITARY INSPECTION OF THE AREA

In accordance with the Sanitary Officers (Outside London) Regulations 1935, Article 27 (18) (S.R. & O. 1935 No. 1110) the following tables and information have been submitted by the Senior Sanitary Inspector:—

Inspection Work

Total number of Inspections made	4,814
Total number of Re-inspections made	7,461
Total number of Defects found	5,462
Total number of Defects remedied	4,413
Total number of Informal notices served	1,505
Total number of Formal notices served	456
Total number of Informal notices complied with	1,362
Total number of Formal notices complied with	302

SUMMARY OF INSPECTIONS MADE

From 1st January, 1950, to 31st December, 1950.

Dwelling Houses

No. inspected:	Inspections	Re-inspections
Re Infectious Disease	2	—
Re Filthy Condition	20	7
Re Verminous Condition	118	34
Re Other Conditions	3759	7206
Houses-let-in-lodgings	9	4
Common Lodging Houses	20	—
Tents, Vans and Sheds	61	24
Number of Drains Tested	227	83

Other Premises

Dairies	71	—
Ice-cream Premises	320	6
Slaughterhouse	215	—
Knackers Yard	16	—
Food Preparing Premises	194	7
Cold Storage Premises	1	—
Markets	293	—
Food Shops	392	16
Factories with Power	101	8
Factories without Power	15	—
Workplaces	1	1
Outworkers' Premises	13	—
Bakehouses	43	2
Hawkers' Food Storage Premises	21	—
Hairdressers' Premises	49	5
Shops—re sanitary conditions	45	2
Cinemas and Theatres	34	1
Premises re Rats	50	12
Offensive Trades	16	—

Smoke Observations made	118	—
Smoke Visits to Plant	8	—
Other Premises—Visits and Interviews	805	85
TOTAL NUMBER OF DEFECTS FOUND	5331	131
TOTAL NUMBER OF HOUSES AFFECTED	3157	74
TOTAL NUMBER OF OTHER PREMISES AFFECTED	55	—

In connection with the above Table it will be seen that inspections have been made of Hawkers' Food Storage Premises and Hairdressers' Premises. These inspections were the result of the coming into operation of the Barnsley Corporation Act, 1949—the appointed day on and after which it becomes necessary that Hawkers of Food and their storage premises and Hairdressers and their premises, should be registered, was the 1st January, 1950. Draft Byelaws to ensure a minimum standard of cleanliness in connection with these businesses were submitted to the Minister of Health but as the draft departed from the model byelaws in one or two particulars, formal consent to their adoption had not been received at the end of the year.

SUMMARY OF NUISANCES ABATED AND IMPROVEMENTS EFFECTED

From 1st January, 1950, to 31st December, 1950.

Dwelling Houses

Internal:	
Floors repaired or renewed	73
Walls repaired or renewed	282
Ceilings repaired or renewed	102
Fireplaces repaired or renewed	127
Flues repaired or renewed	24
Windows repaired or renewed	142
Doors repaired or renewed	23
Staircases repaired or renewed	9
Sinks repaired or renewed	116
Waste pipes repaired or renewed	78
Coppers repaired or renewed	24
Food stores provided or improved	1
Coal stores provided or improved	4
Cleansed or limewashed	1
Freed from vermin	5
Damp conditions abated	115
External:	
Roofs repaired	223
Eaves spouts repaired or provided	234
Eaves spouts cleansed	3
Down spouts repaired or provided	116
Down spouts disconnected from drain	14
Down spouts cleansed	6
Walls repaired or re-pointed	156
Chimney stacks repaired or re-pointed	52
Doors repaired or renewed	27
Steps repaired or renewed	11
Yards paved	5
Yard paving repaired	9

Common Lodging Houses

Limewashed	8

Tents, Vans, Sheds

Removed	1
Sites licensed	7
Dwellings licensed	12

Drains

Cleansed	404
Repaired	99
Reconstructed	70
New provided	36
Disconnected from sewer	4
Self-cleansing gullies provided	76
Ventilation and soil pipes repaired	2

Inspection Chambers

Built	26
Repaired or improved	26
Abolished	3

Water Closets

Provided for houses—additional	22
Provided in substitution of waste water closets	19
Limewashed or cleansed	2
Structure repaired or improved	70
Fittings repaired or improved	130

Waste Water Closets

Abolished	7
Repaired	105
Converted to water closets	19

Privies

Abolished	1

Pail Closets

New pails provided	5

Ashpits

Repaired	10
Abolished (wet)	1
Converted to ashbin shelter	1

Ashbins

Renewed for houses	1188
Renewed for other premises	21
Shelters repaired	4

Bakehouses

Cleansed and limewashed	8
Premises improved	2

Dairies

Cleansed and limewashed	12

Ice Cream Premises

Cleansed and limewashed	14

Slaughterhouses or Knackers Yard

Cleansed and limewashed	2
Premises improved	1

Offensive Trades

Premises cleansed and limewashed	10
Premises improved	1

Food Preparing Premises

Cleansed and limewashed	6
Premises improved	1

Offensive Accumulations

Removed	10

Factories

Cleansed and limewashed	1

Sanitary Conveniences

Cleansed and limewashed	1
Notice of indication provided	1
Artificial light provided	3
Fittings repaired or renewed	1

Cinemas and Theatres

Defects remedied	16

Other Premises

Nuisances abated	1
TOTAL DEFECTS REMEDIED	4413
TOTAL HOUSES AFFECTED	3150
TOTAL OTHER PREMISES AFFECTED	50

Common Lodging Houses

Generally the Common Lodging Houses have been kept in a satisfactory state of cleanliness bearing in mind that three of them were not originally designed as common lodging houses.

At the beginning of the year the following premises were included in the register of Common Lodging Houses—24A Doncaster Road, 17 Doncaster Road, 23 Doncaster Road, and 40 and 42 Sheffield Road, but during the year 40 and 42 Sheffield Road was struck off as the owner and keeper failed to carry out the requirements of the Council relating to means of escape in case of fire, although that decision was only arrived at after every opportunity had been given for compliance with the requirements. The three lodging houses remaining on the register provide accommodation for 185 lodgers.

Tents, Vans and Sheds

There are seven licensed sites in the Borough, on which 12 vans are situated. In addition, a piece of ground in Grange Lane, Stairfoot, which is owned by the Council, is used as a caravan site and whilst having a small resident population is also used by travelling gypsies, hawkers and showmen who are most difficult to deal with. They have very little regard for cleanliness or tidiness and all too often litter the site with various kinds of rubbish, knowing that they are only sojourners who can move on to another district when the voice of authority requires them to clean up.

14 applications for licences to use land as sites for moveable dwellings were received during the year, seven were refused and seven were granted in respect of sites which had been licensed previously. 19 applications were

also received for licences to use moveable dwellings, seven of these were refused and 12, which were for renewal of existing licences, were granted.

In two instances the applicants appealed to a Court of Summary Jurisdiction against the Council's refusal to grant them licences, both appeals were lost.

Factories

The following table shows the details of factory inspections submitted to the Minister of Labour and National Service, none of which call for special comment.

FACTORIES ACTS, 1937 and 1948.

Part 1 of the Act.

1. INSPECTIONS for purposes of provisions as to health.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(1) Factories in which Sections 1, 2, 3, 4 & 6. are to be enforced by Local Authorities	54	30	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	230	154	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	—	—	—	—
Total ...	284	184	2	—

2. CASES IN WHICH DEFECTS WERE FOUND.

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

Nature of Work	Section 110		
	No. of Outworkers in August list.	Causes of default	No. of prosecutions.
Wearing apparel making, etc.	4	—	—
Wearing apparel—cleaning and washing	1	—	—
Total ...	5	—	—

Cinemas and Theatres

During the year 35 visits were made to cinemas, theatres and places where stage plays were given.

16 sanitary defects were remedied; these consisted of bolts to the inside of water closet doors, provision of seats to water closet pedestals, cleansing of water closet pedestals and compartments.

Offensive Trades

Premises on the register at the end of 1950 were:—

5 Tripe Boilers
1 Fellmonger
1 Knackers Yard
1 Rag and Bone Dealer
1 Blood Drying, Fat Melting, Fat Extracting and Bone Boiling.

Of the four trades of Blood Drying, Fat Melting, Fat Extracting and Bone Boiling, only the last two were actually carried on and these were on the same site as the Knackers Yard. Nuisance was caused on a number of occasions by the odours omitted from the works whilst the various processes were proceeding; the owners of the business were warned and work is being done in an endeavour to minimise the nuisance.

Atmospheric Pollution and Smoke Abatement

It has been possible during this year to erect another recording station for the estimation of sulphur di-oxide in the atmosphere. With the ready consent of the Markets Inspector and Superintendent of the Public Abattoir, to whom the thanks of this department is due, this new station was placed on the roof of the main slaughter hall at the Abattoir and recording started on the 6th September, 1950.

