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THE HEALTH OF BARNSELEY
1954




The Annual Report of the
Medical Officer of Health

The Annual Report of the
Principal School Medical
Officer

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

Barrister-at-Law,
Principal Medical Officer of Health,
Principal School Medical Officer.

THE HEALTH OF BARNSTAPLE
1854



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FOREWORD

"New opinions are always suspected, and usually opposed, without any other reason but because they are not already common."

"Essay on the Human Understanding."

John Locke (1632-1704)

In last year's foreword some attention was paid to the Statutory Authority under which the Annual Report of the Medical Officer of Health is prepared. At the same time some of the implications of this legislation were examined particularly in relation to the subject matter and contents of the report. In respect of this report for the year 1954 it would seem to be unnecessary to do more than mention that it has been prepared in accordance with the Sanitary Officers (Outside London) Regulations, 1935, Article 17(b), and that the contents of the relevant circulars from the Minister of Health have been borne in mind.

During the preparation of the report it has been felt that some of the matter in it tends to be printed year after year with little or no change. This is to some extent unavoidable if the present requirements of the Ministers of Health and Education are to be met, and the customs which have grown up over the years are to be observed. There seems little doubt but that inclusion of matter such as this tends to deprive the report of interest and increases its cost unnecessarily. For this reason every effort has been made on this occasion to omit comment on matters which have been adequately dealt with in recent years. Despite this, however, a reduction of only a very few pages has been effected, and it is felt that the interest of the contents has suffered to some degree.

This raises a question which might well receive attention in the appropriate Government Department. Is the Annual Report of the Medical Officer of Health in its present form the best instrument for studying the progress and development of Sanitary, Health, and School Health Services in any given area? Before an attempt is made to answer

this a suggestion for a possible alternative is perhaps worthy of consideration.

Such an alternative would consist of a very comprehensive form with spaces to hold all the statistics and information which the Government Departments could possibly require. There might even be space for limited comment under each principal heading. Such a form would be readily completed and its return might reasonably be required by the end of March in each year. Then for every three or five year period the Ministers concerned might require from the Medical Officer of Health a written report dealing with progress made in each aspect of the various services during the period under review. In such a report comment might be encouraged as in the case of the Survey Report of 1952 and Statistical information would only be included to support statements of fact or comments.

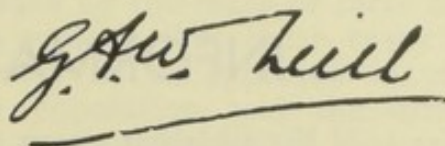
Something of this nature would lend itself to production in a really readable form, and, at the same time would offer an unrivalled opportunity in the field of Health Education. It is appreciated that a number of difficulties would be encountered particularly regarding the inclusion or exclusion of statistical information and tables. Nevertheless as attention to these problems would doubtless lead to their solution it is felt that this suggestion is worthy of being placed on record.

The present report follows the pattern which has been adopted for some time past. Vital statistics and comment upon them is contained in Part I. Epidemiology and figures relating to infectious diseases are dealt with in Part II. The third part of the report deals with the personal services provided by the Health Authority as part of the National Health Service, and in addition contains details of Welfare Work carried out amongst the Handicapped in pursuance of the powers conferred on the Corporation by the National Assistance Act, 1948. Under the heading of Environmental Hygiene Part IV deals with the Sanitary circumstances of the County Borough and Part V entitled School Health contains the annual report of the Principal School Medical Officer.

In presenting the report it is desired to thank the many people to whose efforts a successful year's work is due, and to express appreciation to the Mayor, Aldermen and Councillors for the courtesy and kindness they have extended.

Finally the opportunity is taken of quoting from "Religio Medici" by Sir Thomas Browne (1605-1682) in relation to some of the more contraversial comment contained in the pages which follow :—

" I could never divide my self from any man upon the difference of an opinion, or be angry with his judgment for not agreeing with me in that, from which perhaps within a few days I should dissent my self."

A handwritten signature in dark ink, reading "G. H. W. Hill". The signature is written in a cursive style with a long horizontal flourish underneath the name.

Medical Officer of Health.
Principal School Medical Officer.

26th October, 1955.

Part I

SOCIAL AND STATISTICAL INFORMATION

" We all labour against our own cure
for death is the cure of all diseases."

Sir Thomas Browne (1605-1682)
" Religio Medici " Pt. ii.9.

1. Geographical Situation: Latitude 53° 33" N.
Longitnde 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
mid-year 74,850
5. Density of Population: 9.58 per acre.
6. Number of inhabited houses: 21,206
7. Rateable Value at 31st December, 1954: £428,617.
8. Sum represented by a penny rate: £1,692.

Social Conditions

It is again possible to report that no significant or material change has taken place as regards the social conditions of the community which lives within the boundaries of the County Borough. The local industries continue to prosper and with them the various associated and ancillary trades. The figures relative to 1954 supplied by the Manager of the Barnsley Employment Exchange are as follows:—

	Men 18 and over	Women 18 and over	Total
As at 11/1/54			
Wholly unemployed	328	104	432
Temporarily unemployed	11	13	24
As at 6/12/54			
Wholly unemployed	253	83	336
Temporarily unemployed	4	16	20

From this it will be seen that unemployment with its many medio-social problems is virtually non-existent in Barnsley.

The other social problems which have been mentioned in this series of reports continued to make their presence felt both to the Health Department and to the community at large.

There was no lessening in the number of cases where action of one kind or another was necessary to ensure that some old person received adequate and suitable attention. It is fairly certain also that there are many cases of hardship amongst older people which do not come to the notice of the various social agencies. The impression made by the mass of facts accumulated in the course of the year's work is that these cases are on the increase. This is perhaps only to be expected in view of the rising average age of the population and the differences of conception of social duty towards aged relatives that are becoming evident between the older and younger generations.

The general high level of employment and prosperity in the Barnsley area and the nature of the local industries has in the past largely eliminated difficulties which arise in areas where female labour is in great demand. Such circumstances cannot but have a satisfactory effect on family life, and in turn they are likely to have far reaching results in the future. At the same time it would be a great advantage to the Borough if there were to be sufficient light industrial development of the right kind within its boundaries or closely adjacent. This would obviate the necessity for some of the younger women to travel many miles daily to work in factories of the heavy woollen towns of the West Riding, a habit of life which can not be said to be conducive to good health.

In other parts of the report mention will be made of work done to assist that small element of the population which is described for want of a better term as "problem families". Such families place strains and demands on the Health and other Social Services out of all proportion to their numbers. It is to be hoped that improving social conditions, particularly the effects of full employment combined with slum clearance and rehousing, will not be without this effect in this direction.

Reference was made in last year's report to the need for bearing in mind the young person in "digs" when planning the rehousing of the population. Observations made during the year, whilst producing little in the way of concrete facts, suggest that far too little attention has been given to the housing and feeding of the adolescent and young adult who by reason of occupation is forced to live "on his or her own" away from home.

Vital Statistics

The vital statistics for the County Borough are set out in the following pages with interpretation and comment as has become the custom in this series of reports. The usual comparative tables have been included in the appendix to this part.

POPULATION

The Registrar General's estimate for the mid-year population was 74,850. The census figure for 1951 was 75,625. It is appreciated that the Registrar General obtains his estimated figure by the application of formulae which allows for a great many factors. At the same time it is most difficult for those who know it well to believe that the vital and progressive community that comprises Barnsley which is building and developing so rapidly is in fact smaller by 775 persons than it was in 1951. It would be a most interesting experiment to ascertain just how accurate this estimate is in the case of the County Borough, and might well repay the difficulties involved in carrying it out.

BIRTHS

There was a total of 1,263 births amongst residents of the County Borough. The details were as follows:—

Live Births

		Males	Females	Total
Legitimate	.....	664	562	1,226
Illegitimate	.....	23	14	37
		<hr/>	<hr/>	<hr/>
Total	.....	687	576	1,263
		<hr/>	<hr/>	<hr/>

Birth Rate per 1,000 population = 16.87

Adjusted by application of comparability factor of 0.99 = 16.70

Reference to Table I will show that the Birth Rate for the County Borough still remains above that for the country as a whole. Reference to Table II will show that despite this the figure represents the lowest one recorded for 14 years.

Still Births

		Males	Females	Total
Legitimate	.....	18	12	30
Illegitimate	.....	—	1	1
		<hr/>	<hr/>	<hr/>
Total	.....	18	13	31
		<hr/>	<hr/>	<hr/>

Rate per 1,000 total birth (live and still) = 23.95

Rate per 1,000 population = 0.41

These figures represent an increase for those relative to 1953, but once again they are fractionally below the comparable figures for the country as a whole.

Reference has been made in past reports regarding the relationship between the still birth rate and the efficiency of the obstetric arrangements in the area to which it relates. There is little point in repeating this comment in view of the small variations represented by the figures for 1954.

