[Report 1951] / Medical Officer of Health, Barnsley County Borough.

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THE HEALTH OF BARNSLEY

1951

The Annual Report of the Medical Officer of Health

The Annual Report of the Schools Medical Officer

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FOREWORD

With aching hands and bleeding feet
We dig and heap, lay stone on stone.
We bear the burden and the heat
Of the long day and wish 'twere done.
Not till the hours of light return
All we have built do we discern.

—"*Morality,*" *Matthew Arnold.*

Annual Reports on the health of a community such as Barnsley and on the working and development of its Health Services tend to follow a conventional pattern. So that this report for the year 1951 shows little divergence from that which was prepared for 1950.

The Report opens with an examination of the vital statistics and a tentative interpretation of the variations which appear from year to year. This is followed by a reveiw of the infectious diseases that have occurred amongst the community. The Health Authority's part in the National Health is described and the steps taken to reduce the purely enviromental hazards to health are enumerated. Finally the health of the school child is considered and the methods adopted to improve it are described.

This annual pattern is to a great extent prescribed for the Medical Officer of Health. First he is required to prepare a report annually by a statutory instrument—The Sanitary Officers (Outside London) Regulations, 1935, Article 17 (5) (and this present Report as far as the end of Part IV is prepared in accordance with this). Then from time to time circular letters are sent to Local Authorities from the Ministry of Health requesting that certain information be included. The relevant letter containing the request in compliance with which this Report is prepared is Circular 42/51 of 10th December, 1951. Finally, as regards School Health, the report on this (Part V) is prepared as directed by the Handicapped Pupils and School Health Service Regulations, 1945.

It is, of course, appreciated that it is essential that statistics should be prepared for each Health Authority's area each year and that it is very necessary that this information be provided in a prescribed form to cover certain specified points. All this makes it extremely difficult, if not impossible, to prepare an Annual Report which complies with all the requirements and which at the same time affords interesting reading to the ordinary member of the Community. In this way what might what might well be one of the best opportunities for increasing the community's understanding of its health services cannot be exploited to the full.

It would seem then that there is much to be said for the presentation of a purely statistical report each year in strictly tabular form. Then, at five-yearly intervals, the story of the Health Services for that period might be told in a readable form. In this way it would be very much easier for the community as well as the toilers

in the Service, to discern all that has been built towards the ultimate edifice of a Comprehensive Health Service. However attractive such an arrangement might be, it is not the one prescribed to cover 1951 and Medical Officers of Health must, in the form of a report for the year prepared on the conventional pattern, lay still another stone on those laid in past years.

Some of the statistics contained in Part I of the Report might, if viewed separately, be considered a little disappointing showing as they do a lower birth rate and a higher death rate than that for the previous year. The implications arising from this have been examined fairly closely and reasons are given in this Part why these figures need not give rise to concern. The infantile mortalilty figure continues to fall slowly and the maternal mortality figure for the year is satisfactory. The only figure in this part that calls for vigilance is the rising still-birth rate.

As regards infectious diseases and epidemiology, the year was uneventful apart from a small outbreak of paratyphoid fever which proved to be easily controllable. Diphtheria, thanks to the widespread acceptance of immunisation in Barnsley, continues to show a falling incidence. Unrelated cases of poliomyelitis occurred sporadically throughout the year. The total number did not, however, exceed the average for past years. Measles claimed fewer victims than in 1950.

It is to the year's work in relation to the National Health Service that the quotation at the beginning of this foreword particularly applies. The magnitude of a comprehensive Health Service as envisaged in the original conception behind the 1946 Act is not readily realised even by those who are closely associated with the development of its integral parts. Each and every one tends to be limited by the horizon of his own particular task. The harder he toils the less time he has to look beyond that horizon at other parts of the Service. Consequently there is a tendancy to measure the development of the whole Service by the changes taking place within the individual's somewhat cirumscribed field of vision. For this reason the fall in numbers attending ante-natal and post-natal clinics ought not to be given undue significance.

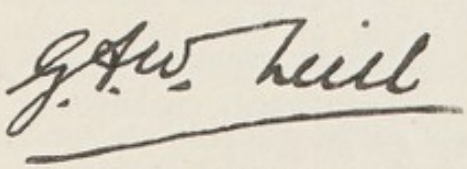
Again, in pressing for better co-operation and co-ordination between the other partners in the Health Service, it must be borne in mind that they also may have problems which cause unavoidable delays in initiating these desirable developments to appear as reluctance to look beyond their own horizons. This has been borne in mind in making the comment on difficulties of liason which appears in the following pages. It is particularly with regard to Prevention of Illness, Care and After-care and Health Education that progress appears to be slow and discouraging.

However, to continue the metophor; there is little reason to doubt that sooner or later " the hours of light " will return to reveal an ediface whose structure will surprise all who have contributed to its building — the hospital staffs, the general practitioners and the health authorities.

Part IV, which deals with Environmental Hygiene, may be regarded as the most factual part of the Report. It contains little comment and consists largely of a record of hard work well done by the Sanitary Authority's staff. Environmental Hygiene in the early part of the second half of the Twentieth Century provides a tangible memorial to those who bore "the burden and the heat of the long day" in the later years of the Nineteenth Century and the early ones of the Twentieth. In one respect their work is incomplete, namely in the housing of the community. Mention is made in Part I of this Report of certain social problems that arise from the present housing situation. Comment would seem to be more particularly appropriate there. Therefore none is offered in Part IV on this subject. It would seem that the general awareness that the basic essential of Environmental Hygiene is good housing makes comment unnecessary. This is emphasised by the efforts expended by the Local Authority in developing new housing estates.

Once again School Health, Part V of the Report, replaces the separate Report of the School Medical Officer which was prepared in years gone by. The relationship between the National Health Service and the School Health Service as far as Barnsley is concerned is fully discussed in the opening paragraphs of this Part. Here perhaps more than anywhere else in the Report are the effects of the recruitment of a full medical staff to be observed. The increased number of medical inspections carried out at school represents a much closer supervision of the health of Barnsley school children. It is also interesting to be able to report in this Part the plans that have been evolved to commence "Health Education" as part of real education in the schools. It is also pleasant to note that, despite difficulties, it has been possible to maintain a School Dental Service in Barnsley. This, if it cannot from lack of staff provide every modern orthordontic facility, can at least ensure that toothache in a school child can be dealt with at once by a School Dental Surgeon and that a fair measure of conservancy work is done.

In presenting this Report it is desired to tender thanks to the many people who have assisted and co-operated in the work of the Barnsley Health Authority. At the same time the opportunity is taken to express appreciation of a year's work well done by a loyal and enthusiastic staff, and to thank the Mayor, Aldermen and Councillors for the courtesy and kindness they have extended during the year.



Medical Officer of Health
and Schools Medical Officer.

BARNSLEY.
22nd August, 1952.

Part I

SOCIAL AND STATISTICAL INFORMATION

GENERAL STATISTICS

1. Geographical Situation : Latitude 53° 33" N.
   Longitude 1° 29" W.
2. Elevation : 125 ft. to 575 ft.
3. Area of County Borough : 7,811 acres.
4. Population : (a) Census 1951 ... ... 75,625.
   (b) Registrar General's estimate 74,890.
5. Density of Population : 9.6 per acre.
6. Number of inhabited houses : 20,887.
7. Rateable value at 31st December, 1951 : £410,546.
8. Sum represented by a penny rate : £1,600.

Social Conditions

The National demand for coal during 1951 has ensured the continuing prosperity of the mining community and this has spread to a great extent amongst those who cater for the needs of people in the Coal industry. In addition to this the other industries in Barnsley have had a busy year, with the result that the figures relating to employment have been maintained at a satisfactory level. The figures, supplied by the Manager of the Barnsley Employment Exchange, are as follows :

	MEN 18 and over	WOMEN 18 and over	TOTAL
As at 1/1/51 :			
Wholly unemployed ...	249	45	294
Temporarily unemployed	19	2	21
As at 31/12/51 :			
Wholly unemployed ...	258	89	347
Temporarily unemployed	28	122	150

It is interesting to note that the slightly higher total figures for unemployment at the end of the year almost entirely refer to women and as such need not necessarily give rise to great anxiety amongst those concerned with the maintenance and improvement of health.

Full employment is welcomed by the Health Worker even more, if that is possible, than by other sections of the community. By and large, nutritional problems are to a great extent solved in a fully employed community, while the increased security accruing to the family unit from an assured income must have its effect on the emotional outlook and therefore on the mental health of every individual. The result of this ought to be a reduction in the number of "problem families" and in the prevalence of mental ill-health.

How "effect" will follow "cause" provides an interesting opportunity for the study of the relationship between emotional strain and the social adequacy of the individual and of the family as a collective unit. This in its turn will involve diverse investigations in the field of mental health. It is to be regretted that Local Authorities who were responsible for correlating enviromental factors to physical health in the pre-war days of depression did not at that time have the powers (conferred by the National Health Service Act, 1946, S.57) to extend their activities to mental health as well. On this account an opportunity for the collection of information of great value for the purpose of comparison has been lost for ever. It is therefore essential that the possible importance of the psychological elements in Social Medicine be recognised now and that full use be made of all available powers to collect information relating to them even if it is not possible to put such information to immediate use.

There appears to be good reason to consider an investigation of the kind envisaged. It would seem that the removal or reduction of emotional strain and tension of economic origin has given rise indirectly to other factors which may well play an important part in both the mental health and social behaviour of the families of the future. The first of these is the present housing shortage. Full employment has not come into being without influencing this problem. It has both lowered the average age of marriage and has rendered more difficult the recruitment of an adequate building labour force. Now housing is the most important factor to be borne in mind when examining the relationship between the social conditions of any community and its health. It has become customary to deplore the dangers to physical health arising from families living in condemned or condemnable dwellings and to concentrate on these families. At the same time there is a tendency to minimise, or even to ignore, the risks to mental health that are involved when a family is forced to live at close quarters to another in that other's home. It is highly probable that the damage to the mental health of members of a family living in "comfortable rooms with in-laws in a modern Council house" is infinitely more far-reaching in its ultimate effect than that to physical health resulting from the habitation of an insanitary back-to-back house.

The effects of insanitary housing on physical health are readily recognisable and respond rapidly to the obvious remedy. Furthermore they are likely to be confined to those who have been actually exposed to the bad living conditions. On the other hand, the effects of trying to carry on a normal existence under perpetual frustration and emotional strain tend to make themselves felt in unexpected ways long after the actual period of strain is past and forgotten. This is particularly the case with children whose reactions may not appear until adult life. Indeed not until the time will come for they themselves to found a family. For this reason

it would be wise to watch for the "problem families" of the future amongst those chlidren who are today growing up in "lodgings" and it matters not at all whether the landlord of those lodgings is a grandparent or a stranger.

Again, another result of full employment which will almost certainly provide social medicine with future problems is the demand for married women in industry. This demand is not great in Barnsley by reason of the nature of the local industries; nevertheless it is well to be prepared to meet its effects on physical and mental health. It is the latter that calls for the greater vigilance. Machinery exists and is working effectively to protect children, both of whose parents go out to work,from the more serious kinds of physical neglect. Recent studies have shown that delinquency and other anti social behaviour is frequent amongst those children who feel unwanted or who crave attention. It is difficult to see how children who are taken by their parents to stay with relatives or to a Day Nursery early in a morning and collected late in the afternoon can escape feeling that there is some inadequacy in the parental affection they receive. How serious the results of this may be can only be determined by observation of the mental health of "Day Nursery Children" as they grow up.

It is interesting to note how the removal of one of the greatest obstacles to the development of a balanced society, namely unemployment, is tending to give rise to a number of smaller and less obvious obstacles of which the two problems quoted above are but instances. They are not insurmountable and a solution to these two at least would seem to be in the development of environmental mental hygiene from, and in its application by, the medico social resources of the Local Health Authority.

In Barnsley the "Day Nursery Child" is not likely to offer much opportunity for study owing to the relatively small number of married women engaged in industry. On the other hand there are indications that there is a sufficient number of "families in lodgings" experiencing psychological difficulties and emotional strain to warrant very careful consideration. When the present living conditions of many of these people are investigated and judged by purely physical standards of environmental hygiene it is impossible to justify placing them on a high priority for the allocation of housing accommodation.

A number of these people have been interviewed and have been questioned carefully. It is quite obvious on interview that many of them have suffered considerable emotional strain and even damage to their mental health. It would seem then that one of the most urgently needed developments of the Barnsley Health Authority's Mental Health Services is in the direction of mental hygiene and its practical application.

Much interest is being taken today in the treatment of the more obvious and serious manifestations of mental illness. Efforts aimed at the prevention of the lesser deviations from mental normality, though less spectacular, might offer a good return to the community. A really resolute attack on the underlying causes of social inadequacy from this angle would do much to cause the disappearance of that reproach to the Social Services —"the problem family."

Vital Statistics

The vital statistics of a Borough such as Barnsley may at first appear to be rather uninteresting — just a comparison of so many rows of figures with similar rows for other Boroughs and Counties in Great Britain or with similar rows relating to Barnsley itself in years gone by. The interpretation of these rows of figures can, if approached in the right way, provide the subject of an absorbing study.

This study should not stop with the application of the conventional interpretations recommended by text books to measure the progress made and the difficulties encountered by the Health Services for a given unit of the community. Vital statistics offer a far wider field of exploration. From them may be read a wide variety of hypotheses offering problems not only in preventative and social medicine but also in ecomonics and social studies as well.

It is advisable, however, to approach such study with a highly critical outlook and to be ever watchful against the fallacy of confusing hypothesis with fact. There is no question at all but that the figures comprising the vital statistics, if properly recorded, are facts. The comparison between these figures and those accepted as normal might also be considered as something which provides information of a factual nature. Often it does but it many cases it merely provides a hypothesis for further investigation. Such hypotheses arise much more frequently in units of moderate population such as Barnsley. For this reason then great care must be observed in drawing conclusions from the vital statistics recorded in the following pages.

It is not sufficient to find a figure in one particular year deviating markedly from the accepted normal and to base a comment on this. It is necessary to investigate all the circumstances surrounding all the incidents which this figure represents and perhaps to go back to the previous year's figures and investigate them as well. The suggestion made in last year's report that a five year average would offer a more accurate comparison between the National figure for maternal mortality and those applying to Barnsley was based on a study of this kind.

In a report such as this it is not possible, nor is it advisable, to state all the hypotheses which might be read from vital statistics. The report is simply one on the health of the County Borough for a single year and in it statistics must be made to serve the purpose of a yardstick within the usual conventional limits.

Comment has been limited to the minimum felt necessary to give a fair picture of health in Barnsley in 1951. For those who would seek hypotheses, comparative tables and tables dividing the population into various age groups have been provided in the Appendix to this part of the report.

POPULATION

At the 1951 census the population of Barnsley was 75,625. By application of the vital statistics to this figure the Registrar General's estimate for the mid-year population is 74,890. This estimated figure shows a small decrease on that for 1950 and in noting this it should be borne in mind that the birth rate for the Borough for 1951 was lower and the death

rate higher than in the previous year. In spite of this the relationship between them and the National figure remains as before.

It is still not possible to comment on the various age groups comprising the population. At the same time the preliminary report on the 1951 census has shown the sex distribution for Barnsley to be :—

Males	Females
37,899	37,726

It has also shown that since the 1931 census the nett increase of population of the County Borough is 1,748 or 2.4%.

BIRTHS

There was a total of 1,342 live births in the Borough. The details of these were as follows :—

Live Births

		Males	Females	Total
Legitimate	...	642	632	1,274
Illegitimate	...	32	36	68
Total	...	674	668	1,342

Birth rate per 1,000 population = 17.92.

The figure 17.92 is considerably higher than the average for England and Wales — 15.5 — and somewhat higher than that for 126 County Boroughs and great towns — 17.6 (Table I). Study of Table II will show that 1951 was still another year when the birth rate in Barnsley remained above the National average. Nevertheless the figure of 17.92 represents a marked fall in the birth rate when compared with the previous five years and is in fact the lowest recorded since 1942. This offers material for a number of interesting hypotheses.

Still Births :

		Males	Females	Total
Legitimate	...	18	12	30
Illegitimate	...	1	1	2
Total	...	19	13	32

Rate per 1,000 total births (live and still) = 23.29

Rate per 1,000 population ... ... = 0.43

The still birth rate for Barnsley at 0.43 per 1,000 population is once again above that for England and Wales — 0.36 — as a whole but is below that for the 126 Great Towns — 0.45 (Table I). Furthermore it is also above the figure for Barnsley in 1950.

Reference has been made in a previous report to the view that the still birth rate provides an index to the standard of midwifery practised in an area and particularly to the standard of ante-natal care provided. It is therefore a little disturbing to note a rise in this figure for Barnsley during 1951. It must be borne in mind, however, that this rate applies to a

relatively small number of total births and that, as with maternal mortality, a truer picture might well be obtained by averaging the rates for five years, If this is done, however, it is found that the average still birth rate per **1,000 total births** in Barnsley over the period 1945—1950 was 21.63. This figure is, therefore, one that calls for careful investigation, particularly in relation to the facilities for ante-natal care available and the use made of these by the population. This is a figure which, theoretically at least, should be showing a very marked decrease since it became possible for every expectant mother to be cared for ante-natally by the practitioner of her choice.

DEATHS

Males : 499. Females : 384. Total : 883.

Crude death rate : 11.79 per 1,000 estimated population.

The figure for Barnsley is shown alongside that for England and Wales as a whole and other comparable areas in Table I.

When compared with last year, however, there is an increase of 69 in the number of total deaths which is represented by an increase of 1.05 per 1,000 estimated population in the crude death rate. If the area comparability figure is applied the corrected death rate will work out at 13.9 per 1,000 which is, of course, in excess of the figure for the country as a whole. At first this rise in the death rate appears to be discouraging until Table II is examined. It will then be seen that rises in the death rate of this kind occur every few years and these rises usually occur, as in the case of 1951, after a year with a markedly low figure such as was recorded in 1950. This again illustrates the importance of averaging vital statistics in 5 year groups when dealing with relatively small community units. Table III in fact shows the figure for 1951 to be little in excess of the average for the past 10 years.

A detailed statement of the number of deaths attributable to each of the causes on the abbreviated list is shown in Table IV. In addition this table shows the distribution of the deaths of Barnsley residents occurring in the several Wards of the County Borough and in various institutions. The age groups most affected by the principal causes of death are shown in Table V.

The common infectious diseases accounted for only three deaths in 1951, while tuberculosis of the the respiratory system showed once again a diminution in the number of victims claimed with 18 deaths. Non-pulmonary tuberculosis caused 3 deaths. These figures may be considered as satisfactory, from them it would appear that the trend towards a steady decrease in deaths from infectious causes continues. In the case of syphilitic disease the figure of 4 is the same as in 1950. Cancer in its various forms claimed a total of 108 victims or 11 fewer than in 1950.

To the group of diseases affecting the heart and circulatory system, coronary disease, hypertension, heart disease and other circulatory diseases, were attributed a total of 375 deaths. This represents an increase of 59 over the previous year and illustrates the need for attention to the preventive aspects of heart disease. In this connection it is interesting to note that in this group 18 deaths occurred in persons under 45 years of age.

Vascular lesions of the nervous system were quoted as the cause of death in 100 cases. This also represents a substantial increase over the three previous years. Of these, 83 cases occurred in persons over 65 years of age.

Pneumonia and bronchitis accounted for 92 of the deaths reported and influenza for 19. All these three causes show an increase in numbers over 1950.

The examination of the causes of death and the age groups affected suggests much of what might be expected in an ageing population. Most of the causes are "old people's illnesses." They are also causes the deadliness of which is greatly enhanced by a recent attack of influenza. Therefore the figure of 19 deaths from influenza might be taken as a low estimate of the damage done by the outbreak of virus influenza experienced early in the year. It is possible that this disease has played a fairly large part in increasing the number of deaths in Barnsley during 1951.

Suicides showed a further increase in 1951 to 8—7 males and one female. The figure for road traffic accidents remained stationary at 6.

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

MATERNAL MORTALITY

One death was attributed to pregnancy, child birth or abortion. The resultant maternal mortality figure is 0.73 deaths per 1,000 total (live and still) births. This compares favourably with the National figure of 0.79 and is much more encouraging than the corresponding figure for 1950. It must be borne in mind, however, that with the relatively small number of births which are recorded in Barnsley each year this figure is liable to greater fluctuation than the National one.

A short resumé of the facts concerned in the maternal death quoted above is given in order that the lessons arising from it may be available to those interested in midwifery.

Place of Death	Details
Hospital	Patient aged 36. 11th pregnancy. History of retained placenta or post partum haemorrhage at previous 4 confinements. Did not seek medical advice till 3 weeks before coming into labour and then only because of slight haemorrhage. This re-occurred 7 days before onset of labour and she was admitted to hospital. Labour lasted about 30 hours and was followed by retained placenta and post partum haemorrhage. Collapse and death following manual removal of placenta.

No comment is offered on this case beyond suggesting that it is unfortunate that a patient with this kind of obstetric history did not seek ante-natal advice earlier in pregnancy. It is, of course, questionable whether ante-natal care would have had any effect at all on the untimate issue.

Comparison between the occurrence of causes of maternal mortality in Barnsley with England and Wales as a whole is shown in Table VII.

INFANTILE MORTALITY

A total of 43 children died in Barnsley during 1951 before attaining the age of 1 year. The corresponding figure in 1950 was 50. When reduced to an " infant mortality figure " of deaths of infants under 1 year per 1,000 live births, this gives a " figure " of 32.04. That for England and Wales is 29.6.

It is not yet possible to report that infantile mortality in Barnsley has fallen below the National level but examination of Table I shows that the Barnsley figure is below the average for the 126 Great Towns (33.9). The figure for 1951 also compares favourably with that for 1950 (34.6).

A detailed analysis of the various causes of death in infants under 1 year of age is shown in Table VIII along with the age at which death occurred.

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

Details of an investigation into infantile mortality are given in Part II of this report—" Care of Mothers and Young Children."

PART I APPENDIX

TABLE I.

Birth-rates, Death-rates, Analysis of Mortality and Case rates for certain Infectious Diseases in the year 1951 (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	15·5	17·3	16·7	17·8	17·92
Still	0·36	0·45	0·38	0·37	0·43
DEATHS—					
All Causes ...	12·5	13·4	12·5	13·1	11·79
Typhoid and Paratyphoid ...	0·00	0·00	0·00	—	0·00
Whooping Cough ..	0·01	0·01	0·01	0·01	0·02
Diphtheria ...	0·00	0·00	0·00	0·00	0·00
Tuberculosis ..	0·31	0·37	0·31	0·38	0·29
Influenza... ...	0·38	0·36	0·38	0·23	0·25
Smallpox ...	0·00	0·00	0·00	—	0 00
Acute Poliomyelitis (including Polioencephalitis)	0·00	0·01	0·01	0·00	0·01
Pneumonia ..	0·61	0·65	0·63	0·61	0·33
NOTIFICATIONS—					
Typhoid fever ...	0·00	0·00	0·00	0·01	0·00
Paratyphoid Fever ..	0·02	0.03	0·02	0·01	0·29
Meningococcal Infection ...	0·03	0·04	0·03	0·03	0·21
Scarlet fever ...	1·11	1·20	1·20	1·10	1·50
Whooping Cough ...	3·87	3·62	4·00	3·11	2·89
Diphtheria ...	0·02	0·02	0.03	0·01	0·02
Erysipelas ...	0·14	0·15	0·12	0·15	0·42
Smallpox... ...	0·00	0·00	0 00	—	0·00
Measles	14·07	13 93	14·82	14·64	9·10
Pneumonia ...	0·99	1·04	0·96	0·72	3·80
Acute Poliomyelitis (including Polioencephalitis):					
Paralytic ...	0·03	0·03	0·03	0·02	0·21
Non-Paralytic...	0·02	0·02	0·03	0.02	0·04
Food Poisoning ...	0·13	0·15	0·08	0·23	0·15
Deaths under 1 year of age	Rates per 1,000 live Births				
All Causes ..	29·6	33·9	27·6	26·4	32·04
Enteritis and Diarrhœa under 2 years of age	1·4	1·6	1·0	0·7	2·23
NOTIFICATIONS—	Rates per 1,000 Total (Live & Still) Births				
Puerperal fever and Pyrexia ...	10·66	13·77	8·08	14·90	5·10

TABLE II.

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

Live Births per 1,000 Total Population.			Deaths per 1,000 living.		Deaths under One year per 1,000 Live Births.		Maternal Mortality Rate per 1,000 Births Live & Still	
Year	England and Wales,	Barnsley.	England and Wales.	Barnsley.	England and Wales.	Barnsley	England and Wales	Barnsley
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
1951	15·5	17·92	12·5	11·79	29	32	0·79	0·73

*Adjusted Death Rate.

TABLE III.

Vital Statistics of the County Borough of Barnsley during 1951 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	
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
1950	75780	1444	19.06	814	10·74	244	50	34	6.13	7.86
Average for 10 yrs 1941-50	71264	1440	20.19	827	11.63	273	70	49	8.34	11.57
1951	74890	1342	17·92	883	11.79	254	43	32	5.21	5.66

TABLE IV.

Deaths Allocated to Wards, Hospitals, Institutions, etc., 1961.

No.	Causes of Death	Sex	North	South	East	West	South East	South West	Central	Ardsley	Monk Bretton	Carlton	St. Helen Hospital	Beckett Hospital	Kendray Hospital
1	Tuberculosis, Respiratory	M		2	1		1				1	1			1
		F				1	1					2			1
2	Tuberculosis, Other	M												1	
		F													
3	Syphilitic Disease	M		1		1					1			1	
		F													
4	Whooping Cough	M													
		F										1			1
5	Acute Poliomyelitis	M													
		F													1
6	Other Infective and Parasitic Diseases	M						1							
		F						1							
7	Malignant Neoplasm—Stomach	M	1	2	2	1	1		1	1	2		1	1	
		F	1	2			2	1		1	2				
8	Malignant Neoplasm—Lung, Bronchus	M		3		4	1				2		3		
		F									1				
9	Malignant Neoplasm—Breast	M													
		F	2	3	1	1	1		1				1		
10	Malignant Neoplasm—Uterus	M													
		F	1	1			1				1		2		
11	Other Malignant and Lymphatic Neoplasms	M	2	1	2	3	2	2		5	2	2	3	4	
		F	2	3	1	3	1		1	3	1	1		3	
12	Leukæmia, Aleukæmia	M													
		F											1		
13	Diabetes	M		1										1	
		F				1								2	
14	Vascular Lesions of Nervous System	M	1	6		5	2	4	1	6	3	3	5	3	
		F	4	3	6	8	9	2	3	2	6	3	5		
15	Coronary Disease, Angina	M	3	5	4	8	7	3	1	3	3	1	4	8	
		F	6	3	1	3	2		1	1	1			5	
16	Hypertension with Heart Diseases	M	2						2					1	
		F			1		1		2					2	
17	Other Heart Disease	M	11	6	11	3	12	8	3	19	8	7	17	2	1
		F	6	18	11	6	16	7	4	21	8	5	16	5	
18	Other Circulatory Disease	M		1	2	1	2	1	2	1	1	1	1	2	
		F	1	4	1	2	1		1	1		1	1		
19	Influenza	M	2	2	1		2			1					1
		F	1		1		2			2	1	1			1
20	Pneumonia	M	1		1	1	2			1	2			2	6
		F					1					3	1	1	2
21	Bronchitis	M	3		3	1	3	2	2	4	12	2	1	4	1
		F		1	1	1	4	1	3	2			1	1	
22	Other Diseases of Respiratory System	M			1					1	1			3	
		F			1			2	1				1		
23	Ulcer of Stomach and Duodenum	M												4	
		F				1								1	
24	Gastritis, Enteritis and Diarrhœa	M								1			1		2
		F													
25	Nephritis and Nephrosis	M									1				
		F		1				1		1			1	1	
26	Hyperplasia of Prostate	M								1	3		1	1	
		F													
27	Pregnancy, Childbirth, Abortion	M													
		F											1		
28	Congenital Malformations	M											2	1	
		F								1				2	
29	Other Defined and Ill-Defined Diseases	M	4	1	2	1	6	1	1	1	3	5	8	6	4
		F	6	1	1		4		1	1	3	1	7	2	1
30	Moter Vehicle Accidents	M								2				2	
		F													
31	All other Accidents	M				1						1		4	
		F								1	1	1		4	
32	Suicide	M						1		1	1			1	
		F													
33	Homicide and Operations of War	M										1			
		F													
	TOTALS		60	71	56	57	87	38	31	85	71	43	85	81	23

No.	Causes of Death	Sex	Mount Vernon Hospital	Pindar Oaks Maternity Home	Sheffield City General Hospital	Sheffield Children's Hosp.	Sheffield Royal Hospital	Sheffield Royal Infirmary	Limes Hostel	Moorgate General Hosp. Rotherham	Private Residence Outside Borough	Southmoor House Hemsworth	Wharncliffe Hospital Wadsley	The Retreat, York	Wood's Glass works, Barnsley	S. Fox & Co. Ltd. Stocksbridge	Storthes Hall Hospital	Middlewood Hospital Bradfield	Sheffield Women's Hospital
1	Tuberculosis, Respiratory	M	2																
		F	3		1														
2	Tuberculosis, Other	M				1													
		F	1																
3	Syphilitic Disease	M																	
		F																	
4	Whooping Cough	M																	
		F																	
5	Acute Poliomyelitis	M																	
		F																	
6	Other Infective and Parasitic Diseases	M																	
		F																	
7	Malignant Neoplasm—Stomach	M																	
		F																	
8	Malignant Neoplasm—Lung, Bronchus	M					1												
		F			1														
9	Malignant Neoplasm—Breast	M																	
		F																	
10	Malignant Neoplasm—Uterus	M																	
		F																	
11	Other Malignant and Lymphatic Neoplasms	M						6	1										
		F						1											
12	Leukæmia, Aleukæmia	M																	
		F						1											
13	Diabetes	M																	
		F																	
14	Vascular Lesions of Nervous System	M							3	1	1								
		F						1			1	1							
15	Coronary Disease, Angina	M											1						
		F									1			1					
16	Hypertension with Heart Diseases	M							1										
		F																	
17	Other Heart Disease	M							8						1	1	1	1	
		F							5		1						1	1	1
18	Other Circulatory Disease	M							3		3								
		F																	
19	Influenza	M																	
		F							1										
20	Pneumonia	M																	1
		F																	
21	Bronchitis	M					1		1	1									
		F																	
22	Other Diseases of Respiratory System	M																	
		F																	
23	Ulcer of Stomach and Duodenum	M																	
		F																	
24	Gastritis, Enteritis and Diarrhœa	M																	
		F						1											
25	Nephritis and Nephrosis	M			1								1						
		F															1		
26	Hyperplasia of Prostate	M																	
		F																	
27	Pregnancy, Childbirth, Abortion	M																	
		F																	
28	Congenital Malformations	M																	
		F																	
29	Other Defined and Ill-Defined Diseases	M		2					1		3						3		
		F		1	1			1									1		
30	Moter Vehicle Accidents	M																	
		F																	
31	All other Accidents	M																	
		F																	
32	Suicide	M																	
		F																	
33	Homicide and Operations of War	M																	
		F																	
	TOTALS		6	3	4	1	2	11	24	2	10	1	2	1	1	1	7	2	2

No.	Causes of Death	Sex	Lundwood Hospital, Barnsley	Western Hospital Doncaster	Birk House Hostel, Barnsley	Boscombe Hosp. Bournemouth	Church Street, Barnsley	Yorks. Brickworks Stairfoot, Barnsley	Chamberlain Brickyard Dodworth Road, Barnsley	Monk Bretton Colliery	North Gawber Colliery	Open Cast Coal Site Royds Green, Oulton	Wharncliffe Woodmoor Colliery, Barnsley	Wentworth Junction Signal Box, Dodworth, Nr. Barnsley	Aire & Calder Canal, Wilthorpe	British Railways Wombwell	Aire & Calder Canal, Hoyle Mill	River Dearne, Wilthorpe	Barnsley Main Colliery Spoil Stack	TOTALS
1	Tuberculosis, Respiratory	M																		9
		F																		9
2	Tuberculosis, Other	M																		2
		F																		1
3	Syphilitic Disease	M																		4
		F																		...
4	Whooping Cough	M																		...
		F																		2
5	Acute Poliomyelitis	M																		...
		F																		1
6	Other Infective and Parasitic Diseases	M																		1
		F																		1
7	Malignant Neoplasm—Stomach	M																		13
		F																		9
8	Malignant Neoplasm—Lung, Bronchus	M																		14
		F																		2
9	Malignant Neoplasm—Breast	M																		...
		F																		10
10	Malignant Neoplasm—Uterus	M																		...
		F																		6
11	Other Malignant and Lymphatic Neoplasms	M																		35
		F																		20
12	Leukæmia, Aleukæmia	M																		...
		F																		2
13	Diabetes	M																		2
		F																		3
14	Vascular Lesions of Nervous System	M																		44
		F																		54
15	Coronary Disease, Angina	M																		51
		F																		25
16	Hypertension with Heart Diseases	M																		6
		F																		6
17	Other Heart Disease	M																		120
		F	1																	133
18	Other Circulatory Disease	M																		21
		F																		13
19	Influenza	M																		9
		F																		10
20	Pneumonia	M																		17
		F																		8
21	Bronchitis	M		1	1															43
		F																		15
22	Other Diseases of Respiratory System	M																		6
		F																		5
23	Ulcer of Stomach and Duodenum	M																		4
		F																		2
24	Gastritis, Enteritis and Diarrhœa	M																		4
		F																		1
25	Nephritis and Nephrosis	M																		3
		F																		6
26	Hyperplasia of Prostate	M																		6
		F																		...
27	Pregnancy, Childbirth, Abortion	M																		...
		F																		1
28	Congenital Malformations	M																		3
		F																		3
29	Other Defined and Ill-Defined Diseases	M																		52
		F																		32
30	Moter Vehicle Accidents	M				1	1													6
		F																		...
31	All other Accidents	M						1	1	1	1	1	1	1						13
		F																		7
32	Suicide	M													1	1	1			7
		F															1			1
33	Homicide and Operations of War	M																	1	2
		F																		...
	TOTALS		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1885

N.B.—This table compiled from local records shows two males less and four females more than the figures supplied by the Registrar General.