Given below are the average daily figures of sulphur di-oxide per 100 square centimetres at each of the three recording stations.

Kendray Hospital .... 2.3948 milligrams
Mount Vernon Hospital ..... 1.9848 milligrams
Abattoir .... 2.464 milligrams

During the year 118 observations were made of the amount of smoke issuing from factory chimneys and in two instances the permissible limit of not more than two minutes' black smoke in any continuous period of half an hour was exceeded; this was pointed out to the management of the factories concerned who promised to endeavour to prevent any repetition.

In 1949 and again in 1950 the Senior Sanitary Inspector was nominated to serve as the Council's representative on the Executive Committee of the West Riding of Yorkshire Regional Smoke Abatement Committee.

Disinfestation

During the year 37 Council houses and 13 privately owned houses were sprayed with liquid insecticide for the eradication of bugs, and 36 dwellinghouses and three other premises infested with cockroaches were also dealt with.

The practice of treating the furniture and bedding of tenants who are removing into Council houses, where any doubt exists as to its freedom from bugs, has been continued and has been done in 23 cases, the furniture being subjected to hydrogen cyanide gas, the bedding to steam disinfection.

Disinfection

Disinfection of premises is done by spraying with formalin and disinfection of articles by steam. During the year the following premises and articles were dealt with after cases of infectious disease:—

778 Rooms in 385 Dwellinghouses
2 Hospital Wards
1 Children's Home
1 Miner's Hostel
2 Rooms in a Common Lodging House
1596 Articles of Clothing and Bedding.

Rodent Control

62 visits were made by Sanitary Inspectors to premises infested with rats or mice. The Rodent Operators dealt with infestations in sewers and surface premises as set out below:—

2488 Sewer manholes baited
196 Infestations in private dwellinghouses
45 Infestations in business premises
22 Infestations in local authority premises.

Swimming Baths

During the year 33 samples of water were taken from the swimming baths at Raley School and the Public Baths, Race Street. Two samples were not satisfactory, one was from Raley School baths and was due to a cut in electric power which caused the chlorination plant to come to a standstill. The other unsatisfactory sample was from the Public Baths and in this case was caused by a defect in the filtration plant.

Housing

HOUSING ACT, 1936. CLEARANCE AREAS

The following houses were demolished during the year:—

Clearance Area No. 52
97, 99, Park Road ..... 2 houses
Clearance Area No. 77
21, 23, 25, Pogmoor Road 3 houses
Clearance Area No. 96
1, 2, 3, Farfield Cottages 3 houses

In addition to the above, 11 houses were voluntarily demolished by the owners after the tenants had been re-housed by the Council. These houses were in a deplorable state of repair, affected by extensive and incurable dampness, and the Peckett Square houses were subjected to frequent and deep flooding of the cellars by ground water.

VOLUNTARY DEMOLITIONS

19, 20, Littleworth Lane, Monk Bretton	2 houses
1, 2, 3, 4, 5, 6, 7, Peckett Square, Littleworth, Monk Bretton	7 houses
1, Shepcote, Monk Bretton	1 house
5, Pheasant Fold, Monk Bretton	1 house

63 visits were made to houses in confirmed Clearance Areas.

Legal proceedings were taken before the Magistrates in two instances where owners of property failed to carry out the requirements of Statutory Notices, the details are as follows:—

FIRST CASE:

Non compliance with Notice served under Section 93, Public Health Act, 1936, to repair defective house roof.	Magistrates made a Nuisance Order. Work was not done and defendant was again taken before the Magistrates who imposed a fine of £5 and a daily penalty of 5/- until nuisance abated.
Non compliance with Notice served under Section 39, Public Health Act, 1936, to repair defective eaves spouts.	Fined £5 and costs.

SECOND CASE:

Non compliance with Notices served under Section 39, Public Health Act, 1936, to cleanse stopped waste water closet drain and to repair defective eaves spouts.	Magistrates imposed fine of £5 with direction that work be done in three days. Work was not done in time stated and defendant again appeared before the Magistrates when a daily penalty of 10/- was imposed. Eventually the work was done by the Council and the cost recovered from the defendant.

Owing to the high cost of materials and labour it is becoming increasingly difficult to persuade property owners to carry out repairs. The fact that the rents of many private properties cannot be increased acts as a deterrent to the spending of money on maintenance work, even work which is of an essential nature, and it seems that if present conditions continue to exist, even greater difficulty will be experienced in the future.

INSPECTION AND SUPERVISION OF FOOD

This important work has again occupied a large proportion of the time of the Sanitary Inspectors and a careful study of the following tables will show the amount and diversity of the foodstuffs dealt with.

Milk Supply

The following licences were issued under the provisions of the Milk and Dairies Regulations, 1949, Milk (Special Designation) (Raw Milk) Regulations, 1949 and 1950, Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950.

7 Dairies.
80 Distributors of Milk.
1 Dealers' (Pasteurisers) Licence to use the special designation "Pasteurised."
8 Dealers' (Retailing) Licences to use the special designation "Pasteurised."
1 Supplementary Licence to use the special designation "Pasteurised."
8 Dealers' (Retailing) Licences to use the special designation "Tuberculin Tested."
68 Dealers' (Retailing) Licences to use the special designation "Sterilised."
1 Supplementary Licence to use the special designation "Sterilised."
71 visits were made to Dairies during the year.

Bacteriological Examination of Milk

Methylene Blue Test

162 samples of Tuberculin Tested milk	145	satisfactory
	17	unsatisfactory
9 samples of Sterilised milk	9	satisfactory
37 samples of Pasteurised milk	36	satisfactory
	1	unsatisfactory

Coliform Test

161 samples of Tuberculin Tested milk	144	satisfactory
	17	unsatisfactory

Phosphatase Test

3 samples of Sterilised milk	3	satisfactory
38 samples of Pasteurised milk	38	satisfactory

Turbidity Test

6 samples of Sterilised milk	6	satisfactory

Examination for the presence of B. Tuberculosis

25 samples of Non-designated milk	24	negative
	1	positive
2 samples of Tuberculin Tested milk	2	negative
1 sample of Pasteurised milk	1	negative

In all instances where unsatisfactory results are obtained the producer is notified and in the case of raw designated milk the County Milk Regulations Officer is also informed, and it is the responsibility of this Officer to ascertain the cause of the fault and to take steps to remedy it.

It will be noted that one sample of non-designated milk was found to be Tuberculous, this was from a producer whose farm is within the Borough. On receipt of the report on this sample the Medical Officer of Health served a notice on the farmer prohibiting the sale of milk from his herd until the milk had been pasteurised. The notice was withdrawn after the animals had been examined by a veterinary inspector of the Ministry of Agriculture and Fisheries, who caused one cow to be slaughtered, and a negative sample of milk had been obtained.

Ice Cream

356 inspections were made of premises where ice cream is manufactured, stored or sold. 39 premises were registered during the year—38 for the storage and sale of wrapped ice cream only, and one for the manufacture, storage and sale of loose ice cream, so that, allowing for cancellations, there were 142 premises on the register at the end of the year.

54 samples of ice cream were taken and subjected to the Methylene Blue Test, 10 were found to be unsatisfactory which, expressed as a percentage, is 18.5—a considerable improvement on 1949 when the percentage of unsatisfactory samples was 39.3. This improvement indicates the greater care which is being taken by vendors of ice cream in dealing with their product during all its stages from production to consumption.

Although no legal standard for the chemical composition of ice cream was in operation, 46 samples were obtained and submitted for analysis by the Public Analyst with the following results as regards fat content:—

No. of samples with a fat percentage above				2	and below	3	**3**
do.	do.	do.	do.	3	do.	4	**4**
do.	do.	do.	do.	4	do.	5	**1**
do.	do.	do.	do.	5	do.	6	**1**
do.	do.	do.	do.	6	do.	7	**1**
do.	do.	do.	do.	7	do.	8	**5**
do.	do.	do.	do.	8	do.	9	**3**
do.	do.	do.	do.	9	do.	10	**10**
do.	do.	do.	do.	10	do.	11	**6**
do.	do.	do.	do.	11	do.	12	**9**
do.	do.	do.	do.	12	do.	13	**2**
do.	do.	do.	do.	13	do.	14	**1**
							46

In the report for 1949 the opinion was expressed that there should be a minimum legal standard of 8 per cent. of fat in ice cream and the figures for this year support the view that 8 per cent. is a reasonable amount.