It has long been the practice in Barnsley to investigate and record the circumstances surrounding each still birth occurring in the County Borough. The results of this investigation for 1954 may be summarised as follows:—

	Total	Full Term	Pre-mature
Toxæmia of pregnancy	7	1	6
Toxæmia and prolonged labour	1	1	—
Toxæmia and A.P.H.	2	2	—
Post Maturity	1	1	—
Malformed foetus	9	5	4
Ante-partum Hæmorrhage	2	1	1
Obstetric Casualties:—			
Uterine inertia	1	1	—
Breech	1	1	—
Breech and prolapsed cord	1	1	—
Prolapsed cord	2	1	1
No cause found	4	1	3
	<hr/> 31	<hr/> 16	<hr/> 15

Place of Confinement:

St. Helen Hospital	24
Pindar Oaks Maternity Home	3
Domiciliary	4
Total	<hr/> 31

INFANTILE MORTALITY

(On account of the relationship between still births and neonatal deaths it seems more logical to examine infantile mortality at this point rather than at the end of this part or under the heading of "Care of Mothers and Young Children" in Part III, as has been the custom in previous reports).

The total number of children who died, before attaining their first birthday, in Barnsley during 1954 was 41. This compares favourably with the figures for 1953 and 1952 which were 51 and 53 respectively. When reduced to an infant mortality figure of deaths under 1 year of age per 1,000 live births this gives an infantile mortality figure of 32.46 compared with 25.5 for England and Wales. Comparison of this figure with those for previous years (Tables II and III in appendix) indicates a satisfactory

downward trend. It would seem that here as is the case with Maternal Mortality figures statistical trends for compact communities such as Barnsley are more clearly evident if followed through the average figures for five or even three year periods.

During the year close attention was again paid to the causes of death in infants under a year old. The procedure for investigating each case described in last year's report was continued and much valuable information was recorded. The findings of this investigation may be summarised as follows (observing the practice of considering Neo-Natal deaths separately from those occurring in children who have survived the first month of life).

I. Neo-Natal Deaths

	Full Term	Premature
Prematurity	—	3
Prematurity and toxæmia of pregnancy	—	2
Obstetric Casualties:		
Intra cranial hæmorrhage	2	3
Atelectasis etc.	4	—
Congenital abnormalities	3	3
Septicæmia	1	—
Meconium Peritonitis	1	—
Hæmorrhagic Disease of the New Born,		
Kernicterus	1	—
	<hr/> 12	<hr/> 11
Total Neo-Natal Deaths	<hr/> 23	<hr/>

Examination of the causes enumerated above will show that the majority of them are the same as those causing still births. This is indeed, not surprising, particularly in the case of the small premature infant which if it should survive birth by a matter of minutes only, must be included under the heading neo-natal deaths, instead of being recorded as a still birth. Thus it will be seen that the approach to prevention of the great majority of these neo-natal deaths must be by way of improvement in obstetrics and ante-natal care. For example, there was one death Kernicterus and Hæmolytic disease of the New Born. This might suggest to some authorities that the fullest use is not being made of all the facilities available for blood testing of expectant mothers, and that as a result the potentialities of exchange transfusion now available in the County Borough are not being fully exploited.

II. Infant Deaths from one month to one year

Causes:	Full Term	Premature	Breast Fed
Congenital abnormalities	2	1	—
Broncho pneumonia	2	2	—
Broncho pneumonia and pancreatic deficiency	1	—	—
Broncho pneumonia and gastro-enteritis	2	1	1
Broncho pneumonia, whooping cough and gastro-enteritis	1	—	—
Gastro-enteritis	2	2	1
Tuberculous meningitis	1	—	—
Salmonella typhi-murium infection	1	—	1
	<hr/> 12	<hr/> 6	<hr/> 3
Total infant deaths from 1 month to 1 year			18
Neo-natal deaths			23
Total Deaths of Infants under one year of age			<hr/> 41

It was most unfortunate that a number of cases of gastro-enteritis accompanied by acute toxæmia occurred amongst infants during the last two months of the year. Bacteriological investigation indicated that the organisms involved were a typical members of the B.coli group. At least seven of the deaths of infants over one month old were directly or indirectly caused by these organisms.

The relationship between the various causes of infantile mortality and the age at death is shown in Table VIII in the comparative figures for the various causes over the last 10 years is shown in Table IX.

MATERNAL MORTALITY

In the figures received from the Registrar General 2 deaths are attributed to pregnancy and childbearing, this gives a Maternal Mortality rate per 1,000 total live and still births of 1.54 (Table VII).

The existence of a pregnancy was mentioned on the death certificates of two other females but was not regarded as a contributory cause. One of the deaths was certified after an inquest as being due to Toxæmia of Pregnancy followed by the shock of delivery. Regarding the other case, little information is available. It appears that the interval between the maternal

condition and death was stated to exceed 12 months. It is unfortunate that further details of such cases are not always available.

For many years until 1951 Medical Officers of Health were authorised by the Ministry of Health to investigate every maternal death and after enquiry, confidentially, to state their opinion as to the contributing factors. This enabled them to know the full details of each death occurring in his area. Since 1951, however, a different procedure has been brought into use whereby the Medical Officer of Health merely initiates the enquiry, the actual circumstances of the death being examined and reported upon by a Consultant Obstetrician. The obstetrician's findings are then sent to another obstetrician designated as the "Regional Assessor" who records his opinion on the facts as stated, and forwards the whole thing to the Ministry without the Medical Officer of Health hearing anything further of the case.

This arrangement seems to work fairly well in cases occurring in hospital. However, where a maternal death results from a case which has been entirely under the care of a General Practitioner circumstances can arise where the Consultant Obstetrician may feel that he is being asked to enquire into the methods of practice of a colleague. As a result he may be unwilling to carry out the investigation. Should such circumstances arise in an appreciable number of cases the entire system of the investigation of maternal deaths would become valueless as a means of obtaining information regarding the hazards of confinement at home.

Comment on the above position may only be considered when it is borne in mind that medical opinion is sharply divided on the question as to whether maternal mortality can be further reduced to any material extent by the close investigation of each maternal death and by the application of lessons learned from such investigation.

That any appreciable body of medical opinion supports such investigations would appear to be ample justification for carrying them out. Apart from the moral obligation to take every step that may possibly preserve a single life there are also important economic considerations. A very great deal of public money is being spent on maternity services with the declared object of preventing maternal mortality and morbidity. Each maternal death that occurs might well suggest to some members of the community that a portion of this money has failed to bring a proper return. It would seem that such members of the community would not be unjustified in demanding that the present administrative method of investigating maternal deaths be replaced by a more exact judicial one specifically authorised by Statute. It could be argued that the existing Coroners' Courts provide the necessary mechanism for investigating deaths when judicial procedure appears necessary. In answer to this it might be submitted most respectfully that the time honoured procedure

of the Coroner's inquest, if applied to every maternal death, would be unlikely to elicit all the technical data which would be required to evaluate the efficiency of the Obstetric Services, and, after all, this must be considered a matter of importance. Instead the following constructive suggestion is offered. That itinerant tribunals be established, each with a legally qualified chairman and medically qualified assessors to investigate **judicially** every maternal death. Such tribunals should be empowered to take evidence on oath and should be composed of whole-time officials. Probably two or three such tribunals could cover the whole country, dealing with the 500 or so maternal deaths which occur annually. They might be required to issue a reasoned finding of the facts in each case and Annual Statistical Reports. Their findings and reports would, of course, be factual and it might well be that after a few years they might be discontinued.

It is fully appreciated that there would be many practical difficulties and perhaps not a few objections to such tribunals. Their establishment is, however, suggested as a means of determining once and for all the facts related to maternal mortality.

DEATHS

Males 431 Females 358 Total 789

Crude death rate = 10.54 per 1,000 estimated population

(Adjusted by application of comparability factor of 1.18 = 12.43)

The figure for Barnsley (i.e. the crude Death Rate) is shown alongside that for England and Wales and the large towns in Table I.

When compared with 1953 there is a decrease in the total number of deaths of 24. This results in a fractional decrease in both the crude and adjusted death rates. 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 the table shows the distribution of the deaths of Barnsley residents occurring in the several wards of the County Borough, and in various institutions, the groups most affected by the principal causes of death are shown in Table V.

As in the previous two years four deaths were attributed to infectious diseases. Reference is made in Part II of this report to the 16 deaths from Pulmonary tuberculosis and the 2 from other forms of Tuberculosis. Compared with 1953 the number of deaths from Cancer 129, showed an increase of 5, and again the higher proportion of victims were over 65 years of age.

Pneumonia, bronchitis and influenza are credited with a total of 81 deaths, this number is substantially lower than last year when the prevalence of influenza in the spring was reflected here.

Once again the study of the age groups affected by the commoner causes of death (Table V) shows that in 1954 a higher proportion of deaths occurred in the over 65 years group than ever before. This is most satisfactory as it can be taken to indicate that "people are living longer". It may also be taken as a confirmation that the population of Barnsley must be regarded along with that of the rest of the country as an ageing population.

37 deaths were attributed to various forms of violence, this is an increase of 4 over the previous year. Road traffic accidents accounted for 8 of these and suicide for 6.

A summary of inquests held on Barnsley residents is shown in Table VI.