TABLE V.

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 ...	253	...	1	16	39	197
Cancer (all forms) ...	108	1	...	3	45	59
Respiratory (Pneumonia and Bronchitis) ...	92	10	1	4	25	52
Vascular Lesions of of Nervous System	100	...	...	1	16	83
Coronary Diseases Angina	76	...	...	1	20	55
Accidents	26	6	1	7	6	6
Tuberculosis	21	1	1	13	5	1
Influenza	19	...	...	3	2	14
TOTALS	695	18	4	48	158	467

TABLE VI.

Inquests held by Coroner during 1951 on Barnsley Residents.

		Male	Female
1.	Deaths certified from Natural Causes	38	12
2.	,, as Road Traffic Accidents	6	—
3.	,, as Occupational Accidents	9	—
4.	,, as Home and Other Accidents	5	7
5.	,, as Suicide	7	1
6.	,, from Miscellaneous Causes	2	—
		67	20

TABLE VII.

Maternal Mortality in England and Wales and Barnsley County Borough in the year 1951.

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

	England and Wales	Barnsley
Sepsis of Pregnancy, Childbirth and the Puerperium	0·10	0.00
Abortion with Toxæmia ...	0 00	0·00
Other Toxæmias of Pregnancy and Puerperium ...	0·24	0.00
Hæmorhage of Pregnancy and Childbirth	0·13	0·73
Abortion without mention of Sepsis or Toxæmia ...	0.05	0.00
Abortion with Sepsis ...	0·09	0·00
Other complications of Pregnancy, Childbirth & the Puerperium ...	0.18	0.00

TABLE VIII

INFANT MORTALITY 1951

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 1951.
Tuberculosis, other ...	...	...	...	...	...	...	...	...	1	1	1
Whooping Cough ...	...	...	...	...	...	...	...	...	1	1	1
Pneumonia	..	1	1	...	2	2	3	1	...	6	8
Bronchitis	...	...	...	...	...	...	...	1	...	1	1
Gastritis, enteritis & diarrhœa	...	...	1	...	1	1	...	1	...	2	3
Congenital Malformations ...	2	...	...	...	2	...	...	...	...	...	2
Other defined or ill-defined ...	15	1	...	...	16	1	1	2	2	6	22
All other Accidents ..	...	...	...	...	...	... ...	3	2	...	5	5
Totals ...	17	2	2	...	21	4	7	7	4	22	43

TABLE IX.

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
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	1	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
1951	—	—	2	1.49	1	0.75	18	13.41	1	0.75	6	4.47	2	1.49	13	9.68

Part II

EPIDEMIOLOGY

During 1951 the notifications received reached a total of 1,427. This is 1,161 less than in 1950 and 561 less than 1949. The decrease is almost entirely accounted for by the diminished prevalence of measles and whooping cough during the year. The numbers of each of the diseases notified, their incidence in the various Wards of the Borough and the age groups affected are shown in Table I. The figures for monthly incidence appear in Table II. These tables reveal much of interest and not a little material for satisfaction. Apart from the small number of cases of paratyphoid fever during the Summer it may be said that there was no important outbreak of infectious disease during the year.

From the administrative point of view there are several matters that call for comment. In the first place the Puerperal Pyrexia Regulations, 1951, came into operation on 1st August, 1951, and materially altered the definition of the disease. Then during the year the Ministry of Health, by Circular 33/51, prescribed a new composite form to be used by medical practitioners for the notification of all infectious diseases. This form is now in use in Barnsley.

In the latter part of the year a number of incidents occurred which indicated that there is considerable laxity amongst general practitioners regarding the notification of infectious diseases. Cases have occurred where practitioners have notified persons as suffering from infectious disease without actually having examined them. Practitioners have failed to notify cases under their care or have even notified persons who do not exist at all as suffering from an infectious disease. There are also some practitioners whose patients must be immune from infectious disease as no notifications are ever received from them. But perhaps the most serious default in relation to notification is the delay that has occurred in some cases. This delay is particularly dangerous when it occurs in cases of food poisoning. Members of the medical profession do not seem to be aware that there is an absolute statutory duty imposed upon them by the Public Health Act, 1936, S.144, under pain of a penalty of 40/- in default, to notify infectious diseases to the Medical Officer of Health FORTHWITH. It is not, of course, the desire of the Health and Sanitary Authority or its officials to add to the paper work of the already over-burdened practitioner. At the same time the Authority has a duty to discharge its statutory obligations and to exercise its powers to preserve the health of the community. This matter was reported to the Sanitary Committee who directed that the medical profession be advised of the position.

Arising from this it would appear that the law relating to the notification of infectious diseases might with advantage be subjected to a critical examination in the light of modern knowledge and conditions. For example, it might be considered advisable to delete some of the diseases which are now notifiable and to add others which at present are not. Furthermore, there is the question of the notification fee which has remained at 2/6 per case since the Act became law in 1936.

Mention has been made of these circumstances at this point in view of their possible effect on the accuracy of the notification figures of certain of the diseases which come under separate consideration in the following paragraphs.

Scarlet Fever

Notifications amounted to 112 cases of Scarlet Fever. The decline in this disease noted last year continues, as does the mild nature of the disease. In spite of this and of the fact that so many cases of Tonsilitis (which differs from Scarlet Fever only in that those suffering from it do not exhibit a rash) go without notification, each case has been carefully followed up. During the year these investigations failed to yield any information of value in control of the disease.

Diphtheria

Only two cases of Diphtheria were notified in the County Borough during 1951. This represents the smallest number recorded and once again this disease failed to cause a death amongst the inhabitants of Barnsley.

As in last year's report, the graphic picture of Diphtheria in Barnsley is shown in fig. 1. This illustrates how the fall in the incidence of the disease has been maintained. There is no reason why this should not continue nor is there any reason why within the near future it should not be possible to report that Barnsley is still another of those areas without a single case of Diphtheria for a whole year. These ideals are not impossible of attainment if we get sufficient team-work from parents, teachers, children, doctors and nurses to press forward with the work of immunising the children. Only with a fully immunised child population can every parent and teacher rest content in the knowledge that their families and the children in their charge are safe from the menace of Diphtheria.

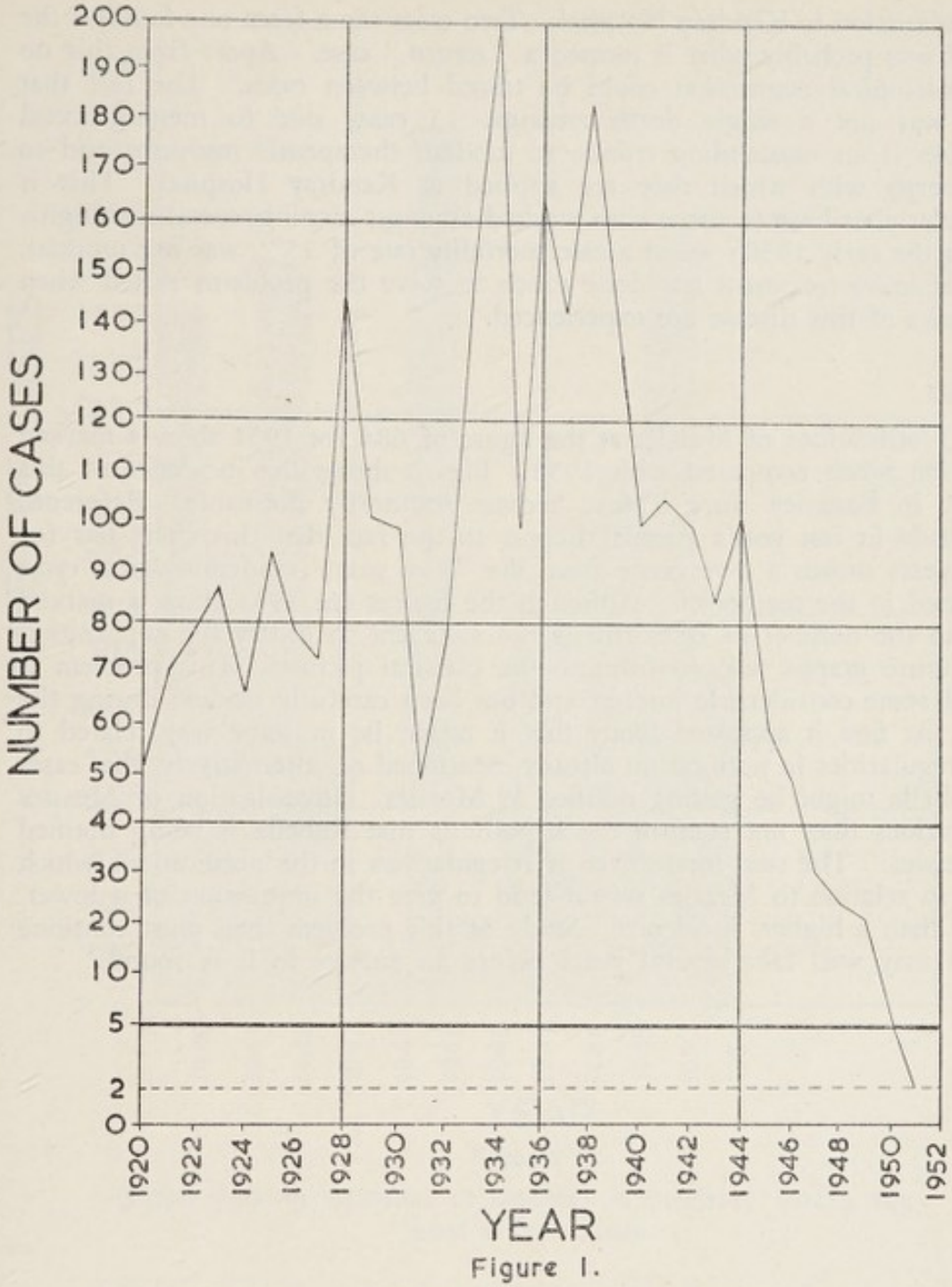


Figure 1.

Graph showing Incidence of Diphtheria in Barnsley since 1920.

Pneumonia

285 cases of Pneumonia were notified during 1951. This amounts to 91 more than in 1950 and is accounted for principally by an outbreak of virus influenza in the early part of the year. Reference to Table II shows that 136 of these cases occurred in the first two months of the year.

Meningococcal Infection

The notification of 15 cases of meningococcal infection has shown an increase of six on the previous year. None of these cases was fatal. In three cases the original notification was that of another disease and was corrected

after admission to Kendray Hospital. Two cases came from one family—the second was probably what is termed a " return " case. Apart from this no epidemiological connection could be traced between cases. The fact that there was not a single death amongst 15 cases due to meningococcal infection is an outstanding tribute to modern therapeutic measures and to the energy with which they are applied at Kendray Hospital. This is particularly striking to those who worked amongst meningococcal meningitis during the early 1930's when a case mortality rate of 75% was not unusual. Such effective treatment has done much to solve the problems raised when outbreaks of this disease are experienced.

Measles

Notifications of Measles at the figure of 684 for 1951 show a marked reduction when compared with 1950. Fig. 2 shows the incidence of this disease in Barnsley since it first became statutorily notifiable. Reference was made in last year's Annual Report to the fact that this chart has for some years shown a divergence from the " two year " epidemiological cycle described in the textbooks. Although the figures for 1951 show a marked drop in the number of cases this is not sufficient to justify the supposition that future graphs will conform to the classical picture. This problem is one of some considerable interest and has been carefully studied during the year. At first it appeared likely that it might be in some way related to the irregularities in notification already mentioned or, alternatively, that cases of Rubella might be getting notified as Measles. Investigation of Measles notifications does not confirm the hypothesis that Rubella is being notified as Measles. The sum total effect of irregularities in the notifications which occur in relation to Measles would tend to give the impression of a lower, rather than a higher, incidence. Study of this problem then must continue and it may well take several years before an answer to it is found.

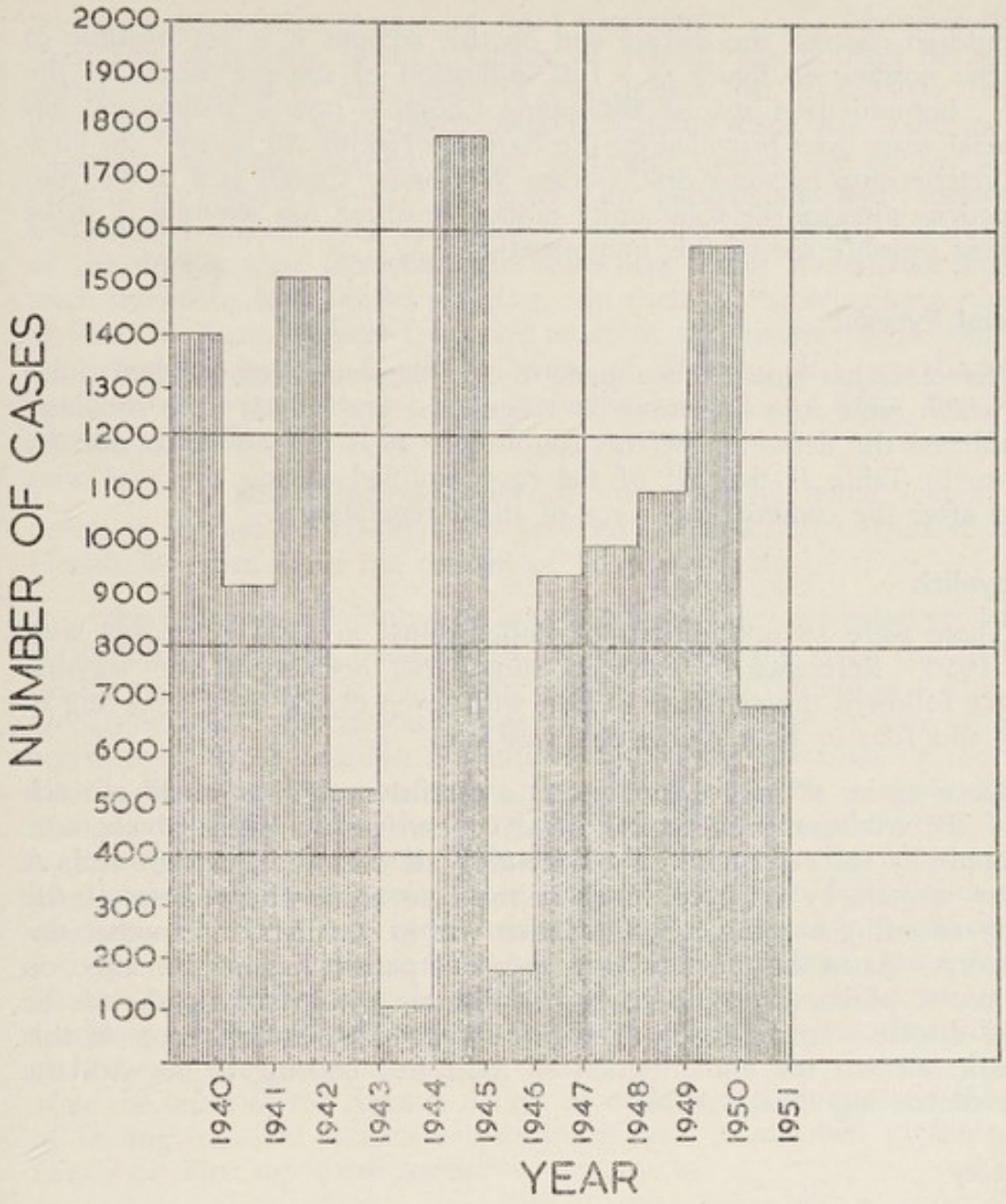


Figure 2.

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

Whooping Cough

216 cases of Whooping Cough were notified. This shows a marked reduction from the previous year. Two deaths were attributed to this disease. Whooping Cough provides one of the most difficult epidemiological problems to-day. It tends to be regarded as an illness of minor importance yet in 1951 it caused more deaths in Barnsley than all the other infectious diseases (excepting Pneumonia and Tuberculosis). There is little doubt that much chronic respiratory disease has its onset in an attack of Whooping Cough in childhood. Yet many parents fail to take medical advice when

their children contract the disease and on this account it is not possible to accept the notification figure as a full indication of the prevalence of the disease. Immunisation against Whooping Cough is now available and has for several years been provided by the Barnsley Health Authority. In view of the relationship between deaths from Whooping Cough and those from all infectious diseases the community cannot be urged too strongly to make the fullest possible use of this immunisation.

Puerperal Pyrexia

Reference has already been made to the Puerperal Pyrexia Regulations, 1951, which came into operation on August 1st and which have considerably widened the definition of this condition. It is interesting to note by reference to Table II that all of the cases notified during the year were notified after the coming into force of these regulations.

Poliomyelitis

There were 18 notifications of Poliomyelitis in 1951 compared with 10 in 1950. Reference to Table II shows that once again the seasonal incidence followed the expected pattern with seven of the cases occurring in August and four in June. One case was fatal.

Once again, as in previous years, a careful study was made of each case, of the environmental factors involved and of the patients' contacts. Geographically the cases showed a "scatter" all over the Borough and, as last year, a majority occurred in or adjacent to areas where some of the property affording housing accommodation was in some way or another unsatisfactory. As in the previous year, only one patient has had an injection in the course of immunisation against Diphtheria within six months of the onset of disease. Investigation of all the surrounding circumstances of this case indicated that the immunisation of itself had nothing to do with the patient contracting Poliomyelitis.

Dysentery

A total of 21 cases of Dysentery was notified in the County Borough. All but five of these were confirmed bacteriologically and 14 were treated in hospital. It is interesting to note that in three of the cases which were not confirmed bacteriologically, more than three days elapsed between the onset of the disease and notification. Reference to Table II will show that the cases were distributed relatively evenly over the first nine months of the year. There was no group of cases that could be described as an outbreak and there were only two instances where more than one member of a family was affected. The disease was of a mild nature and in every case where the causative organism was identified this proved to be Shigella Sonnei. It is an interesting sidelight on the question of notification to observe that 13 of the 21 notifications were received from one practitioner.

Food Poisoning

All notifications alleging the existence of the group of conditions referred to under this heading are investigated immediately on being received. In spite of this a causal organism was isolated in only two of the 11 instances notified. These two instances provide material for reflection

and thought on the control of food poisoning. They represent the only two cases where the Medical Officer of Health was notified by telephone within 12 hours of the onset of the disease. It is unlikely that such notifications would have been given had it not been that Doctors in the Borough had been warned at that particular time to be on the alert for cases of Paratyphoid fever. As it was, the patients and their contacts were investigated and the two cases were shown to be unrelated. Several carriers of the disease were identified and were kept under surveillance until they were shown to have ceased carrying. In each of the remaining nine cases at least 48 hours elapsed from the onset of the disease before notification was received by the Medical Officer of Health. In several cases the notifications were not received until the second day after the date of signature by the notifying doctor.

In last year's Report reference was made at some length to the necessity for greater co-operation between the general practitioner and the Health Department in the control of food poisoning.

Unfortunately it cannot be said that any evidence whatsoever has been forthcoming that the medical profession as a whole appreciate the importance of the part they have to play in the control of food poisoning. The Health Department and the Sanitary Department can do much by way of denying access to food of possible contamination and by education of the public. Unless, however, it is possible to take prompt measures to deal with cases immediately they arise, the machinery of control is ineffective. In the majority of cases action can only be taken on the receipt of notification. The knowledge that a person is in fact suffering from food poisoning, the diagnosis of which has been confirmed bacteriologically, is valuable, but it is by far more valuable to know where that infection came from. It is very much easier to trace this and there is even a chance of getting a specimen of the offending food if the investigator is on the spot at the earliest possible moment. If he doesn't get there for three or four days after the onset of the disease, details of meals are forgotten and the chance of finding transient carriers or subclinical cases in members of the patient's family or other associates is remote.

It is quite apparent that the general practitioner does not appreciate the importance of the carrier in food poisoning; otherwise he would notify cases earlier. Time and time again the sporadic case has proved to be a pointer to the carrier. The sooner the carrier is detected and warned of his or her potential danger to the community the less is likelihood of further cases or even an explosive outbreak from that source.

It is impossible not to view this situation with grave concern as it appears that until immediate notification of suspected food poisoning is accepted as one of the essential duties of every medical practitioner the machinery for controlling the disease must be regarded as incomplete, inefficient and unreliable.

Paratyphoid Fever

The 21 notifications of Paratyphoid Fever represent part of a small outbreak of the disease which occurred in the Barnsley area during July and August. In addition to the cases notified in the Borough an approximately similar number was notified in the various adjacent urban districts.

Investigation of cases in Barnsley and outside indicated that there was an item of food common to most of the cases. This item of food was prepared at premises in the County Borough. These premises were visited and the proprietors were interviewed. The persons employed in the preparation and sale of this item of food were examined and specimens from them were submitted for examination. Four of these persons were found to be excreting virulent Salmonella Paratyphi B. in large numbers. When this was known a conference was held immediately between the Chairman of the Sanitary Committee, the Medical Officer of Health and the proprietors of the business when the position was discussed in every detail. It was agreed that the firm would immediately cease manufacturing operations and would not re-commence until certain investigations proving the freedom from infection of every person handling food on the premises had been carried out.

Opportunity was taken at the same time to effect certain structural improvements to the premises in accordance with suggestions made by the Medical Officer of Health to facilitate the hygienic handling of various articles of food. In addition, the entire stock of potentially contaminated food on the premises was surrendered and destroyed. The suspension of operations lasted one week and work was re-commenced with those employees who had been proved to be free from infection. At this point it should be made clear that the control of the disease was very greatly facilitated by the ready co-operation of the manufacturers of the suspected food and their employees who voluntarily undertook measures much more severe than could have been required of them by statute. Had it not been for their public-spirited actions the outbreak would without doubt have been much more extensive. The magnitude of the misfortune involved in even the mildest attack of one of the enteric group of diseases in those whose livelihood depends on the manufacture or sale of food is not generally appreciated. Until they can be shown to be completely free from infection they are prevented from following their trade and in many cases the proof of freedom of infection is not possible for many weeks after the return to normal health. It is for this reason that a tribute is due to all those people who voluntarily accepted isolation and repeated examinations in order that every possible assistance might be afforded in stamping out the disease. Throughout the whole period of this outbreak it was not found necessary even to hint that any of the various statutory powers vested in the Sanitary Authority might be exercised; all suggestions made by the Medical Officer of Health and his staff were readily and voluntarily accepted by all concerned. This made the work involved extremely easy.

Each notified case was investigated. Bacteriological examinations were carried out on all persons living at the same address as the patient. Where possible every person who had had food in the patient's home during the incubation period was followed up. In addition in a number of cases work place contacts were examined and followed up as well. By this means some six cases were detected whose symptoms were so mild as not to be considered worthy of consultation with a doctor. One of these persons was engaged in food handling as was one of the patients originally notified. In the latter case all other employees at the patient's place of work were submitted to bacteriological examinations. As far as could be

ascertained only two of the cases notified were "second generation" cases, having become infected from original cases during the incubation period. The organism recovered from all the patients in the outbreak was Salmonella paratyphi B. phage Type I. In all some 320 visits were paid and 765 specimens submitted to the Public Health Laboratory at Wakefield.

Tuberculosis

A total of 114 cases of Pulmonary Tuberculosis were notified during 1951. This is only four fewer than the number for 1950 and still much above those for 1949 when the number was 71. Again it would seem that the high number of notifications is in some way associated with the Mass Miniature Radiography Survey. In 1951 at this Survey a total of 9,063 persons were examined and of these 120 were referred to the Chest Clinic as Tuberculous-suspect. Once more also reference must be made to the fact that neither the Mass Miniature Radiography Unit nor the Chest Clinic is administered by the Local Health Authority and that no information has been obtainable as to the number of these suspects who were ultimately notified as cases of Pulmonary Tuberculosis. This is a very great pity as this information would be of immense assistance in arriving at an estimate of the value of mass miniature radiography. It would also be most interesting to know if any of the cases detected in this way would undergo spontaneous cure and thus regain full health without becoming notified. This possibility must not be overlooked in comparing figures for years during which radiological diagnosis has been available with those years when it was not. Also the factor mentioned in last year's report—the possibility that radiological diagnosis, by reason of its early detection of the disease, causes notifications to be made much earlier than by old diagnostic methods. Thus 1951 like 1950 may have had attributed to it notifications that would have been spread over a number of later years. This is the more likely as in 1951 at the open sessions of the survey every encouragement was given to those people who felt themselves to be of sub-standard health to undergo examination.

It will, of course, be impossible fully to establish this hypothesis—"that mass X-ray of the chests of selected population groups thought to be at increased risk causes 'telescoping' of notifications into the year of the survey"—until the entire population has been subjected to radiological examination. In addition it will be necessary for a closer co-operation between the Chest Clinic, the Mass X-ray Unit and the Local Health Authority to exist before a full interpretation can be made of the information already available.

In last year's report reference was made to the influence of two factors on the incidence and spread of tuberculosis. These factors were unsatisfactory housing conditions and the long waiting period for admission to hospital. Some progress has been made during the year towards the re-housing of families with tuberculous members. The problem of hospital admission remains acute. As things stand at present it would be extremely difficult to justify any primary criterion for priority admission other than that based on the individual patient's need for treatment. If this be accepted, considerations as to the admission to hospital for the purpose of isolation of persons who are infective to others but who need little active treatment themselves are bound to come a long way

second. This is a most unfortunate situation from the point of view of preventive medicine. It must be remembered that it is just such cases as these that constitute the greatest danger to the community. In the past it was possible for enlightened Local Authorities to institutionalise such cases in their own Sanatoria. However, this power has now been taken from them. In addition, a few such cases—the lucky ones—were provided for in special settlements. This latter scheme would appear to recommend itself as the ideal solution to the problem. Its general application to such cases has up to the present been limited by economic considerations. Short of such settlements many suggestions have been made to prevent these unfortunates infecting others. Amongst these have been specially designed houses on municipal estates and "Night Sanatoria"—special dormitories where infectious tuberculous patients can spend their sleeping hours (probably their most dangerous period) without danger to others. It is unlikely, however, that any such measures will be fully successful until the attitude of the public towards the tuberculous patient undergoes a considerable change.

At present there is amongst many an almost superstitious dread of ordinary contacts with a person known to be tuberculous. The very great majority of these contacts are not of a nature which could spread infection. The refusal of the community to accept them, however, has the effect of preventing tuberculous persons from overtly adopting any mode of life which tends to brand them with the "label" of their disease. Thus it would be extremely difficult to get patients to make use of special facilities and yet remain in the community. Where there is a special Settlement with all members of a small community in like state these psychological sanctions do not obtain and the normal person in that community is the one who must regulate his life to prevent the spread of infection.

It would appear, therefore, that there is need for the establishment of more Settlements of the village type for the chronic tuberculous patient.

In spite of the fact that 1950's high rate of notification was to a great extent maintained during 1951 it is satisfactory to note that the number of deaths (18) from pulmonary tuberculosis showed a marked decrease. There may well be an association between the increase in the 1950 notification figures and the decrease in the 1951 deaths figures. If these figures mean earlier notification combined with successful treatment and fewer deaths, then the number of notifications need not be regarded as disturbing. At this point unfortunately it is not possible to do more than conjecture. It will call for study of tuberculosis in Barnsley for several years to come before it can be said whether or not this is the true interpretation.

Non-pulmonary tuberculosis continues to decrease in incidence, and was notified as occurring in the following sites:—

	Cases	
	Male	Female
Meninges	6	1
Spine	2	—
Gland of Neck	1	1
Hip	—	1
	9	3

It is interesting to note that of the 12 cases notified only three were of the disease affecting bones and joints. The seven cases of tuberculous meningitis, in view of modern knowledge of the pathology of this condition, demonstrate in a most striking manner the urgent need for ensuring that adequate preventive measures are taken in regard to the chronic infective case. Deaths occurred from non-pulmonary tuberculosis in the following sites :—

	Male	Female
Generalised Tuberculosis	—	1
Meninges	1	—
Suprarenal Glands	1	—
	2	1

It is pleasing to note that there was only one death from tuberculous meningitis. This is a tribute not only to modern treatment but to the methods of diagnosis and nursing available to the community of Barnsley through its local hospitals.

Venereal Diseases

The incidence of these diseases amongst the population of Barnsley does not appear to be sufficiently great to cause concern. However, these diseases are not notifiable and an estimate of their incidence must necessarily be based on the annual returns of attendance made by Special Treatment Centres to the Medical Officer of Health. In viewing the returns it is well to bear in mind the great reticence which perhaps not unnaturally is exhibited by patients attending these Centres. Patients often travel to Centres in other towns and have been known to give fictitious addresses.

The returns in respect of first attendances of Barnsley residents during 1951 may be summarised as follows :—

Special Treatment Centre	Syphilis	Gonorrhea	Other conditions
Barnsley	20	12	95
Leeds	—	—	2
Royal Infirmary, Sheffield	1	—	2
Royal Hospital, Sheffield	4	—	2
Total	25	12	101

The returns show 101 cases of " other conditions " were seen at the Special Treatment Centres. This is a matter of some interest, and the proportion of these to the proved cases is quite satisfactory. This would suggest that persons who have been at risk of venereal disease have promptly sought proper advice on experiencing any suspicious symptoms. If this should be so it is an indication that education of the public on the subject of venereal disease is having effect. Early diagnosis and treatment before the establishment of the chronic stage is an important factor in the cure of the patient and the prevention of subsequent spread of venereal disease by him.

Scabies

16 cases of Scabies were treated during the year at New Street Clinic. It would seem that this condition is no longer a serious problem in Barnsley.

TABLE I.

NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis).