Meat and Other Foods

The number of animals (excluding horses which are referred to later in the report) which were inspected at the Abattoir and on Cottagers' premises was 36,059, an increase over last year of 5,912 animals. The increased killings were done mainly in the period August to December and often necessitated two Inspectors being on duty at the Abattoir instead of one, which is the usual number. On numerous occasions slaughtering took place on Sunday and it was necessary for an Inspector to be present to carry out inspection so that meat could be sent out the following day. The number and class of carcases inspected is as follows:—

Beasts	7,997
Sheep	22,143
Calves	3,618
Pigs	2,218
Pigs in Cottagers' premises	83
	36,059

Details of the amount of meat condemned as unfit for human consumption at the Abattoir and on Cottagers' premises are given below:—

Beef	92,001 lbs.	Beef Offal	153,161 lbs.
Mutton	1,158 lbs.	Mutton Offal	3,406 lbs.
Veal	2,184 lbs.	Veal Offal	821 lbs.
Pork	8,008 lbs.	Pork Offal	1,802 lbs.

In last year's Report reference was made to the incidence in cattle of the parasite Cysticerous Bovic; the percentage of animals found to be affected in 1949 was 0.23, in 1950 the percentage rose to 0.68, but it is not clear whether this increase is due to the parasite being more widespread amongst cattle or to a better technique in the examination of carcases.

As this parasite, under suitable conditions, develops in man into a tapeworm which inhabits the intestines, it would be very interesting to know whether or not there has been any increase in humans affected with tapeworm.

One prosecution of a butcher took place during the year; this was for the following offences, (a) Using premises as a slaughterhouse which were not licensed, contrary to Section 57 of the Food and Drugs Act, 1938; (b) Non-notification of intention to slaughter, contrary to Article 8 of the Public Health (Meat) Regulations, 1924; (c) Removal of carcases and organs before inspection, contrary to Article 10 of the Public Health (Meat) Regulations, 1924. The prosecution was in connection with the illicit slaughtering of a cow and the magistrates fined defendant £20 on each of the three charges; additionally, defendant was fined £30 on each of two charges preferred by the Ministry of Food.

CARCASES AND ALL ORGANS CONDEMNED AS TOTALLY UNFIT FOR HUMAN CONSUMPTION.

Animal	Tuber-culosis	Accident	Inflamm-atory Diseases	Parasitic Diseases	Other Bacterial Diseases
Bulls ...	.....	—	2	—	—
Bullocks ...	9	—	1	—	1
Heifers ...	16	—	2	—	—
Cows ...	121	1	11	—	4
Sheep ...	1	4	24*	—	2
Calves ...	17	4	24*	—	9
Pigs ...	5	2	13	—	6

* These figures include diseases which cannot be classified under the other four headings.

CARCASES PARTIALLY CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION.

Animal	Tuber-culosis	Accident	Inflamm-atory Diseases	Parasitic Diseases	Other Bacterial Diseases
Bulls ...	—	—	—	—	—
Bullocks ...	23	—	—	—	—
Heifers ...	10	—	—	—	—
Cows ...	62	1	—	—	—
Pigs ...	—	—	—	—	—

VARIOUS ORGANS CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION.

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines	Testes	Feet
TUBERCULOSIS													
Bulls ...	2	2	11	2						3	3		
Bullocks ...	76	76	279	60	10	5	9	5		58	58		
Heifers ...	98	98	203	41	3		3	1		18	18		
Cows ...	328	328	794	127	31		23	14	13	190	190		
Calves ...	2	2	6	13	1		1			1	1		
Pigs ...	145	145	44	39	27		5	4		58	58		
INFLAMMATORY DISEASES													
Bulls ...													
Bullocks ...	4	8	24	8	5	16	16	1		1	1		1
Heifers ...		2	18	4	5	8	3		1	2	2		
Cows ...	2	2	17	35	13	34	12	2	453	25	25		
Sheep ...			3	2			3	1					
Calves ...			1	1	1		1			1	1		
Pigs ...			26	24	16	6	16		6	23	23		
PARASITIC DISEASES													
Bulls ...				2									
Bullocks ...	14	14	143	1864			13	3					
Heifers ...	17	17	88	830			15	1					
Cows ...	8	8	68	711			3	2					
Sheep ...			5324	1340									
Pigs ...				3									
OTHER BACTERIAL DISEASES				1									
Bulls ...				95						1	1		
Bullocks ...	10	19	8	50	3			1		4	4		
Heifers ...	3	6	6	60	2								
Cows ...	3	7	3		5		1	1		17	17		
Calves ...			1	1									
Sheep ...			2	6									
Pigs			9		4	14	9	2		6	6		

ANALYSIS OF INSPECTION OF MEAT

(in Tabular form as required by the Ministry of Health—circular 2/50)

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	5,982	2,015	3,618	22,143	2,218
Number Inspected	5,982	2,015	3,618	22,143	2,218
ALL DISEASES EXCEPT TUBERCULOSIS : Whole carcases condemned	6	16	37	30	21
Carcases of which some part or organ was condemned	3,218	918	11	6,056	122
Percentage of the number inspected affected with disease other than tuberculosis	53.9%	46.3%	1.3%	27.4%	6.4%
TUBERCULOSIS ONLY : Whole carcases condemned	25	121	17	1	5
Carcases of which some part or organ was condemned	720	1,017	24	—	178
Percentage of the number inspected affected with tuberculosis	12.4%	56.4%	1.1%	.0045%	8.2%

201 visits were made to food preparing premises.

408 visits were made to food shops.

During the year the following foods were condemned from various premises all of which was voluntarily surrendered.

FRESH MEAT FROM SHOPS

Beef	1,217 lbs.	Bonetaint
Mutton	17 lbs.	Decomposition
Pork	975 lbs.	,,

IMPORTED MEAT FROM SHOPS AND COLD STORES

Imported Beef	583 lbs.	Bonetaint
Imported Boneless Beef	205 lbs.	Decomposition
Imported Mutton	31 lbs.	,,
Imported Boneless Veal	115 lbs.	,,

IMPORTED CORNED MEAT

112 x 6 lb. tins Corned Beef	672 lbs.	Decomposition
41 x 12 oz. tins Corned Beef	30¾ lbs.	,,

FISH

Fresh Fish	413½ lbs.	Unsound
Kippers	84 lbs.	,,
Crabs	84 lbs.	,,
Prawns	16 lbs.	,,

Rabbits and Hares		
Rabbits	194 lbs.	,,
Fruit, Vegetables and Nuts		
Dates	3½ lbs.	,,
Figs	91 lbs.	,,
Nuts	30 lbs.	,,
Dried Peas	11,536 lbs.	,,
Bread and Cereals		
Flour	2,343 lbs.	,,
Oats	112 lbs.	,,
Self-raising Flour	252 lbs.	,,
Barley Flour	23 lbs.	,,
Pastry Mixture	50 lbs.	,,
Oatmeal	6 lbs.	,,
Pearl Barley	17 lbs.	,,
Custard Powder	28 lbs.	,,
Cereal	5¼ lbs.	,,
Barley Flakes	6 lbs.	,,
Wheat Flakes	11 lbs.	,,
Cake	13½ lbs.	,,
Puddings	7½ lbs.	,,
Biscuits	12 lbs.	,,
Other Foods		
Bacon and Ham	4,588½ lbs.	,,
Butter	6½ lbs.	,,
Margarine	1 lb.	,,
Cheese	207¾ lbs.	,,
Lard	¾ lb.	,,
Sugar	21 lbs.	,,
Eggs	148½ lbs.	,,
Suet	11 lbs.	,,
Chocolate	25 lbs.	,,
Chewing-gum	31¼ lbs.	,,
Toffee Apples	8 lbs.	,,
Jellies	1¼ lbs.	,,
Fruit Pulp	3,830 lbs.	,,
Bakers Sundries	3,536 lbs.	,,
Prepared Foods		
Fish Cakes	9¾ lbs.	,,
Brawn	19½ lbs.	,,
Sausage	101¾ lbs.	,,
Salami	340 lbs.	,,
Meat Pies	11 lbs.	,,
Cooked Meats	55¾ lbs.	,,
Pork Meat	95 lbs.	,,
Udder	80 lbs.	,,
Pigs' Feet	672 lbs.	,,
Preserved Foods		
8,842 tins	12,573 lbs.	,,

HORSEFLESH

215 visits were made to the horse slaughterhouse and 763 horse carcases were inspected.

The condemnations were as follows:—

17 lungs for parasitic infection
42 livers do. do.
2 spleens do. do.
1 stomach, mesentery and intestines, for parasitic infection
4 lungs for inflammatory conditions
1 liver do. do.
4 kidneys do. do.
3 spleens do. do.
1 carcase and all offal—peritonitis and emaciation
1 carcase and all offal—dropsy and emaciation
The estimated weight—2,718 lbs.