PART I APPENDIX

TABLE I.

Birth-rates, Death-rates from all causes and from several diseases for England and Wales, 160 County Boroughs and Great Towns, 160 Smaller Towns and Barnsley County Borough.

			England and Wales	160 County Boro's and Great Towns	160 Smaller Towns (Population 25,000 to 50,000)	Barnsley County Borough (adjusted)
			Rate per 1000 Population			
BIRTHS—						
Live	...	...	15.2	16.8	15.4	16.70
DEATHS—						
All Causes	...		11.3	12.0	11.3	12.43
Whooping Cough	...		0.00	0.00	0.00	0.01
Diphtheria	...		0.00	0.00	0.00	0.00
Influenza	...		0.05	0.04	0.05	0.04
Acute Poliomyelitis	...		0.00	0.00	0.00	0.00
Pneumonia	...		0.48	0.50	0.49	0.33
			Rate per 1000 Total (Live & Still) Births.			
STILL BIRTHS	...		24.0	25.6	22.3	23.95
			Rate per 1000 Live Births			
Deaths from						
Enteritis and Diarrhoea			0.80	0.8	0.5	4.75
Deaths under 1 yr. of age						
All Causes	...		25.5	29.1	23.7	32.46

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.	Barn- sley	England and Wales	Barn- sley
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
1952	15.3	18.38	11.3	11.72	27	38	0.72	0.71
1953	15.5	18.33	11.4	10.88	26.8	37.22	0.76	0.00
1954	15.2	16.70	11.3	12.43	25.5	32.42	0.69	1.54

*Adjusted Death Rate.

TABLE III.
Vital Statistics of the County Borough of Barnsley during 1954 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 under 1 year of age		Nett deaths under 1 year 5 years
		Num- ber	Rate	Num- ber	Rate	Num- ber	Rate	Per cent. of Total Nett Deaths
1944	68260	1540	22.50	802	11.75	62	40	7.73
1945	69170	1377	19.90	845	12.22	78	56	9.22
1946	72430	1555	21.47	852	11.76	61	39	7.16
1947	73600	1663	22.59	875	11.88	72	43	8.23
1948	74730	1560	20.87	804	10.75	73	46	8.95
1949	75250	1436	19.08	803	10.67	59	41	7.34
1950	75780	1444	19.06	814	10.74	50	34	6.13
1951	74890	1342	17.92	883	11.79	43	32	5.21
1952	74740	1374	18.38	876	11.72	53	38	6.05
1953	74740	1370	18.33	813	10.88	51	37	6.27
Average for 10 yrs 1944-53	73359	1466	20.01	836	11.41	60	40	7.22
1954	74850	1263	16.70	789	12.43	41	32	5.19
								6.59

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	0-1 yrs.	1-5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75 yrs. & over
Heart Diseases	157	...	...	1	1	6	20	28	101
Hypertension with heart disease	13	...	...	...	...	...	3	4	6
Coronary Disease Angina	86	...	...	...	1	4	28	29	24
Vascular Lesions of nervous system	93	...	...	...	...	...	22	26	45
Other Circulatory Diseases	34	...	...	...	...	2	4	9	19
Cancer (all forms)	129	...	...	3	1	11	55	31	28
Respiratory diseases (Pneumonia, Bronchitis, Influenza)	81	3	1	...	...	4	20	30	23
Accidents	29	...	1	1	2	6	6	5	8
Tuberculosis(all forms)	18	1	...	...	3	7	6	1	...
Congenital Malformations	14	10	...	1	...	2	1	...	...
Ulcer of Stomach	11	...	...	...	...	1	6	2	2
Suicide, Homicide and operations of war	8	...	...	...	...	1	4	3	...
Gastritis, Enteritis & Diarrhoea	7	6	...	...	...	...	...	1	...
Nephritis	7	...	...	...	...	1	...	3	3
Syphilitic diseases	4	...	...	...	...	...	3	1	...
Diabetes	3	...	...	1	...	1	...	...	1
Parasitic diseases	2	1	...	...	...	...	1	...	...
Leukemia	2	...	...	...	...	1	...	1	...
Hyperplasia of Prostate	2	...	...	...	...	...	...	...	2
Pregnancy, Child- birth and Abortions	2	...	...	...	...	2	...	...	...
Whooping Cough	1	1	...	...	...	...	...	...	...
Meningococcal Infection	1	1	...	...	...	...	...	...	...
Other defined and ill defined diseases	85	18	2	...	1	4	21	13	26
TOTALS ..	789	41	4	7	9	53	200	475	288

TABLE IV.
Deaths Allocated to Wards, Hospitals, Institutions, etc., 1954.

[illegible]

Disease	1880										Total
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	
1. Dropsy, pulmonary and general	1	1	1	1	1	1	1	1	1	1	10
2. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
3. Pleurisy, acute	1	1	1	1	1	1	1	1	1	1	10
4. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
5. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
6. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
7. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
8. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
9. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
10. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
11. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
12. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
13. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
14. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
15. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
16. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
17. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
18. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
19. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
20. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10
21. Pleurisy, chronic	1	1	1	1	1	1	1	1	1	1	10

Deaths attributed to malarial fevers, institutions, etc., 1880.

TABLE VI.

**Inquests held by Coroner during 1954
on Barnsley Residents.**

		Male	Female
1.	Deaths certified from Natural Causes	27	6
2.	„ as Road Traffic Accidents	7	1
3.	„ as Occupational Accidents	2	—
4.	„ as Home and Other Accidents	9	11
5.	„ as Suicide	6	—
6.	„ from Miscellaneous Causes	2	—
		53	18

TABLE VII.

**Maternal Mortality in England and Wales and
Barnsley County Borough in the year 1954.**

Rate per 1000 Total Live and Still Births.

Cause	England and Wales	Barnsley
Maternal Causes, excluding abortion	0.58*	1.54*
Abortion	0.11	0.00
TOTAL	0.69	1.54

* Including 34 deaths in England and Wales and 1 death in Barnsley where the interval between maternal condition and death was stated to exceed 12 months.

TABLE VIII
INFANT MORTALITY 1954

Cause of Death	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks & 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 1954
Tuberculosis—other .....	..	..	..	..	..	..	..	..	1	1	1
Whooping Cough .....	..	..	..	..	..	..	1	..	..	1	1
Meningococcal Infections .....	..	..	..	..	..	1	..	..	..	1	1
Other Infective and Parasitic Diseases .....	..	1	..	..	1	..	..	..	..	..	1
Pneumonia .....	..	..	..	..	..	1	1	1	..	3	3
Gastritis, enteritis & diarrhoea .....	..	..	..	..	..	2	2	2	..	6	6
Congenital Malformations	3	2	1	1	7	..	2	1	..	3	10
Prematurity	10	..	1	..	11	1	..	..	..	1	12
Salmonella (typhi-murium) .....	..	..	..	..	..	..	..	..	1	1	1
Cerebral Haemorrhage	3	..	..	..	3	..	..	..	..	..	3
Atelectasis	1	..	..	..	1	..	..	..	..	..	1
Peritonitis	1	..	..	..	1	..	..	..	..	..	1
Totals	18	3	2	1	24	5	6	4	2	17	41

TABLE IX.

INFANT MORTALITY

DEATHS FROM BRONCHITIS, PNEUMONIA, DIARRHŒA AND PREMATURITY, DEFORMITY, ETC.
DURING THE LAST TEN YEARS.

Year	NEO-NATAL.								1—12 MONTHS.							
	Bronchitis		Pneumonia		Diarrhœa		Prematurity Deformity, etc.		Bronchitis		Pneumonia		Diarrhœa		Prematurity Deformity, 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
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
1952	—	—	2	1.45	—	—	9	6.53	1	0.72	11	8.00	2	1.45	2	1.45
1953	—	—	2	1.46	1	0.73	23	16.79	3	2.19	11	8.03	3	2.19	1	0.73
1954	—	—	—	—	—	—	24	19	—	—	3	2.37	6	4.75	8	6.33

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	1221	12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Part II

EPIDEMIOLOGY

" Even if the doctor does not give you a year, even if
he hesitates about a month, make one brave push
and see what can be accomplished in a week.!"

" *Virginibus Puerisque. V. Æs Triplex.*"

R. L. Stevenson (1850-1894).

During 1954 1,329 cases of infectious disease were reported to the Medical Officer of Health. The year thus showed a reduced prevalence comparable with that for 1953 when the total number of cases was 1,469. Once again this low figure was due to the virtual absence of measles from the Borough until the last quarter of the year. The number of notifications and their distribution through the community in respect of each disease is shown in Table I in the appendix to this part.

Apart from the steep rise in the number of cases of measles from October onwards the year was devoid of epidemiological incidents.

Although an improvement was recorded in the standard of notification by General Practitioners this continued to remain below the Statutory requirements. 78 cases were admitted to hospital by General Practitioners as suffering from infectious disease without a notification as prescribed in the Public Health Act, 1936, S.144 being received by the Medical Officer of Health. This compares with 99 cases in 1953. There seems to be little point in repeating comment on this aspect of Epidemiology until such times as Parliament is prepared to consider the revision of the law related to it.