AGE AND WARD DISTRIBUTION, AS CORRECTED

Notifiable Disease.	Number of cases notified in Barnsley during 1951								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.	North Ward.	South Ward.	East Ward.	West Ward.	S. East Ward.	S. West Ward.	Central Ward.	Ardsley Ward.	Monk Bretton Ward	Carlton Ward.	Beckett Hospital	St. Helen Hospital	Lodge Moor Hospital	Sheffield City General	Wathwood Isolation	Kendray Hospital.
Scarlet Fever	112	1	11	22	51	18	6	3	5	7	6	10	8	10	9	17	25	15	—	—	—	—	—	104
Diphtheria	2	—	—	—	2	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	2
Pneumonia	285	22	48	28	40	5	25	117	24	10	21	26	32	15	3	65	73	16	—	—	—	1	—	73
Meningoccocal Infection	16	4	4	4	—	—	1	3	2	—	1	—	1	—	—	5	—	7	1	15	—	—	—	16
Measles	684	62	203	211	197	6	5	—	31	18	38	20	41	11	18	79	145	283	—	—	—	—	—	31
Whooping Cough ...	216	25	50	74	63	2	1	1	20	12	33	14	20	8	7	29	21	52	—	—	—	—	1	21
Erysipelas	32	—	1	1	—	1	1	28	7	1	4	2	4	—	1	8	3	2	—	—	—	—	—	22
Puerperal Pyrexia ...	7	—	—	—	—	—	3	4	1	—	—	4	1	—	—	—	1	—	—	—	—	—	—	—
Poliomyelitis	18	3	4	1	2	1	5	2	2	2	1	1	—	2	1	3	4	2	—	5	—	—	—	17
Dysentery	21	—	8	5	5	—	—	3	1	—	5	1	1	—	1	4	5	3	—	1	—	—	—	13
Food Poisoning ...	11	—	—	2	2	2	—	5	—	—	2	—	1	5	—	1	2	—	—	—	1	—	—	—
AC. Encephalitis ...	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid Fever ...	21	—	1	1	2	2	6	9	—	—	8	—	1	1	4	4	3	—	—	—	—	—	—	21
Malaria	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Totals	1427	117	330	349	364	37	53	177	93	51	119	78	111	52	45	216	282	380	1	21	1	1	1	321

TABLE II.

Notifiable Infectious Diseases (excluding Tuberculosis). Table shewing monthly prevalence during 1951.

Notifiable Disease.	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Totals
Scarlet Fever ...	7	4	3	15	14	12	11	6	3	14	7	16	112
Diphtheria ...	...	...	...	1	...	...	1	...	...	...	...	...	2
Pneumonia ...	52	84	31	18	17	6	19	7	16	13	10	12	285
Meningocccoal Inf. ...	3	1	...	...	...	1	1	2	2	1	2	2	15
Measles ...	86	17	20	21	17	19	23	13	33	149	111	175	684
Whooping-Cough ...	7	2	2	6	7	8	13	23	32	18	28	70	216
Erysipelas	3	3	2	1	2	3	3	2	3	5	2	3	32
Puerperal Pyrexia ...	...	...	...	...	...	...	...	3	1	...	3	...	7
Poliomyelitis ...	...	...	1	1	...	4	1	7	1	1	2	...	18
Dysentery ...	2	1	3	1	5	2	4	1	2	...	...	...	21
Food Poisoning ...	1	1	...	5	...	1	...	2	1	...	...	...	11
Encephalitis ...	1	...	...	...	...	...	...	...	...	...	...	...	1
Paratyphoid Fever ...	...	...	...	...	...	...	13	7	1	...	...	...	21
Malaria	...	...	...	...	...	...	...	...	...	...	1	...	1
TOTALS ...	162	113	62	69	63	56	89	73	95	201	166	278	1427

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.	
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
1951	114	18	0·25	12	3	0·04	0·29

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	...	2	...	...	..	...	...
2—5 ..	3	3	3	1	...	...	...	...
5—10 ..	1	1	...	1	...	...	...	...
10—15 ...	2	3	1	...	...	...	...	1
15—20 ..	3	12	...	...	...	...	...	...
20—25 ...	8	13	1	...	...	3	...	...
25—35 ..	11	14	1	...	3	1	1	...
35—45 ..	9	7	...	...	1	4	...	...
45—55 ...	12	...	...	...	1	...	...	...
55—65 ..	5	...	...	...	3	...	...	...
65—75 ..	5	...	...	1	1	1	...	...
75 and over	...	...	...	...	...	...	...	...
Totals ..	61	53	9	3	9	9	2	1

TABLE V

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Summary of notifications of Tuberculosis during Year 1951.

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	—	2	3	1	2	3	8	11	9	12	5	5	—	61
Respiratory, Females	—	—	3	1	3	12	13	14	7	—	—	—	—	53
Non-Respiratory, Males	1	2	3	—	1	—	1	1	—	—	—	—	—	9
Non-Respiratory, Females	—	—	1	1	—	—	—	—	—	—	—	1	—	3

TABLE VI.

TUBERCULOSIS DEATHS.

PERIODS BETWEEN NOTIFICATION AND DEATH.

1 case	died within 2 weeks	of notification
1 case	died within 3 months	,, ,,
3 cases	died within 6 months	,, ,,
1 case	died within 9 months	,, ,,
1 case	died within 10 months	,, ,,
1 case	died within 11 months	,, ,,
1 case	died within 2 years	,, ,,
5 cases	died within 3 years	,, ,,
1 case	died within 4 years	,, ,,
1 case	died within 5 years	,, ,,
1 case	died within 6 years	,, ,,
2 cases	died within 7 years	,, ,,
2 cases	died within 8 years	,, ,,
21 cases		

Part III

THE NATIONAL HEALTH SERVICE

The development of the Barnsley Local Health Authority's part in the National Health Service continued steadily during 1951. In some directions it is possible to report much greater progress than in others but on the whole the year's work may be regarded with satisfaction.

The problem of finding adequate and suitable medical staff arose in the early part of the year. This problem is a National one and is not confined to Barnsley. Since the National Health Service Act has made the inducements both in professional advancement and in material rewards so much greater in either general practice or in the hospital service there have naturally been few young doctors of high calibre willing to undergo training and take the Diploma in Public Health in order to join the Local Authority's service as Assistant Medical Officers. The professional bodies discussed this with the employing authorities in full at the Medical Whitley Council and these discussions ultimately ended in a reference of the question of salaries to the Industrial Court. The Award of the Court was made known during the year and was immediately implemented by the Barnsley Corporation. However, the view is very widely held in the medical profession, particularly tn regard to Assistant Medical Officers who possess the Diploma in Public Health or other post-graduate qualification and who also have a long experience, that the salaries awarded are insufficient to attract new entrants with suitable training to the service. This view is based on a comparison with the remuneration paid to Senior Hospital Medical Officers, many of whom are without post-graduate qualifications and whose experience is certainly no wider. The arguments in support of and against this view are not within the scope of this report. It is however, a fact that this view exists and that it has an extremely adverse effect on the recruitment of suitable medical officers into the service of the Local Authorities. This situation was accepted by the Barnsley Health Authority.

To meet it a scheme was adopted whereby Assistant Medical Officer of Health appointments would be offered to young doctors who were desirous of obtaining an additional post-graduate qualification, preferably the Diploma in Public Health (for which the University of Leeds provides a suitable part-time course). The doctors would receive a whole-time appointment (in the sense that they would not be permitted to engage in private practice or accept other part-time appointments) and would be given unpaid leave of absence for each half-day they were required to attend University classes. This scheme has worked extremely well as it has resulted in the recruitment of medical officers with a keen interest in the Authority's service and a desire for professional advancement.

The disadvantages are that such officers cannot be expected to remain for more than two years in the Authority's service. This will result in the Authority's services being disturbed by frequent changes in staff. Admistrative difficulties arise in arranging clinic and school inspection appointments for these officers in such a way as to fit in with their University classes. Also it must be borne in mind that for all their keenness and interest the doctors recruited in this way cannot be regarded as other than trainees. This, incidentally, is a very interesting reflection when applied to the views held by the profession regarding the comparison between the remuneration of Senior Hospital Medical Officers and Assistant Medical Officers of Health. Nevertheless, despite all this, the scheme has solved the immediate problem of obtaining medical staff for Barnsley Health Authority's services. In addition it offers many possibilities of extension to cover other fields of post-graduate work. There is indeed a great deal to be said for offering study facilities to aspirants to branches of medicine other than the Public Health Service. The effect of assistance towards higher degrees through preventive and social medicine on doctors engaged in the purely curative branches of the profession might well be to establish more rapidly and more firmly that understanding between them and those engaged in prevention that is essential to the National Health Service.

The need for the establishment of such understanding and co-operation between the three partners in the National Health Service in Barnsley has been discussed and described in the Annual Reports covering the past two years. In 1951 it remained as great as ever. In the pages that follow, detailed reference will be made to the various points where this lack of co-operation is hampering the development of a comprehensive Health Service and, in some circumstances, might possibly prejudice the the interests of the individual patient.

This need for closer working is now recognised by the Sheffield Regional Hospital Board which has established throughout the region a series of Medical Co-ordinating Committees consisting of representatives of the Local Medical Committees, the hospital staffs and the Medical Officers of Health of convenient Groups of areas within the region. The Sheffield and West Riding Medical Co-ordinating Committee, which is concerned with matters relating to the Barnsley area, was formed in December. It remains to be seen how effective this arrangement will prove to be. It will certainly allow of exchange of professional points of view but it would seem to be little more than an advisory body in the absence of duly appointed executive members of the Health Authority, Hospital Management Committees and Executive Councils. It is therefore difficult to see how a Committee of this kind can be an effective instrument.

Experience of the co-ordination and co-operation between the services provided in Barnsley by the Sheffield Regional Hospital Board and the Local Health Authority shows this to have been achieved almost entirely on a personal basis between officer and officer. This may be, for example, between Medical Officers of the two bodies, between Hospital Almoner and the Health Authority's Social Worker, or between Hospital Matron and District Nursing Superintendent.

The necessary approaches are made to cover individual cases and problems as they arise. Largely because the individual officer puts the individual patient's need before other considerations, it has been possible to overcome some of the wider administrative gaps in this way. Thus an excellent relationship has been built up between the professional staff of the Local Health Authority and that of the Regional Hospital Board. This relationship is not officially recognised and is entirely personal in foundation. Being so, it suffers the disadvantage that it depends entirely on the absence of conflict of personalities amongst members of the two services. Despite the genuine desire of the professional staffs to make a success of the service and to integrate it for the benefit of each individual patient, it is difficult to escape the impression that far too many important matters are being left to depend on what may be described, for want of a better phrase, as "a mixture of goodwill and human nature."

Incidents have already occurred when this mixture of goodwill and human nature has been exposed to very severe strains. For example, when one statutory body has taken an action which might be interpreted as a deliberate slight on members of the staff of the other. The result of this must be a conflict of loyalties which cannot but have a detrimental effect on the Health Service as available to the community. It would appear that a properly constituted co-ordinating body with power to discuss contraversial points on the integration of services and to make recommendations to the statutory parent bodies would solve many of these difficulties. It is not, of course, suggested that this body should in any way replace the present pleasant understanding that exists between officers. It is felt, however, that its existence would reduce the likelihood of incidents which would damage it.

The relationship between the Health Authority's services and those of the Executive Council for Barnsley is on a firmer foundation than those with the Regional Hospital Board as the Medical Officer of Health is a member of the Local Medical Committee and the Chairman of the Health Committee of the Corporation is also Chairman of the Executive Council. The meetings of the Local Medical Committee allow of interchange of views with representatives of the profession and also keep the Medical Officer of Health in touch with the professional problems of his colleagues who are engaged in general practice. The Doctor in general practice is being required to carry an ever-increasing burden by the National Health Service. The nature of the service is bringing into being factors which cause present-day conditions of practice to differ radically from those prevailing before the Second World War. The practitioner has had his individual load of work increased insidiously and has not been given sufficient opportunity to observe the changes which are taking place around him. He now finds that more and more of his time is consumed in paper work and less and less is available for purely clinical medicine. This was to a great extent foreseen in the original planning of the National Health Service and Health Centres were proposed as a partial solution of the problem.

It is perhaps well that the Service does not stand committed to Health Centres in their original conception. On the other hand, it would appear that the time has come to experiment with something in the nature of the Health Centre idea. In this way the general

practitioner will be able at first to shift something of his burden to the organisation which it is already the duty of the Health Authority to provide. Later, perhaps, he wlll be able to contribute some of his clinical experience to the Health Authority's services. This would offer another solution to the Health Authority's staffing problem. The first step in this direction would seem to be the provision of a common meeting ground. This need may well be satisfied under the aegis of the Nuffield Foundation.

In addition to a satisfactory relationship with the medical profession there is excellent liaison between the Health Authority's Dental Officers and those who provide the general dental service for the Executive Council.

It would seem then, in looking at the year's work in retrospect, that the Local Health Authority's services have fitted into the general pattern of the National Health Service in the Borough in a reasonably satisfactory manner.

In the pages that follow, the steps taken during 1951 by the Barnsley Health Authority to discharge the obligations imposed by the National Health Service Act, 1946, are examined Section by Section. In the development of any conception of the magnitude of the National Health Service it is but to be expected that frustrations and dificulties will be encountered.

It is the duty of a report such as this to comment upon such obstacles. It may appear, on reading the following pages, that undue emphasis has been placed on this aspect of the year's work. If this be so, it is submitted that it has been done from the desire to draw attention to and to remove as quickly as possible such obstructions as may arise between the community and a truly comprehensive Health Service.

HEALTH CENTRES

National Health Service Act, 1946, S.21.

The preparation of the Development Plan for Barnsley in pursuance of the Town and Country Planning Act, 1947, called for consideration of the question of Health Centres in so far as it became necessary to earmark suitable sites which would fit in with projected development. This also called for the formulation of a policy regarding the type of health centre to be established.

Due consideration of the conditions prevailing in the Borough suggested that having regard to the hospital facilities existing in the centre of the Borough it would not be necessary to provide a very elaborate type of Health Centre. On the other hand, the development of the Borough would result in a number of residential zones each calling for Health Service arrangements, to be provided by general practitioners and the Local Health Authority. It was therefore accepted as a principal that sites would be chosen on or adjacent to each of the principal housing estates in the Borough which would be available for the establishment of a Health Centre when this would become possible by reason of relaxation of building restrictions. Accordingly provisional sites for small Health Centres have been included in the Development Plan for Barnsley at Athersley—Laithes Crescent, Lundwood — Littleworth Lane, Ardsley — Hunningley Lane and Gawber Road.

Extension of the existing New Street Health Service Clinic has been considered the best means of providing a Health Centre for the central portion of the Borough.

Mention was made in last year's report of the purchase by the Health Authority of the site in Hunningley Lane. Work was commenced towards the end of the year on Hunningley Villa, a building which occupies a portion of the site, to convert it into a small Maternity and Child Welfare and School Clinic. This will replace the rather unsuitable existing arrangements in the Ardsley—Kendray Area and will accustom the community to obtaining a part at least of the Health Services on this site.

Towards the end of the year it became apparent that School Clinic and Maternity and Child Welfare Centre arrangements were urgently required on the rapidly developing housing estate in the Athersley and New Lodge area. It appeared to the Health Authority that there was a strong case for providing these arrangements on the site ultimately earmarked for the Health Centre, as had already been done at Ardsley. However, unlike the Ardsley site, there is no building available for conversion even into a temporary clinic. It will therefore be necessary to provide a new building. It would appear in this case that this new building should be designed to form an integral part of the Health Centre which would ultimately occupy the site.

On this hypothesis many discussions took place and it was realised that advice would be required from some source with experience of experimental work on Health Centres. An informal approach was therefore made to the Nuffield Provincial Hospitals Trust and consultations took place which resulted in the Barnsley Corporation issuing early in 1952 an invitation to the Trust to be associated with the Corporation in experimental work on a Health Centre on the Athersley Estate. The Trust accepted the invitation.

CARE OF MOTHERS AND YOUNG CHILDREN

National Health Service Act, 1946, S.22.

Centres and Clinics

The provision of clinic premises and sessions remained unaltered during 1951.

On the whole, clinic attendances tended to show a slight decrease in number when compared with previous years. This is most apparent in the number of women attending the ante-natal clinic (1,069 during 1950 and 1,009 in 1951). Although, it is interesting to note that this fall in attendances occurred entirely in the outlying clinics, there was in fact an increased attendance at the Central Clinic at New Street. Several reasons for this might be suggested and it will be interesting to see if the projected provision of better clinic facilities at Ardsley will have any effect on the attendances recorded there.

It is very probable that the fall in attendances at the ante-natal clinics is due to women availing themselves of the maternity medical service provided by the Executive Council and receiving their ante-natal care from the general practitioner of their choice. There is a very great deal to be said for this from the point of view of providing ideal continuity of care. Unfortunately the Executive Council is not required to provide figures showing either the number of mothers who received ante-natal care through the maternity medical service or the number of consultations which have taken place between the practitioners and these mothers during the year. This is an outstanding example of lack of co-ordination in the National Health Service. The Local Health Authority is charged with the educative work of teaching the expectant mother to seek ante-natal advice and care with a view to making childbirth a less hazardous business for both mother and child. At the same time no provision has been made to provide the statistics necessary to ascertain the effectiveness of this educative work. The position is the more difficult in that unsatisfactory vital statistics such as the rising still birth rate in Barnsley tend, rightly or wrongly, to be attributed to failure on the part of the Health Authority. It seems unjust that the Health Authority should have a responsibility for care of mothers and yet be denied necessary information regarding the amount and quality of the care provided by another partner in the Health Service. A report such as this on the care of mothers must therefore be regarded as incomplete until it is possible to include figures showing the whole of the ante-natal supervision afforded to the mothers of Barnsley.

Once again attention might be given to the small number of women who have attended the post-natal clinics. These clinics are capable of performing a most important function in preventing ill-health amongst women following confinement and indeed it is not too much to say that proper use of them might well save tragedies to mothers and infants at subsequent confinements. In 1951 there was a marked fall in the attendance at these clinics, 69 as against 118 in 1950. Here again comparative figures from the maternity medical service provided by the Executive Council would be invaluable.

The decline in the numbers of attendances at the infant welfare centres and toddlers' clinics is slight and it would appear that the situation described in last year's report is reaching stabilization; that is, the clinics are used by mothers to keep fit children well and to obtain expert observation and advice on their development and growth. Sick children, it would appear, are going, as they should, direct to the family doctor. The pædiatric clinic is available for consultation in cases where developmental diseases and defects make their appearance and is proving to be of the greatest value in dealing with these difficult problems at an early stage.

The attendances at the various clinics may be summarised in tabular form as follows:—

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

Annual Report, 1951

	Barnsley	Lund-wood	Ardsley	Monk Bretton	Smithies	Carlton	Total
Infant Welfare—							
Number of cases on books on 31/12/1950:—							
0—1 year ...	287	34	68	24	36	34	483
1—5 years ...	189	21	16	32	41	23	322
Number of new children seen by M.O. in 1951, including children known to have attended a clinic in another town, who on their first attendance were:— 0—1 years ...	602	107	159	46	106	101	1121
1—2 ,, ...	12	...	3	...	3	7	25
2—5 ,, ...	31	1	4	3	5	11	55
Total number of children who attended during the year and who at the end of the were: 0—1 years ..	456	108	141	45	107	92	949
1—5 ,, ...	887	53	147	85	108	146	1426
Total number of attendances made by cases during the year 1951:—							
0—1 years ...	7134	1051	1627	595	1069	1092	12568
1—5 ,, ...	2034	105	308	305	368	361	3481
Total number of cases on books 31/12/51:— 0—1 years ...	315	40	66	20	56	53	550
1—5 ,, ...	398	17	41	29	32	35	552
Pædiatric Clinic—							
Number of cases	100	...	...	...	...	...	100
Number of attendances made	412	...	...	...	...	...	412

	Barnsley	Lundwood	Ardsley	Monk Bretton	Smithies	Carlton	Total
Ante-Natal—							
Number of cases	738	147	124	...	...	...	1009
Number of attendances made	2253	452	483	...	...	...	3188
Consultant Ante-Natal Clinic							
Number of cases	66	...	...	...	...	...	66
Number of attendances made	115	...	...	...	...	...	115
Post-Natal—							
Number of cases	69	...	...	...	...	...	69
Number of attendances made	91	Mothers ...		...	...	...	91
	11	Babies					11
Consultant Post Natal Clinic							
Number of cases	12	...	...	...	...	...	12
Number of attendances made	12	...	...	...	...	...	12

NOTE :—Of Barnsley's 738 Ante-Natal cases, 276 were later transferred to St. Helen Hospital.

Of Lundwood's 147 Ante-Natal cases, 48 were later transferred to St. Helen Hospital.

Of Ardsley's 124 Ante-Natal cases, 36 were later transferred to St. Helen Hospital.

Care of Premature Babies

The only alteration made in the arrangements for the care of premature babies is the provision of the oxygen tent for use in the ambulances bringing premature babies to hospital. Reference to this is made in the report on the Ambulance Service.

Premature babies (those weighing less than 5½ lbs. at birth irrespective of period of gestation) numbered 28. In 26 of these the estimated period of gestation was over 28 weeks. All of these were born at home and eight of them were transferred to hospital. Of the 20 nursed entirely at home, one died in the first 24 hours and the remaining 19 survived for more than 28 days. There were no premature births in Nursing Homes.

Dental Care of Mothers and Children

A comparison of the numbers of Maternity and Child Welfare patients treated at the New Street Dental Clinic during 1951 with the numbers treated in previous years, will show that there has been no reduction in the amount of treatment provided.

It is to the great credit of the previous Senior Dental Officer, Mr. J. K. Penney, that he was able to maintain the Maternity and Child Welfare Clinic on such a scale in spite of changes of staff and failing health.

The practice of referring expectant mothers to the Dental Clinic after the first visit to the Ante-natal Clinic is a wise one. Expectant mothers have an overall priority and are inspected as soon as possible after their arrival at the Clinic. In some cases a paradontal condition is discovered, the so-called " pregnancy gingivitis," and extraction of some or all the teeth is indicated in the gross condition. Multiple extraction is a trying operation for the patient even in normal times, without the attendant complications of pregnancy.

The conclusion one draws is that neglect of the mouth and teeth is of chronic duration, and that many adults do not consider paying a visit to the dentist until pain compels them to do so. It is appreciated that the expectant mother may have other children at home, and the household routine to maintain, and that it is often impracticable and sometimes impossible to find time to visit the dentist. The co-operation of the husband is essential in this matter, since the health of the mother and the unborn child are influenced by the state of the mother's mouth during pregnancy. It is pointed out to the mother-to-be, on her first visit to the Dental Clinic, that the deciduous or " milk " teeth of the baby are formed and partly calcified during pregnancy, and in fairness to herself and the baby it is essential that full use be made of the services and advice available. It gives great satisfaction to report that the mothers of Barnsley are extremely co-operative in their attitude to oral hygiene and the number of expectant mothers who refuse treatment is almost negligible.

The New Street Dental Clinic is still without a Dental X-ray apparatus, and it is hoped that this omission will soon be remedied.

(a) NUMBERS PROVIDED WITH DENTAL CARE.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	320	248	107	38
Children under Five	174	137	137	133

(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	349	19	33	446	55	—	21	4	20	—
Children under Five	183	10	138	2	—	1	1	—	—	—

Children in Nursery Schools included in School Report.

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

Contract for the supply of dentures with Metrodent Ltd., 78, John William Street, Huddersfield.

SUMMARY OF WORK DONE FOR MATERNITY AND CHILD WELFARE PATIENTS DURING JANUARY — DECEMBER, 1951.

Number of Patients Inspected and Treated	494
Number of Visits made by Patients	940
Number of Treatment Sessions	62
Number of Anaesthetic Sessions	6½
Number of Fillings	448
Number of Scalings	55
Number of Extractions	532
Number of Other Operations	515
Number of Dentures Supplied	20
Number of Patients Provided with Dentures	10
Number of Prosthetic Operations	70

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 the Nursery and the arrangements for priority of admission for various types of case has for some considerable time caused great difficulties. During the year this question of the waiting list was considered by the Health Authority in relation to the amount of accommodation available and it was decided from September 1951 that admissions should be limited to the following types of case:—

(a) The children of widowed mothers
(b) The children of deserted mothers
(c) The children of unmarried mothers
(d) Children in need of nursery care recommended for this purpose by the Medical Officer of Health.

The application of these criteria has done a very great deal to solve the problems connected with admission to the Nursery. While it is early yet to form an opinion it would appear that the accommodation available at the Nursery is just adequate to deal effectively with the number of cases of the classes enumerated who apply for Nursery accommodation.

STAFF

The staff of the Nursery during the year was as follows :—

1 Matron
1 Deputy Matron
1 Warden
1 Staff Nurse
1 Nursery Assistant
6 Nursery Students.

One Staff Nurse and one Student resigned.

One Student was promoted to Nursery Assistant and subsequently to Staff Nurse on gaining the National Nursery Examination Board Certificate.

Owing to alterations in the syllabus for the Examination of the National Nursery Examination Board, great difficulties were encountered by Students at the Nursery in complying with the regulations relating to this qualification. It was therefore decided by the Health Authority that no further Students should be accepted. The question of staffing the Nursery with Nursery Assistants instead of Students was deferred until the completion of training by the present Students.

ADMISSIONS AND TRANSFERS

27 babies of the 0—2 year age group were admitted during the year. 22 children were transferred to various Nursery Classes on attaining the age of three years. Nine children left the Nursery on their mothers giving up work.

HEALTH

Three cases of Mumps and two of Measles constituted the only cases of infectious disease. 28 children attended the Ultra Violet Light treatment at the Health Services Clinic. Eight children were immunized against Diphtheria and Whooping Cough.

Orthopædic Clinic

The report of the work done at the Orthopædic Clinic for children under school age is as follows :—

INSPECTIONS AT CLINIC

Visits of the Orthopædic Surgeon	11 sessions.

NUMBER OF CASES SEEN

New Cases	22
Re-Examinations	150

NUMBER TREATED IN THE ORTHOPÆDIC CLINIC

76 pre-school children have been treated during the year.

149 attendances have been made for Observation, Splinting, and Postural defects.

ADMISSIONS TO HOSPITAL

One child has been admitted to the St. Helen Hospital, later transferred to the King Edward VII Hospital, Rivelin, as follows:

Initial	Age	Diagnosis	Admitted	Discharged	Condition on Discharge	Result
S.C.	1½	Congenital Dislocation of Hip	27/6/51	Still in Hospital	—	—

Ultra Violet Light

There was no change in the arrangements for affording Ultra Violet Light treatment to mothers and children under school age at New Street Clinic.

The numbers attending were as follows:—

	No. Treated	No. of Attendances
Children 0—5 years	77	812
Expectant and Nursing Mothers	3	35
Other Adults	2	36

Nursing Homes

The St. Margaret's Nursing Home, the only one registered in the Borough, was closed by the proprietor in April 1951 and the certificate of registration surrendered to the Local Supervising Authority. Until it was closed there were six maternity and four other beds. Two maternity cases were dealt with between January and April 1951.

Homes for Mothers and Babies

Further attention was given in 1951 to the project of a "Mothers' and Babies'" Hostel, to provide accommodation where expectant mothers may be admitted for rest and quiet or where nursing mothers and their babies might go to recuperate from the effects of a difficult confinement. Amongst the various properties inspected with a view to purchase for this purpose, one—"Rose Hill," Dodworth—offered the best possibility of conversion to an economically run Hostel. Towards the end of the year a scheme was prepared in consultation with the Borough Engineer with a view to obtaining the necessary sanction from the Ministry of Health to proceed with the provision of a Hostel on those premises.

During the year three unmarried mothers were admitted to Hostels provided by other bodies.

Special Investigations

In view of the relatively high still birth rate in Barnsley, and also the infant mortality figure for many years being consistently higher than the National average, it was decided that the circumstances of every still birth and the causes of each infant death which occurred in 1951 should be investigated.

It would appear that many interesting points will arise from this investigation. However, at this stage it is felt that the numbers involved —31 still births and 43 deaths of children under one year—are insufficiently large to justify the drawing of any definite conclusion or indeed even the making of a passing comment. Once again it would appear that an average extending over five years would be necessary for any valuable conclusion.

In surveying the still births it was felt that neo-natal deaths might be considered alongside these as many neo-natal deaths arise from causes similar to those which result in a still birth.

In making this investigation invaluable assistance has been accorded by hospital medical staffs and by general practitioners. This opportunity is therefore taken to express thanks and appreciation for this assistance and co-operation.

The results of these investigations may best be summarised in tabular form :—

Still Births

Cause	No.
Toxæmia of pregnancy	5
Twins (other twin alive in each case)	2
Intrauterine deaths (2 intercurrent infection, 1 postmature, 3 no reason found)	6
Obstetric casualties (5 breech, 3 postmature, 1 P.O.P. + hydramnios)	9
Erythroblastosis	1
Infarction and low implant of placenta	1
A.P.H.	2
Inevitable abortion	1
Social problem	1
No reason discovered	3
Total	31

Neo-Natal Deaths

Cause	No.
No ante-natal care (prematurity)	2
Lack of attention at birth (concealed pregnancy)	2
Obstetric casualties (breech)	2
Neo-natal infection	4
Congenital deformities	4
Cerebral hæmorrhage (P.M.) (no obstetric cause known)	1
Prematurity	3
Congenital debility (no reason known)	1
Pulmonary œdema following erythroblastosis	1
Atalectasis	2
Total	22

DEATHS OF CHILDREN AGED ONE MONTH TO ONE YEAR

Cause	Breast-fed	Bottle-fed	Coroner's Inquest	Total
Congenital deformities	1	3	—	4
Acute respiratory disease:				
3 Bronchitis			1	
1 Pneumonia			—	
6 Broncho-pneumonia			1	
1 Broncho-pneumonia				
— + Measles			—	
11	—	11	—	11
—				
Gastro-enteritis	—	1	—	1
Whooping cough (age 9/12)	1	—	—	1
Tubercular meningitis	—	1	—	1
Asphyxia, overlaid in bed	1	—	1	1
Asphyxia, inspiration of vomit	—	1	1	1
Asphyxia, ingestion of foreign body	—	1	1	1
	3	18	5	21

On reviewing the deaths of children aged between one month and one year of age, attention might be given to the fact that out of a total of 21 only three of the children who died were breast-fed. This suggests several questions worthy of wider study than is possible from 21 cases. Two of these questions might be stated here. Does the fact that a baby is breast-fed indicate that the mother is prepared to accord the infant a higher degree of care and attention, perhaps at some sacrifice of her own comfort? Therefore breast-fed babies are better cared for. Does giving a baby its natural food make it more resistant to infection? Whatever the answers to these questions and the relationship between them, it would seem that every effort ought to be made by every parent in Barnsley to ensure that every possible baby is a breast-fed baby.

MIDWIFERY

National Health Service Act, 1946, S.23.

In discharge of the obligation imposed by this section of the Act, the Barnsley Local Health Authority employ nine full-time Midwives. These Midwives are supervised by the Medical Officer of Health and by the Non-Medical Supervisor of Midwives who is also Superintendent of Home Nurses.

Staff

The staff of nine full-time Midwives has not changed during the year. Towards the end of the year it was found necessary to employ an additional temporary Midwife on account of sickness amongst the permanent staff.

Gas and Air Analgesia

All Midwives are now in possession of the Certificate for the Administration of Gas and Air Analgesia and they are now each equipped with the necessary apparatus.

Gas and air analgesia was administered in 192 cases, in 19 of which the Midwife was acting as a maternity nurse. This compares with 158 cases in 1950 and 88 in 1949.

The scheme for the provision of sterilized maternity packs was continued during the year and the contents of the pack were revised in accordance with the recommendations contained in the circular letter from the Ministry of Health on this subject.

Medical Aid

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

(a)	Domiciliary cases:	
	(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	40
	(ii) Other	50
		90
(b)	Institutional cases	11

Teaching of Midwifery

The number of Midwives recognised as teachers was increased during the year to four. This increase was rendered necessary by the increased demand for instruction from candidates for Part II of the State Certificate examination. During 1951, nine pupil midwives received practical instruction from Teacher Midwives as well as a course of lectures at the Corporation Health Department. All nine were successful in obtaining the Certificate of the Central Midwives' Board.