Summary of Food Condemned

	Tons	Cwts.	Qrs.	Lbs.
Fresh meat (from Abattoir)	117	4	—	13
Fresh meat (from Shops)	—	19	2	25
Imported meat (from Shops and Cold Stores)	—	8	1	10
Imported corned meat (from Shops)	—	6	1	$2\frac{3}{4}$
Fish	—	5	1	$9\frac{1}{2}$
Rabbits and Hares	—	1	2	26
Fruit, Vegetables and Nuts	5	4	0	$12\frac{1}{2}$
Bread and Cereals	1	5	3	$2\frac{1}{4}$
Other Foods	5	6	3	$\frac{1}{2}$
Prepared Foods	—	12	1	$12\frac{3}{4}$
Preserved Foods	5	12	1	1
Horseflesh and Offal	1	4	1	2
	138	11	0	$5\frac{1}{4}$

Food and Drugs

244 samples of food and drugs were taken and submitted to the Public Analyst for analysis.

MILK

68 samples of milk were taken
63 samples were genuine
5 samples were not of the nature and quality demanded.

The average composition of the 68 samples was:—

Milk fat	3.57%	(3.51%)
Solids not fat	8.79%	(8.71%)

The average composition of the 63 genuine samples was:—

Milk fat	3.59%	(3.59%)
Solids not fat	8.78%	(8.74%)

The figures in brackets give the corresponding percentages for samples taken during the two years 1948 and 1949.

PARTICULARS OF ADULTERATED OR DEFICIENT SAMPLES OF MILK.

Sample No.	Adulteration or Offence	Remarks
4706	Deficient in milk fat 5%	Producer warned by letter
4709	Deficient in milk fat 16%	do. do. do.
4710	Slightly deficient in milk fat	do. do. do.
4732	Slightly deficient in milk fat	do. do. do.
4740	Slightly deficient in solids not fat	do. do. do.

SAMPLES OF FOOD AND DRUGS (OTHER THAN MILK) SENT TO THE PUBLIC ANALYST DURING 1950

Article	Gen-uine	Adult-erated	Total	Formal		Informal	
				Gen.	Adult.	Gen.	Adult.
Gelatine	2		2			2	
Glace Cherries	5		5			5	
Crystallised Fruits		1	1				1
Black Pudding	4		4			4	
Sausage	6		6			6	
Brawn	3		3			3	
Honey	1		1			1	
Ice Cream	46		46			46	
Teaseed Oil	1		1			1	
Raspberry Jam	1		1			1	
Cough Lozenges	1		1			1	
Candied Peel	2		2			2	
Flake Tapioca	1		1			1	
Milk Plus	1		1			1	
Dessert Delight	1		1			1	
Pastry Mix	1		1			1	
Sip	1		1			1	
Black Beer		1	1				1
Beef Sausage	15		15			15	
Polony	3		3			3	
Mint Jelly	1		1			1	
Potted Meat Paste	1		1			1	
Honey Curd	1		1			1	
Chutney	1		1			1	
Sauce	3		3			3	
Mayonnaise	1		1			1	
Tomato Ketchup	1		1			1	
Strawberry Jam	3		3			3	
Spaghetti	1		1			1	
Lemon Curd	2		2			2	
Quaffy	1		1			1	
Sausage Meat	1		1			1	
Continental Mustard	1		1			1	
Pickled Cabbage	1		1			1	
Piccalilli	1		1			1	
Olive Oil	1		1			1	
Malt Vinegar	1		1			1	
Grape Fruit Squash	1		1			1	
Pork Sausage	7		7	1		6	
Beef and Tomato Sausage	1		1			1	
Condensed (Full Cream) Milk	1		1			1	
Condensed (Skimmed) Milk	3		3			3	
Lemonade Powder	1		1			1	
Creamola	1		1			1	
Mate Tea	1		1			1	

Samples of Food and Drugs (other than Milk) sent to the Public Analyst during 1950 (continued)

Article	Genuine	Adulterated	Total	Formal		Informal	
				Gen.	Adult.	Gen.	Adult.
Tunny Fish	1		1			1	
Fish Fillets	1		1			1	
Cornflour	1		1			1	
Flour	1		1			1	
Pepper	1		1			1	
Sweetened Fat	1		1			1	
Sponge Mixture	2		2			2	
Baking Powder	1		1			1	
Sage	1		1			1	
Thyme	2		2			2	
Stomach Powder	1		1			1	
Beef Suet	1		1			1	
Baked Beans	1		1			1	
Oatmeal	1		1			1	
Coffee	1		1			1	
Ground Almonds	3		3			3	
Ground Nutmeg	1		1			1	
Ground Cinnamon	1		1			1	
Mixed Spice	1		1			1	
Parsley		2	2				2
Potted Beef		2	2		1		1
Liver Sausage	1		1			1	
Lemon Barley Water	1		1			1	
Tomato Spread	1		1			1	
Powdered Borax	1		1			1	
Pickled Onions	1		1			1	
Saccharin Tablets	1		1			1	
Mixed Herbs	1		1			1	
Yoghourt	1		1			1	
Bilberries	1		1			1	
Angelica	1		1			1	
Plum Puddings	2		2			2	
Mincemeat		2	2		1		1
Totals	168	8	176	1	2	167	6

PARTICULARS OF ADULTERATED OR DEFICIENT SAMPLES OF OTHER FOODS

Sample No.	Article	Adulteration or Offence	Remarks
4621	Crystallised Fruits	Contained an excess of preservative.	Letter to Vendor. Withdrawn from sale.
4637	Black Beer	Contained an excess of preservative.	
4781	Parsley	Contained an excess of earthy matter.	Letter of warning to vendor.
4784	Potted Beef	Incorrectly described. Should be potted beef paste.	ditto
4825	Parsley	Contained an excess of earthy matter.	Refers to 4781.
4851	Mincemeat	Deficient in soluble solids.	Letter of warning to vendor.
4861	Potted Beef	Incorrectly described. Should be potted beef paste.	Refers to 4784.
4862	Mincemeat	Deficient in soluble solids.	Refers to 4851.

Part V

SCHOOL HEALTH

Education Act, 1944—Sections 33, 69 and 100.
Handicapped Pupils and School Health Service Regulations, 1945
(S.R. & O. 1945, No. 1076)—Regulation No. 55.
(Annual Report of the School Medical Officer).

In the Annual Report for 1949 the relationship between the school health work and that of the other parts of the National Health Service was discussed in very considerable detail and attention was drawn to the fundamental differences which exist between medical work that is aimed at preventing the development of defects and that of curing disease which is already established.

The experience gained in 1950 suggests that in common with those services administered by the Local Health Authority under the National Health Service Act, school health work would benefit greatly from a closer liaison with the hospital and general practitioner services. Probably this is due to the difference in outlook between the preventive and curative schools of thought but it is hard to escape the feeling that the objects of the School Health Service are still not fully understood and appreciated by the other partners in the National Health Service. This is perhaps natural as since the inception of the latter the accent has been almost entirely on the curative and diagnostic aspects of medicine. Consequently the smoothly functioning preventive aspects have tended to be forgotten and overlooked in dealing with the many new and urgent problems which arose after July, 1948.

Since the beginning of this Century the preventive work of the School Health Service has developed unspectacularly and without drama, improving the hygiene of schools, advising Education Authorities on almost every aspect of the environment and handling of children during the most formative years of their lives. Much of this work has been of a routine nature and much of it has consisted of patient repetitive examinations of normal children, carried out with the object of detecting defects before they cause signs or symptoms. By reason of the frailties of human nature much of the work has been discouraging and disheartening. Still nevertheless by 1948 an efficient system of preventive routine examination backed up by a series of arrangements to correct defects from the *preventive* aspect had been built up.

The inception of the National Health Service raised a number of questions regarding this system and in describing the position confronting the School Health Service during 1949 an attempt was made to answer these questions in the Annual Report. The situation then described in detail continued during 1950, difficulty being experienced in obtaining from the Regional Hospital Board sufficient specialist man hours to keep the

ophthalmic waiting list within bounds. Though it was depleted somewhat during the middle of the year, 1950 closed with a waiting list for refraction of, and prescription of glasses for, 700 children.

As regards the other remedial clinics for which the services of Specialists are required, the difficulties were fewer during 1950. Dr. Doris Fletcher, the Consultant Dermatologist, continued to visit as in the past, as did Mr. Rowe, the Ear, Nose and Throat Consultant. Dr. Gordon, Consultant Pædiatrician, of Sheffield, was appointed to the Barnsley group of hospitals by the Regional Hospital Board and has arranged to hold Pædiatric Clinics at New Street at regular intervals. The arrangement made during 1949 as to the attendance of the Orthopædic Consultant continued during 1950 but was not entirely satisfactory owing to the fact that the Consultant concerned was unable to afford sufficient time for more frequent sessions.

The relationship with the General Practitioners continued during 1950 as before. Such minor difficulties as arose were solved by consultation either personally or at the Local Medical Committee of which the School Medical Officer is a member. The relationship in Barnsley is most satisfactory and there is every reason to believe that in the future it may become even better.