Scarlet Fever

133 cases of this disease were reported during 1954. Scarlet Fever continues to be of the mild nature which has characterised it for a number of years past. 115 of the cases were treated in hospital and as usual a number of cases of tonsillitis were associated with some of the cases of Scarlet Fever. Tonsillitis is not, of course, notifiable and it is, therefore, not possible to say how many such associated cases there were during the year.

Diphtheria

As in the previous year one case of Diphtheria was notified. This continued occurrence of even single cases of this disease

amongst the community in Barnsley re-emphasises the necessity for the immunisation of every infant during the first six months of life and the maintenance of the immunity thus created by reinforcing doses of antigen at appropriate intervals during childhood.

Pneumonia

112 cases of Pneumonia were reported during 1954, this figure is smaller than those for the three preceding years. Reference to Table II in the appendix will show the seasonal distribution of the notified cases. Pneumonia is a disease which by reason of legal definition offers some difficulty in notification. When therefore, it is decided to revise the law relating to the control of infectious disease, it is suggested that consideration should be given to defining more simply those inflammatory conditions of the lungs which are subject to statutory notification.

Meningococcal Infection

5 cases were notified and one death occurred. As in the previous year each case appeared to be sporadic.

Measles

Notifications of Measles for 1954 amounted to 791, compared with 775 for the previous year. From Table II it will be seen that of these notifications no less than 649 were received in the last two months of the year. These cases formed the beginning of the rather extensive outbreak of measles which extended into the first three months of 1955. It would seem that the text book "two year Rhythm" of measles prevalence is being re-established. In the past reports attempts have been made to illustrate this graphically but the picture obtained by the arbitrary plotting of calendar years has failed to give a realistic picture. This will be appreciated when it is borne in mind that in the 14 months from July 1953 until October 1954 only 73 cases of measles were reported, the carry over from the winter 1952-53, high incidence in 1953, and the carry over to winter 1954-55 high incidence has resulted in the figures for the two years appearing similar when in fact measles has been virtually absent from the community for a period of 14 months. It has been decided, therefore, to omit the graph of annual measles incidence from this report.

Whooping Cough

As in 1953 the incidence of Whooping Cough, with 104 reported cases, remained low. Again also one death was attributed to this disease.

In previous reports the seriousness of both measles and whooping cough have been emphasised. Despite this, however, it is felt that the opportunity might again be taken to examine the part the latter plays in laying the foundation of chronic respiratory diseases.

More detailed study of chronic bronchitis and bronchiectasis tends to show that a high proportion of individuals who are to a greater or lesser extent disabled by these conditions owe their disability to an attack of whooping cough in childhood. Unlike measles the time to deal with whooping cough is before it commences, by immunisation, and this would appear to be the only really effective measure both for the interests of the individual and the community. Immunisation is highly effective though it may not preserve every individual from an attack it will in the few cases who do contract the disease mitigate it to such an extent as to make serious permanent damage to the lungs and bronchi extremely improbable. As to control of whooping cough in the community, immunisation is the most valuable measure at the disposal of preventive medicine. This will be appreciated when it is understood that whooping cough is most infectious before its diagnosis in the individual can be made with certainty, consequently quarantine measures tend to be ineffective.

In another part of this report figures will be given relating to immunisation against whooping cough. It is greatly to be deplored that they do not reveal that a higher proportion of the community has been given protection against this extremely disabling disease.

Puerperal Pyrexia

Only 4 cases of this condition were notified during the year. As in the two preceding years this figure appears, having due regard to the standards set out in the Puerperal Pyrexia Regulations of 1951, to be almost too good to be true. It is of interest to note that only one of the notifications concerned an institutional confinement. This fact could give rise to many speculations but it seems that little would be achieved by dilating upon them here.

Poliomyelitis

4 cases of Poliomyelitis were reported during 1954, none of these cases was fatal, they were (as will be seen from Table II) distributed over the year and there was no relationship between any of them.

Food Poisoning and Dysentery

Throughout the year as in the two preceding years close attention was paid to the incidence of these diseases. The arrangements for investigating cases of gastro-enteritis reported by General Practitioners were continued and proved to be reasonably satisfactory. The Health Visiting Service carries out an immediate investigation of the living conditions of the family concerned and prepares a report on these. Specimens are collected for bacteriological examination, and should any suspected food be available it is also sent for examination. In most cases no attempt is made to differentiate between Dysentery and Food Poisoning until the Laboratory report is to hand—it would in fact be true to say that all cases of gastro-enteritis are regarded as "Food

Poisoning" until bacteriological examinations suggest a different answer.

It is interesting to note that whilst 31 cases of food poisoning were notified, *Salmonella* Organisms of the food poisoning group were isolated as a result of these investigations from the faeces of 47 persons. The difference in numbers being accounted for by persons who had been in contact with cases but who proved to be symptomless carriers. Similarly by reference to Table I it will be seen that 81 cases of notified Sonnei Dysentery were treated at home but the organism was isolated from a total of 90 individuals. Those persons who, although carrying the organism, but could not recall any symptom whatsoever constituting the difference between the 81 notified cases and the 90 isolations of *Shigella sonnei*.

The great importance of the symptomless carriers of both the *Salmonella* organisms and of *Shigella sonnei* has been stressed in previous reports. The detection of this number of carriers, it is suggested, fully justifies the effort expended by the Health Visitors on this aspect of their work. In this connection it is interesting to note that a total of 303 individuals comprising 55 families were investigated during 1954.

The study of Dysentery and Food Poisoning in Barnsley is being continued into 1955 and it is hoped that a survey of this nature covering several years will ultimately result in drawing attention to some factors relating to these conditions which up till now have been overlooked. At this point it is desired to take the opportunity of thanking the General Practitioners who have so materially assisted in forwarding the investigation during the year.

Tuberculosis

During 1954, 54 notifications of pulmonary tuberculosis were received in respect of residents of the County Borough. 16 deaths were attributed to pulmonary tuberculosis. Notifications of non-pulmonary tuberculosis amounted to 11 and 2 deaths were attributed to this form of the disease.

Examination of these figures in comparison with those for previous years shown in Table III in the appendix indicates that they may be regarded as highly satisfactory. Indeed as far as can be ascertained the figures for the notification of pulmonary tuberculosis are the best ever recorded for Barnsley, whilst the number of deaths from this form of disease is the second lowest on record (1953 was the lowest). The figures for non-pulmonary tuberculosis, whilst not constituting any record need not be cause for anxiety. In last year's report comment was made to the effect that the satisfactory figures then recorded represented a single year only, it is, therefore, most gratifying to observe that the downward trend has been maintained for the year under review as well.

It would appear also that the impact of Mass X-ray Surveys on the notification rate of pulmonary tuberculosis has now stabilised itself. There is little doubt that Mass Miniature Radiography is one of the most useful aids available to preventive and early detection (and consequent notification) of the pulmonary form of the disease. Not only does this result in the patient receiving treatment when it is most effective but it also results in his removal, as a source of infection, from his family and social contacts.

Details of the work done by the Sheffield Regional Hospital Board's Mass Miniature Radiography Unit in the course of the Survey held in Barnsley during October, 1954, are set out in the third part of this report. It is, however, interesting to note that 38 suspected cases of tuberculosis were referred to the Chest Physician from the Survey. Those confirmed after further examination would seem to constitute a high proportion of the total notifications recorded.

Table III shows the steady trend of decreasing mortality from tuberculosis over the past 12 years. Comment of considerable length was made in last year's report on the various factors in addition to Mass X-ray which have contributed to a satisfactory statistical index relating to tuberculosis. Perhaps the most important of these is the improvement of the standard of living and particularly housing. The Corporation's Slum Clearance programme which is being implemented at the time of writing this report offers the possibility of a further dramatic fall in the incidence of pulmonary tuberculosis in years to come.

The age groups in which deaths from tuberculosis occurred, along with the ages at which a diagnosis was made in the new cases, are shown in Table IV. Tables V and VI show the returns submitted to the Ministry of Health in accordance with the Public Health (Tuberculosis) Regulations, 1952.

Table VII shows the interval which occurred between notification and death in the various fatal cases of pulmonary tuberculosis.

Non-pulmonary tuberculosis again as in 1953 produced 11 notifications. The disease attacked the various organs as follows:—

	Males	Females
Glands (Abdominal)	—	1
(Neck)	2	—
Knee	1	—
Meninges	2	—
Spine	1	2
Genito-urinary	—	1
Uterus	—	1
	<hr/>	<hr/>
	6	5

Total notifications: 11

This figure shares with that for last year the distinction of being the second lowest ever recorded. The two deaths from non-pulmonary tuberculosis were both from Tuberculous meningitis. The occurrence of such cases is most disturbing as they indicate that the patient concerned has probably been in fairly close contact with an individual in an acutely infectious phase of the disease. Last year's comment, the need for isolation of such patients and, should the disease become chronic, for their education in preventive measures is once again emphasised. Finally this would appear to be the strongest possible argument in favour of ensuring by every possible means that known sufferers from tuberculosis be housed in such a way that they have adequate separate sleeping accommodation.