Domiciliary Midwifery and Institutional Confinements

During 1951 in Barnsley—

347 confinements were conducted at home by Municipal Domiciliary Midwives;

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

1947 women were confined in institutions and were attended by Midwives;

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

The difference between the 1,947 institutional confinements and the 1,341 notified births for the County Borough is accounted for by the fact that the institutions in Barnsley serve a wider area than the County Borough itself. There is, therefore, a very considerable adjustment in respect of transferred notifications.

Comparison of these figures with those for last year shows that the tendency towards institutional confinements is still increasing slightly. In 1950 home confinements accounted for 0.32 of the total number. In 1951 they accounted for only 0.29 of the total.

As mentioned in last year's report, it is possible that the ultimate result of this tendency, if unchecked, may well be far from beneficial on the community. It was necessary in the early days of the century, for a variety of reasons, not only to make as wide a provision for institutional midwifery as possible but to encourage its use. With the improvement of social services since the Second World War there has been a considerable change in the circumstances which had in the past made institutional midwifery desirable. There is now no reason at all why the normal patient living on a modern housing estate should require to be confined in hospital provided she has had adequate ante-natal care. On the other hand, institutional accommodation should most certainly be available for the mother who is living in overcrowded lodgings or is housed in badly maintained property.

There are many disadvantages not yet fully appreciated in institutional confinement in those cases where home conditions would allow of the event taking place with safety at home. More and more the study of child psychology suggests that many unexpected emotional effects arise from the departure of the mother to hospital and her return later with an additional member of the family. Furthermore, the effect on the mother herself of turning what should be a physiological incident into a pathological event is more often than not overlooked. These factors should not be ignored in any area where mental hygiene receives the emphasis it deserves.

The factors mentioned above are related solely to the point of view of individuals and their families. There are others which affect the community as a whole.

In the absence of a substantial overall increase in the number of available hospital beds, the demand arising from this ever-increasing tendency to institutional confinement can only be met at the expense of beds which should be available for other more urgent purposes. Alternatively, the difficulty can be and is being got over by discharging patients on the tenth day after their confinement and thus increasing the turn-over of existing beds. This practice has little to recommend it as it results in a complete change in the personnel caring for the patient half-way through the puerperium. This is advantageous to neither the mother herself nor to those who look after her. It would appear then that this is one of those parts of the Health Service which calls for a greater degree of co-ordination between Hospital and Health Authority Services than that which exists at present. At the same time the position regarding the amount of maternity benefits and attendance allowance payable in respect of patients who are confined in hospital is a matter which might well be carefully reviewed. At present it is still cheaper for the mother if her baby is born in hospital than at home. It would seem that, having regard to all the circumstances, this, in the interests of the community, should not be so.

HEALTH VISITING SERVICE

National Health Service Act, 1946, S.24.

During 1951 the Health Visitors paid visits as follows:—

	1951	1950
Expectant mothers:		
First visits	966	918
Total visits	1651	1487
Children under one year of age:		
First visits	1302	1463
Total visits	9515	8990
Children between one and five years of age	16120	14303
Other cases:		
First visits	2534	2449
Total visits	3829	3455
Ineffective visits	3320	2779

In addition 544 (69 ineffective) visits were made by "Departmental Staff Nurses" who include nurses on the staff of the Health Authority in training as Health Visitors.

Only in the number of first visits to infants under one year of age is there any decrease in the amount of work carried out by the Health Visitors during the year, when compared with 1950. This decrease is, of course, a direct result of the fall in the birth rate. The increase in all the other figures is due principally to the increase in the number of Health Visitors available for duty.

Since the inception of the National Health Service much has been written about Health Visiting and a great deal of discussion has taken place regarding the recruitment of the Health Visitor and her training. It would appear from study of the work done by the Health Visitors in Barnsley that they are the key medico-social workers. A universal Health Service such as is being established in Britain at present can only function satisfactorily when all the factors involved in the well-being of a given individual are available at the right time and at the right place when that individual seeks the aid of the Service. Such factors include the home conditions, family relationship at home, the individual's economic circumstances and his personal medical history. In the past this service was to a limited extent provided by the family doctor for those persons who were able to afford a family doctor. It was on this supposition that a family doctor relationship would be possible for everyone that the National Health Service scheme was based. Experience has, however, shown that it is not altogether possible for the doctor to expend sufficient time with his families to acquire the relationship in the way it was originally visualised. It is not his fault, he is required to look after so many patients, to do so much paper work and to provide so many certificates that he simply has not got time to study

the social and economic problems of all his patients in detail. Furthermore, medical science has advanced so rapidly in recent years that the field covered by the general practitioner is widening perhaps more rapidly than he himself appreciates. It is therefore idle to assume that the present number of doctors available as general practitioners have the time to devote to the social work necessary to provide a good modern medical service. Apart from this it is debatable whether it is really necessary for a highly trained medical man to be employed in this way.

It is here then that the Health Visitor can increase her usefulness to the community and provide a service for the practitioner. She is not only a trained nurse but she is a nurse trained in social work. In a fully developed service she is given an area and a number of families which she can get to know in the most intimate detail by frequent visits. She should not be overburdened with clerical work and she should be able to devote her whole time to the study of the health of her community group in relation to its social conditions. It is her job to advise and assist the family in keeping well and also to suggest consultation with the doctor when that appears in the light of her training to be necessary.

In a fully developed Health Service then the Health Visitor should be very much the handmaiden of the general practitioner, directing patients to him in early stages of illness and providing him with the information he requires about their environment. In this way an ideal liaison between curative and preventive medicine may be established. It is appreciated that it may be some time yet before this method of working becomes generally accepted. There are signs—particularly the increasing number of visits done by Health Visitors on missions other than those connected with "the care of mothers and young children"—which suggest that slowly and surely the Health Visitor is assuming her rightful place in the social services in Barnsley.

A great deal of discussion has taken place as to the best method of providing a link between those needing social services and the agencies providing them. It seems generally agreed that this link must be a person with training in social problems and certain other attributes. Considerable variations in opinion have been expressed as to the best form of training for the person who is to form the link. The experience in Barnsley has been that in so far as the Health Authority's social services are concerned the present form of Health Visitor training appears to produce a much more suitable type of worker than any of the suggested alternatives. It seems doubtful how any other scheme could provide a person suitable to assist the community and the medical profession in the manner suggested above.

The present Health Visitor is a State Registered Nurse who has taken the first part at least of the qualification of the Central Midwives' Board and who, after passing a University Selection Board and having attended a special course at a University for nine months, has passed a special examination in Social and Preventive Nursing. Such women enter the service at a mature age and have sufficient experience to be able not only to advise and assist their community group but to have that advice and assistance accepted by the community. They are therefore well qualified to deal with practically every social problem encountered by health workers, whilst their status as fully trained nurses enables them to gain the confidence

necessary to be able to advise on the most intimate matters. In addition this training enables them to meet the medical profession on common ground. It is difficult to imagine how young social workers with a purely academic training, however specialised, could achieve an approach to the problems of others as human as that of women who have brought their fellow beings into the world, who have tended them in sickness and who have closed their eyes in death.

Staff

During the year two Health Visitor trainees obtained their qualification and took their places on the staff. Three nurses were appointed to the staff and were accepted as Health Visitor trainees. The total trained staff available at the end of the year amounted to 15 trained Health Visitors. It should be noted that the Health Visitors also hold the appointment of School Nurse to the Education Authority and carry out that function in the schools serving the community groups which are allocated to them.

HOME NURSING SERVICE

National Health Service Act, 1946, S.25.

There was once again a further increase in the demand for Home Nursing Services although this was not so great as in 1950. The comparison between the two years is shown in figures as follows :—

1951	1950
1,834 cases. 41,702 visits.	1,610 cases. 40,156 visits.
10 whole-time nurses.	10 whole-time nurses.
3 part-time nurses.	3 part-time nurses.

It will be noted that despite an increase of approximately 12% there has been no increase in the trained staff employed.

The ever-increasing demand for the services of the Home Nurses continues to give great encouragement to all concerned in the Service. The fact that the increase in demand was not so great during 1951 suggests that a certain amount of leeway of unsatisfied demand has now been made up and soon the Home Nursing requirements of the community will be stabilized.

It would seem that until recently the full benefits of this Service were not sufficiently widely known either to the community or to the medical profession. During the past two years it would appear that this lack of knowledge has been remedied. Unfortunately in simple figures such as those quoted above it is impossible to give a picture of the work done by the Home Nurses. Consideration has been given to the preparation of a tabular analysis of the types of case undertaken but even this does not differentiate between the heavy difficult case calling for hard work and tact on the part of the nurse and the simple appreciative case attention to whom amounts to little more than a cheerful visit. Improvements in the transport scheme which included the acquisition of a Morris 8 utility car and whole-time driver have done much to make possible the increased case load on the existing staff by reducing travelling time from case to case.

A much felt need was satisfied in January by the opening at the premises of the Occupation Centre in Pitt Street of a Home Nursing Loans and Report Centre. This has facilitated the work of the nurses immensely as it has made available to them articles essential for their patients' comfort which previously were not always obtainable. The existence of the Report Centre with separate telephone line distinct from the rest of the Health Services, and its whole-time Orderly, has made the task of briefing the nurses and maintaining contact between them and general practitioners very much easier.

It is interesting to note that during the year a total of 1,335 articles was loaned from the Centre. Included amongst these were bed rests, bed tables, ben pans and urinals, rubber sheets and invalid chairs. It is not fully realised that the handling of such a number of such a variety of articles on loan in itself entails a very great deal of hard work. Track must be kept of each and every one of them by a system of book-keeping whilst articles returned from loan must be cleansed and sterilized before being allowed to go out again.

Review of the calls made on the Service and the reports of the work done by individual nurses suggests that there is in Barnsley a real need for a 24-hour nursing service. So far, by adjustment of hours of duty, the more urgent needs of nursing attention through the night have been met. In the future it is hoped that it will be possible to formulate a scheme to meet this need.

Staff

One Queen's District Nurse resigned and one Nurse S.R.N., S.C.M. left temporarily to take a course of training at the Queen's Institute of District Nursing in Rotherham.

Two part-time Nurses, S.E.A.N., were given whole-time appointments and two part-time Nurses S.E.A.N. were appointed.

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 1951

Age at date of vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number vaccinated	279	19	16	6	11	331
Number re-vaccinated	2	—	3	2	38	45

II. NUMBER OF CASES SPECIALLY REPORTED DURING PERIOD (AGE GROUPS AS ABOVE)

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

This return compares unfavourably with that for 1950 when 407 primary vaccinations and 59 re-vaccinations were carried out.

As in previous Annual Reports, it is unfortunately necessary to comment on the paucity of the numbers of children vaccinated in the first year of life—279 out of the 1,342 children born alive in the County Borough, or a fraction over 20%.

Attention was drawn in last year's report to the fact that in all the recent outbreaks of smallpox in this County (almost all of which were importations of the virulent Asiatic variety of the disease) the mortality was lower in those who had been vaccinated—even though that vaccination had taken place many years before—than in the unvaccinated.

Again, investigation of the tragedies which have been attributed to vaccination has shown that the overwhelming majority of these have occurred when primary vaccination has taken place later on in life. This is usually the result of vaccination being forced on the individual either by actual or apprehended contact with smallpox. Viewed in this light then, infant vaccination may be regarded not only as a prophylactic against smallpox but also as a prophylactic against the ill-effects of vaccination itself when it must be performed in adult life. "Re-vaccination" rarely, if ever, produces a severe reaction and further vaccination of a person successfully vaccinated in infancy is "re-vaccination."

Every effort is made to explain this to parents and vaccination is now available at each and every one of the Health Authority's Clinics in Barnsley. In addition, it is possible for vaccination to be done by the family doctor through the National Health Service.

Most of the adult vaccinations and re-vaccinations were performed on individuals who were proceeding to areas where it was possible that they might come into contact with smallpox.

Immunisation against Diphtheria

Immunisation against diphtheria was carried out for children in the following age groups:—

Aged 1 year	Aged from 1—4 years	Aged from 5—14 years	Total
496	328	10	834

Reinforcing injections of antigen were given to 615 children.

The immunisation state of children in the County Borough may be shown as follows:—

NUMBER OF CHILDREN AT 31ST DECEMBER, 1951, WHO HAD COMPLETED A COURSE OF IMMUNISATION *at any time before that date* (i.e., at any time since 1st January, 1937)

Age at 31.12.51 i.e., Born in Year:	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5 to 9 1942-46	10 to 14 1937-41	Total under 15
No. immunised	496	743	813	903	1153	5722	5507	15337
			Children under 5		Children 5—14			
Estimated mid-year child population, 1951			7065		11735			18800

As in 1950, when 835 primary immunisations were carried out, it is impossible to regard these figures as encouraging. It will be seen that compared with 1,342 births, only 496 children were immunised in the first

year of life. This represents approximately 37%. It is during the first ten years of life that children are most vulnerable to diphtheria. It is therefore important that they should be protected as early in life as possible. The figures for reinforcing injections are much more satisfactory than in the previous year but as yet they are insufficient to give the community the desired degree of protection.

The year was one in which considerable difficulty was encountered with the immunisation campaign. Poliomyelitis showed its prevalence by the occurrence of single cases from time to time and in view of this it was not considered advisable to press parents to have their children immunised when this disease was prevalent. It is well known and accepted in circles informed on the subject that the occurrence of poliomyelitis in a child after immunisation is sheer coincidence. However, if it does occur the trauma of the injection—like any other trauma or fatigue—may have the effect of localising any paresis in the limb which was the site of the immunising injection. Unfortunately this is not fully understood by the public who are inclined to attribute the poliomyelitis to the immunisation. Several cases of coincidental poliomyelitis occurring after immunisation in an uninformed community could therefore be very damaging to public opinion in that area. On this account then the campaign for immunisation was not pressed till the later part of the year when the prevalence of poliomyelitis appeared to have died down. In the meantime a considerable amount of study was put into the technique of giving immunisation injections and a method has been evolved for doing this in such a way to produce a minimum of trauma. In this way it is hoped to minimise or prevent any localisation effects in the unlikely event of, say, cases of coincidental poliomyelitis occurring after immunisation.

In last year's report reference was made to the difficulty experienced in following up cases where the parents elect to go to the family doctor for immunisation against diphtheria. This difficulty still exists, particularly in the case of those children whose parents fail to bring them back for the second injection. It is to be hoped that Doctors will make use of the Health Visitors to a much greater extent for this follow-up than they have done in the past.

Immunisation against Whooping Cough

181 children received complete courses of immunisation against Whooping Cough.

AMBULANCE SERVICE

National Health Service Act, 1946, S.27.

As in previous years, the Ambulance Service operated throughout 1951 with great efficiency. This is principally due to the arrangement whereby the Chief Fire Officer is also Chief Ambulance Officer. This makes it possible to have the ambulance vehicles maintained to the standard of readiness that characterises fire-fighting appliances and at the same time it allows of training of the staff in the tradition of urgency which belongs so particularly to the Fire Service. This perhaps, more than any other factor, has contributed to the efficiency of Barnsley's Ambulance Service. Apart from such day-to-day problems of maintenance and staffing, all questions relating to the relationship between the Ambulance Service and other Health Services are dealt with by consultation between the Chief Ambulance Officer and the Medical Officer of Health.

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

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 disease 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. It is worthy of comment that the respective Treasurers reached an agreement whereby the payment received from the West Riding Authorities is at a fixed rate and the method agreed upon is working very satisfactorily. Further the amount of clerical work has been greatly reduced.

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 1950 are also given for comparison purposes.

	County Borough						West Riding County Council							
Month	Ordinary		Emergency		Total		Ordinary		Emergency		Total		Grand Total	
	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951
Jan.	1487	1733	41	84	1528	1817	250	205	15	7	265	212	1793	2029
Feb.	1496	1725	40	71	1536	1796	272	248	12	7	284	255	1820	2051
Mar.	1768	1676	44	61	1812	1737	237	193	7	5	244	198	2056	1935
April	1394	1716	37	76	1431	1792	186	216	8	11	194	227	1625	2019
May	1596	1713	56	91	1652	1804	212	173	7	10	219	183	1871	1987
June	1733	1779	70	66	1803	1845	220	226	20	12	240	238	2043	2083
July	1586	2035	63	61	1649	2096	225	167	16	25	241	192	1890	2288
Aug.	1397	1535	75	71	1472	1606	227	167	2	16	229	183	1701	1789
Sept.	1490	1445	67	82	1557	1527	220	168	7	14	227	182	1784	1709
Oct.	1643	1759	52	74	1695	1833	242	188	13	13	255	201	1950	2034
Nov.	1817	1706	51	72	1868	1778	237	222	9	21	246	243	2114	2021
Dec.	1689	1510	89	98	1778	1608	231	223	16	11	247	234	2015	1842
Total	19096	20332	685	907	19781	21239	2759	2396	132	152	2891	2548	22672	23787

Mental Defectives

From the figures it will be seen that 23,787 journeys have been undertaken during the year which does not include mentally defective children who are transported daily to and from school by Ambulance Coach. Two Coaches are now employed on this work instead of one and the Coaches have made 1,267 journeys between them and carried 9,575 passengers.

It will be noted that these figures are greatly increased on last year and it was because of the proposed increase in transport of mental defectives that the Committee authorised the purchase of a second Ambulance Coach.

Details of Journeys

A summary of 23,787 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	454	361	394	403	423	398	457	368	341	407	395	351	4752
St. Helen Hospital	134	195	155	184	205	197	213	153	136	191	154	154	2071
Beckett Annexe	94	81	92	80	100	96	101	78	88	88	93	91	1082
Pindar Oaks	12	6	10	5	6	8	11	9	7	6	6	9	95
Kendray Hospital	1	2	1	2	3	18	37	2	2	4	0	4	76
New St. Clinic	1	1	2	2	2	4	2	3	3	0	2	2	24
Limes Hostel	13	36	42	26	23	12	6	3	4	3	6	3	177
Queens Rd. Clinic	86	87	52	81	80	71	101	87	68	109	77	80	979
Schools	28	78	86	80	68	83	44	4	19	22	59	53	624
St. Margaret's Nursing Home	1	2	0	0	0	0	0	1	0	0	0	0	4
Lundwood Hospital	0	0	0	0	0	0	28	1	2	2	3	1	37
West Riding Chest Clinic	0	0	0	0	0	2	3	1	0	1	1	0	8
To Hospitals Etc., out of the Borough													
Mount Vernon Sanatorium	19	18	10	17	22	9	7	18	26	20	15	11	192
Penistone Annexe	25	23	34	26	10	23	35	17	30	33	28	19	303
Sheffield	86	60	79	88	82	77	122	111	82	77	126	85	1075
Leeds	6	7	16	6	10	5	8	6	3	2	2	1	72
Wakefield	30	34	23	20	33	61	47	5	21	34	22	14	344
Huddersfield	2	0	0	0	0	0	0	0	0	0	0	0	2
Doncaster	4	1	0	3	1	0	1	0	0	5	4	0	19
Skegness	2	0	0	0	0	0	0	0	3	2	0	0	7
Rotherham	2	1	0	0	0	0	0	1	2	1	1	1	9
Mexboro'	1	1	0	0	0	0	0	0	0	0	1	0	3
Batley	1	0	0	0	0	0	0	0	0	0	0	0	1
Kirkburton	1	0	3	2	1	3	2	5	3	0	4	0	24
Maltby	0	1	0	0	0	0	0	0	0	0	0	0	1
Ilkley	0	3	0	1	3	0	0	1	3	4	2	0	17
Shropshire	0	1	0	0	0	0	0	0	0	0	3	0	4
West Kirby	0	0	1	0	0	0	0	0	0	0	0	0	1
Balby	0	0	2	0	0	0	0	0	0	0	0	0	2
Leicester	0	0	0	0	0	1	0	0	0	0	0	0	1
Harrogate	0	0	0	0	0	2	0	0	0	0	0	0	2
Kirby Moorside	0	0	0	0	0	1	0	0	0	0	0	0	1
Chapeltown	0	0	0	0	0	0	0	1	0	0	0	0	1
Bradford	0	0	0	0	0	0	0	2	0	0	1	0	3
Ripon	0	0	0	0	0	0	0	0	1	0	0	0	1
Wath	0	0	0	0	0	0	0	0	1	1	1	0	3
Hemsworth	0	0	0	0	0	0	0	0	0	1	0	0	1
Manchester	0	0	0	0	0	0	0	0	0	0	0	2	2
Buxton	0	0	0	0	0	0	0	0	0	0	0	1	1
Derby	0	0	0	0	1	0	0	0	0	0	0	0	1
Carried forward	1003	999	1002	1026	1073	1071	1225	877	845	1013	1006	882	12022

Details of Journey	Jan	Feb	Mar	Apl	May	Jne	July	Aug	Sep	Oct	Nov	Dec	Total
Brought Forward	1003	999	1002	1026	1073	1071	1225	877	845	1013	1006	882	12022
To Home Addresses Within the Borough From :													
Beckett Hospital	385	325	376	329	338	391	433	352	340	413	372	300	4354
St. Helen Hospital	67	65	50	89	80	84	59	59	43	75	58	45	774
Beckett Annexe	37	40	42	31	39	35	50	40	55	35	39	40	483
Pindar Oaks	1	0	0	0	0	0	4	1	0	0	0	0	6
Kendray Hospital	60	56	51	27	37	47	58	47	44	44	42	55	568
New St. Clinic	3	3	2	2	2	8	3	2	4	0	1	1	31
Limes Hostel	0	0	0	0	0	0	0	0	0	0	0	0	0
Queens Rd. Clinic	82	88	50	77	74	65	82	71	54	96	63	78	880
Penistone Annexe	3	7	11	6	3	0	5	3	0	3	6	7	54
House to House Removals	27	9	8	5	9	9	17	15	13	9	5	3	129
St. Margaret's Nursing Home	0	3	0	0	0	0	0	0	0	0	0	0	3
Wath Wood Hospital	1	0	0	0	0	0	0	0	1	0	0	0	2
To Home Addresses out of the Borough													
West Riding	204	252	193	225	183	238	192	183	178	200	240	232	2520
Dronfield	1	0	0	0	0	0	0	0	0	0	0	0	1
Beeford	1	0	0	0	0	0	0	0	0	0	0	0	1
Oldham	1	0	0	0	0	0	0	0	0	0	0	0	1
Rotherham	1	0	1	1	1	0	0	0	1	0	0	1	6
Bradford	1	0	0	0	0	0	0	0	0	0	0	0	1
Salford	0	1	0	0	0	0	0	0	0	0	0	0	1
Boston Spa	0	1	0	0	0	0	0	0	0	0	0	0	1
Doncaster	0	1	1	0	0	0	0	0	2	0	1	0	5
Leeds	0	0	1	0	0	0	1	1	0	0	0	0	3
Sheffield	0	0	1	0	1	2	1	1	1	0	0	0	7
Wakefield	0	0	1	0	0	0	0	0	0	0	0	1	2
Nottingham	0	0	0	1	0	0	1	0	0	0	0	0	2
Halifax	0	0	0	0	2	0	0	0	0	0	1	0	3
Todmorden	0	0	0	0	0	1	0	0	0	0	0	0	1
Birmingham	0	0	0	0	0	1	0	0	0	0	0	0	1
Huddersfield	0	0	0	0	0	1	0	0	0	0	0	0	1
Chesterfield	0	0	0	0	0	0	1	0	0	0	0	0	1
Batley	0	0	0	0	0	0	1	0	0	0	0	0	1
Slough	0	0	0	0	0	0	1	0	0	0	0	0	1
Barrow-in-Furness	0	0	0	0	0	0	1	0	0	0	0	0	1
Castleford	0	0	0	0	0	0	0	0	0	1	0	0	1
Scarboro'	0	0	0	0	0	0	0	0	0	0	1	0	1
Journeys made, patient not conveyed	77	61	60	52	64	60	62	58	45	68	70	61	738
Journeys made by ambulance stationed at Kendray Hospital	74	140	85	148	81	70	91	79	83	77	116	136	1180
TOTALS	2029	2051	1935	2019	1987	2083	2288	1789	1709	2034	2021	1842	23787

Vehicles

The current year has seen a further improvement in the fleet due to the aquisition of new vehicles. Regular maintenance and routines, so necessary to the efficient running of all vehicles, has been strictly carried out, with the result that on very few occasions during the year has it been necessary to delay a patient due to mechanical defects of a vehicle.

Various accidents have occurred, which is unavoidable in a large fleet which is covering an emergency service in all weathers, but I am pleased to say that all these accidents have been of a minor nature, and not one major accident is recorded during the period under review. Ambulance CHE 469 which was involved in a major accident in November, 1950 was put back into commission on January 1st of this year.

The new vehicles, received into the service during 1951, were :—

Morris DHE 730, 1951, C.V. Ambulance finished in Cream and Black.

Morris EHE 207, 18-seater Ambulance Coach finished in Cream and Black. The main purpose of this vehicle is mentioned elsewhere in this report.

Morris-Oxford EHE 192 Hire-Car for use as a Sitting-Car and finished in Black.

The vehicles disposed of during the year are :—

Vauxhall CAK 599, Converted Ambulance, previously stationed at Kendray. This vehicle was handed over to the Police Department for use as a Mortuary Van.

Wolseley EUC 77, Sitting-Car, disposed of by tender.

At 31st December 1951, 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	DHE 730	1951	24.8	Ambulance
Morris	CHE 567	1949	15.9	Ten-seater Ambulance Coach
Morris	EHE 207	1951	24.8	Eighteen-seater Ambulance Coach
Austin	HE 7711	1936	23	Ambulance stationed at Kendray Hospital
Austin	AHE 41	1945	26.9	Ambulance
Vauxhall	HE 8469	1938	25	Ambulance
Vauxhall	DPX 181	1938	25	Sitting-Car
Wolseley	BVH 397	1939	25	Sitting-Car
Morris-Oxford	EHE 192	1951	14	Sitting-Car

Mileage

During the year the fleet covered 135,286 miles on ambulance work made up as follows :—

AMBULANCES :		
CHE 138	18,704	
CHE 469	13,834	
CHE 652	10,473	
CHE 745	8,249	
AHE 41	1,271	
HE 8469	4,020	
HE 7711	3,067	
DHE 730	4,435	
		64,053
AMBULANCE COACHES :		
CHE 567	15,608	
EHE 207	1,152	
		16,760
SITTING CARS :		
EUC 77	12,289	
BVH 397	18,545	
DPX 181	20,837	
EHE 192	2,802	
		54,473
TOTAL		135,286

For comparison purposes the total mileage covered during the preceding years was :—

1949 ...	107,927
1950 ...	125,296

Equipment

In accordance with a suggestion by the Ministry of Health an Oxygen Baby Tent has been purchased and is housed at St. Helen Hospital under the supervision of Dr. Wilson. This tent is so constructed to fit into an ambulance, and is for use in the case of premature births. When occasion arises an ambulance can collect the tent and also a nurse, and proceed to the call. The baby can then be placed in the cot and receive treatment whilst in transit to the hospital.

" Dunlopillo " pillows and mattresses have been provided for all stretchers.

Maternity packs issued during 1950 have been used on a number of occasions and have proved of great value. Two pairs of surgeon's gloves have now been added to the equipment of each ambulance, to be used in conjunction with maternity packs.

In October, a fireman was commended by the Fire Services Sub-Committee for his initiative and action taken when he was called upon to undertake the duties of a midwife whilst responding to an emergency call. This commendation was after letters were received from both a midwife and the Medical Officer of Health for the West Riding District, paying tribute to the work he had done.

First Aid Training

As recorded in the Fire Service Report, 54 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 telephone primarily used for Ambulance work, i.e. 3366 continues to be used with great effect. The public seem to be getting to know this line.

Emergency calls via "999" still continue to be received and the Public are told, at every opportunity, to use this method which will reach the Control Room with a minimum of delay.

Direct lines between Beckett Hospital and the Control Room and the Hoyland Ambulance Depot of the West Riding County Council and the Control Room have been installed during the year, and the first mentioned is proving particularly useful. Its value as a time saver alone is inestimable.

The success of short wave radio in the Fire Service has led me to give considerable thought to the possibility of so equipping the Ambulance Fleet.

Accommodation

The new Ambulance Station is now virtually complete. Although not actually taken over officially, it is being occupied by us and used to house the appliances.

Already the improvement in the condition of the vehicles is to be noticed. The garage will prove its worth 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 certain periods of the day, i.e. during non-working hours and also at week-ends and public holidays for the purpose of conveying midwives to and from calls.

During the year 311 requests were received and responded to.

Infectious Diseases

An Ambulance still continues to be housed at Kendray Hospital and is manned in the main part by ambulance porters. There are, however, only two ambulance porters at present employed by the Hospital Board, and in consequence an increased amount of work in the conveyance of infectious diseases devolves upon our own personnel. On numerous occasions they act as attendants to the ambulance porters, and on other occasions, particularly during holiday periods, the whole infectious disease Service is carried out by our own personnel.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

National Health Service Act, 1946, S.28.

Much of the future development of the Local Authority's part in the National Health Service will depend on the use made of the permissive powers conferred by this section of the Act. By full use of these it is possible to make a steady and uninterrupted transition from services limited to the prevention of communicable disease by environmental control to a comprehensive system of social health and preventive medicine.

This section has been drafted with a foresight which allows of experiment and research into the prevention of illness far beyond that originally within the scope of "Public Health" and this also offers an opportunity for the three partners in the Service to join together and to co-operate with this end in view. This point was made in last year's report. Unfortunately little interest has been shown by the hospital service in co-operation along these lines. The general practitioners, on the other hand, have been helpful when work has to be done in respect of their patients as individuals but conditions in general practice at present are such as to render it physically impossible for the busy doctor to undertake any further commitments.

After-care of hospital patients is carried out to a very large extent through Almoners who co-operate fairly well with the Local Health Authority's Social Worker. In addition a considerable amount of after-care work is done through the Home Nursing Service. It would be at times almost impossible to draw a boundary between those two services in the unlikely event of such a boundary ever being considered advisable. Unfortunately there is still a weakness in the link between what is done in the hospital and the continuation of this at home. In several ways steps are being taken to strengthen this link. These include the attendance of Home Nurses or Health Visitors at certain out-patient departments. However, the ideal of consultation between the Consultant, the Medical Officer of Health and the General Practitioner either by letter or verbally appears to be as far as ever off attainment. In Barnsley the Medical Officer of Health is not given any information of a professional nature by his hospital colleagues about cases discharged from hospital requiring after-care. This is done in some other areas and it works well. From time to time letters are received from Almoners asking for reports on home conditions and environmental surroundings before discharge of a patient. These reports are, of course, provided. Requests for Home Helps and nursing appliances are also received from hospitals and are dealt with as expeditiously as possible. This, however, is not by any means satisfactory as it does not give the patient the fullest benefit of all the facilities at the disposal of the Health Authority. At the same time this lack of consultation on after-care between the hospital staffs and the Medical Officer of Health prevents the Health Authority from providing after-care facilities which would allow of the fullest possible continuity of treatment at home after discharge from hospital.

In the case of children it is particularly important that the hospital medical staff should consult with their colleagues in the service of the Local Health Authority. More than one instance has occurred of a child being discharged from hospital to gross ill-treatment and neglect at home.

The Local Authority has statutory powers to prevent such barbarity. It is only necessary for a notification of a child's discharge to be made and the Medical Officer of Health with his Health Visitors can ensure that the sick child leaving hospital is adequately cared for either at home or, if the parents are incapable of doing so, by the Local Authority. Such notification ought not to be regarded in any way other than a request for X-ray examination or pathological investigation. It is in fact a request for sociological investigation and can properly be passed from the hospital consultant to his opposite number, the consultant in social medicine. The fact that the two are employed by different bodies is a matter of no importance at all when the welfare of human beings, especially children, is involved.