Co-ordination with the services provided by the Local Health Authority under the National Health Service Act of 1946 and other statutes is complete and works most satisfactorily. Whilst retaining its entity as a service principally concerned with education, it is impossible to avoid a certain amount of integration of school health work in that of the National Health Service scheme. So long as the importance of its educational aspects is recognised, this seems to be a logical development. School medical inspection is just a logical continuation of inspection and care of the infant and toddler, as industrial medicine is a logical continuation of the School Health Service. From the point of view of the individual it would be most advantageous to have continuity and co-ordination of all three services. In Barnsley at any rate this has been achieved in the first two. The school medical inspections are carried out by the same medical officers as do the infant welfare work, whilst the Health Visitors also carry out the duties of School Nurses, and the clinic premises used are common to both services. Whether the future holds the possibility of similar co-ordination with an Industrial Health Scheme remains to be seen.

The importance of the School Health Service as a link between the work of the Education Authority and that of the Health Authority and vice versa is increasing daily. It is becoming more and more obvious that it is only by education of the public in its proper use that the ideals behind the conception of a comprehensive National Health Service will be realised. Apart altogether from its immediate value to detect defects and indicate the need for early remedies, school medical inspection has an immense educative potential. The facilities of the School Health Service may well be used to make the rising generation Preventive-Medicine-conscious, to coin still another modernism. This would appear to be a much more practical method of Health Education, long-term though it is, than some of those which have recently been tried.

SCHOOL HYGIENE

All school premises are examined from time to time and where hygiene defects are detected these are first discussed with the Head Teachers who are most helpful and willing to remedy these where it lies in their power to do so. Many more serious defects exist and most of them will only be relieved effectively by the opening of the new schools projected in the Education Authority's building scheme.

MEDICAL INSPECTION

The total number of children examined at routine medical inspections during 1950 was 3,720. This figure comprises :—

890 entrants
1214 children belonging to the second age group
823 children belonging to the third age group
and
793 other periodic inspections.

This represents a decrease in the total number of inspections of 312, when, compared with 1949, special inspections numbered 3,041 and re-inspections 2,967 during the year. See Appendix, Table I.

FINDINGS AT MEDICAL INSPECTION

General Condition

As has been stated previously in reports on School Health in Barnsley, the assessment of the general condition of pupils varies to some extent with changes in medical personnel. This is due to the necessity for the Medical Officer estimating the " general condition " of a child having to rely as much on his subjective impression as on objective facts. Much, therefore, will depend on his previous experience. Variations in the assessment of " general condition " between observers seem to occur principally in deciding whether a particular child falls into Group A (Good) or Group B (Fair). When it is a question of stating that the general condition is poor there is rarely disagreement between observers.

During 1950 only 3.27% of the children inspected were classified as having a " poor " general condition. This is the smallest percentage recorded since this method of grouping was adopted. The number of children involved was 122. See Appendix, Table IIB.

Uncleanliness

Ever-increasing care is now being exercised in the detection of uncleanliness amongst pupils attending schools in the County Borough. In recording infestation it is now the practice to record a child as being infested if even only a very small number of nits is found to be present in the hair. Such evidence of infestation can usually be dealt with by persuasive methods and it has only been found necessary to issue cleansing notices in about a quarter of the cases of uncleanliness. There is adequate provision for disinfestation and cleansing at the New Street Clinic should parents wish to avail themselves of it or should it be necessary to take statutory action under Section 54 (5) of the Education Act, 1944. During the year 33,628 children were inspected and 5,915 individuals were found to be infested. This represents a marked increase in numbers over previous years but the increase is entirely due to the higher standard required and the greater care taken at inspections. See Appendix, Table III.

Eye Defects

346 cases of defective vision requiring treatment were found during the course of inspections. This number is about the average. It is, however, hoped that as more modern schools with up-to-date lighting are erected and come into use the number of such cases will diminish to some extent. A total of 44 cases of squint was also reported. Unfortunately there is nothing to show how many of these had previously received treatment. They are simply recorded as requiring treatment. Squint is a condition for which treatment is a prolonged process and a child who has been under treatment for a considerable period may still require it and must technically be included in this category. The other cases of eye defect requiring treatment recorded amounted to only 18—a marked decrease from 10 years ago. 193 such cases were found in 1940. These were accounted for by Blepharitis and Conjunctivitis which fortunately are now but rarely encountered amongst school children. Improved hygiene and a better standard of nutrition are probably the factors responsible for this.

Ear, Nose and Throat Defects

228 children were found to require treatment for nose and throat defects. The great majority of these are cases of enlarged tonsils and adenoids. 38 children were found to have some degree of hearing defect and 38 had otitis media. There is no doubt that some percentage of these cases might have been avoided had parents been educated on the question of mouth breathing in children. Unfortunately there is no record of the number of parents who have been told at some time, either by the family Doctor or the School Medical Officer, that their child should "have something done about his tonsils and adenoids." It would be most interesting if such statistics were available. It is more than probable that they would provide further evidence for the need for a practical form of Health Education.

Orthopædic Defects

It is most refreshing to find that 23 cases of bad posture were referred for treatment and 18 for observation. This is one of the best examples of the preventive work that is done by the School Health Service. Some children, for a variety of reasons, tend to assume a bad posture which may well, and in a fair proportion actually does, develop into a most unsightly deformity. Early detection of bad posture and its remedy, both by exercises and improvements in school furniture, can do inestimable good in improving the average standards of physique of the population, while it is well to remember the effect a mis-shapen body may have on the mental outlook of the individual and again the effect this outlook may have on that portion of the community which comes into contact with him.

Similarly in the case of flat foot. Vigilance for the first signs of flat foot in childhood and early steps to treat the condition can well alter the whole course of an individual's life. Consequently it is satisfactory to know that 26 cases of this defect have been referred for treatment and that 26 are being kept under observation.

46 other orthopædic defects were also referred for treatment.

A full statement of the findings at medical inspections is shown in the appended Table II.

ARRANGEMENTS FOR TREATMENT

School Clinics

Barnsley : Medical Services Clinic, New Street, Barnsley

MINOR AILMENTS CLINIC

Monday to Saturday .... 9 a.m. to 11 a.m. daily

CONSULTATION CLINICS—

Attended by Doctor

Thursday and Saturday ..... 9 a.m. to 12 noon.

EAR, NOSE AND THROAT CLINICS

Tuesday .... 2-15 p.m.

Thursday .... 9-30 a.m.

EYE CLINIC

Monday .... 2 p.m. to 4 p.m.

Wednesday .... 9 a.m. to 12 noon.

SKIN CLINIC

Tuesday .... 2 p.m.

ORTHOPÆDIC CLINIC

Monthly by Appointment ..... (every 3rd Friday)

DENTAL CONSULTATION CLINIC

Saturday .... 9-30 a.m.

Otherwise by appointment.

U.V. LIGHT CLINICS

Wednesday afternoon and Saturday morning.

Ardsley : Ebenezer Wesleyan Reform Church, Hunningley Lane, Stairfoot

Monday .... 9-30 a.m.

Lundwood : Littleworth Infants' School

Wednesday .... 9-30 a.m.

Monk Bretton : Old Council Offices, High Street

Friday .... 9-30 a.m.

Athersley Estate : Athersley Junior School

Tuesday .... 2 p.m.

Malnutrition

Milk is available for all children who are in need of it as well as, in certain cases, vitamin tablets. The number of bottles of milk supplied during the year was 1,701,114. Perhaps the greatest factor in the treatment of malnutrition is the School Meals Service. The arrangements for this ensure that no school child need be without a good mid-day meal whilst attending school. This service not only ensures that adequate food is available for every pupil but, which is much more important to-day, that the diet available is properly balanced. Much of the sub-normal nutrition in the past arose from children receiving food which was adequate in quantity but which lacked some essential factor. The school dinner overcomes this difficulty and also performs a most useful service in educating the children to appreciate a balanced diet. The number of meals served was 1,078,445.

Uncleanliness

Reference has already been made to the arrangements for the treatment of this, which are unaltered from previous years.

Minor Ailments and Diseases of the Skin

Reference to the time-table of clinics shows that the existing arrangements were continued during 1950.

Visual Defects and External Eye Diseases

Mention has already been made of the waiting list for refraction which at the end of the year amounted to 700 names. Mr. Tomlin attended for one session weekly and the arrangement made in 1949 with the Regional Hospital Board continued. This was not, of course, sufficient to keep up with the new cases being added to the waiting list and at the same time to continue supervision of patients already under treatment. The changes in the Regional Hospital Board's staff of Registrars and their inability to give more than a single session each week did little more than keep pace with new additions to the waiting list. This was a most unfortunate state of affairs as it meant that children with a visual defect had to wait an unduly long time for refraction under a mydriatic and prescription of glasses. Alternatively the parents themselves might make other arrangements for examination. Under such arrangements it was not always possible for the examination to be carried out with the use of a mydriatic drug. When it is done in this way it is extremely difficult to be sure that the glasses prescribed will, in fact, be a full correction of the child's refractive error. In view of this, towards the end of the year fresh representations were made on the subject to the Regional Hospital Board who promised improved arrangements in 1951.