Venereal Disease

The incidence of Venereal disease in Barnsley continues to be at an extremely low level. It must of course be borne in mind that figures relating to Venereal disease are based on reports from Special Treatment Centres rather than on Statutory Notification. Thus it is considerably more difficult to ensure accuracy of statistics than in cases where notification is followed up by home visiting. The situation is further complicated by the perhaps understandable tendency of some patients to give fictitious names and addresses. Returns relating to first attendances of Barnsley Residents during 1954 may be summarised thus:—

Special Treatment Centres:

	Syphilis	Gonorrhœa	Other Conditions
Barnsley	8	25	73
Royal Infirmary, Sheffield	4	—	1
Royal Hospital, Sheffield	—	3	—
City General Hospital, Sheffield	1	3	—
	<hr/> 13	<hr/> 31	<hr/> 76

The figures for Syphilis and Gonorrhœa are both slightly higher than those for the previous year (10 and 27 respectively) but this is of little significance. The cases reported from hospitals include those which are congenital as well as latent cases.

Scabies

Six cases of Scabies in adults were treated during the year at New Street Clinic.

PART II APPENDIX

TABLE I.
NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis).
AGE AND WARD DISTRIBUTION, AS CORRECTED

NOTIFIABLE DISEASE.	Number of cases notified in Barnsley during 1954								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.	Ardley Ward.	Monk Bretton Ward.	Carlton Ward.	Kendray Hospital.	City Gen. Hosp. Sheffield	St. Helen Hospital	Home Cases	Beckett Hospital
Scarlet Fever ...	133	—	1	4	63	7	2	1	11	8	12	5	5	5	3	38	23	23	115	—	—	18	—
Diphtheria ...	1	—	13	6	11	9	4	61	14	3	8	—	—	4	4	—	—	11	1	—	—	—	
Pneumonia ...	112	8	3	1	—	—	—	—	14	3	8	8	12	4	—	35	2	11	40	1	1	69	1
Meningococcal Infection ...	5	3	1	—	—	5	—	2	14	31	43	29	62	23	35	189	216	149	20	5	—	764	—
Measles ...	791	32	182	254	316	—	—	—	4	2	4	8	18	1	1	32	8	26	13	—	7	91	—
Whooping Cough ...	104	18	26	34	26	—	2	34	4	2	1	3	7	4	—	6	5	6	15	—	—	23	—
Erysipelas ...	38	1	—	—	1	—	1	3	4	2	1	—	1	1	—	1	—	1	2	—	1	—	—
Puerperal Pyrexia ...	4	—	—	—	1	1	1	—	2	—	—	—	—	—	—	2	—	2	6	—	—	1	—
Poliomyelitis ...	6	2	—	1	1	3	10	22	4	—	1	2	2	1	2	27	29	34	21	6	—	81	—
Dysentery ...	102	4	19	19	25	—	4	8	4	—	1	6	8	—	—	4	5	2	9	—	—	22	—
Food Poisoning ...	31	6	2	6	5	—	—	—	4	1	1	—	—	—	—	—	—	—	—	—	—	2	—
Oph. Neonatorum ...	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—
Totals ...	1329	76	259	365	449	25	24	131	57	47	70	61	116	39	45	336	301	257	247	1	9	1071	1

TABLE II.

Notifiable Infectious Diseases (excluding Tuberculosis). Table shewing monthly prevalence during 1934.

Notifiable Disease.	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Totals
Scarlet Fever	17	10	11	9	14	2	12	1	12	15	20	10	133
Diphtheria	—	1	—	—	—	—	—	—	—	—	—	—	1
Pneumonia	15	8	5	8	10	5	6	6	4	5	15	25	112
Meningococcal Inf.	2	—	—	2	1	—	—	—	—	—	—	—	5
Measles	2	3	2	3	2	5	2	17	10	96	316	338	791
Whooping-Cough	7	14	4	13	8	8	11	4	12	11	7	5	104
Erysipelas	6	4	2	1	4	1	8	3	—	8	4	2	38
Puerperal Pyrexia	1	—	1	—	—	—	1	—	—	1	—	—	4
Polomyelitis	1	—	—	—	1	—	1	1	1	—	—	1	6
Dysentery	8	5	—	2	4	—	14	3	4	24	25	13	102
Food Poisoning	—	7	4	1	—	2	3	3	5	4	—	2	31
Oph. Neonatorum	—	—	—	—	—	—	—	—	—	2	—	—	2
TOTALS	59	52	29	39	44	23	53	38	48	166	387	391	1329

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.	
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
1952	67	23	0.30	6	3	0.04	0.34
1953	60	13	0.17	11	—	0.00	0.17
1954	54	16	0.21	11	2	0.03	0.24

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	...	...	...	...	...	...	...
2-5	2	3	1	...	...	...	...	...
5-10	1	...	1	...	...	...	...	...
10-15	...	...	1	...	...	...	1	...
15-20	...	4	1	1	1	1	...	...
20-25	2	6	1	1	...	...	...	...
25-35	9	11	...	2	1	6	...	...
35-45	2	3	...	...	3	2	...	...
45-55	2	2	...	1	1	...	...	...
55-65	2	1	...	...	...	1	...	...
65-75	2	...	...	...	...	...	...	...
75 and over	...	...	...	...	...	...	...	...
Totals	24	80	6	5	6	10	2	...

TABLE V
PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952.
Summary of notifications of Tuberculosis during Year 1954.

Formal Notifications														
Number of Primary Notifications of new cases of tuberculosis														
AGE PERIODS	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total (all ages)
Respiratory, Males	—	2	2	1	—	—	2	9	2	2	2	2	—	24
Respiratory, Females	—	—	3	—	—	4	6	11	3	2	1	—	—	30
Non-Respiratory, Males	1	—	1	1	1	1	1	—	—	—	—	—	—	6
Non-Respiratory, Females	—	—	—	—	—	1	1	2	—	1	—	—	—	5

TABLE VI.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period 1st January, 1954 to the 31st December, 1954, otherwise than by formal notification.

Source of Information		Number of cases in Age Groups														Total
		0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—		
Death Returns from Local Registrars	Respiratory M														1	
	F															
	Non-Respiratory M						1									1
	F															

TABLE VII.

TUBERCULOSIS DEATHS.

PERIODS BETWEEN NOTIFICATION AND DEATH.

1 case died within 1 week of notification

1 case died within 2 months „ „

2 cases died within 9 months „ „

3 cases died within 2 years „ „

2 cases died within 3 years „ „

3 cases died within 4 years „ „

1 case died within 5 years „ „

1 case died within 8 years „ „

1 case died within 10 years „ „

1 case died within 11 years „ „

2 cases died without being notified

18 cases

PERCENTAGE OF DEATHS

RELATIONSHIP BETWEEN AGE AND DEATH

1 year and under 1 year of age	100.00
1 year and under 2 years	100.00
2 years and under 3 years	100.00
3 years and under 4 years	100.00
4 years and under 5 years	100.00
5 years and under 6 years	100.00
6 years and under 7 years	100.00
7 years and under 8 years	100.00
8 years and under 9 years	100.00
9 years and under 10 years	100.00
10 years and under 11 years	100.00
11 years and under 12 years	100.00

100.00

Part III

SOCIAL AND PERSONAL HEALTH SERVICES

National Health Service Acts, 1946-52.

National Assistance Acts, 1948 and 1951.

"The great majority of those who speak of perfectibility as a dream, do so because they feel that it is one which would afford them no pleasure if it were realised."

"Speech on Perfectibility, 1828."

—John Stuart Mill.

More than 6 years have elapsed since the "appointed day" on which the provisions of the National Health Service Act became effective. In the course of this time the services it authorised have, in Barnsley as in the area of most Health Authorities, assumed a definite pattern which is unlikely to undergo any change until there is an alteration in legislation. This pattern would seem to represent a somewhat uneasy balance between the objectives and ideals of the various interests which it was necessary to enlist to get the Service to work and to keep it going. Like most compromises it leaves much to be desired when examined from the standpoints of those whose views on it do not exactly coincide. By reason of this position then little that is really new transpired during 1954 in the history of the relationships between the three agencies charged with running the Service in the County Borough.

The principal development worthy of note in the Health Authority's responsibility is the Reorganisation of the Health Visiting Service to allow of it offering greater assistance to the general practitioner and at the same time of covering a wider sphere of usefulness in the field of Medico-Social case work. This reorganisation also makes Sociological information regarding patients more readily available to hospital staffs. In addition to this, consequent on the closing of the War-time day nursery, it was possible to formulate a scheme for a more comprehensive Home Nursing Service. Although this was not in full working order by the end of the year the constructional work necessary to adapt the Nursery premises to a Nursing and Midwifery Centre was virtually completed by December 31st, leaving only administrative details to be completed early in 1955.

Apart from these alterations and improvements the relationships and arrangements for integration and co-ordination between the agencies of the National Health Service remained much the same as those detailed in previous reports of this series.