To provide a full care and after-care service calls not only for co-operation amongst the three partners in the National Health Service but for the closest possible collaboration between the Health Authority and all the other agencies involved in providing social services. In Barnsley this collaboration works extremely well and has been further fostered by the activities of the Barnsley Social Workers' Association, a body formed of officers, paid and voluntary, representing practically all organisations in the Borough interested in the social welfare of the community in health, misfortune and sickness. Although this is an entirely voluntary body, its meetings ensure exchange of ideas and personal contact which cannot but have a beneficial effect on the community served by members of the Association.

In addition to co-operation between workers engaged in the various branches of social service, it is also necessary for the community to co-operate if the fullest benefit is to accrue from a scheme for the prevention of illness, care and after-care. This calls for understanding of the problems by everyone and here the community must look to the Health Authority for the means of understanding through what is conveniently referred to as Health Education.

There was some degree of "scrappiness" in the routine care and after-care work done in Barnsley during the year owing to the fact that the appointment of Social Worker was vacant for a considerable period. Miss M. J. Garwood resigned on 16th June and her place was not filled until Miss N. E. M. Benzimra assumed duties on the 5th November. Routine day-to-day work was covered for a period of six weeks by seconding a Health Visitor to this work (Mrs. D. Parrott).

Apart from the duties undertaken by the Social Worker it was not found possible to enlarge the service to any great extent during the year. A scheme for a domiciliary meals service which would have brought the meals served by the Civic Restaurant to the bedside of any sick person or expectant or nursing mother on the certificate of a medical practitioner was prepared. The putting of it into operation was necessarily deferred owing to lack of demand. There is no doubt there are many ill and infirm persons who would benefit from such a service but few of them are willing to partake of meals whose ingredients they cannot select and control each day in their own homes.

Work done by the Social Worker

Much work in the nature of prevention of illness, care and after-care is done by the medical staff, by the Home Nurses and by the Health Visitors but, in addition to this, there is still a considerable amount of purely social work to be done. This falls to the Social Worker. A good description of this work may be obtained from her report on the year's work. It will be noted that the figures for visits done are not in any way comparable with those of the previous year on account of the changes in staff mentioned above.

The Social Worker reports as follows:—

Increased variety of case-work and greater liaison with external departments has made this an interesting year. There is obviously need for expanding the scope of work and a general acknowledgment of the Social Worker's existence. During the last three months, Old Age Care as it affects the Borough population has received more attention, with some illuminating results. Information regarding old people, particularly those living alone, or without immediate family, has been obtained through such channels as:—Health Visitor, Almoner of Beckett Hospital and directly from relatives of elderly encumbents.

GERIATRICS—No. of cases on record: 42. No. of visits: 70.

Arthritic and associated complaints appear to be prevalent amongst the aged of the Borough. The necessity of adequate bedding and clothing is therefore a major problem since replacements are not possible on the basic pension rate. Wherever this situation has been acute the National Assistance Board has endeavoured to co-operate but it must also be recognised that this body has many other claims upon its resources.

SOCIAL WORK IN RELATION TO VENEREAL DISEASE—No. of visits: 169.

The Social Worker is available at a female evening and afternoon session of the Special Treatment Clinic for the discussion of personal problems with patients and inter-change of information regarding defaulters with the Medical Officer or confidential staff. Recently 20 defaulters who had neglected attendance for five or six years have been re-investigated. Several had moved out of the Borough or were untraceable and four have returned to resume treatment. It has been noted that wives frequently plead non-attendance because their husbands object. This excuse seems worthy of further consideration. It is extremely difficult to understand how a husband can refuse to allow his wife treatment at this type of clinic. Notorious defaulters continue to receive periodic visits and still attend spasmodically.

T.B. VISITS—No. of visits: 70.

Almoning has been the main function of the Social Worker. Patients referred, consistently ask for clothing or supplementation to income. Special points regarding patients are discussed with the Chest Physician at the Chest Clinic or with his nursing staff. The advisability of occupational therapy, especially for youths who appear to lounge around the home, smoke and in some cases regard the convalescent period as an excuse for idle indulgence, has been raised more than once. Assistance with clothing problems has received the co-operation of the National Assistance Board.

CARE AND AFTER-CARE—No. of visits : 573.

This section of the work forms the bulk of the Social Worker's visits. A very close co-operation exits between the Almoner at Beckett Hospital and the Department. Cases referred are most varied, including such diverse duties as income and expenditure assessments, investigation of domestic backgrounds, advising on matters concerning family relationships and generally providing information which is valuable in the further treatment of cases under hospital out-patient supervision. Recommendations regarding small weekly monetary grants are made from time to time but this can only apply where extenuating circumstance demands, funds being drawn solely from voluntary sources at the Almoner's disposal. Obstacles preventing satisfactory conclusion of a case arise as individual examples, *viz.*, a congenital cripple so hopelessly deformed that he can only use his mouth. Now at the age of 40 he finds himself an unwanted encumbrance in the step-father's home. To date every effort for admission of this patient to a suitable institution has been futile. Home nursing care is provided and other arrangements for his comfort in the home, while offering him considerable relief, still fail to give him all the special attention he requires.

Prevention of Illness

TUBERCULOSIS

Some of the factors contributing to the spread of Tuberculosis in Barnsley have already been described in Part II of this report. There is perhaps no other illness whose ætiology is so closely affected by social conditions. It calls, therefore, for a closely combined attack both by the clinician and the worker in social medicine. It is, therefore, a very great misfortune that the administrative changes initiated by the National Health Service Act of 1946 have tended to separate rather than bring together these two. In Barnsley the arrangement described in previous reports whereby the Chest Physician employed by the Sheffield Regional Hospital Board carries out certain duties on behalf of the Health Authority continued during 1951. Some correspondence has taken place in the course of the year on the administration of this seheme which has proved to be fairly satisfactory.

The Chest Physician has carried out, amongst other duties, a total of 35 immunisations against tuberculosis, using B.C.G. Vaccine. Twenty of these were done for small children who had been in contact with infectious cases of tuberculosis and 15 for hospital nurses.

As in the previous year, Barnsley received a visit from the Mass Miniature Radiography Unit of the Sheffield Regional Hospital Board from 20th June to 7th August, when a local centre was established in the basement of the Town Hall. This visit consisted of a number of "open" sessions and sessions for school leavers. Before the arrival of the Unit an extensive publicity campaign was carried out. A special approach was also made to groups of young adults through their employment. This proved to be very successful. It is desired to express appreciation of the willing co-operation and assistance received from employers in making it possible for many young adults to attend for X-ray examination during working hours. A total of 8,067 individuals presented themselves for radiological

examination of the chest. 120 tuberculosis suspect cases were referred to Barnsley Chest Clinic for further investigation and three known cases of tuberculosis were referred for comparison with their previous records. It is to be hoped that in the future, as more Mass Miniature Radiography Units become available, it will be possible either to have one centred in Barnsley to provide for the County Borough and the surrounding area or, until this is available, it would be most helpful if the visits of the Unit were more prolonged and more frequent. There is no doubt at all that mass miniature radiography of the chest is one of the most effective weapons at present available in the control of tuberculosis.

Health Education

The importance of co-operation between members of the community and those providing the Health Services has already been mentioned. It would appear that one of the obstacles to achieving the degree of co-operation which would be necessary to make an unqualified success of the National Health Service lies in a lack of understanding between those who provide the service and those who receive it. Local Health Authorities are empowered to take steps to foster and promote understanding of the National Health Service and their activities in this direction are usually described as Health Education.

Health Education in the past has tended to consist of the coining of slogans, the distribution of pamphlets, the sticking of posters and the arranging of various kinds of Exhibition. In addition, classes and lectures of various kinds have been held. The lectures and exhibitions have been attended sometimes rather poorly—and the leaflets have been accepted and perhaps read in part. In Barnsley the Local Health Authority has used all these methods and has subscribed to the Central Council for Health Education and has made use of the various suggestions offered by that body.

It is, however, difficult to ascertain if any of these efforts have stimulated interest or understanding in any community group with whom contact had not been made before. In other words, has anything more than "preaching to the converted" been accomplished? This would appear to be doubtful. There must be some existing interest to stimulate attendance at lectures or even the reading of pamphlets. As for slogans and posters, the question might be asked—Do they not perhaps defeat their own purpose with that over-exhorted section of the community at whom they are particularly aimed? The decoration of the walls of public lavatories with "Wash your hands NOW" plaques may well have resulted in as much obscenity as washing of hands. A fashion has grown up since World War II to regard exhortations of this kind with considerable suspicion.

It would seem then that the time has come to take stock of the other methods available to promote an understanding between the Health Service and its community—an understanding of the kind necessary for the community to look to the Service for leadership in preserving health as well as curing sickness. In this direction a very great deal continues to be done in Barnsley by the Health Visitors in their personal contact with the people in their own homes. It is hoped, therefore, that the suggestions contained in the section of this report on the Health Visiting Service will bear fruit. In this way the Health Visitor and general practitioner would be able to work together in teaching the community how to make the best and most

economical use of the Health Service. There is still much to be done in this direction. If fuller co-operation between general practitioner and Health Visitor can be achieved the result would be to ensure that the community would use the practitioners available to very much better advantage than at present.

The Home Nursing Service too, by work done in the homes, has done much in a very practical way to dispel old ideas and superstitions about illness. Perhaps there is no greater lesson in personal cleanliness and the care of the sick than the comfort experienced by the patient from competent nursing.

Again the Infant Welfare Centres and Clinics play their part in teaching Health. Their pupils, however, are principally drawn from the "converted" and with the present set-up the opportunities for contacting the "unbelievers" are restricted. In this direction the establishment of Health Centres would effect an opportunity of contact between Health Education and those whose sole contact with the Health Service is after the impairment of health.

Finally, there is the long-term approach to this problem—one to which a great deal of thought and consideration has been given in Barnsley during the year—the teaching of Health Education in the schools. Discussion of this would appear to have its proper place in that part of this report devoted to School Health. However, in view of the very great part this can play in the future development of understanding between the community and the Health Service, mention of it must be made here. It would seem that more and more effort must be exerted on directing a proper approach to the preservation of Health and the use of the Health Service amongst the children who are being born and growing up with the help of that Service. These are the children who will form the health-conscious community of the future.

DOMESTIC HELP SERVICE

National Health Service Act, 1946. S.29.

As in the case of the Home Nursing Service, there was a steady increase in the demand for this Service throughout the year. In this connection it is interesting to note that, unlike the Home Nursing Service, Domestic Help is not provided in every case free of charge. The Health Authority had adopted the scale of charges (and scheme of remission of charges in certain necessitous cases) suggested by the Association of Municipal Corporations. Investigations are carried out and assessments prepared by the Domestic Help Organiser and any cases of particular hardship are specially considered by the Handicapped Persons Sub-Committee of the Health Committee.

At the beginning of the year the Domestic Help Service employed 50 part-time Home Helps. The women carried out their duties in several homes for several hours each week. The increasing demand caused the panel of part-time Home Helps to be increased until 64 were regularly employed at the end of the year.

At the end of 1950 there was a figure of 90 homes receiving domestic help to be brought forward. In most of these cases domestic help was arranged on account of chronic sickness or old age.

During the year 240 requests for domestic help were received and investigated. 89 of these were rejected as it was found, on investigation, that the patient concerned had gone into hospital, had died or had already made private arrangements.

Domestic help was arranged in the remaining cases as follows :—

Illness	32
Maternity	9
Old age	18
Old age and Illness	181
Lying-in (expectant mothers)	1
	241

The total woman hours worked was 59,740. The total amount paid in wages to Home Helps was £5,725 2s. 0d.

At the end of the year 142 cases were carried forward to 1952.

Once again this report offers an opportunity to place on record an appreciation of the work done by the willing and generous-hearted women who comprise the Health Authority's staff of Home Helps. Their practical kindness and readiness to tackle jobs far beyond the duties of a Home Help are of the greatest possible value to the community even if at times this willingness proves administratively embarrassing. This is particularly evident when Home Helps are looking after the domestic needs of old people who appear to be somewhat neglected by their relatives. Cases have occurred where Home Helps have voluntarily closed up their own homes to stay with a patient over a period of acute illness, despite the fact that this entailed work far beyond the authorised hours of duty for which payment could be made. Such acts of kindliness are done through goodness of heart and it is utterly impossible to attempt to value them in the ordinary way.

Close co-operation is maintained between the Organiser, the patient and the Domestic Help. This ensures that in the event of any change in the circumstances of the patient the necessary financial adjustments can be made expeditiously. It also allows of re-arrangements being made where the patient has proved difficult or requires assistance from another branch of the social services, while personal problems of the Home Help which might interfere with her duties can be unravelled by the Organiser.

Again, the frequent visits of the Organiser herself to the homes where the Helps are at work enables patients to keep in direct touch with the Health Authority, not only as regards Domestic Help but also in relation to other needs and problems.

MENTAL HEALTH SERVICE

National Health Service Act, 1948, S.51.

In accordance with the requirements of Circular 42/51 dated the 10th December, 1951, 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 Assistant Medical Officer of Health are certifying officers for mental defect.

One 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 until the 5th February when Miss C. Byrne, a fully-trained Supervisor who is in possession of the Diploma qualification for Occupation Centre Staff awarded by the National Association for Mental Health, took up duty. The Centre continued to operate part-time until September when it was then found possible to provide full-time facilities as a fully-trained Assistant Supervisor became available in addition to two untrained Assistants.

(c) A Consulting Psychiatrist employed by the Regional Hospital Board holds an out-patient clinic at the Beckett Hospital. One Assistant Medical Officer of Health and 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 completed the course by July 1951.

One Medical Officer completed a Course on the Ascertainment of Mental Defective Children at London University.

(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 78. In addition to the work involved in arranging admission to mental hospitals the Duly Authorised Officers made 125 visits to reported cases which were not removed to a mental hospital. They also made 123 visits to patients who had been discharged from mental hospitals.

ANALYSIS OF CASES INVESTIGATED AND DEALT WITH BY DULY AUTHORISED OFFICERS DURING 1951

	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	12	32	3	—	2	27	3	—
Order of Judicial Authority (14 day, Section 21)	—	—	—	—	—	—	—	—	—
Summary Reception Orders (Section 16) Direct to Mental Hospital	1	5	6	—	—	—	6	—	—
	21	17	38	3	—	2	33	3	—
(b) Mental Treatment Act, 1930. Voluntary Cases—Section 1, Mental Treatment Act, 1930	9	6	15	—	—	—	—	15	—
Temporary Cases—Section 5, Mental Treatment Act	—	—	—	—	—	—	—	—	—
	9	6	15	—	—	—	—	15	—
Grand Total, Lunacy and Mental Treatment Acts	30	23	53	3	—	2	33	18	—

Patients in Mental Hospitals during 1951.

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

ADMISSIONS DURING THE 12 MONTHS ENDED 31ST DECEMBER, 1951:

	Males	Females
Storthes Hall Hospital	26	20
Stanley Royd Hospital	1	—
Middlewood Hospital	1	3
Menston Hospital	—	—
	28	23

DISCHARGES DURING THE 12 MONTHS ENDED THE 31ST DECEMBER, 1951:

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

DEATHS IN MENTAL HOSPITALS DURING THE 12 MONTHS ENDED THE 31ST DECEMBER, 1951:

	Males	Females
Storthes Hall Hospital	6	3
Stanley Royd Hospital	—	1
Middlewood Hospital	1	1
Menston Hospital	—	—
	7	5

NUMBER OF PATIENTS IN MENTAL HOSPITALS ON THE 1ST JANUARY, 1952:

	Males	Females
Storthes Hall Hospital	88	71
Stanley Royd Hospital	2	7
Middlewood Hospital	1	2
Menston Hospital	2	1
	93	81

Number of visits made to cases reported but not removed to a Mental Hospital	125
Number of visits made to patients discharged from Mental Hospitals	123

(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 81.

(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 maintain an Occupation Centre for defectives in Pitt Street. Until 27th August, 1951, this Centre operated, as in previous years, on a part-time basis. From that date onward it was opened full-time from 9-30 a.m. till 3-30 p.m. for children under 16 years of age. Arrangements were then made for the provision of dinners in exactly the same manner in which they are provided for children attending the Education Authority's schools. In addition the children receive ⅓ pint of milk daily.

As in previous years, a sitting-case coach of the Ambulance Service brought children to the Centre from the outlying parts of the Borough.

Towards the end of the year negotiations were instituted with the County Council for the West Riding of Yorkshire with a view to the accommodation at the Centre of a limited number of defectives domiciled in the County area adjoining Barnsley.

	MALES		FEMALES		TOTAL	
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16
No. of defectives on register ...	12	9	8	14	20	23

ATTENDANCE

Average full-time attendance of children :—	
Boys under 16 years of age	11.3
Girls under 16 years of age	7.6
Girls over 16 years of age	1.98
Average part-time attendance :—	
Boys over 16 years of age	6.72
Girls over 16 years of age	8.62

DINNERS

Number of defectives receiving and paying for dinners ...	19
Number of defectives receiving free dinners	3
Total number having dinners	22
Number of dinners provided for defectives—paid ...	2,662
Number of dinners provided for defectives—free ...	448
Number of dinners provided for staff—paid	293
Number of dinners provided for staff—free	154
Total number of dinners provided	3,557
Number of ⅓ pint bottles of milk delivered for children ...	3,159

New furniture, desks, chairs, rest beds, blankets, cutlery, crockery and other necessities were purchased prior to opening full-time.

The daily programme includes the following subjects :— Habit training, sense training, physical training, speech training, handwork, music and movement, story telling, training in simple domestic tasks, table manners, provision for periods of free play, rest and relaxation. Every subject is treated in a way adapted to the limitations of the child and no subject is continued for too long a period. The children appear to enjoy coming to the Centre and the attendance over the first six months has been very satisfactory. Classes for boys and girls over 16 years of age are held during the afternoons. Girls attend Monday, Tuesday and Thursday afternoons. They are taught handicrafts which include knitting, embroidery and simple dressmaking. They are also given lessons in plain cooking and are taught old-time and country dancing. The boys attend Wednesday and Friday afternoons and their occupations include rug-making, stool-seating and weaving. Handicrafts made by the older girls and boys which have been sold have realised £10 13s. 11d.

An outing to Cleethorpes was arranged and took place on July 10th, 1951.

The children are medically examined by an Assistant Medical Officer of Health at frequent intervals. One case of Scarlet Fever was notified in February amongst the children in attendance.

Mental Deficiency Acts, 1913 to 1938

I. Particulars of Mental Defectives as on 31st December, 1951.

	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	30	38	68
(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	15	7	22
Aged 16 years and over	47	51	98
(e) Action not yet taken under any one of the above headings	—	—	—
Total ascertained cases found to be "subject to be dealt with"	100	100	200
No. of cases included in (b) to (e) above awaiting removal to an Institution	5	3	8
(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	36	15	51
Aged 16 years and over	26	30	56
Total number of mental defectives (1) plus (2)	62	45	107
(3) Number of Mental Defectives receiving Training:			
(a) In day-training centres:			
Under 16 years of age	12	8	20
Aged 16 years and over	9	14	23
(b) At home	—	—	—
Total	21	22	43

II. Particulars of Cases Reported during the Year 1951.

	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	—	—	—
On leaving ordinary schools.....	—	—	—
(b) Other ascertained defectives reported during 1951 and found to be "subject to be dealt with"	1	—	1
TOTAL ascertained defectives found to be "subject to be dealt with" during the year	3	—	3
(c) Other reported cases ascertained during 1951 who are not at present "subject to be dealt with"	9	8	17
TOTAL number of cases reported during the year	12	8	20
(2) Disposal of Cases reported during the year:			
(a) Ascertained defectives found to be "subject to be dealt with":			
(i) Admitted to Institutions	1	—	1
(ii) Placed under Guardianship	—	—	—
(iii) Taken to "places of safety"	—	—	—
(iv) Placed under Statutory Supervision	2	—	2
(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)	3	—	3
(b) Cases not at present "subject to be dealt with":			
(i) Placed under voluntary supervision	8	7	15
(ii) Later found not to be defective.....	—	—	—
(iii) Died or removed from area	1	—	1
(iv) Action unnecessary	—	1	1
(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)	9	8	17

III. NUMBER OF MENTAL DEFECTIVES IN INSTITUTIONS UNDER COMMUNITY CARE INCLUDING VOLUNTARY SUPERVISION OR IN "PLACES OF SAFETY" ON 1ST JANUARY, 1951, WHO HAVE CEASED TO BE UNDER ANY OF THESE FORMS OF CARE DURING 1951.

	M.	F.	T.
(a) Ceased to be under care	12	7	19
(b) Died, removed from area, or lost sight of	4	6	10
TOTAL	16	13	29

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

(a) Number who have given birth to children during 1951:	
(i) After marriage	—
(ii) While unmarried	—
(b) Number who have married during 1951	2

CARE OF THE DEAF

National Assistance Act, 1948, S.29

The Barnsley and District Mission for the Deaf have for many years interested themselves in the welfare of the deaf. The Corporation has subscribed to the funds of the Mission and is repreented on its Executive Committee. In addition to this, the Medical Officer of Health, the Director of Education and the Director of Social Welfare are ex-officio members of the Committee.

The Corporation has also appointed an Advisory Committee for the Welfare of the Deaf which includes three representatives of the Mission.

The Mission is situated at St. Augustine's Hall, Racecommon Road. There is a Club for the deaf which meets during the week and on Sundays a service is held and the premises are open for quiet recreation. Special facilities have been made available here for the hard-of-hearing as well as for the deaf.

The Mission employs a whole-time Missioner and has recently succeeded in making a new appointment. The Missioner acts as interpreter for deaf persons where this is necessary. He is also available to help them to deal with those problems of life rendered particularly difficult by their handicap.

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 society 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.

The Mission caters for some 90 persons in the area covered by it and appears to do so efficiently.

WELFARE OF THE BLIND

National Assistance Act, 1948, S.29

The Barnsley Corporation, in addition to providing Blind Welfare Services for the County Borough, also, by arrangement with the County Council for the West Riding of Yorkshire, provides these services for the surrounding districts of Cudworth, Royston, Staincross, Darton, Cawthorne, Dodworth, Silkstone, Stainborough, Worsborough, Chapeltown, Elsecar, Platts Common, Hoyland, Thurnscoe, Darfield and Wombwell. The Medical Officer of Health for the County Borough is the Superintendent of the Blind. The day-to-day work of the Blind Welfare Department is supervised by the Assitant Superintendent, Mr. A. Henshaw. A Workshops Supervisor and three Home Teachers (two of whom are themselves blind) are employed.

Blind Population

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

	1951	1950	1949	1948
Barnsley County Borough cases	159	161	155	158
West Riding County Council cases	330	352	349	309

In the Barnsley area 15 new cases were registered as blind, 13 deaths occurred amongst those previously registered, three persons were de-certified owing to improved vision after medical and surgical treatment, and one person removed out of the area, making a net decrease of two for the year.

In that area of the West Riding subject to the supervision arrangement 21 persons were registered as blind and two cases removed into the area. There were 35 deaths amongst those previously registered, eight persons were de-certified and there were two removals out of the area, making a net decrease for the year of 22.

AGE GROUPS

	Barnsley		West Riding	
	M.	F.	M.	F.
Under 5 years	2	3	—	1
5—16 years	2	2	1	5
16—40 years	8	7	12	13
40—60 years	21	13	23	34
60—70 years	20	12	32	46
Over 70 years	31	38	74	89
	84	75	142	188

For the first time for many years an increase in the number of blind children newly registered is recorded. At first sight this may appear to be disturbing until it is realised that this blindness is due to congenital defects. Some of these have occurred in children who, without the benefits of modern obstetric and pædiatric science, would almost certainly not have survived to become registered blind persons.

CATEGORIES

	Barnsley		West Riding	
	M.	F.	M.	F.
Unemployable	121		287	
Unemployed but employable	6		8	
Employed	12		13	
In Blind Homes	1		2	
In Training	1		1	
In Welfare Institutions	6		9	
In Mental Hospitals	3		3	
In Schools for the Blind	4		4	
Not at School	5		3	
	159		330	

EMPLOYMENT

	Barnsley		West Riding	
Hosiery Knitwear	—	3	—	1
Newsvendor	2	—	—	—
Basket Maker	1	—	—	—
Commercial Traveller	—	—	1	—
Home Teachers	2	—	—	—
Switchboard Operator	—	—	1	—
Boot and Shoe Repairer	1	—	3	—
Typist	—	1	—	1
Piano Tuners	—	—	3	—
Lamp Assembly Worker	—	—	1	—
Masseur	1	—	—	—
Factory Workers	1	—	1	—
Shop Keeper	—	—	1	—
	8	4	11	2
Employment 1950	8	4	12	2

Causes of Blindness

The causes of blindness in new cases registered in 1951 were as follows :—

	Barnsley	West Riding
Congenital	5	1
Myopic Error	—	2
Glaucoma	4	5
Cataract—Primary	2	7
General Diseases	—	2
Industrial Trauma	1	—
Non-Industrial Trauma	1	1
Detachment of Retina	—	1
Infectious Diseases	1	2
Convulsions	1	—
	15	21

Home Visiting Services

Three Home Teachers, one sighted and two registered blind persons, 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 other services which the blind are unable to do for themselves. In addition they carry out the duties of social worker as regards the blind community, undertaking many commissions which the aged blind would find it difficult, if not impossible, to perform themselves. Some 4,000 visits were made by the Home Teachers during the year as well as instructing trainees in the work.

Social Activities

The organisation of social activities amongst the blind people forms an important part of all Blind Welfare work. To this end Social Centre Clubs are provided at Barnsley, Wombwell, Hoyland and Thurnscoe. At these Centres the blind community meets once or more often each week under the supervision of a Home Teacher. Games are played—cards and dominoes—pastime handicrafts are learned and discussions take place. There is keen rivalry between the Clubs as to which Centre has the best team of domino players. Competitive matches are arranged with a Silver Cup for a trophy.

In the Summer months seaside and country outings are arranged. In addition the Barnsley and District Joint Blind Welfare Committee provide a whole day at the seaside for all blind persons, each of whom brings a sighted friend to act as guide.

In Winter time dramatic and musical entertainments are arranged and here again the Joint Blind Welfare Committee does a most useful job in arranging a special Christmas Re-union.

Blind Workshop

It is most important to place employable blind persons in employment of a productive nature. Barnsley Corporation have therefore provided a small workshop where blind persons, after a period of training, may be employed or may occupy themselves as pastime workers.

The Corporation provide employment for female knitwear makers and also facilities for such trades as chair caning, basket making and boot and shoe repairing by way of pastime work.

During the year considerable difficulties were encountered due to the steep rise in the cost of wool which, combined with Purchase Tax, raised the prices of hosiery to a figure which caused a marked decline in demand. Efforts to overcome these difficulties were made so that by the end of the year, while they had not entirely disappeared, employment was not affected.

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

National Assistance Act, 1948, S.47.

No formal action was taken under this Section during 1951. In six cases it was found necessary for the Medical Officer of Health to visit old persons who had been reported as being unable to obtain proper care at home. In each case it was obvious, on investigation, that the institutional treatment and care was urgently required. Persuasion and advice had the desired effect though in some cases several visits were necessary before agreement to leave home voluntarily was obtained.

During the year the help of the Medical Officer of Health was enlisted from time to time by general practitioners to assist in finding accommodation for persons to whom this Section might be applied. In these cases, however, the people concerned were ready and willing to go to hospital, the difficulty having been to find accommodation for them in local hospitals. When, on investigation, the Medical Officer of Health was satisfied that a medico-social emergency existed, the Regional Hospital Board was approached and a hospital bed was made available as near to Barnsley as possible. The opening of Lundwood Hospital as geriatric accommodation has resulted in a very marked decrease in the number of requests of this kind.

CARE OF OLD PEOPLE

National Assistance Act, 1948, S.21.

National Health Service Act, 1946, S.28.

The Corporation has placed the responsibility for the care of the healthy aged upon the Housing and Welfare Services Committee. The care of old people in their own homes, however, lies within the province of the Local Health Authority. Close co-operation exists between the Health and Welfare Departments.

In the report for 1950 reference was made to the need for closer co-operation between the three partners in the National Health Service. It was pointed out that this was particularly necessary in relation to the care of old people. It would appear that this need is appreciated in other quarters as well. During the year the report of the Geriatric Advisory Committee of the Sheffield Regional Hospital Board became available and comment on it was invited from Local Medical Committees and from the Medical Officers of Health. The subject matter of this report was also made the subject for discussion at the first meeting of the newly-established Medical Co-ordinating Committee.

As regards the Health Authority's services, the care of old people cannot be regarded as a separate commitment. It is in fact an important part of the Domestic Help Service, the Home Nursing Service, the Health Visiting Service and of Prevention of Illness, Care and After-Care. Much of the work of the Domestic Help Service is aimed at keeping old people who are not very fit on their feet. A high percentage of the work of the Home Nursing Service is concerned with old persons while the Health Visitors are concerning themselves more and more with the older members of the family units allocated to them.

It will be observed that a considerable portion of the Social Worker's report is devoted to the work done by her on behalf of old persons. In this sphere the Health Authority can do a very great deal to preserve the morale of old people who have become lonely and separated from their families. The Social Services make a fairly generous provision for such people but it is not always easy for them to make full use of everything that is available to them. Most of them have grown up in a world which was less administratively complex than that of to-day. Consequently they do not find the filling in of forms and the approach to various Social Service agencies easy. Here the Social Worker can and does help. Thus it is possible for old people to obtain all the benefits due to them through a single personal contact with the Authority.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

In accordance with circular letter 78/50 of the Ministry of Health, the Medical Officer of Health was designated by the Corporation as the officer responsible for devising arrangements to secure full co-operation among all the local services, statutory and voluntary, which are concerned with the welfare of children in their own homes.

In pursuance of this, meetings were held with representatives of all the various agencies concerned and a card index register was prepared whereby a record will be kept of all cases of alleged neglect or ill-treatment reported to the Co-ordinating Officer from any source.

Three meetings were held to consider cases specially referred and it appeared from these that "case" conferences to deal with specific cases, as and when they arise would meet the requirements better than regular meetings. Many cases reported to the Co-ordinating Officer it was found could be dealt with adequately and expeditiously by contact with one or other of the voluntary or statutory services. In this connection special mention should be made of the assistance and co-operation received from Inspector W. A. Rawlings of the N.S.P.C.C.

During 1951 ten specially reported cases were placed on the Co-ordinating Officer's register.

MEDICAL EXAMINATIONS

In addition to the work done under the National Health Service, an important part of the duties of the Corporation's Medical Officers consits of carrying out medical examinations for various purposes. These fall at present into two categories—examinations carried out on behalf of the Children's Committee and those carried out to ascertain whether an applicant for some office under the Corporation is fit for that office or is in a suitable state of health to be admitted to a Superannuation Scheme.

The work on behalf of the Children's Committee involves the medical examination in their homes of boarded-out children, visits to the Children's Homes and medical examination of alleged child delinquents prior to their being brought before the Magistrates. These latter examinations are extremely important, particularly in view of the psychological background to many cases of delinquency; consequently they must consume a great deal of time if they are to be done in the detail necessary to make them of value.

Medical examinations of candidates for Corporation offices also provide the Medical Officers with a considerable amount of work. It is, however, usually possible to fit these examinations in to the time-table without disturbing fixed clinic or school inspection appointments. It is from these medical examinations that an industrial medical service for the Corporation's employees might be developed.

Medical examinations were carried out during 1951 as follows:—

Child Delinquents		92
Boarded-out Children (including visits to homes)		54
Superannuation	49	
Retirements	9	
	—	58
Police Force		36
Fire Service		10
Total		250

Part IV

ENVIRONMENTAL HYGIENE

As in previous years, the work of improving and maintaining the environmental hygiene of the County Borough continued quietly during 1951. Attention was drawn to the unspectacular nature of this work in last year's report and little, if anything, has happened during the year under review which would materially alter those comments on the activities of the Sanitary Authority. For this reason these activities continue to be taken for granted and to be perhaps overlooked by the greater part of the community to whom environmental hygiene is of interest only when some break-down occurs in its maintenance. Much of this lack of interest is probably due to the classical and statutory prescribed methods of reporting and describing the work of the Sanitary Authority. Each year this consists of figures for inspection of various kinds of reports and of notices served on various people. This is largely due to the manner in which the services concerned have developed.