Ear, Nose and Throat Defects

The existing arrangements continued unchanged.

Orthopædic and Postural Defects

Reference has already been made in this report to the arrangements for orthopædic treatment. The clinic sessions were held at monthly intervals throughout the year but it was felt that more frequent sessions would be valuable if the consultants had had sufficient time available. The treatment of orthopædic defects is summarised in Table VII in the Appendix.

Child Guidance

The work of the Child Guidance Centre continued during 1950 under similar arrangements to those described in detail in the Report for 1949.

A total of 291 children was seen by the Educational Psychologist at the Child Guidance Centre and reports on a number of these were provided on request to the School Medical Officers.

It is extremely unfortunate that so far it has not been possible for the Barnsley Child Guidance Centre to conform with the recommendations of the Ministry of Education quoted in the Annual Report for 1949. Until this ideal is attained it is difficult to regard the service available as other than limited. Apart altogether from the recommendations there is a very great need for a Consultant Psychiatrist not only to deal with children with behaviour problems and juvenile delinquents but also to be available for consultations with the School Medical Officers on problems relating to mental deficiency and the educationally sub-normal child. It is to be hoped that in the not too distant future it will be possible to find a Psychiatrist who will be able to assist in developing a Child Guidance Clinic on the lines proposed by the Ministry of Education and to advise on the ever-increasing problems of mental health both in the school child and in others.

It would seem that the appointment of the Psychiatrist is the first priority. The Psychiatric Social Worker could follow and might well in the first instance be shared with other branches of the Health Authority's Mental Health scheme.

Speech Therapy

Miss E. Chambers, Headmistress of Raley Modern Secondary Girls' School, has for some time past assisted the School Health Service by treating children suffering from various speech defects. During 1950 34 children were treated by her and the defects included stammering, post-adenoid speech defects, children with cleft palate and cases of delayed speech. Miss Chambers reports that where the children attend regularly she finds progress is satisfactory in every case, but much good work is lost by irregular attendance or ceasing to attend before the course is complete.

In addition to the ordinary speech defects which have been referred to her, Miss Chambers undertook successfully to coach two girls who were candidates for a training college but who were not acceptable on account of unsatisfactory speech. She also succeeded in giving preliminary speech therapy to a child suffering from cerebral palsy. This child was awaiting admission to the Children's Hospital, Carshalton, Surrey, and a suggestion was made that he might receive preliminary training from Miss Chambers who willingly undertook the case. Reports from the hospital indicate that her efforts were most successful.

Ultra Violet Light Treatment

The arrangements for this continued as in previous years. 69 school children were treated at New Street Clinic and 842 attendances were recorded. No Ultra Violet Light treatment was given to school children in subsidiary clinics during 1950.

Statistics.

The Returns of defects treated by means of the arrangements described above are shown in tabular form in Appendix, Table IV.

OPEN AIR SCHOOL

There is accommodation for 80 children at Mount Vernon Open Air School. The children are selected for admission by the School Medical Officers and are brought to the school daily by two special 'buses.

During 1950 three delicate children were brought to the school by a sitting case car of the Ambulance Service on account of exceptional case histories. On arrival the children are served with breakfast, after which they receive instruction in personal hygiene and breathing exercises. During the morning session they receive educational instruction with a break for milk. Dinner is served at mid-day, followed by a rest period. A further session of school work takes place in the afternoon and after having tea the children are conveyed to their homes.

This régime has been found most suitable for the physical needs of delicate children and at the same time enables such children, many of whom are not fit for the rough and tumble of an ordinary school, to avoid an interruption in their education. Great care is maintained in the medical selection of children for this school and supervision of them when in attendance.

One of the Assistant Medical Officers visits the school each week for the purpose of carrying out routine examinations of the children and arrangements are made so that parents may be present by appointment at the examinations.

In addition to ordinary supervision, great care is exercised to ensure that no child suffering from active tuberculosis is admitted to the school and children who are known to have *healed* tubercular lesions are kept under constant observation.

In addition to visits from the Medical Officer there is a full-time State Registered Nurse on the staff of the school. She not only supervises the carrying out of the instructions of the Medical Officer but also visits the homes of children on the roll of the school who are absent by reason of sickness.

During the summer holidays the school was kept open and any child on the roll might attend voluntarily. The Head Teacher and Nurse in charge undertook the supervision of the children and arranged various activities such as outdoor games and visits to places of interest. This arrangement ensured the continuation throughout the vacation of the specially supervised balanced diet of three meals a day which is perhaps the most important factor in the treatment of delicate children.

Five boys from the school had the good fortune to be selected to visit Switzerland from April to June 1950, under the auspices of the Swiss and British Red Cross Societies. They benefited greatly from this, so much so that on their return, four of them were discharged from the Open Air School as able to attend ordinary schools.

Details of the numbers of pupils and the various conditions treated are shown in tabular form as follows:—

CORRIGENDUM

Page 111 - SCHOOL DENTAL SERVICE

At the end of the third line after the word
od", insert the words "between inspection and
ment instead of the maximum yearly treatment
d".....

Medical category	Number in School 1st Jan., 1950	Number admitted in 1950	Number discharged in 1950	Number remaining in school 31st Dec., 1950	Average stay of discharges	
					Yrs.	Months
Healed Tuberculous Disease :						
Healed Primary T.B.	16	4	9	11	2	—
Contacts	5	5	2	8	1	11
Healed Cervical Adenitis	—	2	1	1	—	9
Healed Mesenteric Adenitis	2	—	2	—	2	6
Resolved Plural Effusion	1	1	1	1	2	11
Disease of Spine	—	—	—	—	—	—
Non-Tuberculous Chest Conditions :						
Asthma	8	2	2	8	2	8
Bronchiectasis	3	2	—	5	—	—
Lobectomy Post Operative	3	—	1	2	2	5
Chronic Bronchitis	1	8	1	8	—	3 Wks.
Delicate Pupils	23	8	11	20	2	10
Heart Conditions :						
Congential Disease	1	1	—	2	—	—
Rheumatic Disease	7	—	1	6	1	2
Miscellaneous :						
Epileptic	1	—	1	—	1	8
Spina Bifida	1	—	—	1	—	—
Nephrectomy Post operative	—	1	—	1	—	—
Muscular Distrophy	—	1	—	1	—	—
Still's Disease	—	1	—	1	—	—
Post Poliomyelitis	—	1	—	1	—	—
TOTAL	72	37	32	77	—	—

SCHOOL DENTAL SERVICE

The Senior Dental Officer has furnished the following report.

On referring to the report for 1949, and in the realisation that the inspection period was almost a year behind (i.e., now a two-yearly period advised by the Board of Education), and with every prospect of the position worsening owing to shortage of professional staff, it was apparent that a more stringent policy would have to be adopted. To aggravate matters the private practitioner, who in the past relieved the service to a certain extent by treating a number of children, was—owing to the overwhelming rush of adult patients due to the inception of the National Health Service—

unable to fit these children into their treatment scheme excepting at very long waiting intervals. In consequence those children have to be included in an already overburdened school service.

With reluctance, and after much discussion, it was decided that the only feasible method would be to put a utility service into operation, which would exclude any treatments; excellent and essential though they be in a fully staffed dental scheme, which would consume an excessive number of work hours in their accomplishment. The scheme was evolved under three divisions in order of their urgency:

1. Relief of pain.
2. Eradication of sepsis.
3. Conservation of as large a number of permanent teeth as possible.

It will be realised that this allows for no conservation of temporary teeth, a discontinuation of orthodontic treatment (regulation of teeth) and a severe cutting down of the propaganda instruction in clinics and schools by the dentist; a service which has always been carried out intensively in the past.

General

On comparing the statistical report of this year with that of previous years, and taking into consideration the above statements, it is felt that the experimental utility scheme has justified the changes that were forced on the service at the beginning of the year. The number of children inspected in schools was slightly higher than those inspected the year before in the same number of sessions devoted to that purpose. The number of children actually treated was also slightly more, the explanation being the increase in the number of extraction patients, this operation not being so protracted as those of conservation patients; therefore a larger number can be dealt with in the same work hours.

The acceptance rate has fallen by just over 1% from 76.8% to 75.38% due to the discontinuation of the propaganda talks previously given by the Dentist in the schools.

Treatment—Conservation of Teeth

It was found possible to accomplish well over half the last year's number—a drop of 1,663. It is to be regretted that more could not be done as an unfilled permanent tooth this year is a potential permanent tooth to be extracted next year.