The Social Services for the Handicapped for which the Health Committee of the Corporation is responsible underwent considerable development during the year. The Scheme for the Welfare of the Deaf received Ministerial approval and a further scheme for the Welfare of the Physically Handicapped was submitted to the Minister. Pursuant on this steps were taken to create the appointment of Welfare Officer for the Care of the Handicapped in order to bring about the co-ordination and supervision under the direction of the Medical Officer of Health of all the services for the handicapped. To implement both these new schemes and to bring into line with them the existing services for the Blind, the Health Committee has approached the Ministry for authority to build a Handicapped Persons' Centre. The establishment and working of such a Centre is based on the conception that if those with physical handicaps are brought together and given an opportunity of appreciating each others problems this will assist their absorption into the wider community. The possibility of extending this principle to those with Mental Handicaps is also being borne in mind. A site for the Centre has been allocated adjacent to the new Home Nursing Centre in New Street and the Medical Services Clinic, this has been done with the intention of integrating and co-ordinating the Welfare Services for the Handicapped authorised under the National Assistance Act, 1948, with Care and After-care Services provided in accordance with Section 28 of the National Health Service Act, 1946.

An opportunity of seeking the views on these plans and criticisms of them of other bodies and workers interested in the Welfare of the Handicapped presented itself in October. The occasion was a Sessional Meeting of the Royal Sanitary Institute held in Barnsley on the invitation of the Corporation. A paper was read on the considerations and circumstances which led to the Corporation's decision to establish their proposed handicapped persons' centre. A most useful discussion followed and much valuable information was collected.

Whilst it was not possible to achieve any material realisation in the comprehensive handicapped persons' scheme during 1954 the work done by the Health Committee and their officers during the year opened the way for substantial advances of a more concrete nature in 1955.

Having thus reviewed the Health Authority's administrative arrangements and relationships during the year it now remains to examine, in detail, the working of each of the Services it provides.

HEALTH CENTRES

National Health Service Act, 1946, S-21.

In the last three reports of this series reference has been made to the Health Authority's project for the establishment of Clinic premises to accommodate Health and Education Authority Health Services to serve the Athersley and New Lodge Estates. The Corporation first adopted this Scheme early in 1952 and during that year discussions on design and planning took place with the advice of the Nuffield Provincial Hospitals Trust. It is intended that this Clinic should be arranged and sited in such a way that extension would be possible to satisfy the needs of any future development. The acquisition of a suitable site, occupied the most of 1953, and in January 1954 discussions took place with officials of the Ministry of Health with a view to the grant of Ministerial approval for the Capital Expenditure involved. A protracted correspondence followed these discussions and it was not until October 1954 that the necessary approval was received to prepare bills of quantities as a preliminary to inviting tenders. It will thus be seen that the planning stage alone of this clinic has taken almost 3 years.

During the whole of this time an ever increasing population was being concentrated at Athersley without adequate Health Services. This is most frustrating to the Health Authority and to its officers who have given a great deal of consideration to the matter particularly with regard to the special needs, present and future, of the area to be served. In past reports amongst the points stressed was the great importance of designing of all New Health Authority Clinics in such a way that they should be capable of extension into small Health Centres when the demand for these should arise as it almost certainly will. They should also be sited to conform with the sites for Health Centres in the 20 year Development Plan. It may well be that the Barnsley Health Authority would have received approval for a temporary clinic or one without any possibility of extension more readily and more quickly. Be that as it may, it would seem that the Health Authority does not lack justification for feeling irritated at the length of the delay which has occurred in providing adequate accommodation for its services in this rapidly growing residential area. It is most discouraging for Councillors and officials who appreciate the urgency of need in such a case to be obliged to wait impatiently whilst the slowly moving mills of central authority ponderously grind out their decisions. It would seem to be but just that the community which is at present denied a full Health Service should have the opportunity of appreciating the reasons for the delay in affording it.

Towards the end of the year the Health Authority decided on the provision of a similar clinic capable of future extension to accommodate any Health Service that may be required at Lundwood. The cost of this was included in the proposals for

ANTE-NATAL AND POST-NATAL CLINICS

Summary of Attendances in 1954

	Barnsley	Lundwood	Ardsley	Carlton	Total
Ante-Natal Clinics—					
Number of sessions held per month at centres	12	4	4	4	24
Number of women who attended during the year	562	94	168	127	951
Number of new cases included in the above	474	83	130	87	774
Number of attendances made during the year	2443	353	683	583	4062
Post-Natal Clinics —					
Number of women who attended during the year	68	—	—	27	95
Number of new cases included in the above	68	—	—	27	95
Number of attendances made during the year	82	—	—	28	110

NOTE :— Of Barnsley's 562 Ante-Natal cases, 19 attended the Consultant Ante-Natal Clinic and made a total of 27 attendances.

Of Barnsley's 68 Post-Natal cases 4 attended the Consultant Post-Natal Clinic and made a total of 4 attendances.

Of Barnsley's 562 Ante-Natal cases 190 were transferred to St. Helen Hospital.

Of Lundwood's 94 Ante-Natal cases, 29 were transferred to St. Helen Hospital.

Of Ardsley's 168 Ante-Natal cases, 20 were transferred to St. Helen Hospital.

Of Carlton's 127 Ante-Natal cases, 7 were transferred to St. Helen Hospital.

INFANT WELFARE CENTRES — SUMMARY ATTENDANCES IN 1954.

Centre.	Barnsley	Lund-wood	Ardsley	Monk Bretton	Smithies	Carlton	Total
1. Number of sessions held per month at centres	24	4	8	4	4	8	48
2. Number of children who first attended a centre during the year, and at their first attendance were under 1 year of age	499	82	169	41	114	126	1031
3. Number of children who attended during the year and were born in							
1954	476	75	160	37	105	126	989
1953	460	71	119	28	123	114	915
1952—49	465	50	34	46	63	142	800
4. Total number of children who attended during the the year	1401	196	313	111	291	382	2694
5. Number of attendances during the year made by children who at the date of attendance were							
0—1 year	6413	997	1698	463	1414	1271	12256
1—2 years	1172	128	231	82	259	187	2059
2—5 years	818	82	157	150	121	264	1592
6. Total attendances during the year	8403	1207	2086	695	1794	1722	15907

NOTE :— Of Barnsley's 1401 Infant Welfare cases, 67 attended the Paediatric Clinic at the Medical Services Clinic and made 329 attendances.

Pædiatric Clinic

During 1954 67 cases attended the Pædiatric Clinic at the Medical Services Clinic and the number of attendances was 329.

Care of premature babies

The number of premature live births at home (births where the baby weighed less than 5½lbs. irrespective of presumed period of gestation) was 42, this compares with 27 in 1953 and 25 in 1952. Of the 42 premature babies born at home 6 were transferred to hospital, of the 36 who remained at home 34 survived the first 28 days, as did five of those transferred to hospital.

The care of premature babies in Barnsley does not offer a very great problem. St. Helen Hospital is always ready to receive any case requiring special care. The Ambulance Service is provided with a specially heated incubator complete with supply of oxygen for handling them. Arrangements have also been made through the Midwifery Service for the provision on loan of any special equipment that may be required for the care of premature babies at home.

Dental Care of Mothers and Children

During 1954, the Authority maintained the system of dental inspection and treatment of Nursing and Expectant mothers. The staff remains unchanged.

Two half days per week are devoted to conservation, prosthesis and gum treatment, and one half day to extractions under general anaesthesia. Children under five years of age are inspected as and when they present, and treatment is arranged accordingly.

(a) NURSING AND EXPECTANT MOTHERS

More dentures were provided to Nursing and Expectant mothers during 1954 than in either of the two preceding years. This increase in the supply of dentures becomes eloquent by comparison with the number of fillings done in this class of patient.

Year	Dentures Provided			Number of Patients provided with Dentures	Fillings
	Complete	Partial	Total		
1952	56	23	79	55	313
1953	74	87	161	98	193
1954	106	122	228	132	121

This gradual fall in fillings is not due to the time being spent on other work such as dentures. It is because the expectant mother will not readily submit to the procedure of having her teeth filled, in spite of all the efforts of the dentist to make the operation as painless as possible, and to explain the theory of conservation. A belief amounting almost to a superstition persists among the Barnsley mothers that in pregnancy the teeth **dissolve** in order to supply the foetus with the necessary calcium.

The attitude of the mother-to-be seems that the loss of all the teeth is inevitable and since the condition of pregnancy carries with it the privilege of obtaining free dentures, they reason somewhat illogically that it is better to "get it over and done with now" rather than later. Needless to say the extraction of all the teeth in an expectant mother is only embarked upon where this is absolutely necessary: a chairside lecture induces some mothers to attend for fillings but it is with some regret that the

number of appointments for fillings which were not kept amounted to forty during the year. It is to be hoped that the appointment by the British Dental Association of a technical adviser to the British Broadcasting Corporation will result in the dissemination of the cult of care of the teeth to the mother-to-be.