In the late Nineteenth Century the only method of securing improvement was by formal inspection followed by report and even to-day it is well to have this included in the armamentarium of the Sanitary Authority. Increasing enlightenment on the part of the community has, however, resulted in the advice of the Officers of the Sanitary Authority being sought by property owners and traders in many cases before complaints are made, so that many of the figures shown as inspections have actually been done at the request or on the suggestion of the person who in days gone by would have been the recipient of a formal statutory notice following a routine inspection. In this way a flexible and very effective system of promoting environmental hygiene has been established.

It is, however, extremely difficult with the kind of statistical approach at present employed to demonstrate clearly the part which co-operation and advice play in maintaining an environment safe to the health of the community. This is most unfortunate as it prevents the use of a simple method of estimating progress in public appreciation and sense of responsibility of environmental health problems. At the same time it causes each succeeding year's health report to draw a picture which not only does far less than justice to the effort and thought expended by the Sanitary Authority and its officers but which is unnecessarily uninteresting to the casual reader. In this way a brake is put upon the further development of a system of environmental hygiene based upon co-operation between members of the community, owners of interests likely to be prejudicial to health and the Sanitary Authority.

Reference was also made in last year's report to the modern concept of social medicine and the part to be played in its development by the study and control of environmental hygiene. The suggestion was made that a new approach was necessary to the work of the Sanitary Authority. Now it

appears that such a new approach might be achieved if it were possible to place a greater stress on the educative and advisory activities than on those which are purely technical. It is not suggested that the technical activities should be discontinued; far from this, a greater demand for them should be created. They must be regarded both by those who perform them and those on whose behalf they are performed, not as the end but as the means. It is not enough to be able to report inspections carried out and dangerous articles of food or drink intercepted before reaching the consumer, nor is it enough to report increasing attendances at clinics. The real test is to devise a yardstick of social health and, in its application, to be able to show an increasing measure of success each succeeding year.

Having thus considered the broader issues which have arisen as a result of the year's work, attention might now be directed towards particular matters affecting the environment of the community and the details of work done during the year.

Legislation

During the year certain additions to the law affecting environmental hygiene and control of food came into force. These were:—

1. The Rag Flock and Other Filling Materials Act, 1951 (operative from 1st November, 1951).

2. Byelaws made under the Food and Drugs Act, 1938, s.15, for securing the observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food.

3. Byelaws made under the Barnsley Corporation Act, 1949, s.44, relating to Hairdressers and their premises.

These alterations in and additions to the Sanitary Authority's statutory powers will add considerably to the load of responsibilities already carried.

Provision of New Houses

(1) Number of houses built since re-building commenced at the end of the War:

(a)	Privately owned	82
(b)	Council	1710

(2) Number of houses built during 1951:

(a)	Privately owned	9
(b)	Council	313

During 1951, 88 more houses were provided by the Council than in 1950. Three fewer private houses were built than in the previous year.

Private Streets

Falcon Street was made up under the provisions of the Private Street Works Act, 1892. The length involved was 167 yards and the cost, approximately £3,100 10s. 0d.

Water Supply

The following information is supplied in accordance with the requirements of Ministry of Health Circular letter No. 42/51.

(i) The water supply to the County Borough was entirely satisfactory throughout 1951 in both quality and quantity.

(ii) Bacteriological control is maintained of both the raw water and the treated water going into supply. The results of this control are as follows :—

	No. of Samples taken during year	No. of Samples showing positive presumptive B Coli Test	Highest Coli count during year
Raw Water—			
Midhope Reservoir	53	13	18+
Raw Water—			
Ingbirchworth Reservoir	68	40	50
Raw Water—			
Royd Moor Reservoir	53	9	9
Raw Water—			
Hunshelf Bore Hole	7	Nil	Nil
Raw Water—			
Coffin Field Bore Hole	33	2	3
Treated Water—			
All Sources	212	Nil	Nil

These results may be considered highly satisfactory.

Chemical analyses are frequently made on raw water from all sources and water going into supply at the Water Department Laboratory. Quarterly chemical analyses are carried out in addition by the Public Analyst. All results have been found to be satisfactory.

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

(iv) There has been no evidence of active contamination occurring during the year. Adequate precautions are taken during repairs to mains and for the sterilization. Special attention is given to air valves on trunk mains.

(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 lack this commodity.

During 1951 rainfall was recorded as follows :—

Jordan Hill, Barnsley	Midhope Reservoir
30.85 inches	55.58 inches

Sewage Disposal Works

Extensions to the Carlton Sewage Works were completed and came into use in August, 1951. These extensions consist of two new Detritus Chambers, two settling tanks, two storm water settling tanks and dosing chambers, two percolating filters, two humus tanks, sludge drying beds and a new pumping station.

Food and Food Poisoning

Details of inspection of premises concerned in the preparation and sale of food and of the various articles of food and drink themselves are contained in the pages which follow. In view of the recent adoption of the new Byelaws under the Food and Drugs Act, 1938, s.15, it is too early to pass comment on their execution and enforcement. Reference to this must necessarily be deferred to a subsequent report.

In Part II of this report, the part devoted to Epidemiology, the incidence of food poisoning in the County Borough during 1951 has received detailed attention. The notification of 11 cases was mentioned, together with the fact that in only two of these was it possible to identify the organism causing the illness. In addition, in the same part of the report a small outbreak of Paratyphoid "B" Fever probably caused by food was described. In the course of this outbreak a number of samples of confectionery, artificial creams and custards were submitted to the Public Health Laboratory for bacteriological examination but no pathogenic organisms were found. In addition, "sewer swabs," following Moore's technique, were taken from the drains serving the premises involved—again with negative results.

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:—

TABLE I

INSPECTION WORK

Total number of Inspections made	10,867
Total number of Re-inspections made	7,679
Total number of Defects found	5,019
Total number of Defects remedied	4,751
Total number of Informal notices served	1,329
Total number of Formal notices served	444
Total number of Informal notices complied with	1,189
Total number of Formal notices complied with	376

TABLE II

SUMMARY OF INSPECTIONS MADE

From 1st January, 1951, to 31st December, 1951

Dwelling Houses

	Inspections	Re-Inspections
Re Infectious Disease	11	2
Re Filthy Condition	21	20
Re Verminous Condition	102	100
Re Other Conditions	6349	7212
Houses-let-in-lodgings	15	10
Common Lodging Houses	23	1
Tents, Vans and Sheds	459	78
Number of Drains Tested	149	96

Inspection Of

Dairy	114	—
Ice Cream Premises	439	1
Slaughterhouse	253	—
Knackers Yard	49	1
Food Preparing Premises	416	15
Cold Storage Premises	1	—
Markets	321	—
Food Shops	635	10
Factories with Power	229	28
Factories without Power	34	2
Workplaces	5	—
Outworkers' Premises	4	—
Bakehouses	104	11
Hawkers' Premises	18	1
Hairdressers' Premises	46	8
Shops—re sanitary conditions	66	11
Cinemas and Theatres	21	1
Premises—re rats	45	22
Offensive Trades	37	1
Smoke Observations made	123	—
Smoke Visits to Plant	13	1
Other Premises—Visits and Interviews	878	108
TOTAL NUMBER OF DEFECTS FOUND	4869	150
TOTAL NUMBER OF HOUSES AFFECTED	2589	94
TOTAL NUMBER OF OTHER PREMISES AFFECTED	254	1

TABLE III

SUMMARY OF NUISANCES ABATED AND IMPROVEMENTS EFFECTED

From 1st January, 1951, to 31st December, 1951

Dwelling Houses

Internal:

Floors repaired or renewed	78
Walls repaired or renewed	249
Ceilings repaired or renewed	127
Fireplaces repaired or renewed	197
Flues repaired or renewed	36
Windows repaired or renewed	182
Doors	30
Staircases repaired or renewed	11
Sinks repaired or renewed	131
Waste Pipes repaired or renewed	70
Coppers repaired or renewed	26
Coal Stores provided or improved	17
Cleansed or limewashed	10
Freed from vermin	16
Damp conditions abated	154

External:

Roofs repaired	238
Eaves spouts repaired or provided	293
Eaves spouts cleansed	37
Downspouts repaired or provided	72
Downspouts disconnected from drain	9
Downspouts cleansed	4
Walls repaired or repointed	181
Chimney stacks repaired or repointed	60
Doors repaired or renewed	21
Steps repaired or renewed	6
Yard paved	2
Yard paving repaired	10

Common Lodging Houses

Limewashed	6

Tents, Vans, Sheds

Removed	6
Sites licensed	7
Dwelling licensed	12

Drains

Cleansed	369
Repaired	87
Reconstructed	33
New provided	27
Disconnected from sewer	6
Self-cleansing gullies provided	62
Soil pipes repaired	1

Inspection Chambers

Built	30
Repaired or improved	13

Cesspools

Repaired or improved	1

Water Closets

Provided for houses—additional	23
Provided in substitution of privies	2
Provided in substitution of waste water closets	28
Limewashed and cleansed	8
Structure repaired or improved	98
Fittings repaired or improved	112
Lighting or ventilation improved	1
Abolished	1

Waste Water Closets

Abolished	7
Repaired	91
Cleansed or limewashed	4
Converted to water closets	28

Midden Privies

Abolished	2

Pail Closets

Repaired	1
New pails provided	14

Ashpits

Repaired	6
Abolished (dry)	4
Abolished (wet)	1
Converted to ashbin shelters	4

Ashbins

Provided in substitution of ashpits	21
Renewed for houses —	1105
Renewed for other premises	23
Additional provided	4
Shelters repaired	5

Bakehouses

Cleansed or limewashed	7
Premises improved	9

Hairdressing Premises

Premises cleansed	1
Premises improved	2

Hawkers Premises

Premises improved	2

Dairies

Cleansed or limewashed	7
Premises improved	1
Utensils cleansed	—
Discontinued	1

Ice Cream Premises

Cleansed and limewashed	19
Premises improved	1

Slaughterhouses or Knackers Yard

Cleansed and limewashed	2
Premises improved	2

Offensive Trades

Premises cleansed and limewashed	20
Premises improved	1

Food Preparing Premises

Cleansed and limewashed	30
Premises improved	31

Offensive Accumulations

Removed	9

Shops—Re Shops Act

Suitable and sufficient means of ventilation provided	2
Suitable and sufficient means provided to maintain reasonable temperature	1
Suitable and sufficient sanitary conveniences provided	3
Suitable and sufficient washing facilities provided	4

Factories

Cleansed and limewashed	1
Overcrowding abated	1
Thermometers provided	1
Discontinued	1
Abstract provided	1

Sanitary Conveniences

Cleansed and limewashed	12
Additional provided	1
Intervening ventilated space provided	2
Separate accommodation for sexes	3
Notice of indication provided	6
Artificial Light provided	3
Doors and fastenings repaired or renewed	9
Fittings repaired or renewed	7

Cinemas and Theatres

Defects remedied	7

Stable Premises

Cleansed and limewashed	1
Accumulations removed	7

Other Premises

Nuisances abated	11
TOTAL DEFECTS REMEDIED	4751
TOTAL HOUSES AFFECTED	2826
TOTAL OTHER PREMISES AFFECTED	150

Common Lodging Houses

During the year 24 visits were made to the three Common Lodging Houses on the register. These are 24A Doncaster Road, 17 Doncaster Road and 23 Doncaster Road.

Tents, Vans and Sheds

The number of privately owned licensed sites in the Borough remains the same as last year, that is seven on which 12 caravans are situated.

The Council's Caravan Site in Grange Lane, Stairfoot, has been well patronised, as many as 30 caravans and tents being on the site on some occasions. The majority of the caraveners are people connected with fairs who remain on the site for the winter months but at the beginning of May when the fairs start again, commence their wanderings up and down the country. There is, however, a small number of people occupying caravans who remain practically permanently on the site, being engaged either in the scrap metal and rag and bone business or employed at local works.

Great difficulty has again been experienced in keeping the site clean and tidy, the temporary residents being the worst offenders in causing litter. During the year arrangements were made to improve the amenities of the site by the extension of the water supply pipe and the provision of another tap nearer the centre of the site, and two blocks of four pail closet compartments and an ashpit are to be built. The construction of an ashpit, which is not the most desirable type of refuse container, appears to be the only way to provide a means of storage for refuse for those people who only remain on the site for a short period. To provide ashes bins is to invite their disappearance when the users move off to another district. Many of the permanent residents have their own ashes bins which are emptied at least once per week, together with the pail closets, by employees of the Cleansing Department.

The improvements outlined above had not been commenced by the end of the year but it is hoped to get the work completed early in 1952.

On two occasions it has been necessary to bring before the Magistrates the occupier of land and the occupier of a caravan who were using the land and caravan without being licensed. In the first case the occupier of the land was fined £2 10s. 0d. and the occupier of the caravan £5. In the second case there were three charges against each defendant—for using

unlicensed land and an unlicensed caravan for more than 42 consecutive days on three occasions. Both defendants were fined 40/- on each of the charges.

Factories

The following table shows details of factory inspections on the form required by the Ministry of Labour and National Service and a comparison with the 1950 figures shows that the number of inspections has increased from 184 in 1950 to 417 this year and cases where defects were remedied have also increased from seven to 26.

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	55	45	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	262	372	18	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	—	—	—	—
Total ...	317	417	22	—

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.	By H.M.I.	
Want of Cleanliness ...	1	1	—	1	—
Overcrowding ...	1	1	—	—	—
Unreasonable temperature	1	1	—	—	—
Inadequate ventilation. ...	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences. ...					
(a) Insufficient	2	1	—	—	—
(b) Unsuitable or defective	21	18	—	1	—
(c) Not separate for sexes ...	3	3	—	2	—
Other Offences	1	1	—	—	—
Total ...	30	26	—	4	—

Nature of Work	Section 110		
	No. of Outworkers in August list.	Causes of default	No. of prosecutions.
Wearing apparel making, ...	3	—	—
Total ...	3	—	—

Cinemas and Theatres

Generally the cinemas and theatres, including places where stage plays are occasionally given, were maintained in a satisfactory condition. The sanitary accommodation was increased at two Church Halls licensed for occasional stage plays, by the provision of a urinal at one Hall, and two water closets and a urinal at the other. At one cinema a dirty water closet, the absence of a fastener to the door of the closet and a broken water closet seat, were found during inspection. The Manager's attention was called to these matters and they were speedily remedied.

Offensive Trades

The following premises were on the register at the end of the year :—

5 Tripe Boilers

1 Fellmonger

1 Knackers Yard

1 Rag and Bone Dealer

1 Bone Boiler and Fat Extractor.

Bone Boiling and Fat Extracting are carried on in conjunction with the Knackers Yard and, unfortunately, many vigorous complaints have been received regarding the offensive smell which on many occasions has pervaded the neighbourhood of the works. The erection of a new building to house new machinery has been commenced. In the meantime the original " digestor " continued to operate, which is, unfortunately, an old machine, and mechanical breakdowns were frequent until it was overhauled. Even then the nuisance was not entirely eliminated as it was found that the supply of water to the premises was insufficient to cope with all demands of the steam raising boiler, various taps and the condenser attached to the digestor. At the end of the year the possibility of obtaining water otherwise than from the Corporations mains, was being considered by the owners of the premises, and this, it is hoped, may offer a solution of the problem presented by these premises,

Atmospheric Pollution and Smoke Abatement

The same stations for recording sulphur dioxide in the atmosphere have continued to operate as in 1950, and it is interesting to note that the amount of sulphur recorded shows a slight decrease when compared with the 1950 figure.

Average daily figure (milligrams) of sulphur dioxide per 100 *square centimetres.*

	1951	1950
Kendray Hospital	2.0515	..... 2.3948
Mount Vernon Hospital	1.5805	..... 1.9848
Abattoir	1.8590	..... 2.4640

Observations were taken in 123 instances of the quantity of smoke emitted from chimneys attached to industrial plant, and three contraventions of the Byelaws were found. Letters of warning were sent to the firms concerned. The emission of grit from one chimney has been the cause of complaint from owners of surrounding property. The matter was discussed with the firm concerned and an order has been placed for the installation of a grit arrestor which it is hoped will abate the nuisance.

The Senior Sanitary Inspector served during 1951 as the Council's representative on the Executive Committee of the West Riding of Yorkshire Regional Smoke Abatement Committee,

Disinfestation

The following premises were dealt with during the year :—

23 Council houses sprayed with liquid insecticide to eradicate bugs.

14 Privately owned houses sprayed with liquid insecticide to eradicate bugs.

8 Council houses sprayed with liquid insecticide to eradicate crickets.

13 Council houses sprayed with insecticide in powder form to eradicate cockroaches.

1 Hotel sprayed with insecticide in powder form to eradicate cockroaches.

2 Council houses sprayed with insecticide in powder form to eradicate earwigs.

In addition the furniture and bedding from 31 houses known to be bug infested were treated to get rid of these vermin before the furniture and bedding were taken into new houses.

One case occurred of a privately owned house invaded by insects which could not be definitely indentified. Specimens were obtained and despatched to the London School of Tropical Medicine and Hygiene where they were found to be Golden Spider Beetles. The occupier of the house was informed and advice given regarding the best means to adopt for getting rid of the insects.

Disinfection

Premises dealt with by spraying with formalin.

1025 Rooms in 322 Dwellinghouses
1 Hospital Ward
2 Rooms in One Children's Home
3 Rooms in Two Miners' Hostels
13 Rooms in One Private School.

The number of articles of clothing and bedding subjected to steam disinfection was 1,517.

Rodent Control

The number of visits made by Sanitary Inspectors to premises infested with rats or mice was 67. The Council's two Rodent Operators carried out a baiting and poisoning programme in 2,497 sewer manholes, 159 dwellinghouses, 36 business premises and 17 premises owned by the Council—tips, sewage works and schools.

Swimming Baths

Ten samples of water from the swimming bath at Raley School and 21 samples from the Public Baths were examined to determine the presence of B.Coli and/or the amount of chlorine. Two of the samples from Raley School and three from the Public Baths showed the presence of a very small number of coliform organisms. Subsequent samples were found to be satisfactory.

Rag Flock and Other Filling Materials

As already stated the Rag Flock and Other Filling Materials Act, 1951, came into operation on the 1st November, 1951, and at the end of the year one firm had been registered under the provisions of Section 2 of the Act.

The Act provides for the submission of samples of various filling materials, used in certain forms of upholstering, to be submitted to a prescribed analyst to determine whether or not they comply with the standard set up in the Rag Flock and Other Filling Materials Regulations, 1951. For the purpose of these Regulations Mr. F. D. Duffill of the Townley Metallurgical Co., 26 Great Wilson Street, Leeds, was appointed as the analyst by whom the samples are to be analysed. No samples were taken during 1951, but it is hoped that regular sampling will be possible in 1952.

What appears from the sanitary point of view to be a serious defect of the Act is the exemption provided where the work done is solely the remaking or reconditioning of any article or any upholstering in connection with the building, making or fitting out of railway carriages, road vehicles, ships or aircraft. It is difficult to find a reason why filling materials used in these types of work should not be required to conform to the same standard as that set up for the types of work to which the Act applies.

Fertilisers and Feeding Stuffs

The taking of samples of fertilisers and feeding stuffs and the enforcement of the provisions of the Fertilisers and Feeding Stuffs Act. 1926, and the Regulations of 1932, whilst not directly connected with sanitary matters, are included in the work of the Sanitary Department. During the year three samples of fertilisers and six samples of feeding stuffs were taken and submitted for analysis by the Agricultural Analyst. Details are as follows:—

Fertilisers.	Sulphate of Potash	1
	Sulphate of Ammonia	1
	Dried Blood	1
Feeding Stuffs.	Balancer Laying Meal	1
	Pig Meal	5

All the samples were satisfactory.

The Exchange of Toys for Rags

Owing to the high prices which rags were fetching during 1951, many rag gatherers intensified their efforts to reach all possible sources of supply. Several of them hit on the idea of giving printed circulars to children leaving afternoon school, asking them to bring rags to school the following morning when they would be given toys in exchange. A watch was kept on numerous occasions and persons were seen to exchange toys for rags to children under the age of 14 years which is an offence under Section 154 of the Public Health Act, 1936. Proceedings before the magistrates were instituted in the following four cases:—

CASE A.

1 charge—person exchanging toys for rags. — Fined £5 and costs.

CASE B.

4 charges—2 persons exchanging toys for rags. — Fined £5 and costs on each charge.

CASE C.

5 charges—person exchanging toys for rags. — Fined £1 and costs on each charge.

CASE D.

3 charges—person exchanging toys for rags. — Fined £1 and costs on each charge.

Housing

HOUSING ACT, 1936—CLEARANCE AREAS

The following houses were demolished during the year:—

Clearance Area No. 71

35, 35a, Summer Street ..... 2 houses

Clearance Area No. 73

88, Farm House Lane ..... 1 house

A further two houses, owned by the Council, were demolished after rehousing the tenants. These were 35, Wilson Street, and Yews Farm, Kendray.

REPAIRS TO HOUSES

In three instances it has been necessary to enforce compliance with the requirements of Statutory Notices by way of legal proceedings against the owners of the property concerned.

CASE A.

Non-compliance with notices served under the Public Health Act, 1936.

(a) Section 39 to provide a new sink.

(b) Section 93 to repair the fireplace which was allowing smoke to enter the house.

The work was done before the case was heard by the Magistrates and it was therefore withdrawn on payment of costs.

CASE B.

Non-compliance with notice served under Section 93 of the Public Health Act, 1936, to repair fireplace flue which was causing smoke to enter the house, and to repair the house roof.

Magistrates adjourned the case at first hearing as work had commenced. At resumed hearing adjourned for a further 14 days and at third hearing case withdrawn on payment of costs as work had been completed.

CASE C.

Non-compliance with notice served under Section 39 of the Public Health Act, 1936, to provide a new sink.

The work was done before the case was heard by the Magistrates and it was therefore withdrawn on payment of costs.

Subsidence due to underground colliery workings has affected a large number of houses particularly in the Monk Bretton and Carlton areas. The usual evidence that subsidence is taking place is the cracking of walls externally and the cracking of plaster on walls and ceilings internally, together with doors and windows which are difficult to open and close. Temporary repairs are done as soon as possible by the National Coal Board but it has to be realised that subsidence may take place over a considerable period and therefore it is not good practice to do permanent repairs until all danger of further subsidence has ceased. This fact, whilst well known to those responsible for carrying out repairs, is not always known by the tenants of affected property who sometimes feel that insufficient attention is being given to what they regard as necessary and urgent repairs.

INSPECTION AND SUPERVISION OF FOOD

A great deal of the time of the Sanitary Inspectors has been occupied with the inspection and sampling of foodstuffs and the inspection of premises where foodstuffs are manufactured, stored and sold. The work involved in applying the Byelaws relating to the Handling, Wrapping and Distribution of Foodstuffs was realised to be greater than the then existing staff could cope with as well as continuing to do their normal work. An

additional Sanitary Inspector was therefore appointed who commenced duty on the 1st December, 1951, taking over the district of one inspector who was thus relieved of routine work and given the task of dealing with the hygiene of premises where food is manufactured or sold. These changes were not made until the end of the year, therefore there is very little work recorded in this report which is due to the change, but it is anticipated that during 1952 progress will be made in this important matter of food hygiene.

Milk Supply

Set out below are the details of licences issued under the provisions of the Milk and Dairies Regulations, 1949, Milk (Special Designations) (Raw Milk) Regulations, 1949 and 1950, and the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950.

28 Distributors of Milk, making a total of 86 on the register after allowing for cancellations due to cessation of business.

1 Dealers' (Pasteurisers) Licence to use special designation "Pasteurised."

11 Dealers' (Retailing) Licences to use special designation "Pasteurised."

1 Supplementary Licence to use special designation "Pasteurised."

6 Dealers' (Retailing) Licences to use special designation "Tuberculin Tested."

74 Dealers' (Retailing) Licences to use special designation "Sterilised."

1 Supplementary Licence to use special designation "Sterilised."

The number of inspections of dairies during the year was 114.

Bacteriological Examination of Milk

Methylene Blue Test

203 samples of Tuberculin Tested Milk	169	satisfactory
	34	unsatisfactory
21 samples of Sterilised Milk	21	satisfactory
22 samples of Pasteurised Milk	22	satisfactory
1 sample of Tuberculin Tested Pasteurised Milk	1	satisfactory

Phosphatase Test

22 samples of Pasteurised Milk	22	satisfactory
1 sample of Tuberculin Tested Pasteurised Milk	1	satisfactory

Turbidity Test

21 samples of Sterilised Milk	21	satisfactory

Examination for the presence of T.B.

37 samples of Ungraded Milk	36	negative
	1	positive

It is somewhat disturbing to note that of 203 samples of Tuberculin Tested Milk subjected to the Methylene Blue Test 34, or 16.74%, gave unsatisfactory results. These were all milks bottled on the farm where produced. The supervision of milk production is in the hands of the Ministry of Agriculture and Fisheries through the County Milk Regulations Officer, to whom all unsatisfactory results are notified so that he may take whatever action is considered to be appropriate.

Only one sample of milk showed the presence of tubercle bacilli out of 37 submitted for examination. This sample was from the herd of a producer-retailer whose premises are inside the Borough. On receipt of the report the Medical Officer of Health immediately took steps by way of notice to prevent the sale of this milk in its raw state, and to direct its treatment by pasteurisation. The notice remained in force until the offending cow had been slaughtered and a negative result obtained from the examination of a sample of milk from the remaining cows in the herd.

Ice Cream

During the year 16 premises were registered for the storage and sale of ice cream—15 for wrapped ice cream only and one for ice cream not wrapped. After allowing for premises where the sale of this commodity had ceased there were 152 premises in the register at the end of the year, to which 440 visits were made.

Of 116 samples of ice cream subjected to the Methylene Blue Test, 10 were regarded as unsatisfactory, being reported as Grade 3 or 4. The percentage of unsatisfactory samples is 8.62%, which compares favourably with 1950—18.5%, and 1949—39.3%, and shows that ice cream manufacturers and purveyors are taking greater care in the making and distribution of this foodstuff. The policy of encouraging the sale of ice cream prepacked on the manufacturer's premises has also helped as the risk of contamination by the purveyor when handling unwrapped ice cream does not exist when the product is ready packed. A large proportion of the ice cream sold in Barnsley is either in closed tubs or in a paper wrapper.

On the 1st March, 1951, the Food Standards (Ice Cream) Order, 1951, came into operation and for the first time a minimum chemical standard for ice cream was set up. For ordinary ice cream, as apart from those containing fruit, fruit pulp or fruit purée, the minimum standard is 5 per cent. fat, 10 per cent. sugar, 7½ per cent. milk solids other than fat.

Of 44 samples submitted for analysis all conformed to the standard for sugar and milk solids other than fat. The fat percentage varied from slightly above 3.0% to just below 18.0%. The following table gives the details.

No. of samples with a fat percentage above				3	and below	4	3
do.	do.	do.	do.	4	do.	5	3
do.	do.	do.	do.	5	do.	6	0
do.	do.	do.	do.	6	do.	7	1
do.	do.	do.	do.	7	do.	8	1
do.	do.	do.	do.	8	do.	9	4
do.	do.	do.	do.	9	do.	10	7
do.	do.	do.	do.	10	do.	11	11
do.	do.	do.	do.	11	do.	12	5
do.	do.	do.	do.	12	do.	13	5
do.	do.	do.	do.	13	do.	14	2
do.	do.	do.	do.	14	do.	15	1
do.	do.	do.	do.	15	do.	16	0
do.	do.	do.	do.	16	do.	17	0
do.	do.	do.	do.	17	do.	18	1
							44

It will be seen that six samples were below the minimum of 5%, three of these samples were informal and three formal. The manufacturers were brought before the magistrates and fined. Further reference to these prosecutions is recorded in a later section dealing with Food and Drugs.

Meat and Other Foods

The number of animals slaughtered and inspected at the Abattoir and on cottagers' premises was slightly lower than last year, but nevertheless 34,161 animals were inspected, made up as follows:—

Beasts	8,269
Sheep	18,834
Calves	2,798
Pigs	4,208
Pigs on Cottagers' premises	52
	34,161

The quantity of fresh meat condemned during the year was—

Beef	..... 101,491 lbs.	Beef Offal	..... 221,077 lbs.
Mutton	..... 924 lbs.	Mutton Offal	..... 2,917 lbs.
Veal	..... 1,578 lbs.	Veal Offal	..... 475 lbs.
Pork	..... 18,759 lbs.	Pork Offal	..... 3,762 lbs.

In two previous reports reference has been made to the prevalence of the parasite Cysticercus Bovis. In 1949 the percentage of animals passing through the Abattoir which were found to be affected was 0.23, in 1950 —0.68, and this year 1.04. The implication of these figures is that the parasite is becoming more widespread.

TABLE V

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 ...	10	—	—	—	1
Heifers ...	28	1	6	—	—
Cows ...	122	—	7	—	7
Calves ...	11	4	16	—	5
Sheep ...	.....	7	12	—	1
Pigs ...	26	3	23	—	19

TABLE VI

CARCASES PARTIALLY CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION.

Animal	Tuber-culosis	Accident	Inflamm-atory Diseases	Parasitic Diseases	Other Bacterial Diseases
Bulls ...	—	—	—	—	—
Bullocks ...	9	—	—	—	—
Heifers ...	15	—	—	—	—
Cows ...	44	3	—	—	—
Pigs ...	2	2	—	—	—

TABLE VII

VARIOUS ORGANS CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION.

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines	Feet
TUBERCULOSIS												
Bulls ...	5	5	18	2						2	2	
Bullocks ...	201	201	309	55	9	4	4	5		49	49	
Heifers ...	146	146	281	52	8	2	5	6		42	42	
Cows ...	353	353	838	126	31	9	13	12	23	163	163	
Calves ...			5	5								
Pigs ...	221	221	45	66	22		8			89	89	
INFLAMMATORY DISEASES												
Bulls ...			1	1		1						
Bullocks ...	3	5	64	25	6	7	12	14		2	2	
Heifers ...	4	5	40	6	2	23	13	2	6	4	4	
Cows ...			32	42	18	93	11	8	419	17	17	
Sheep ...	1	1	2	1			3	1				
Calves ...			2	3			1			1	1	
Pigs ...			55	63	49	13	46	33	2	59	59	
PARASITIC DISEASES												
Bulls ...	1	1					1					
Bullocks ...	39	39	141	1865			33	20				
Heifers ...	25	25	59	680			25	21				
Cows ...	12	12	39	741			9	8				
Sheep ...			4056	1222								
Pigs ...				9								
OTHER BACTERIAL DISEASES												
Bulls ...												
Bullocks ...	19	19	14	115	2	4	2	3		4	4	
Heifers ...	5	6	21	38	1	4	4	3		1	1	
Cows ...	4	4	8	80	4		3			8	8	
Sheep ...			3	2			2					
Calves ...				3	1					1	1	
Pigs ...	4	4	13	11	11	8	13	2		24	24	

TABLE VIII

ANALYSIS OF INSPECTION OF MEAT

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	6,188	2,081	2,798	18,834	4,208
Number Inspected	6,188	2,081	2,798	18,834	4,208
ALL DISEASES EXCEPT TUBERCULOSIS : Whole carcases condemned	8	14	25	20	45
Carcases of which some part or organ was condemned	2,813	847	13	4,068	197
Percentage of the number inspected affected with disease other than tuberculosis	45.6%	41.4%	1.3%	21.7%	5.5%
TUBERCULOSIS ONLY : Whole carcases condemned	40	122	11	—	26
Carcases of which some part or organ was condemned	864	1,097	6	—	284
Percentage of the number inspected affected with tuberculosis	14.6%	58.6%	.6%	—	7.3%

The following are details of various foodstuffs examined and voluntarily surrendered, it has not been necessary to formally seize any food during the year.