Extractions

The extraction numbers are almost 800 less than they were last year, but this was to be expected. It was almost entirely due to the co-operation of Dr. G. M. O'Donnell who administered general anæsthetics that even this number was possible, as with local anæsthetics the work production rate is much less.

Grammar Schools

The private practitioner is now unable, excepting in rare cases, to treat these children as he has done in the past, and a situation arose which required an immediate solution. It was decided to include these children in the scheme as far as possible, but it is feared that extraction treatment, owing to the neglected condition of some of the mouths, will be the only solution.

Open Air School

It was found possible to inspect, and partly treat, this school during the year. The oral hygiene was on the whole very good. In a minority definite sepsis was found, and on further investigation those children were found to be the "refused treatment" in the past. It would appear to be essential that before admission to the school, the mouth and teeth of every child should be examined, and the necessary treatment completed. The treatment accorded to those children in the school is very much retarded when dental sepsis is present.

Saturday Interviews

Owing to the demand for personal interviews by the parents with the dentist it has been found impossible to curtail this service. An increase to 835 interviews during the year justifies its continuation.

To sum up

1950 has been a somewhat retrograde year for the School Dental Service over the whole country. In Barnsley much has been accomplished and the time and means at our disposal has been used to the fullest advantage.

Finally, this opportunity is taken to express thanks to Mr. Bowler, Consultant Dental Officer at the Beckett Hospital, and the staff of the hospital in general. At all times they have willingly dealt with school dental emergencies when the Senior Dental Officer has not been immediately available. The private dental practitioners in Barnsley have also co-operated freely with the School Dental Service and have never refused a request, and it is desired to convey appreciation to them. Also, it is felt that an acknowledgment is due to the teachers, nurses and staff of the Dental Department for willing assistance throughout the year. Dental statistical returns are shown in Table V, Appendix.

HANDICAPPED PUPILS

The work of ascertainment of handicapped children proceeded throughout the year. A total of 63 children was found to require special educational treatment. The vast majority of these belonged to the category of "delicate" children. Full statistical information relating to handicapped children is given in the appendix, Table VI.

Blind Children

Three blind and three partially-sighted children were in Residential Schools for the Blind, while two blind and two partially-sighted children are awaiting admission to Special Schools.

Deaf Children

Four totally and two partially deaf children were in Special Schools during 1950. Seven totally deaf children are awaiting admission. There is some considerable difficulty in placing totally deaf children in Special Schools and in view of the very great importance of commencing education of these children at an early age this is a matter for some concern. It is appreciated that additional accommodation is being provided at some of the existing special boarding schools and it is to be hoped that this will prove adequate to reduce the period of waiting for a place in these schools.

Delicate and Physically Handicapped Children

The Open Air School provides adequate accommodation for the delicate child and no great difficulty is experienced in affording children ascertained as belonging to this category the kind of special education required. In the case of physically handicapped children the position is not always so simple. It will be appreciatel that there are a great many varieties of physical handicap and it is not always easy to find suitable accommodation for the needs of each particular kind of handicap. One particular problem seems to be the child who, as a result of birth injury, has a spastic paralysis combined with some mental backwardness, or a combination of handicaps. Many of these children are educable but they tend to fall between two stools. There are not very many of these children in the country as a whole but they do present a definite problem which should be considered as a national one. It is to be hoped that some national body will in the near future take steps to provide a Special School for children with multiple handicapping defects.

Under this heading may also be considered the problem of the rheumatic child to whom reference was made in the Report for 1949. The need for residential accommodation for these cases remains acute and will continue to do so until all the damp and unhealthy housing property in the Borough is finally demolished.

Educationally Sub-normal and Mal-adjusted Children

One mal-adjusted child was awaiting admission to a Special School at 31st December and one such child was attending a special boarding school. At the end of the year 20 places in special schools were required for educationally sub-normal children.

Epileptic Children

One epileptic pupil was in attendance at a special boarding school.

INFECTIOUS DISEASES

All questions relating to infectious disease in the County Borough have been dealt with in that section of this report devoted to this subject. The figures giving the incidence of notifiable infectious diseases occurring in children of school age during the year are as follows:—

Disease	No. Notified
Scarlet Fever	99
Diphtheria	4
Pneumonia	29
Meningococcal Infection	3
Measles	405
Whooping Cough	140
Erysipelas	1
Poliomyelitis	5
Dysentery	22
TOTAL	708

Immunization Against Diphtheria

The total number of children of school age known to have received a complete course of immunisation by the 31st December, 1950, was 11,590. During the year 33 school children received a primary course of injections. Though this number seems small it need not be regarded as unsatisfactory. It is far more important that children should receive their primary immunization before reaching school age. It is pleasing at the same time to see that at least a few parents who have neglected to have this done before their children have reached school age have rectified their neglect. The fact that only 640 children received a reinforcing dose during their school life is more disturbing. It is to be hoped that a higher proportion of parents will give consideration to reinforcement in the future.

RECIPROCITY WITH OTHER AUTHORITIES

The results of medical inspection by Medical Officers of the Barnsley Education Authority of pupils domiciled in the West Riding of Yorkshire who attend schools in the County Borough are shown in the Appendix, Table VIII. The results of medical inspection of pupils domiciled in Barnsley by School Medical Officers of the West Riding County Education Authority or attending schools in the County Council Area (Division 24) are shown in the Appendix, Table IX.

PHYSICAL EDUCATION—SWIMMING

As in previous Reports figures on this aspect of physical education are included:

TOTALS FOR WINTER AND SUMMER SWIMMING
(SEPTEMBER 1949 TO AUGUST 1950)
AT THE RALEY AND CORPORATION BATHS.

Number of individual children sent to baths	4,212
Total number of attendances made	61,476
Number of children who could swim at least ten yards at the end of the session	3,176
Number of children who gained Education Committee Certificates:	
1st Class	15
2nd Class	247
3rd Class	864
Number of Life Saving Certificates:	
Elementary	115
Intermediate	110
Number of Bronze Medallions and Bars:	
Medallions	94
Bars	12

MEDICAL INSPECTION RETURNS

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(Including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—	
Entrants	890
Second Age Group	1214
Third Age Group	823
Total	2927
Number of other Periodic Inspections	793
Grand Total ...	3720

B.—OTHER INSPECTIONS.

Number of Special Inspections	3041
Number of Re-Inspections	2967
Total	6008

C.—PUPILS FOUND TO REQUIRE TREATMENT.

	For defective vision (excluding squint)	For any of the other Conditions recorded in Table IIA	Total individual Pupils
Entrants	1	227	218
Second Age Group ...	139	218	336
Third Age Group ...	113	136	207
Total (prescribed groups) ...	253	581	761
Other Periodic Inspections ...	93	141	197
Grand Total ...	346	722	958

TABLE II

A.—Return of Defects found by Medical Inspection, 1950.

Defect or Disease	Periodic Inspections		Special Inspections	
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Skin	71	21	5	3
Eyes– a. Vision ...	346	77	...	...
b. Squint ...	38	13	6	3
c. Other ...	16	6	2	2
Ears—a. Hearing ...	36	11	2	1
b. Otitis Media ...	33	15	5	1
c. Other ...	29	9	1	1
Nose or Throat	197	112	31	16
Speech	20	8	1	1
Cervical Glands	24	51	...	4
Heart and Circulation ...	23	49	...	4
Lungs	34	72	...	12
Developmental—				
a. Hernia	7	10	...	3
b. Other	9	16	...	1
Orthopædic—				
a. Posture	22	18	1	...
b. Flat Foot ...	23	22	3	4
c. Other	45	33	1	...
Nervous System—				
a. Epilepsy ...	2	1	...	...
b. Other	11	11	...	...
Psychological—				
a. Development ...	4	3	...	1
b. Stability	9	19	1	2
Other	95	114	5	7

B.—Classification of the General Condition of Pupils inspected in the Routine Age Groups.