(b) CHILDREN UNDER 5 YEARS OF AGE

Two hundred and eighty-four children were seen during 1954, of whom two hundred and ten required treatment. The increase in the figures for previous years, although slight, is gratifying because the policy is to ask the parent to bring the child every six months for a check up—whether anything ails the child or not. Some children are but a few months old when first brought to the Clinic for advice or treatment and parents are always asked to start the “check up” habit, which involves a visit to the dentist every six months. Even if no treatment is carried out, the child is given a ride in the chair, is shown around the surgery and an attempt is made to associate a visit to the dentist with the pleasanter things in life.

Only two fillings were inserted in temporary teeth compared with 546 extractions—in itself a sorry tale. Only when the Authority's full complement of dentists becomes available will it be possible to place the accent it deserves on prophylaxis.

Summary of the Dental Treatment of Nursing and Expectant Mothers and Young Children under School Age during 1954

(a) NUMBERS PROVIDED WITH DENTAL CARE.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	307	279	195	173
Children under Five years of age	284	210	210	210

(b) FORMS OF DENTAL TREATMENT PROVIDED.

	Extractions	Anæsthetics		Crowns	Fillings	Scalings	Agno ₃	Dressings	X-Ray	Dentures Provided	
		Local	General							Complete	Partial
Expectant and Nursing Mothers	977	55	173	5	121	100	—	19	34	106	122
Children under five years of age	546	—	226	—	2	—	—	15	3	—	—

Number of Patients Inspected and Treated	...	...	...	591
Number of Visits made by Patients	...	...	...	1730
Number of Treatment Sessions	...	...	...	113
Number of Anaesthetic Sessions	...	...	...	23
Number of Fillings	...	...	...	128
Number of Scalings	...	...	...	100
Number of Extractions	...	...	...	1523
Number of Other Operations	...	...	...	764
Number of Dentures Supplied	...	...	...	228
Number of Patients Provided with Dentures	...	...	...	132
Number of Prosthetic Operations	...	...	...	735

Note :—

- (1) Children in Nursing Schools included in School Dental Report.
- (2) Dental x-ray examinations are carried out in the Dental Department of the Medical Services Clinic.
- (3) Contract for the supply of dentures with Metrodent, Ltd., 78 John William Street, Huddersfield.

New Street Day Nursery

This Nursery which came into being as a war-time nursery had places for 36 children. Nominally 18 under two years of age and 18 over two.

Children were admitted to the Nursery between the ages of six months and two years. Those over two years were transferred later to a Nursery School but were allowed to remain at the Nursery until three years of age.

Mention was made in the Annual Report for 1953 of the effect of the application of criteria of need on the number of children found to be eligible for admission to the Nursery. These criteria were:—

- (a) Children of widowed mothers.
- (b) Children of deserted mothers.
- (c) Children of unmarried mothers.
- (d) Children in need of nursery care recommended by the Medical Officer of Health.

During the first three months of the year only 3 children under 18 months in respect of whom applications were received conformed with these requirements. As a result of this and the previous falling off in demand for nursery accommodation, the Health Authority approached the Ministry of Health for approval

to discontinue the provision of day nursery accommodation. At the same time as an alternative a scheme for Child Minders was prepared.

The Ministry approved the closure of the Nursery which was effected on 30th September, 1954. So far the alternative Child Minders Scheme has not had any call made upon it.

STAFF

The staff of the Nursery was:—

- 1 Matron
- 1 Warden
- 4 Nursery Assistants

ADMISSIONS AND TRANSFERS

3 children under the age of 18 months were admitted. 12 children were transferred to Nursery Schools and 4 were withdrawn by parents for various reasons.

HEALTH

Very satisfactory. No notifiable infectious disease was reported amongst the children.

Orthopædic Clinic

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

INSPECTIONS AT THE CLINICS

Visits of the Orthopædic Surgeon 10 sessions

NUMBER OF CASES SEEN

New Cases	.....	54
Re-examinations	.....	74

NUMBER TREATED AT THE CLINIC

43 Pre-school children have been treated during the year.
165 attendances have been made for observation, splinting and postural defects.

ADMISSIONS TO HOSPITALS

One child has been admitted to Beckett Hospital as follows:—

Initial	Age	Operation	Admitted	Discharged	Condition on Discharge	Result
D.T.	2 yrs.	Lipoma of left foot—excised	11/8/54	30/8/54	Satisfactory	Good

Ultra Violet Light

The arrangements for affording Ultra Violet Light Treatment to mothers and children under five years of age at the Central Clinic at New Street and Littleworth School continued, and for children under five years of age at Athersley School Clinic.

Figures relating to Ultra Violet Light Treatment are as follows:—

	Number Treated	Number of attendances
CENTRAL CLINIC, NEW STREET		
Children 0—5 years	49	622
Expectant and Nursing Mothers	2	16
LITTLEWORTH CLINIC		
Children 0—5 years	10	91
Expectant and Nursing Mothers	1	12
ATHERSLEY CLINIC		
Children 0—5 years	9	54
TOTALS—ALL CLINICS		
Children 0—5 years	68	767
Expectant and Nursing Mothers	3	28

Nursing Homes

There are no Nursing Homes in the County Borough.

Homes for Mothers and Babies

The Health Authority continues its search for suitable premises in a suitable situation for conversion into a Mothers' and Babies' Hostel. Although several premises were inspected during the year, none were found to be satisfactory. It was not found necessary to make any "ad hoc" arrangements for individual cases during the year.

Distribution of Welfare Foods

As in the past the practice was continued of making available certain proprietary brands of Dried Milk and other proprietary diet supplements at a reduced price. This concession is, of course, subject to the preparation being recommended by a member of the Medical Staff. The total receipts resulting from these transactions in 1954 amounted to £5,106/13/6d.

In addition to this when the Ministry of Food was dissolved the Health Authority on the 28th June, 1954, at the request of the Ministry of Health accepted responsibility for the distribution of the various welfare foods and diet supplements that had until then been distributed through the Local Food Offices.

By making full use of the facilities already available at Medical Services Clinic and the various outlying clinics and by some re-organisation it was possible to undertake this work without it being necessary to increase the staff employed.

The analysis of the issues of Welfare Foods made on behalf of the Ministry of Health is shown in tabular form below:—

DISTRIBUTION OF WELFARE FOOD.

	Cod Liver Oil	Vita: min Tab- lets	Orange Juice		National Dried Milk					
					Full Cream			Half Cream		
			Free	Paid	Free	Paid	Full Price	Free	Paid	Full Price
BARNSELEY	2,421	909	250	10,671	94	8,905	21	1	91	1
CARLTON	271	70	14	734	—	699	—	—	—	—
SMITHIES	299	70	36	1,172	34	1,180	2	—	—	—
ARDSLEY	400	125	51	1,444	2	819	—	—	—	—
LUNDWOOD	289	81	43	1,190	1	1,070	1	—	—	—
MONK BRETTON	127	20	6	358	—	350	—	—	—	—
	3,807	1,275	400	15,569	131	13,023	24	1	91	1

The figures refer to the standard package of each preparation.

In addition to these figures 144 National Dried Milk were issued to Kendray Hospital ; 486 Cod Liver Oil, 933 Orange Juice and 19 National Dried Milk were issued to Nurseries and Nursery Schools.

MIDWIFERY

National Health Service Act, 1946, S.23.

The Domiciliary Midwifery Service continued to function as in previous years. Several changes took place in the staff during the year with the result that on the 31st December this consisted of 8 midwives instead of an establishment of 10. Considerable difficulty has been encountered in attracting suitable candidates into this Service. Indeed, it is only those women with a sense of vocation who will enter it in face of the competing attractions of the Health Visiting Service and the Home Nursing Service, both of which offer regular hours and the certainty of undisturbed nights. It would seem that sooner or later consideration must be given at a National level to effecting a material improvement in the status and facilities accruing to members of the Domiciliary Midwifery Service.

The administrative arrangements for the Service continue as before. Day to day supervision is carried out by the Non-medical Supervisor who is also Superintendent Home Nurse. The appointment of an Assistant Supervisor late in 1953 was fully justified by the events which took place during the year. Staff changes and illnesses caused the greatest difficulty in ensuring that adequate cover was at all times available. However, this was overcome

through the efforts of the administrative staff and the thoroughly unselfish co-operation of the Midwives themselves, particularly in the voluntary sacrifice of off-duty to the interests of the Service. Indeed a tribute to the willingness and loyalty to the Service of every member of the Health Authority's Midwifery staff cannot, in fairness, be omitted from this report.

Staff

Miss D. Miller, Assistant Supervisor of Midwives left at the end of the year and was succeeded by Miss A. M. McNiven.

4 Midwives terminated their appointments during the year and 3 others joined the staff, a temporary relief midwife was employed for a period of 3 months.

Gas and Air Analgesia

All midwives are now in possession of the Certificate for the Administration of Gas and Air Analgesia and each is equipped with the necessary apparatus. Gas and Air Analgesia was administered in 332 cases, in 23 of which the midwife was acting as a maternity nurse. This compares with 342 cases in 1953, 217 in 1952 and 92 in 1951.