FRESH MEAT FROM SHOPS

Beef	344 lbs.	Decomposition
Beef	346 lbs.	Bonetaint
Pork	319 lbs.	Decomposition

IMPORTED MEAT FROM SHOPS

Imported Beef	376 lbs.	Bonetaint
Imported Beef	26 lbs.	Decomposition
Imported Mutton	10 lbs.	,,
Chopped Pork	142 lbs.	,,
Tongue Roots	111 lbs.	,,

PIGS HEADS (EX BACON FACTORIES)

71 Pigs Heads	757 lbs.	Tuberculosis

IMPORTED CORNED MEAT

55 x 6 lb. tins Corned Beef	330 lbs.	Decomposition
34 x 12 oz. tins Corned Beef	25½ lbs.	,,

FISH

Fresh Fish	315½ lbs.	Unsound

Rabbits		
Rabbits	31½ lbs.	,,
Fruit, Vegetables and Nuts		
Dates	2 lbs.	,,
Figs	21 lbs.	,,
Apples	120 lbs.	,,
Pears	3,648 lbs.	,,
Bread and Cereals		
Flour	112 lbs.	,,
Coconut Flour	2 lbs.	,,
Cake	105½ lbs.	,,
Biscuits	62¾ lbs.	,,
Rice	25 lbs.	,,
Other Foods		
Bacon and Ham	3,707½ lbs.	,,
Fruit Pulp	11,952 lbs.	,,
Butter	6 lbs.	,,
Cheese	22¼ lbs.	,,
Cream-Cheese	60½ lbs.	,,
Eggs	6 lbs.	,,
Salt	224 lbs.	Unwholesome
Chocolate	77 lbs.	Unsound
Jellies	1½ lbs.	,,
Yeast	451 lbs.	,,
Cocoa	½ lb.	,,
Carraway Seeds	7 lbs.	Unwholesome
Prepared Foods		
Cooked Meats	95 lbs.	Unsound
Udder	20 lbs.	,,
Sausage	63½ lbs.	,,
Cooked Ham	142 lbs.	,,
Tongue	24 lbs.	,,
Vegetable Sausage	7 lbs.	,,
Preserved Foods		
20,165 tins	30,932¼ lbs.	,,

HORSEFLESH

There is only one horse slaughterhouse in the Borough and during 1951 more horses were slaughtered for human food than ever before. This slaughterhouse is privately owned and a very large proportion of the dressed carcases were despatched to London. The number of horse carcases inspected was 1,626, which necessitated 252 visits being made to the slaughterhouse and resulted in the following condemnations:—

21 lungs for inflammatory conditions.

9 livers for inflammatory conditions.

4 spleens for inflammatory conditions.

1 stomach and intestines for inflammatory conditions.

19 lungs for parasitic conditions.

86 livers for parasitic conditions.

1 kidney for parasitic conditions.

90 lbs. horsemeat—bruising.

5 carcases and offal—dropsy and emaciation.

1 carcase and offal—tuberculosis.

1 carcase and offal—moribund.

Estimated weight—5,828 lbs.

Summary of Food Condemned

	Tons	Cwts.	Qrs.	Lbs.
Fresh Meat (from Abattoir)	156	13	3	3
Fresh Meat (from Shops, etc.)	—	9	0	1
Imported Meat (from Shops)	—	5	3	21
Imported Corned Meat (from Shops)	—	3	0	19½
Fish	—	2	3	7½
Rabbits	—	—	1	3½
Fruit, Vegetables and Nuts	1	13	3	11
Bread and Cereals	—	2	2	27¼
Other foods	7	7	1	23¼
Prepared foods	—	3	0	15½
Preserved foods	13	16	0	20¼
Horseflesh and Offal	2	12	0	4
Pigs Heads (Ex Bacon Factories)	—	6	3	1
	183	17	0	17¾

Food and Drugs

249 samples of food and drugs were analysed by the Public Analyst during 1951. The details are set out below.

Milk

43 samples of milk were analysed, 41 were genuine and two were not genuine. Of the two "not genuine" samples, one was only slightly deficient in Milk-Fat, and the vendor was warned. In the other case the sample was deficient in Milk-Fat to the extent of 13.0%. The vendor who was also the producer was prosecuted but the case was dismissed on the grounds that the milk was as it came from the cow.

The average composition of the 43 samples taken was—

Milk Fat	.....	3.63%	(1950 3.57%)
Solids not Fat	.....	8.73%	(1950 8.79%)

The average composition of the 41 genuine samples was—

Milk Fat	.....	3.65%	(1950 3.59%)
Solids not Fat	.....	8.73%	(1950 8.78%)

SAMPLES OF FOOD AND DRUGS (OTHER THAN MILK) SENT TO THE PUBLIC ANALYST DURING 1951

Article	Genuine	Adulterated	Total	Formal		Informal	
				Gen.	Adult.	Gen.	Adult.
Coffee	1		1			1	
Bicarbonate of Soda	1		1			1	
Custard Powder	1		1			1	
Cut Mixed Peel	1		1			1	
Dates	1		1			1	
Epsom Salts	1		1			1	
Evaporated Milk	1		1			1	
Fruit Salad	1		1			1	
Glace Cherries	3	1	4	1		2	1
Glycerine	1		1			1	
Ground Almonds	3		3			3	
Ground Rice	1		1			1	
Ice Cream	38	6	44		3	38	3
Indian Brandee	1		1			1	
Table Jelly	3		3			3	
Mint	1		1			1	
Mixed Spice	1		1			1	
Nutmeg	1		1			1	
Peas	2		2			2	
Pepsi Cola	1		1			1	
Potted Meat Paste	3		3			3	
Beef Sausage	13	4	17		2	13	2
Shredded Beef Suet	1		1			1	
Soreen	2		2			2	
Sunny Spread	1		1			1	
Table Jelly Crystals	1		1			1	
Thyme	1		1			1	
Tomiettie	3		3			3	
Beans	1		1			1	
Black Pudding	8		8			8	
Braised Kidneys	1		1			1	
Brawn	6		6			6	
Castor Oil	1		1			1	
Chicken Broth	1		1			1	
Condensed Milk	2		2			2	
Dressed Crab	4	5	9	1	2	3	3
Dry Fondant	1		1			1	
Ground Ginger	1		1			1	
Health-Salt	1		1			1	
Luncheon Meat	1		1			1	
Piccalilli	1		1			1	
Polony	2		2			2	
Pork and Ham	1		1			1	
Pork Rind	1		1			1	
Potted Meat		2	2				2
Pressed Meat	1		1			1	
Sauce	1		1			1	
Beef and Pork Sausage	1		1			1	
Spaghetti	1		1			1	
Tomatoes	1		1			1	
Tomato Links	1		1			1	
Vegetable Soup	1		1			1	
White Pepper	2		2			2	
Artificial Food Colour	2		2			2	
Barley Crystals	1		1			1	
Blackcurrant Syrup	1		1			1	
Bone and Vegetable Broth	1		1			1	
Jam	1		1			1	

Samples of Food and Drugs (other than Milk) sent to the Public Analyst during 1951 (continued)

Article	Genuine	Adulterated	Total	Formal		Informal	
				Gen.	Adult.	Gen.	Adult.
Chicken	1		1			1	
Cocoa	1		1			1	
Coffee Essence	1		1			1	
Cornflour	1		1			1	
Gelatine	1		1			1	
Fish Cakes	2		2			2	
Glucose	1		1			1	
Grapefruit Squash	1		1			1	
Ground Cinnamon	1		1			1	
Honey	1		1			1	
Liquid Paraffin	1		1			1	
Milkreem	1		1			1	
Orange Squash	2		2			2	
Pears	1		1			1	
Pickles	1		1			1	
Pressed Beef and Pork	1		1			1	
Prunes	1		1			1	
Liver Sausage	1		1			1	
Pork Sausage	5	5	10	1	2	4	3
Savoury Duck	1		1			1	
Jellied Veal	1		1			1	
Chicken Soup	3		3			3	
Cod Liver Oil Capsules	1		1			1	
Cough Mixture	1		1			1	
Cough Syrup	1		1			1	
Ground Nutmegs	1		1			1	
Pressed Ham	1		1			1	
Herb and Extracts	1		1			1	
Mixed Herbs	1		1			1	
Marzipan	1		1			1	
Meat Pie	1		1			1	
Jellied Rabbit	1		1			1	
Sausage Rolls	1		1			1	
Frankfurter Sausage	1		1			1	
Saccharin Tablets	1		1			1	
Sweet Nitre	1		1			1	
Tripe	1		1			1	
Vapomenth Pastilles	1		1			1	
Total	183	23	206	3	9	180	14

PARTICULARS OF OTHER FOODS — ADULTERATED SAMPLES

Sample No.	Article	Adulteration or Offence	Remarks
4876 Informal	Glace Cherries	Contained an excess of copper.	Formal sample satisfactory. Vendor warned by letter.
4915 Informal	Dressed Crab	Contained 42% cereal filler.	Formal sample could not be obtained.
4916 Informal	Dressed Crab	Contained 50% cereal filler.	See 4918.
4918 Formal	Dressed Crab	Contained 35% cereal filler.	Refers to 4916. Vendor and assistant prosecuted. Fined 50/- and costs.
4921 Formal	Dressed Crab	Contained 36.5% cereal filler.	Vendor prosecuted. Fined £5 and costs.
4942 Informal	Ice Cream	Deficient in fat 36%	See 4958.
4952 Informal	Beef Sausage	Deficient in meat 31%.	See 4977.
4958 Formal	Ice Cream	Deficient in fat 26.8%.	Refers to 4942. Vendor prosecuted. Fined £10 and costs.
4975 Informal	Potted Meat	Contained 75% meat. Should be described as potted meat paste.	Vendor warned by letter.
4977 Formal	Beef Sausage	Deficient in meat 30%.	Refers to 4952. Vendor prosecuted. Fined £5 and costs.
4984 Informal	Ice Cream	Deficient in fat 9.2%.	See 4990.
4985 Informal	Ice Cream	Deficient in fat 19.2%.	See 4991.
4990 Formal	Ice Cream	Deficient in fat 28.4%.	Refers to 4984. Vendor prosecuted. Fined £3 and costs.
4991 Formal	Ice Cream	Deficient in fat 12.2%.	Refers to 4985. Vendor prosecuted. Fined £3 and costs.
4998 Informal	Pork Sausage	Deficient in meat 9.2%	See 5020.
5006 Informal	Beef Sausage	Deficient in meat 16.4%.	See 5021.
5008 Informal	Pork Sausage	Practically conformed	See 5019.

Particulars of Other Foods — Adulterated Samples (continued)

Sample No.	Article	Adulteration or Offence	Remarks
5019 Formal	Pork Sausage	Slightly deficient in meat.	Refers to 5008. Vendor warned by letter.
5020 Formal	Pork Sausage	Deficient in meat 9.2%.	Refers to 4998. Vendor prosecuted. Fined £5 and costs.
5021 Formal	Beef Sausage	Deficient in meat 15.4%	Refers to 5006. Vendor prosecuted. Fined £5 and costs.
5093 Informal	Potted Meat	Contained 54.5% meat. Should be described as potted meat paste.	Vendor warned.
5097 Informal	Pork Sausage	Deficient in meat 13%.	Formal sample taken during 1952.
5100 Informal	Dressed Crab	Contained 28.5% cereal filler.	Formal sample genuine. Vendor warned.

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).

The School Health Service in Barnsley encountered little of outstanding interest during the year. As in the case of the previous year, there has been a small but noticeable improvement in the general health of the children as revealed by several figures to be found in the annual statistics.

This statement is typical of any description of the routine preventive work carried out by any School Health Service. There is nothing dramatic about it and indeed to many it may well appear to be extraordinarily dull. However, it is by work of this kind that much of the improvement in the well-being of the community has been achieved since the commencement of the present Century.

Reference has been made in other sections of this report to the fundamental differences which exist between the curative and the preventive approaches to medicine. Nowhere perhaps in the wide field covered by a Local Authority's services is the preventive approach more effectively illustrated than in the realm of School Health. There are to be found the clinical and individual applications of preventive medicine as opposed to its application to the community as a mass. The young individual is inspected not with the idea of finding acute illness but with a view to detecting minor defects from which in adult life might arise gross disability. In the few cases where acute illness is found on inspection the patient is directed to those who deal with curative medicine. Abnormalities which may or may not handicap those in whom they appear should, however, be observed and, if necessary, treated through the preventive approach. It is lack of appreciation of this view that has in the past tended to deprive the School Health Service of the full appreciation due to it.

Protagonists of the curative approach tend to consider the patient's reactions to immediate circumstances and often rationalise this idea on the basis of psychology. This in turn eliminates the foresight necessary to integrate their work with that of those whose approach is preventive. These latter in their turn fail to appreciate the part that education plays in their work and by reason of this failure they have not succeeded in convincing fully their curative-minded colleagues of the value of their approach. It must be borne in mind that those who would prevent illness by education amongst other means must be prepared to extend their educative efforts beyond the community in general to those who treat the

community in illness. If this could be effectively achieved many of the difficulties which have beset the School Health Service in recent years would be overcome.

It is not necessary in this year's report to reiterate the points regarding the relationship between the National Health Service and the School Health Service. The position described in the 1949 and 1950 Reports remained materially unchanged for the greater part of the year, although discussion with the Sheffield Regional Hospital Board resulted in active steps being taken to reduce the waiting list of pupils for ophthalmic investigations, whilst reorganisation of the Regional Hospital Board's Orthopædic arrangements improved the service available to children with defects calling for attention of this nature.

Once again satisfactory relations were maintained with the General Practitioners. From time to time incidents occurred which have suggested that an even closer co-operation than that which has existed at present may develop.

Co-ordination between the School Health Services and those services provided by the Local Health Authority continues to be complete as far as present standards are concerned. Beyond this, little comment is necessary on the year's working. As each year passes the relationship between the educative work of the Health Authority and the health work of the Education Authority becomes closer. In view of this, predictions are often made as to the integration of School Health work in some form of comprehensive Health Service. No doubt this seems a logical development and it is impossible to escape the conclusion that it is one which sooner or later must be realised. On the other hand little thought seems to have been given to the co-ordination of Health Education with the work of the Education Authority. In last year's report the view was propounded that the method of health education which offered the greatest promise of the ultimate ideal of an informed community was the teaching of Health in the schools. This is admittedly a long-term policy but there is evidence that it has more to offer than the "Health Authority Propaganda" that at present passes for Health Education.

During the year careful observations were made amongst the school children in Barnsley and these suggest that the time is now ripe to inculcate into them the right kind of healthy interest in their own physical well-being and to relate this interest to school medical inspections. Provided this is done in consultation with the Education Authority's experts it should be possible to produce a community conscious of real health. Such a community would be devoid of that morbid preoccupation with disease and its manifestations which has been such an unfortunate bye-product of what has been and is still being called Health Education.

There should be little difficulty in first attracting the children's interest to "Health"—the normal working of the body and its maintenance in the normal condition. This might be done by the right kind of lessons given to children of the right age groups. These lessons should be timed and arranged so that they culminate in medical inspection. There is little doubt that the present-day child is ready for teaching of this kind. Gone are the days when the doctor was a bogey man second only to the policeman, to be invoked by parents in the event of misbehaviour or over-

indulgence. The Infant Welfare Centre has had much to do with bringing about this state of affairs. Since he can remember, the average child has been meeting the doctor whom he has now come to regard with toleration if not with liking. Thus he is ready to accept his school entrant medical inspection without question. The result of this is that "scenes" and exhibitions of violent non-co-operation are becoming increasingly rare events. In fact they only occur in cases of obvious parental mismanagement. This is extremely important because it is laying down in the best possible way and at the best possible time a happy relationship between the individual and "health."

Thus it has now become conventional for the child to co-operate and to submit himself to a routine health education. In this it must be borne in mind that children, to say the least, are not only most conventional but do not readily tolerate in their fellows breaches of that code of behaviour which they accept as conventional. With such a background there will be little difficulty, given expert assistance, in capturing the children's interest and in guiding it in the direction of true Health Education.

As a result of the observations made, plans were formulated to carry out experiments in the teaching of simple hygiene and physiology in the schools and relating these lessons to medical inspection. However, it was not found possible to implement these plans until early in 1952.

SCHOOL HYGIENE

All school premises are examined each time they are visited by the Assistant School Medical Officer for the purpose of carrying out routine medical inspection. Any hygiene defects that are detected are fully discussed with the Head Teacher concerned. It is usually found that where defects are not of a structural nature this is sufficient to ensure that they are remedied. Where the defect is of a structural nature, this is dealt with through administrative channels by the Director of Education. In this way a number of marked improvements in school hygiene were effected during the year.

For a number of defects in school hygiene, such as over-crowding, there is only one solution and that is the implementation of the Authority's building programme as quickly as possible. Apart from the relief of overcrowding this would allow the replacement of several unhygienic premises which have long outlived their usefulness by modern schools in the design of which hygienic principles have received adequate attention.

During the year a detailed survey of the hygienic conditions prevailing in all schools in the County Borough was commenced. Special arrangements have been made to record the results of this work and to correlate the findings at the survey with those of the periodic visits of the medical officers to the school. In this way a full "hygienic record" of each school has been brought into being which will be of considerable value in the future.

MEDICAL INSPECTION

The total number of children examined at routine medical inspections during 1951 was 5,189. This figure comprises :—

1,433 entrants

1,434 second age group
830 third age group
1,492 other periodic inspections.

This represents an increase over the previous year of 1,419 in the number of periodic inspections carried out, whilst the total number of special inspections and re-inspections showed an increase of 1783. This increase in the number of inspections done is directly due to the fact that more medical officers were available during the year for this work. (See Appendix, Table I).

FINDINGS AT MEDICAL INSPECTION

General Condition

Examination of the figures in Table IIB of the Appendix will show that general physical condition of the children in Barnsley is highly satisfactory. Comparison with the corresponding table for 1950 will show that the findings for the two years differ considerably.

The percentage of children classified as "good" in 1951 was 29% as against 16.61% in 1950. The percentage of children classified as "poor" was 4.43% as against 3.27% in 1951. These variations are of much less significance than would at first appear. They are in fact almost certainly illustrations of the principal criticism in any form of assessment of "general physical condition." Such assessments depend to a greater extent on the medical officer's subjective opinions than on his objective findings.

During the year changes took place in the medical staff and this resulted in many assessments being carried out by doctors who had obtained much of their experience in other communities which differ considerably in character from Barnsley. If it is possible to retain the present staff, the figures for subsequent years will be more comparable.

The tendency is to apply the classification "Fair" to the child of average physique and "Good" to those who are above the average. The border-line between the two classifications is not very easy to define and variations in the numbers of children placed in these two classifications is not a matter of grave concern so long as the sum of the two remains constant. The fact that there is an increase of 1.16% in the number of children classified as of poor general condition calls for more careful scrutiny. Once again this is probably due to variations in assessment; nevertheless it will be necessary to bear this figure in mind when the time comes to review the statistics for 1952. In the meantime investigations have revealed no other causative factor.

Uncleanliness

Reference to Appendix, Table III, shows that the increasing care being taken in regard to cleanliness is having its effect. Despite a larger number of individual pupils examined by the school nurses a much smaller number of these was found to be infested than in the previous years. In

addition to this a new method of recording the findings of uncleaninesss inspections was introduced and this, coupled with a slightly different routine regarding the procedure to be adopted by school nurses in dealing with children who have only a few nits, has resulted in a great improvement as well as a marked diminution in the number of cases where cleansing notices are served. The cleansing and disinfection arrangements at New Street Clinic remain available for those parents who wish to make use of them. They are also available for the nursing staff should statutory action under the Education Act, 1944, Section 54(5), become necessary.

Eye Defects

449 cases of defective vision requiring treatment were found during the course of inspections. This number is within the range that might be expected having regard to the total number of pupils inspected despite the fact that it compares with 346 in 1950. Once again it is felt that the proportion of refractive errors found amongst school children will not materially decrease until every child has the advantage of attending a modern school with up-to-date lighting. In the meantime serious consideration should be given to lighting problems in those older schools where the prospect of early re-accommodation of the pupils is remote. Furthermore there is a tendency to overlook the effect of the at present unavoidable over-crowding in some schools on the amount of light which reaches the individual pupil's work.

56 cases of squint requiring treatment were found at inspections. As in previous years, it must be observed that little information is available as to how many of these children had previously undergone treatment. Squint calls for prolonged treatment and many of these are cases that have been previously detected but which still require treatment and are even cases included in the returns for more than one previous year. Other eye conditions requiring treatment were reported in only 14 cases, a still further decrease on previous years' findings.

Ear, Nose and Throat Defects

356 children were found to require treatment for nose and throat defects. As is usual, the great majority of these were cases of enlarged tonsils and adenoids. Here again the increase in numbers requiring treatment can be accounted for by the larger number of children inspected.

36 children showed defects of hearing and 48 otitis media. Much of this ear trouble arises from neglect of adenoid growth in the naso-pharynx by parents who either do not recognise its presence or, if they do, who fail to appreciate the seriousness of nasal obstruction in children. This is a field in which much remains to be done in the direction of Health Education in a form which will be appreciated by the community.

Orthopædic Defects

Bad posture holds, as it ought to do, pride of place as the most frequently found orthopædic defect requiring treatment, with a total of 46 cases, whilst 16 cases were referred for observation.

These figures represent an increase over the previous year that is not accounted for by the large number of inspections and it is most encouraging to see that more and more such cases are being referred for treatment. It would be still more satisfactory to see an increase found as a result of special

inspections done at the request of Head Teachers. Bad posture which has been allowed to develop unchecked can cause the most unsightly deformities, nearly all of which leave a mark on the psychological make-up of the person who suffers from them. The historical example of this was King Richard III. He was described as a "hunch back" but recent researches suggest that his deformity was a severe degree of "bad posture" and not tuberculous disease of the spine as had hitherto been supposed.

It is in this field that preventive medicine can do much not only for the individual but for the community by detecting cases of potential bad posture and treating them by exercise and the provision of the right kind of school furniture. Not only can the physique of the individual be improved but also his relationship with his fellows.

In the case of flat foot, 29 instances requiring treatment were discovered and seven requiring observation. This again is important preventive work as much of the disability and human suffering caused by "bad feet" could be prevented were cases of flat foot or "falling arch" recognised in childhood.

33 other orthopædic defects were also referred for treatmeut.

Table II in the Appendix contains a detailed statement of the defects found at medical inspection during the year.

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. to 12 noon.

EYE CLINIC
Monday .... 2 p.m. to 4 p.m.
Wednesday .... 2 p.m. to 4 p.m.
Thursday .... 2 p.m. to 4 p.m.
Friday .... 2 p.m. to 4 p.m.

SKIN CLINIC
Tuesday .... 2 p.m. to 4 p.m.

ORTHOPÆDIC CLINIC
Monthly, by appointment ..... Every 3rd Friday, 2 p.m.

DENTAL CONSULTATION CLINIC
Saturday .... 9-30 a.m. to 12 noon.
Otherwise, by appointment.

ULTRA VIOLET LIGHT CLINICS
Wednesday afternoon and Saturday morning.

Ardsley : Hunningley School, Hunningley Lane, Stairfoot
Monday .... 2 p.m.

Lundwood : Littleworth Infants' School
Monday .... 9-30 a.m.

Athersley : Athersley Junior School
Monday .... 9-30 a.m.

Monk Bretton : Old Council Offices, High Street
Friday .... 9-30 a.m.

Malnutrition

As in past years, school milk has been available for all those children who were in need of it as well as, in certain cases, vitamin tablets. During the year 1,188,567 bottles of milk were supplied to children attending the Authority's schools.

The School Meals Service supplied 1,153,195 meals to school children during the year. This shows an increase over 1951 which it is most pleasing to observe. The School Meals Service has done more than any other single factor to banish malnutrition from the community. Not only does a school meal ensure that the children receiving it obtain an adequate supply of food but it also ensures that the diet is balanced in that it contains the proper proportions of protein, carbohydrates and fats. This latter factor is perhaps more important than the former as much malnutrition in the past has been caused by the lack of one essential food factor rather than by an insufficient calorific intake.

In addition, school meals have an educative effect. They accustom children to a properly regulated diet and do a very great deal to stamp out faddiness and idiosyncracies of appetite which in the past have played a decisive part in certain cases of malnutrition.

Apart from this it has not been necessary to institute any special measures to deal with malnutrition. When individual cases are encountered arrangements are made for treatment at the Open Air School where it appears the regime there will accelerate the return to normal nutrition.

Uncleanliness

Reference has already been made to the arrangements for dealing with this. No alterations were introduced during the year.

Minor Ailments and Diseases of the Skin

Reference to the time-table of clinics shows that the existing arrangements were continued during 1951 :

Visual Defects and External Eye Diseases

Reference was made in last year's report to the fact that at the beginning of 1951 there was a waiting list of children for refraction which amounted to 700 names. The Education Authority and the Health Authority drew the attention of the Regional Hospital Board to this unfor-

tunate state of affairs. The Regional Hospital Board replied explaining the difficulty that was being experienced in obtaining suitably qualified medical staff. At this point it was found necessary to draw attention to the fact that the Board has an absolute statutory obligation to provide adequate specialist services. About this time Mr. Tomlin, who for many years before the Appointed Day of the National Health Service Act, 1946, had been the Corporation's Ophthalmic Surgeon and who had afforded one session per week at New Street Clinic as an ophthalmic practitioner, retired. His resignation was received with great regret by the Education Authority and by his medical colleagues. The opportunity is taken here to record appreciation of the service rendered by Mr. Tomlin which has greatly benefited the children of Barnsley for so long a period.

Mr. Tomlin's retirement caused the position regarding ophthalmic services to become still more acute and further representations to the Hospital Board resulted in the provision by the Board as a temporary measure in June, 1951, of four sessions per week to be carried out by Dr. Wilkie, an ophthalmic practitioner practising in Sheffield. This proved to be a most satisfactory measure. With Dr. Wilkie conducting four refraction sessions per week it was possible to make considerable inroads into the list of children waiting for ophthalmic examination and also to carry out the re-examination of children for whom glasses had already been prescribed in previous years with a view to ensuring that the correction of vision remained effective. At the end of the year the waiting list had been reduced by these efforts to 393.

Although primarily engaged on refraction Dr. Wilkie proved to be most helpful in advising on the treatment of squint and other eye conditions.

Table IV, Group 2, gives the statistical detail of the ophthalmic work done at the School Clinic. It will be noticed that for statistical purposes the work done by Mr. Tomlin and Dr. Wilkie has been included under "Number of cases dealt with otherwise than by the Authority" though the work was in fact done on the Authority's premises. The figures are set out in this way by direction of the Ministry of Education. When these figures are compared with those for 1950 it will be seen that they show a 50% over-all increase and in view of the very great difficulties which arose during the year this is a matter for some considerable satisfaction.

Towards the end of 1951 the Regional Hospital Board was able to report that there had been a response to advertisements for an Ophthalmologist on the Board's staff who would ultimately undertake the schools work in Barnsley. However, the appointment was not made and the permanent arrangements were not complete until 1952.

Ear, Nose and Throat Defects

Mr. Rowe, Consultant Ear, Nose and Throat Surgeon to the Barnsley Beckett Hospital, continues to carry out two sessions weekly at the New Street School Clinic. These arrangements have proved satisfactory, allowing not only for clinical examination and treatment but for audiometric estimations being made as well. The number of cases dealt with shows a slight reduction when compared with 1950. Detailed statistics will be found in Table IV, Group 3, in the Appendix.

Orthopædic and Postural Defects

As mentioned in last year's report, 1951 commenced with the arrangements for orthopædic examination and treatment made by the Regional Hospital Board on behalf of the Education Authority not fully stabilized. However, during the year Mr. Lawson was appointed a Consultant Orthopædic Surgeon to the Barnsley area and from June, 1951, he has carried out consulting sessions at New Street Clinic. Table IV, Group 4, in the Appendix shows a considerable reduction in the number of cases dealt with as compared with 1950. This is to a great extent due to the period of instability before arrangements for Mr. Lawson's sessions were made. The figures relating to orthopædic treatment are contained in Tables VIIa and VIIb in the Appendix.

Child Guidance

The Child Guidance Centre continued during 1951 under arrangements similar to those which existed in 1950. Reference to the Appendix, Table IV, Group 5, will show that a total of 285 children were seen by the Education Psychologist. Reports on a number of these were provided on request to the School Medical Officer.

So far it has not been possible to take any steps to develop a Child Guidance Clinic working under the direction of a Consultant Psychiatrist. In another part of this report reference has been made to the development of the Local Health Authority's Mental Health Services, particularly with reference to preventive work or Mental Hygiene. From this point of view it is absolutely essential that a Child Guidance Clinic should be available which is integrated with the Mental Health Service. Case work with juvenile delinquents, and patients suffering from incipient mental disease as opposed to mental deficiency indicates that much mental illness and much human misery might be avoided if the maladjusted child or adolescent with behaviour problems could be brought into contact with the Psychiatrist at a stage in his illness when the Psychiatrist could do most to help him. The close liaison which is now developing in Barnsley between the Mental Health Services of the Local Authority and those of the Regional Hospital Board offers a rising hope that it will soon be possible to arrange for the establishment of a Child Guidance Clinic on the lines suggested.

During the year Dr. M. M. MacTaggart, Educational Psychologist, resigned to take up duties with the West Riding County Council and Miss A. MacPherson was appointed in her place.

Speech Therapy

As for a number of years, Miss E. Chambers, Headmistress of Raley Modern Secondary Girls' School, assisted the School Health Service in 1951 by treating children suffering from speech defects. Reference to Table IV, Group 5, will show that during 1951 35 children were treated for speech defects of various types. These defects included delayed speech, lalling, cluttering, cleft palate, "post adenoid state," lisping and stammering. One child was treated who was suffering from cerebral palsy. Attendance at speech therapy classes has been satisfactory. Four children made seven attendances or less during the year. Of the remainder, all made considerable progress and seven have been discharged as cured. Slow progress and difficulties with speech therapy once it has been commenced are

in most cases due to irregular attendance. It is most important that parents of children requiring treatment for speech defects should realise this and should understand that most speech defects can be overcome if a persistent attitude is adopted in ensuring that classes are attended and that all directions given by the Speech Therapist are faithfully carried out.

Three cases of interest are recorded. A girl with a severe degree of cleft palate is undergoing speech therapy after surgical attention and having been fitted with an obturator. A boy whose speech was so defective that a recommendation was made for education in a special residential school was sent to Miss Chambers' class as an interim measure. His progress was so satisfactory that it has been possible to discharge him as cured for education in a normal school. The third case is that of a boy with cerebral palsy who is making a slow but steady improvement. He is under the supervision of the Spastic Department of St. Mary's Hospital for Children at Carshalton and satisfaction has been expressed on his visits there at the progress made by the boy whilst at home.

Ultra Violet Light Treatment

The arrangements for this have continued as in previous years. 119 children were treated at New Street Clinic and 960 attendances were recorded. This represents an increase in the number of children treated and attendances over the previous year when the figures were 69 and 842 respectively. No Ultra Violet Light treatment was given to school children in subsidiary clinics during 1950.

An increasing use is being made of the Ultra Violet Light lamps in examining children suspected of being infected with the fungi of ringworm. This is a very important application of Ultra Violet Light and should go a long way in improving the control of infections of this kind.

OPEN AIR SCHOOL

Mount Vernon Open Air School provides non-residential accommodation for 80 children. The children are selected for admission by the School Medical Officers and transport is provided to bring them to the school daily. On arrival at the school each day the children are served with breakfast.

Instruction in personal hygiene as well as the usual educational subjects follows until dinner time. After dinner there is a period of complete rest and after this there is a further session of school work until tea is served. On finishing the tea meal the children are conveyed to their homes.

These arrangements allow children who, for a variety of reasons, are unfit for the rough and tumble of ordinary school life to avoid an interruption in their education. They also provide a means of rapid build-up in the case of children whose general condition has fallen below normal physical standards. The children are under constant medical and nursing supervision and great care is exercised in selecting children for admission. In this way a maximum amount of benefit is derived from the somewhat limited accommodation available.