	Inspected	A (Good)	%	B (Fair)	%	C (Poor)	%
Entrants ...	890	233	26·18	621	69·78	36	4·00
Second Age Group	1214	186	15·32	985	81·13	43	3·54
Third Age Group	828	95	11·54	713	86·68	15	1·82
Other Periodic Inspections ...	793	104	13·11	661	83·35	28	3·53
Total ...	3720	618	16·61	2980	80·10	122	3·27

TABLE III

INFESTATION WITH VERMIN

1.	Total number of examinations in the schools by the school nurses or other authorized persons	33,628
2.	Total number of individual pupils found to be infested	5,915
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1,739
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE IV

Return of Defects during the year ended 31st December, 1950

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP I—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm—		
(i) Scalp	15	34
(ii) Body	9	3
Scabies	17	1
Impetigo	20	—
Other skin diseases	268	196
Total	329	234

GROUP 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	58	85
Errors of Refraction (including squint)	—	964
Total	58	1,049
Number of pupils from whom spectacles were :		
(a) Prescribed	—	421
(b) Obtained	—	263
Total	—	684

GROUP 3—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment :		
(a) for diseases of the ear	—	4
(b) for adenoids and chronic tonsillitis	—	382
(c) for other nose and throat conditions	—	43
Received other forms of treatment	294	355
	294	784

GROUP 4—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	8	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clincics or out-patient departments	226	388

GROUP 5—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	291	—

GROUP 6—SPEECH THERAPY.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	34	—

GROUP 7—OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	538	—
(b) Other (specify)	—	—
Total	538	—

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of children inspected by Dentist:	
Routine age groups	5,189
Specials	838
TOTAL	6,027
Number found to require treatment	3,474
Number referred for treatment	2,619
Number actually treated	2,300
Attendances made by children for treatment	5,262
Half-days devoted to:	
Inspection	35
Treatment	433
TOTAL	468
Fillings:	
Permanent teeth	2,184
Temporary teeth	59
TOTAL	2,243
Number of teeth filled:	
Permanent teeth	1,957
Temporary teeth	57
TOTAL	2,014
Extractions:	
Permanent teeth	241
Temporary teeth	3,062
TOTAL	3,303
Administration of general anæsthetics for extraction	1,793
Other operations:	
Permanent teeth	2,011
Temporary teeth	21
TOTAL	2,032

Age Groups Examined at School

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	1	6	66	275	547	655	617	528	536	498	393	340	349	317	61

% needing treatment ..... 66.94 % accepting treatment 75.38

TABLE VI.

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes.

	(1) Blind	(2) Partially sighted	(3) Deaf	(4) Partially Deaf	(5) Delicate	(6) Physically Handicapped	(7) Educationally sub-normal	(8) Maladjusted	(9) Epileptic	TOTAL (1—9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year :—										
A. Handicapped Pupils **newly placed** in Special Schools or Homes	—	—	—	2	33	4	—	—	—	39
B. Handicapped Pupils **newly ascertained** as requiring education at Special Schools or boarding in Homes ..	1	2	4	—	35	7	13	1	—	63

Number of children reported during the Calendar Year under
Section 57 (3) (excluding any return under (b)) ... 2
Section 57 (3) (relying on Section 57 (4)) ... —
Section 57 (5) 5
of the Education Act, 1944.

	(1) Blind	(2) Partially sighted	(3) Deaf	(4) Partially Deaf	(5) Delicate	(6) Physically Handicapped	(7) Educationally sub-normal	(8) Maladjusted	(9) Epileptic	TOTAL (1—9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about December 31st :—										
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as Day Pupils	—	—	—	—	64	14	—	—	—	78
Boarding Pupils ..	3	3	4	2	—	—	—	—	1	13
(ii) Boarded in Homes ..	—	—	—	—	—	—	—	1	—	1
(iii) attending independent schools under arrangements made by the Authority ..	—	—	—	—	—	—	—	—	—	—
TOTAL (C) ..	3	3	4	2	64	14	—	1	1	92
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of of the Education Act, 1944 :										
(a) in hospitals ..	—	—	—	—	—	—	—	—	—	—
(b) elsewhere ..	—	—	—	—	—	1	—	—	—	1
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	2	2	7	—	1	9	20	1	—	42

TABLE VIIa

ORTHOPÆDIC TREATMENT

Inspections at the Clinic

Visits of Orthopædic Surgeon .... 14 sessions

NUMBER OF CASES SEEN BY THE ORTHOPÆDIC SURGEON:

Tubercular—New Cases	....	—
Re-examinations	....	14
Non-Tubercular—New Cases	....	47
Re-examinations	....	227

NUMBER TREATED AT THE CLINIC:

226 children of school age have been treated during the year.
857 attendances of school children have been made for Observation and Exercises for Postural Defects.

Children requiring Splints, Adjustments to Shoes, etc., have attended the Beckett Hospital. Orders executed by Ellis Son & Paramore.

Children requiring Physiotherapy and Massage have been treated at the Queen's Road Remedial Centre.

ADMISSIONS TO HOSPITAL:

Three children were admitted to the Adela Shaw Orthopædic Hospital, Kirbymoorside, and one child to the Beckett Hospital, Barnsley (later transferred to King Edward VII Hospital, Sheffield). Four children admitted to Hospitals in 1949 were in Hospital on the 1st January, 1950.

TABLE VIIb

INSTITUTIONAL ORTHOPÆDIC TREATMENT

Adela Shaw Orthopædic Hospital, Kirbymoorside

Initials	Age	Diagnosis	Admitted	Discharged	Condition on Discharge	Result
J.T.	14	Poliomyelitis	20.2.50 15.9.50	26.2.50 23.9.50	Spinal Jacket Adjustment	Satisfactory ,,
D.W.	6	Congenital Fracture of Fibula	29.4.49	Still in Hospital		
P.J.	9	Perthés Disease L. Hip	15.7.49	18.3.50	No appliance	Satisfactory
E.R.	14	Scoliosis	27.9.49	31.3.50	Wearing Spinal Jacket	Good
M.J.	6	Poliomyelitis	2.12.49	27.1.50	Wearing Caliper Both Legs	Satisfactory
J.C.	13	Arthrodesis of Shoulders	27.1.50	7.10.50	No appliance	Good
P.F.	15	Tb. Hip	19.6.50	1.11.50	No appliance	Satisfactory
Beckett Hospital, Barnsley						
*F.P.	9	Perthés Disease	18.1.50	6.9.50	No appliance	Satisfactory

*Transferred to King Edward VII Hospital, Rivelin, 16.11.50.

TABLE VIII

WEST RIDING PUPILS EXAMINED BY THE BARNSLEY COUNTY BOROUGH COUNCIL AT THE HOLGATE GRAMMAR SCHOOL AND TECHNICAL SCHOOL DURING 1950

Periodic Medical Inspections.

		No. of Inspections
Third Age Group	Boys	147
	Girls	92
		239

Pupils Found to Require Treatment.

Group	For Defective Vision (excluding Squint)	For any other Conditions	Total Individual Pupils
Third Age Group	19	23	42

A. Return of Defects Found by Medical Inspection.

	Requiring Treatment	Requiring Observation
Skin	3	—
Eyes :		
Vision	19	1
Squint	1	—
Other	3	—
Ears :		
Hearing	—	—
Otitis Media	1	—
Other	2	3
Nose and Throat	6	2
Speech	—	—
Cervical Glands	—	1
Heart and Circulation	1	4
Lungs	1	2
Developmental :		
Hernia	—	—
Other	—	3
Orthopædic :		
Posture	3	—
Flat Foot	1	—
Other	—	1
Nervous System :		
Epilepsy	—	—
Other	1	—
Psychological :		
Development	—	—
Stability	—	—
Other	9	4

B. Classification of the General Condition of Pupils Inspected.

Group	No. Inspected	(Good) A		(Fair) B		(Poor) C	
		No.	%	No.	%	No.	%
Third Age Group	239	39	16.32	198	82.84	2	.83

TABLE IX

BARNSLEY COUNTY BOROUGH PUPILS EXAMINED BY THE WEST RIDING COUNTY COUNCIL (Division 24) AT SCHOOLS DURING 1950

	No. of Inspections
Periodic Medical Inspections :	
First Age Group	—
Second Age Group	—
Third Age Group	155
Special examinations	44
Re-examinations	38

Return of defects found at medical inspections.

	Routine Periodic		Specials	
	Treatment	Observation	Treatment	Observation
Skin	—	6	—	3
Eyes :				
Vision	20	22	2	2
Squint	—	—	—	1
Other	—	2	—	—
Ears :				
Hearing	—	—	—	—
Otitis Media	—	—	—	—
Other	—	—	—	—
Nose and Throat	1	3	1	2
Speech	—	—	—	—
Cervical Glands	—	—	—	—
Heart and Circulation	—	2	—	6
Lungs	—	1	—	1
Developmental :				
Hernia	—	—	—	—
Other	—	—	—	—
Orthopædic :				
Posture	—	5	1	4
Flat Foot	—	1	—	1
Other	2	3	—	—
Nervous System :				
Epilepsy	—	—	—	—
Other	—	—	—	—
Psychological :				
Development	—	—	—	—
Stability	—	1	—	—
Other Defects	—	25	1	27

Malnutrition.

	No. of Pupils examined	A (Good)	%	B (Fair)	%	C (Poor)	%
First Age Group	—	—	—	—	—	—	—
Second Age Group	—	—	—	—	—	—	—
Third Age Group	155	95	61.3	60	38.7	—	—
Total	155	95	61.3	60	38.7	—	—

INDEX

E. CHEESMAN LIMITED
THREE MARKET HILL - BARNSLEY
PRINTERS