It is interesting to note, in view of comments made in other parts of this report that the number of children with "healed tubercular disease" recommended through the Chest Clinic has decreased in recent years. This is undoubtedly due to the increasing separation which is occurring between the School Health Service and those services operated by the Regional Hospital Board. This is, to say the least, unfortunate, as children of this kind do very well at the Open Air School. Children who suffer from non-tuberculous chest conditions do very well also. There have, however, been one or two spectacular failures. These have in some measure been due to poor attendance and lack of persistence on the part of the parents. Experience has shown that children with non-tubercular chest conditions should be admitted as early in their school lives as possible and preferably during the Spring and Summer terms. In this way regular attendance can be established before the bad weather and parents discover that going to school even on wet days does not result in a "chest attack." If no attempt is made to institute Open Air School treatment until after eleven years of age, the physical disability is usually well established and is not so amenable to environmental treatment.

The popular idea of an Open Air School is to associate it with chest illnesses. This is in fact wrong, as the majority of children who attend the school are those who for want of a better designation are termed "delicate children." Delicate children may be said to belong to three categories:—

(1) Children whose resistance has been lowered by a series of illnesses in quick succession, e.g. measles followed by whooping cough, etc. They generally improve rapidly and are discharged to their own school after a few months;

(2) Children who may have been delicate in infancy and have poor appetite or food fads, and show other signs of maternal anxiety. They generally do well with the individual expert attention provided, helped by plenty of fresh air, and their neighbours' example;

(3) Children with unsatisfactory home environment—for example, the father may be out of work for long periods through ill-health, keeping the family on the poverty line. The child may suffer from recurrent infections due to bad housing and gross overcrowding, or the child may come from a "problem family." These children usually improve, though sometimes very slowly, but they tend to relapse on discharge to an ordinary school.

As well as "delicate children" a small proportion of children with the rheumatic diathesis find their way to the Open Air School. In view of the well-known theory that an Open Air School regime is unsuitable for such children, any who are admitted are kept under special supervision by the Consultant Pædiatrician.

Finally, a few children attend the school on account of disabilities which preclude attendance at an ordinary school. These children are waiting for admission to residential schools for special education. (The difficulty in finding accommodation of this kind need not be emphasised here). In some cases there is little prospect of suitable arrangements being made; for example, one child has a slowly progressing muscular dystrophy. He is still able to attend the Open Air School where he is under continuous

supervision. Until the present it has not been possible to find residential accommodation within easy reach of Barnsley. In view of the hopelessness of the prognosis it would be unkind both to him and to his family to send him away any great distance from home.

As in previous years, the school was kept open during the Summer holidays for children whose parents wished them to attend voluntarily. The nurse attached to the school continues not only to provide nursing supervision of the pupils but also to follow up cases of absence.

On the whole, the remedial work of the school during 1952 was satisfactory and it is difficult to see how the community would have obtained more benefit from it in its present form. Consideration might, however, be given in the future to the provision of a residential Open Air School on a somewhat less exposed site. There are a number of cases where a residential school would be much more appropriate and more beneficial to the pupils. An example of this is the family who undo all the good done to the pupil during the day at the Open Air School by allowing or even encouraging bedtimes as late as 11-30 p.m. or midnight. The advantage of a residential school in such cases is obvious.

A summary of the numbers of pupils and the various conditions treated is shown in tabular form. (Appendix Table X).

SCHOOL DENTAL SERVICE

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

The figures appended of the treatment provided by the School Dental Service in Barnsley summarize the last year's work of Mr. J. K. Penney, and no other comment is offered than to pay tribute to the tremendous amount of work accomplished, and to his high standard of work.

The report will consist mainly of a review of the conditions under which the School Dental Service now operates.

The shortage of School Dental Officers and the large number of children requiring dental treatment compelled the continuation of the policy of maintaining the "utility service" referred to in last year's report. By "utility service" is meant the treatment of "toothaches" (usually relieved by extraction), eradication of oral sepsis, and conservation of permanent teeth to the exclusion of all other forms of dentistry. On this utility basis there is no time at all available for the complete conservation of the deciduous dentition, nor any time for the regulation of the crooked dentition. The premature extraction of the baby teeth is usually the cause of irregularities in the permanent teeth. Neither is there any time for lecturing the children on the need for oral hygiene, nor for the collection of all important detailed statistics which are proving of such great value in research into dental disease. In short, by having no alternative than to provide this utility service, it is felt that a grave injustice is being done to the children of Barnsley by denying them the comprehensive Dental Service envisaged by the Interdepartmental Committee on Dentistry appointed as far back as the 8th April, 1943.

The Final Report of the Interdepartmental Committee on Dentistry contains the following passage:—

> ". . . . . Whatever delays may arise in providing a complete service, nothing should be allowed to retard unduly the provisions of an adequate service for those classes, namely, expectant and nursing mothers, children and adolescents, who stand in need of special dental care, and who can benefit most from the skill and attention bestowed upon them."

The shortage of School Dental Officers has been the main reason why the provision of an adequate School Dental Service has been retarded. But, apart from fixing the scales of remuneration (which most young dentists find unenticing) little has been done to attract dentists into the School Dental Service or to solve the problem of how to provide an adequate Dental Service for the children. Agreed, many dental practitioners, particularly in Barnsley, are easing the burden on the overloaded School Dentist. But even so, the problem remains and it is not a problem which has no solution.

It has been said in the House of Commons that the School Dental Service might be merged into the General Dental Services in order to deal with the situation. As a long-term policy this would no doubt have some favourable aspect, but the problem is immediate and urgent. As it stands at the moment, the School Dental Service provides a very systematic and efficient framework upon which can be built the comprehensive Dental Service which is the ultimate ideal.

To return to the survey of the School Dental Service in Barnsley, one might ask how the children of Barnsley are affected by the inadequacy of the Service. Even with two full-time School Dental Officers, less than half only of the number of children attending Primary and Secondary Schools are receiving dental attention in any one year; or, conversely, more than half of these children are not receiving dental attention in any one year. This, of course, does not take in the number of children who are receiving dental treatment from the private practitioner. To provide adequately for all the school children of Barnsley there should be three School Dental Officers, and this would necessitate further surgery premises being provided or the provision of a Mobile Dental Unit. The Mobile Dental Unit of the type used by the Royal Army Dental Corps is a Dental Surgery on wheels. It can be towed to a school and left there until the School Dental Inspection, plus treatment, has been completed and then moved on to another school. Time away from lessons is reduced to a minimum and the period between inspection and treatment almost reduced to nil. Furthermore, with an establishment of three School Dental Officers, an orthodontic clinic could be instituted to begin with the correction of the many dental irregularities.

All this is hypothesis unless School Dental Officers are available; with the increasing number of graduates from the Dental Schools of the country there will, no doubt, be a spate of dentists some years hence, but "schools" may not appeal to them. It is suggested, in all sincerity, that when the demands of Her Majesty's Forces have been met, some dentists might well spend their two years' compulsory service under the National Service Act in the School Dental Service at the appropriate Whitley Council salary!

The caries inhibitory action of a certain amount of fluorine in drinking water is now a well-established fact and many Civic Authorities in the United States and a few Authorities in this country are adding this substance to the local water supply. This matter has been discussed with the Water Engineer and up-to-date information on this matter is readily available should the question of fluorinating the Barnsley water supply ever be considered.

Dental statistical returns are shown in the Appendix Table V.

HANDICAPPED PUPILS

A total of 47 children were ascertained during the year as handicapped pupils requiring special educational treatment. As in previous years, the majority of these belonged to the category of delicate children and received their special education at the Open Air School. The figures for 1951 represent a decrease when compared with those of 1950. This is all the more satisfactory when it is remembered that the total number of children medically inspected during the year 1951 was much greater than in the previous year. Statistical details are shown in Table V of the Appendix.

Blind Children

Three blind and four partially-sighted children were in residential schools for the blind while three blind and two partially-sighted children are awaiting admission to special schools.

Deaf Children

Five totally and two partially deaf children were in special schools. Six totally deaf children are awaiting admission. The difficulty experienced in finding suitable educational facilities for totally deaf children is a matter which must be viewed with considerable concern. If such children are to reap the maximum benefit of the facilities provided for them they must commence their education at the earliest possible age. On this account then every month spent waiting to commence education is not only a waste of the pupil's time, but renders the task of his teachers more onerous when eventually a place in a special school is found for him. Indeed it is not too much to say that the waiting period might have the effect of rendering the child's handicap greater than is necessary. In last year's report reference was made to the fact that further accommodation for deaf pupils was to be made available in existing schools. Some slight progress in this direction has been made during the year but as yet there is still an insufficient number of places. It is unfortunate that it is not possible for some central body to undertake the provision of accommodation of this kind.

Delicate and Physically Handicapped Children

The Open Air School has provided special education facilities fairly adequately for the delicate child, and the nature of this provision has been described elsewhere in this report.

The position regarding physically handicapped children is, however, much more complex. It is usually fairly easy to arrange special educational facilities where a child suffers from a single handicapping defect. For such children there are institutions which define the defects they are prepared to accept. Unfortunately even this accommodation is limited and there are long waiting lists. Great difficulty arises, however, where a child suffers from an unusual defect or from a combination of handicapping defects. Examples of this kind are a child suffering from Spina Bifida or a child with a birth palsy who is educationally sub-normal or partially-sighted. There cannot be a very great number of children in Great Britain whose defects preclude their admission to existing special schools. However, they do exist and there is a very great need for a special school which will accept difficult cases for which there is no provision at present.

It was suggested in last year's report that this might be undertaken by a National body and further consideration of the problem during the year confirms the view that this work could best be done as a Nation-wide service. With present facilities some of these children with multiple handicaps are "ascertained" and placed on waiting lists for apparently suitable special schools. They are examined in succession by the representatives of several of these institutions and are not accepted. All this takes time and no real step forward is made in doing something to educate the child. After several such refusals the School Medical Officer begins to question whether after all the child is educable even to a limited degree.

A centrally organised institution or group of institutions that would accept all children ascertained by Education Authorities as suffering from multiple handicaps would solve the problem. For this to be effective there would have to be adequate accomodation to allow of quick admission of children as soon as they are ascertained. Such a scheme might also be used as a "clearing house" for the selection of cases for existing special schools who prescribe for themselves a narrower field of activity. At the same time, given the right kind of facilities, it should also be possible for Education Authorities to obtain an opinion as to the best methods of education for the more severely handicapped. Finally, this suggestion appears to offer an opportunity to carry out on a realistic scale much needed research into the more difficult problems of the handicapped child.

Educationally Sub-normal and Maladjusted Children

Five children were ascertained as educationally sub-normal and one as maladjusted. Two children were reported to the Health Authority in accordance with the provisions of the Education Act, 1944, Section 57(3). At the end of the year the waiting list for places in special schools for educationally sub-normal pupils amounted to 22. This represents the largest group in any category of handicapped pupils awaiting special educational treatment and at present it would seem there is little prospect of finding places for all of them. This demonstrates the great need there is for the provision of more special school accommodation for this type of handicap and it is to be hoped that attention will be accorded to this problem in the not too distant future.

Epileptic Children

One epileptic pupil was in attendance at a special boarding school and one child was ascertained as an epileptic pupil during the year and is awaiting admission to a special 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, 1951, was 11,735. During the year 10 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 615 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 1950 TO AUGUST 1951)
AT THE RALEY AND CORPORATION BATHS.

Number of individual children sent to baths	4,371
Total number of attendances made	71,623
Number of children who could swim at least ten yards at the end of the session	1,856
(N.B.—This figure does not include Christmas and Easter leavers. Such inclusion would give a total figure of approximately)	2,200
Number of children who gained Education Committee Certificates :	
1st Class	15
2nd Class	185
3rd Class	513
Number of Life Saving Certificates :	
Elementary	133
Intermediate	125
Bronze Medallion	112
Bronze Bar	7
Bronze Cross	11
Award of Merit	2

PART V APPENDIX.

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	1433
Second Age Group	1434
Third Age Group	830
Total	3697
Number of other Periodic Inspections	1492
Grand Total ...	5189

B.—OTHER INSPECTIONS.

Number of Special Inspections	3590
Number of Re-Inspections	4201
Total	7791

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	8	279	285
Second Age Group ...	207	206	358
Third Age Group ...	107	66	164
Total (prescribed groups) ...	322	551	807
Other Periodic Inspections ...	121	201	300
Grand Total ...	443	752	1107

TABLE II

A.—Return of Defects found by Medical Inspection, 1951.

Defect or Disease	Periodic Inspections		Special Inspections	
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Skin	31	11	4	2
Eyes—a. Vision ...	443	85	6	...
b. Squint ...	51	16	5	5
c. Other ...	11	6	3	...
Ears—a. Hearing ...	34	7	2	...
b. Otitis Media ...	45	10	3	...
c. Other ...	8	7	1	1
Nose or Throat	334	252	22	9
Speech	15	10	1	...
Cervical Glands	13	53	11	1
Heart and Circulation ...	9	43	...	1
Lungs	22	42	1	2
Developmental—				
a. Hernia	10	10	...	...
b. Other	7	10	1	...
Orthopædic—				
a. Posture	46	16	2	...
b. Flat Foot ...	27	5	2	2
c. Other	32	19	1	...
Nervous System—				
a. Epilepsy ...	2	2	...	...
b. Other	7	11	...	1
Psychological—				
a. Development ...	5	12	1	...
b. Stability	6	48	1	2
Other	137	94	8	2

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

	Inspected	A (Good)	%	B (Fair)	%	C (Poor)	%
Entrants ...	1433	477	33·29	920	64·20	36	2·50
Second Age Group	1434	319	22·30	1050	73·22	65	4·53
Third Age Group	880	203	24·50	573	69·04	54	6·50
Other Periodic Inspections ...	1492	505	33·90	912	61·20	75	5·03
Total ...	5189	1504	29·00	3455	67·00	230	4·43

TABLE III

INFESTATION WITH VERMIN

1.	Total number of examinations in the schools by the school nurses or other authorized persons	35,321
2.	Total number of individual pupils evamined	12,850
3.	Total number of individual pupils found to be infested	1,353
4.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	10
5.	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, 1951

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	6	3
(ii) Body	10	5
Scabies	16	—
Impetigo	78	2
Other skin diseases	292	166
Total	402	176

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	114	83
Errors of Refraction (including squint)	—	1,436
Total	114	1,519
Number of pupils for whom spectacles were :		
(a) Prescribed	—	609
(b) Obtained	—	396
Total	—	1,005

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	—	6
(b) for adenoids and chronic tonsillitis	—	137
(c) for other nose and throat conditions	—	27
Received other forms of treatment	338	495
Total	338	665

GROUP 4—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals 4

	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	179	169

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	285	—

GROUP 6—SPEECH THERAPY.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	35	—

GROUP 7—OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	1,470	4
(b) Other (specify)	—	—
Total	1,470	4

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of Children inspected by Dentist .	
Routine age groups	5,079
Specials	558
TOTAL	5,637
Number found to require treatment	3,778
Number referred for treatment	2,826
Number actually treated	2,736
Attendances made by children for treatment	7,009
Half-days devoted to :	
Inspection	30
Treatment	756
TOTAL	786
Fillings :	
Permanent teeth	4,696
Temporary teeth	7
TOTAL	4,703
Number of teeth filled :	
Permanent teeth	4,148
Temporary teeth	7
TOTAL	4,155
Extractions :	
Permanent teeth	370
Temporary teeth	4,710
TOTAL	5,080
Administration of general anaesthetics for extraction	2,543
Other operations :	
Permanent teeth	1,449
Temporary teeth	34
TOTAL	1,483

Age Groups Examined at School

Age	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	1	17	201	453	446	523	565	516	465	465	498	434	361	116	5	9	4

74.38% of the total number of children inspected were found to require treatment ; of these 74.84% accepted treatment.

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	1	—	1	—	27	5	1	—	—	35
B. Handicapped Pupils **newly ascertained** as requiring education at Special Schools or boarding in Homes ..	2	1	—	—	31	6	5	1	1	47

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) ... ... —
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 1st :—										
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as (a) Day Pupils	—	—	—	—	67	11	—	—	—	78
(b) Boarding Pupils ..	3	4	5	2	—	3	—	—	1	18
(ii) Boarded in Homes ..	—	—	—	—	—	2	—	—	—	2
(iii) attending independent schools under arrangements made by the Authority ..	—	—	—	—	—	—	1	—	—	1
TOTAL (C) ..	3	4	5	2	67	16	1	—	1	99
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :										
(i) in hospitals ..	—	—	—	—	—	—	—	—	—	—
(ii) 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)	3	3	6	—	5	9	22	1	1	50

TABLE VIIa

ORTHOPÆDIC TREATMENT

Inspections at the Clinic

Visits of Orthopaedic Surgeon .... 11 sessions

NUMBER OF CASES SEEN BY THE ORTHOPAEDIC SURGEON :

Tubercular—New Cases	....	—
Re-examinations	....	11
Non-Tubercular—New Cases	....	46
Re-examinations	....	262

NUMBER TREATED AT THE CLINIC :

179 children of school age have been treated during the year.

771 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 and Paramore.

Children requiring Physiotherapy and massage have been treated at the Queens Road Remedial Centre.

ADMISSION TO HOSPITAL :

One child was admitted to the St. Helen Hospital and three to the Beckett Hospital.

Several school children are on the waiting list at the Beckett Hospital for operation.

TABLE VIIb

INSTITUTIONAL ORTHOPÆDIC TREATMENT

Initials	Age	Diagnosis	Admitted	Discharged	Condition on Discharge	Result
ST. HELEN HOSPITAL, BARNSLEY :						
A.G.	11	Pes Cavus	30.6.51	20.7.51	Good	Good
BECKETT HOSPITAL. BARNSLEY :						
P.L.	11	Poliomyelitis	3.3.51	24.3.51	Good	Good
D.P.	5	Talipes	25.8.51	20.9.51	Good	Good
E.L.	9	Lipoma	7.7.51	8.7.51	Good	Good

TABLE VIII

WEST RIDING PUPILS EXAMINED BY THE BARNSLEY COUNTY BOROUGH COUNCIL AT THE HOLGATE GRAMMAR SCHOOL AND TECHNICAL SCHOOL DURING 1951

Periodic Medical Inspections.

1 (a) Number of inspections in the prescribed groups :

Entrants	9
Second Age Group	140
Third Age Group	126
	275
Number of other periodic inspections	12
Grand Total	287

1 (b) Number of pupils found to require treatment :

Group	For Defective Vision (excluding Squint)	For any other Conditions	Total Individual Pupils
Entrants	—	—	—
Second Age Group	22	5	27
Third Age Group	23	4	26
Total (prescribed groups)	45	9	53
Other periodic inspections	1	—	1
Grand Total	46	9	54

2 (a) **Return of Defects Found by Medical Inspection.**

	Requiring Treatment	Requiring Observation
Skin	—	—
Eyes :		
Vision	46	1
Squint	—	1
Other	—	—
Ears :		
Hearing	1	—
Otitis Media	2	—
Other	—	—
Nose and Throat	3	—
Speech	—	—
Cervical Glands	—	—
Heart and Circulation	—	1
Lungs	—	—
Developmental :		
Hernia	—	—
Other	—	—
Orthopædic :		
Posture	4	—
Flat Foot	—	—
Other	—	1
Nervous System :		
Epilepsy	—	—
Other	—	—
Psychological :		
Development	—	—
Stability	—	1
Other	—	1

Parents present 68

2 (b) **Classification of the General Condition of Pupils Inspected.**

Group	No. Inspected	(Good) A		(Fair) B		(Poor) C	
		No.	%	No.	%	No.	%
Entrants ...	9	6	66.7	3	33.3	—	—
Second Age Group	140	80	57.14	56	40.0	4	2.9
Third Age Group	126	31	24.6	84	66.67	11	8.73
Other periodic inspections	12	12	100	—	—	—	—
Total	287	129	44.95	143	49.83	15	5.23

TABLE IX

BARNSLEY COUNTY BOROUGH PUPILS EXAMINED BY THE WEST RIDING COUNTY COUNCIL (Division 24) AT SCHOOLS DURING 1951

	No. of Inspections
Periodic Medical Inspections :	
First Age Group	—
Second Age Group	—
Third Age Group	265
Special examinations	51
Re-examinations	147

Return of defects found at medical inspections.

	Routine Periodic		Specials	
	Treatment	Observation	Treatment	Observation
Skin	—	6	1	4
Eyes :				
Vision	30	31	1	2
Squint	—	2	—	—
Other	—	2	—	2
Ears :				
Hearing	1	2	—	—
Otitis Media	—	—	—	—
Other	—	1	—	—
Nose and Throat	2	2	—	2
Speech	—	—	—	1
Cervical Glands	—	—	—	3
Heart and Circulation	—	4	1	3
Lungs	—	1	—	3
Developmental :				
Hernia	—	—	—	—
Other	—	7	—	—
Orthopædic :				
Flat Foot	—	1	—	1
Posture	1	4	2	2
Other	4	4	—	3
Nervous System :				
Epilepsy	—	1	—	1
Other	—	—	—	1
Psychological :				
Development	—	—	—	—
Stability	—	7	—	—
Other Defects	1	29	2	29

Malnutrition.

Group	No. of Pupils examined	A (Good)	%	B (Fair)	%	C (Poor)	%
Third Age Group	265	185	69.8	80	30.19	—	—

TABLE X

MOUNT VERNON OPEN AIR SCHOOL

Statistical Summary of Children in Attendance during 1951

Medical category	Number in School 1st Jan., 1951	Number admitted in 1951	Number discharged in 1951	Number remaining in school 31st Dec., 1951	Average stay of discharges	
					Yrs.	Months
Healed Tuberculous Disease :						
Healed Primary T.B.	11	3	4	10	2	5
Contacts	8	—	3	5	1	6
Healed Cervical Adenitis	1	1	1	1	—	3
Healed Mesenteric Adenitis	—	—	—	—	—	—
Resolved Plural Effusion	1	1	—	2	—	—
Disease of Spine	—	—	—	—	—	—
Non-Tuberculous Chest Conditions :						
Asthma	8	1	2	7	1	9
Bronchiectasis	5	—	—	5	—	—
Lobectomy Post Operative	2	—	—	2	—	—
Chronic Bronchitis	8	—	4	4	1	8
Delicate Pupils	20	16	9	27	1	10
Upper Respiratory Infections	—	3	—	3	—	—
Chronic Ototthoea	—	1	—	1	—	—
Heart Conditions :						
Congenital Disease	2	—	—	2	—	—
Rheumatic Disease	6	1	3	4	2	10
Miscellaneous :						
Spina Bifida	1	—	—	1	—	—
Nephrectomy Post Operative	1	—	—	1	—	—
Muscular Distrophy	1	—	—	1	—	—
Still's Disease	1	—	1	—	—	9
Post Poliomyelitis	1	1	—	2	—	—
Cystic Disease of the Lungs	—	1	1	—	—	4
TOTAL	77	29	28	78	—	—

Health Committee

(as at 31/12/51)

Chairman : Alderman E. Sheerien, J.P.

Vice-Chairman : Mrs. Councillor M. Brannan

His Worship the Mayor : Alderman R. Newman, J.P.

Alderman W. Gill, J.P.
Councillor H. I. Addy
Councillor L. Briggs, J.P.
Councillor T. R. Brown
Councillor A. Butler
Councillor F. W. Clayton
Councillor F. B. Crow
Councillor F. Elliott
Councillor A. Lowery
Councillor G. Race, J.P.
Councillor J. G. E. Rideal, D.S.O., T.D.
Councillor T. O. Roberts
Councillor G. Whyke
Councillor J. Wood

Co-opted Members :

Dr. L. V. Broadhead
Dr. N. Pick

Sanitary Committee

(as at 31/12/51)

Chairman : Alderman A. Dunk, M.M. J.P.

Vice-Chairman : Councillor G. Burkinshaw

His Worship the Mayor : Alderman R. Newman, J.P.

Alderman H. Burgin
Alderman W. Leach
Alderman A. Wright
Councillor L. Briggs, J.P.
Councillor F. W. Clayton
Councillor H. Dancer
Councillor J. H. Foster
Councillor W. Hunt
Councillor S. Jubb
Councillor W. Martin-Chambers
Councillor G. Race, J.P.
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 R. Newman, J.P.

Alderman C. Bentley
Alderman H. Burgin
Alderman A. Dunk, M.M., J.P.
Alderman W. Gill, J.P.
Alderman J. Guest, J.P.
Alderman A. Wright
Mrs. Councillor M. Brannan
Councillor L. Briggs, J.P.
Councillor F. B. Crow
Councillor H. Dancer
Councillor F. Elliott
Councillor J. Halton, M.M.
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. W. R. Gundry
Rev. Canon W. C. Hudson
Rev. Canon A. P. Morley
Mr. J. W. Roche
Rev. J. W. Thompson

Staff of the Public Health Department

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

G. A. W. Neill, T.D, M.D., D.P.H., Barrister-at-Law.

Deputy Medical Officer of Health and Depnty Schools Medical Officer :

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

Assistant Medical Officers of Health and Assistant Schools 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. (Terminated 26/3/51).

Kathleen Mathers, M.B., Ch.B., D.C.H. (Part-time) (Temporary). (Terminated 5/1/51).

Margaret S. O'Riordan, M.B., B.Ch., B.A.O. (Part-time) (Temporary) (Terminated 15/3/51).

James Ross, M.B., Ch.B. (Commenced 1/5/51).

Thomas Barry, L.R.C.P. & S.(I). (Commenced 1/9/51).

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, do.
Miss E. M. Parkin, do.
Miss J. Young, do.
Miss A. Kay, do.
Miss J. Witty, do.
Miss I. S. Hawcock do.
Mrs. H. Gough, do.
Miss M. Baker, do.
Miss E. M. Seabury, do.
Mrs. C. Totty, do.
Miss E. E. Gelder do. (Commenced 5/7/51).
Miss A. E. Thompson, do. (Commenced 5/7/51).
Mrs. D. Parrott, do. (Seconded as Social Worker) (Commenced 25/7/51—Terminated 13/9/51).

Health Visitor Trainees :

Miss E. E. Gelder, S.R.N., S.C.M. (Terminated 4/7/51).
Miss A. E. Thompson, S.R.N., S.C.M. (Terminated 4/7/51).
Miss E. L. Young, S.R.N., S.C.M. (Commenced 2/10/51).
Mrs. D. Gibson, S.R.N., S.C.M. (Commenced 2/10/51).
Mrs. A. Thompson, S.R.N., S.C.M., S.R.F.N. (Commenced 2/10/51).

Departmental Staff Nurses

Mrs. A. Metcalfe, S.R.N.
Miss E. A. Hazlehurst, S.R.N.
Mrs. M. E. Edge, S.R.N.
Mrs. M. D. Burrows, S.R.N., S.C.M. (Part-time).
Mrs. I. Higgins, S.R.N., S.C.M.
Mrs. E. A. Atkinson, S.R.F.N. (Terminated 30/4/51).
Mrs. A. Thompson, S.R.N., S.C.M., S.R.F.N. (Commenced 1/2/51 — Terminated 1/10/51),
Miss E. L. Young, S.R.N., S.C.M. (Commenced 16/7/51— Terminated 1/10/51).
Mrs. D. Gibson, S.R.N., S.C.M. (Commenced 10/9/51 — Terminated 1/10/51).

Pre-Nursing Pupils :

Miss M. Stone (Terminated 13/5/51).
Miss S. B. Wood (Terminated 14/12/51).
Miss S. Rowe (Terminated 28/12/51).
Miss M. Burd (Commenced 1/9/51).

Midwifery Service

Non-Medical Supervisor of Midwives :

Miss M. M. Moore, S.R.N., S.C.M., S.R.C.N., Q.I.D.N.

Domiciliary Midwives :

Miss E. Rushton, S.R.N., S.C.M.
Mrs. K. Tomlinson, S.R.N., S.C.M. (Temporary Relief) (Commenced 27/12/51).
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.
Mrs. A. Taylor, S.R.N., S.C.M.
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

Superintendent of District Nurses :

Miss M. M. Moore, S.R.N., S.C.M., S.R.C.N., Q.I.D.N.

District Nurses :

Miss I. A. M. N. Preece, S.R.N., S.C.M., Q.I.D.N.S. (Terminated 6/1/51).
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. (Terminated 31/8/51 to take Queen's Training).
Mrs. M. E. Walshaw, S.R.F.N.
Mrs. M. Allen, S.R.F.N. (Part-time).
Miss J. Crawford, S.E.A.N.
Mrs. D. Parkin, S.E.A.N.
Mrs. S. Burnham, S.E.A.N.
Miss M. Webster, S.R.N. (Commenced 5/3/51—Terminated 1/4/51).
Mrs. M. McGuinness, S.E.A.N. (Part-time) (Commenced 26/2/51).
Mrs. M. Barraclough, S.E.A.N. (Part-time) (Commenced 27/9/51).

Nursing Orderly :

Miss M. Haigh (Commenced 1/2/51).

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.
Mrs. M. Horton (neé Monkman), Nursery Staff Nurse (Terminated 31/10/51).
Mrs. M. E. Carroll, Temporary Nursery Assistant.
Miss P. Davies, Student (Terminated 17/8/51).
Miss M. Jones, Student to 21/5/51, Nursery Assistant from 22/5/51 to 31/10/51, Nursery Staff Nurse from 1/11/51.
Miss G. Worthington, Student.
Miss R. Hutson, Student.
Miss G. Sykes, Student.
Miss A. E. Blueman, Student.

Prevention of Illness, Care and After-Care

Miss M. J. Garwood, Social Worker (Terminated 16/6/51).
Miss N. E. M. Benzimra, Social Worker (Commenced 5/11/51).

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.

Mental Health

Miss S. A. Wain, Duly Authorised Officer.
Mr. H. W. T. Smith, Duly Authorised Officer.
Mr. S. Crossland, Duly Authorised Officer.
Miss C. Byrne, Supervisor, Occupation Centre (Commenced 5/2/51).
Miss A. Smith, Trainee Supervisor to 8/8/51, Assistant Supervisor, Occupation Centre from 9/8/51.
Miss M. Outram, Occupation Centre Assistant (Part-time) to 26/8/51, Assistant Supervisor, Occupation Centre (unqualified) from 27/8/51.
Mrs. E. M. Molyneux, Occupation Centre Assistant (Part-time).

Domestic Help Service

Mrs. P. M. Gardiner, Domestic Help Organiser.

Dental Service

Mr. J. K. Penney, L.D.S., Senior Dental Officer (Terminated 31/12/51).
Miss M. M. O'Connell, L.D.S., Dental Officer (Terminated 31/12/51).
Miss M. Haigh, Dental Attendant (Terminated 31/1/51).
Miss D. M. Newton, Dental Attendant (Commenced 16/4/51 — Terminated 27/10/51).
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.
Miss M. Harris, Senior Shorthand-Typist.
Mrs. S. Clarke, Shorthand-Typist.
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 (Terminated 9/9/51).
Miss J. Roberts, Clerk, Care of Mothers and Young Children (Terminated 9/9/51).
Miss A. V. Gyles, Clerk, Care of Mothers and Young Children.
Miss B. Shorthouse, Clerk, Care of Mothers and Young Children (Commenced 3/9/51).
Miss S. M. Bambrough, Clerk, Care of Mothers and Young Children (Commenced 3/9/51).
Miss B. Clarke, Senior Clerk, School Health Service.
Mrs. E. Stephenson, Clerk, School Health Service.
Miss M. R. Smith, Clerk, School Heath Service.
Mrs. J. Adamzyk, Clerk, School Health Service (Temporary) (Terminated 31/3/51).

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. E. S. Hackney, Assistant Sanitary Inspector.
Mr. A. Smith, Assistant Sanitary Inspector.
Mr. M. A. Belton, Assistant Sanitary Inspector.
Mr. A. Milner, Assistant Sanitary Inspector.
(Commenced duty 1st December, 1951).
Mr. D. R. Worrall, Senior Clerk.
Mr. P. Walker, Clerk (Joined H.M. Forces 23rd August, 1951).
Mr. P. R. Hunt, Temporary Clerk in place of Mr. P. Walker.
(Commenced duty 17th September, 1951).
Mr. A. Foster, Clerk/Student Sanitary Inspector.
(Commenced duty 2nd January, 1951).
Miss H. Hunt, Clerk/Typist.
Miss B. Livesey, Shorthand Typist.

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