Pethedine was administered in 99 cases, in twelve of which the midwife was acting as a maternity nurse.

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	100
(ii) Other	48

(b) Institutional cases	101
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Teaching of Midwifery

The number of midwives recognised as teachers in the Health Authority's Service at the end of the year was four. During 1954 seven pupils received instructions from Teacher Midwives as well as a course of lectures at the Corporation Health Department. All of these were successful in the Central Midwives' Board Examination.

Domiciliary Midwifery and Institutional Confinements

During 1954 in Barnsley—

104 women who did not book a doctor were attended at home by Municipal Midwives and no doctor was present at the time of delivery of the child.

- 3 women who did not book a doctor were attended at home by a Municipal Midwife and a doctor was present at the time of delivery of the child.
- 37 women who booked a doctor were attended by Municipal Midwives and a doctor was present at the time of delivery of the child.
- 341 women who booked a doctor were attended by Municipal Midwives and the doctor was not present at the time of delivery of the child.
- 1463 confinements were attended by Midwives in Institutions either as Midwives or as Maternity Nurses.
- 129 women who were confined in hospital were discharged before the 14th day of the puerperium. They were attended between the times of discharge and the 14th day by Domiciliary Midwives provided by the Health Authority.

The difference between 1,463 institutional births and the 1,263 notified births in 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.

- 7555 visits were paid by Midwives during the puerperium (up to the 14th day) to patients delivered at home (compares with 7,519 in 1953).
- 188 post-natal visits were paid by Midwives (after the 14th day).
- 2404 ante-natal visits were paid to women in their own homes by the Authority's Midwives (2259 in 1953).
- 316 visits were paid by Midwives to women who were discharged from Hospital before the 14th day.
- 332 babies who were born at home were breast fed at the 14th day.

Of the 1,263 total births (live and still) notified as belonging to the County Borough 485 took place at the home of the patient with a Municipal Midwife in attendance. Thus approximately 38.4% of confinements during 1954 were domiciliary compared with 33% in 1953 and 27% in 1952. In view of the comment made on this subject on previous occasions it is satisfactory to be able to report that the trend away from institutional confinement appears to continue.

The arrangement whereby the Consultant Obstetrician at St. Helen Hospital obtains sociological reports as to the suitability of patients' homes for confinement through the Domiciliary Midwifery Service operated satisfactorily throughout the year. The position regarding discharge from hospital before the 14th

day of the puerperium also improved; nevertheless the number coming home early from hospital is still much higher than appears to be desirable.

It is of interest to note that just under 11% of the women who booked a doctor secured his presence at the time when their babies were delivered, while just under 3% who relied on the care of the midwife and Local Authority Clinics had a doctor present at the delivery of their children. Comparison of these figures with those for 1953 when both groups approximated at 5% is interesting. 378 women had booked a doctor compared with 312 in the previous year but at the same time midwives summoned Medical aid in 100 of these cases as compared with 77 in 1953. There is no doubt that this represents a trend towards the intention behind the National Health Service Act, which is that every mother should have a doctor present when her baby is born.

Supervision of Midwives

ROUTINE SUPERVISION

Supervision visits of Midwives paid by Supervisor	51
Deliveries seen with Midwife	2
Cases in labour attended by Supervisor with Midwife	8
Ante-Natal cases seen at home with Midwife	32
Puerperium visits seen at home with Midwife	90
St. Helen Hospital discharges seen at home with Midwife	16
Cases visited re Institutional Maternity accommodation	23
Attendances by Supervisor at Ante-Natal Clinics	175

SUPERVISION OF TRAINING

Pupil Midwives	7
Cases in labour attended by Supervisor with Pupils	4
Deliveries seen with Pupils	2
Puerperium visits with Pupils	29
Ante-Natal visits with Pupils	12

Post Graduate Courses

2 Midwives attended a week's Post Graduate Course of Lectures and visits arranged by the Royal College of Midwives.

1 Midwife attended a Premature Baby Course consisting of Hospital and Domiciliary work for one month.

All Midwives attended a series of five Post Graduate Lectures arranged by the Barnsley Branch of the Royal College of Midwives.

Inspection of Midwives

A Central Midwives Board Inspector for Part II Training of Pupil Midwives visited the Training Midwives and Pupil Midwives on the District in November. A satisfactory report was given on Midwife, Pupil and the high standard of Midwifery Technique and Teaching.

HEALTH VISITING SERVICE

National Health Service Act, 1946, S.24.

The figures showing visiting done by Health Visitors in Barnsley during 1954, compared with that done during the two previous years, are as follows:—

	1954	1953	1952
Expectant Mothers:			
First visits	1017	1144	1127
Total visits	1702	1964	2176
Children under one year of age:			
First visits	1264	1417	1326
Total visits	8828	9127	9349
Children between one and two years of age	3951	4726)	
Children between two and five years of age	9345	11671)	17459
Other cases: Total visits	2934	3621)	
Tuberculosis households	1135	1149)	4178

The total number of families visited by Health Visitors was 5,024.

Again as in 1953 it will be observed that there was a decrease in the number of visits paid by the Health Visiting Staff, this is attributable to two factors, the falling birth rate and the fact that in the course of the year staff changes resulted in the total number of Health Visitors available being reduced by one.

The year was a notable one in the history of Health Visiting in Barnsley as it saw a major re-organisation of the Service. Early in the year the British Medical Association issued a circular to Divisions and Branches recommending a closer relationship between General Practitioners and Health Visitors. As a result of this the Health Authority was approached by the Barnsley Division to give effect to this circular. Now the Health Authority has at all times advocated that a comprehensive Health Service can only be effective if the general practitioner makes the fullest possible use of the Health Visiting Service, this has been emphasised and re-emphasised in successive Annual Reports. Careful consideration was therefore given to the

approach made by the British Medical Association. As a result of this consideration certain important points became apparent.

In the first place everything possible must be done to make it easy for the doctors to contact the Health Visiting Service and it also seemed important that the service should be able to speak to the doctors with one voice. The medical profession as a whole has from time to time expressed itself as satisfied with the Home Nursing Service and has established workable channels of communication with that service. This suggested that a similar organisation for the Health Visiting Service might prove to be an acceptable basis to develop the new relationship. It appeared also that if calls on the Health Visitors were to be made in the same way as on the Home Nurses it was most necessary that similar channels of communication should be brought into being to deal with these calls.

Then examination of the service itself showed that by reason of its close association with the Care of Mothers and Young Children a marked tendency to emphasise this traditional aspect of Social Medical field work to the exclusion of the more modern conception of relationship with the family unit had developed. Indeed, such important parts of social medical work as Hospital After Care, Venereal Disease Clinic follow-up and some aspects of the Care of the Aged were assigned to the Social Worker. Such a divided service made liaison on lines such as those envisaged after consideration of the B.M.A. circular almost impossible. From this it became clear that radical re-organisation of the service was necessary. The first step was taken when the appointment of Social Worker became vacant. Instead of filling this appointment the duties accruing to it were transferred to the Health Visiting Service.

An approach was then made to the Ministry of Health to amend the Health Authority's approved proposals to allow of the appointment of a Superintendent Health Visitor to replace supervision of the Health Visiting Service by the Deputy Medical Officer of Health acting in the capacity of Senior Maternity and Child Welfare Medical Officer. The Ministry acceded to this request and accordingly Miss C. M. Carroll was appointed Superintendent Health Visitor and took up duties in November.

In this way an organisation parallel to that operating for the Home Nursing Service was brought into being with a Superintendent and Deputy Superintendent at all times available to the medical profession to carry out any request in the entire field of Social Medicine and Nursing.

The final administrative details of this re-organisation could not, of course, be completed by the end of the year, but good progress was made in that direction. On this account then there is nothing of a factual nature relating to the re-organised services that can be included in this year's report. It is hoped, however, to give some considerable attention to the effects in future reports.

Staff

As stated above the new appointment of Superintendent Health Visitor was created and filled in November. During the year three Health Visitors left the Service, and two Trainees were promoted to full Health Visitor status on obtaining their qualification and one new Trainee was accepted.

HOME NURSING SERVICE

National Health Service Act, 1946, S.25.

The demand on the Home Nursing Service once again showed an increase during 1954. The number of patients attended again showed an increase but the actual number of visits paid was slightly smaller than in the previous year.

The figures for the past five years are as follows:—

	1950	1951	1952	1953	1954
Cases	1610	1834	2001	2136	2303
Visits	40150	41702	45482	44608	44169
Whole-time Nurses	10	10	12	13	15
Part-time Nurses	3	3	1	—	—

An analysis of the cases nursed during the year is as follows:—

Type of Cases Nursed	No. of individual patients	No. of visits paid to these patients
Tuberculosis	10	176
Influenza	6	44
Pneumonia	87	1282
Maternal Complications	21	188
Erysipelas	8	55
Infectious Diseases	21	153
Miscarriages	6	59
Carcinoma and neoplasms	75	2748
Burns and scalds	51	1454
Post-operative	117	1685
Others	1901	36325
Totals	2303	44169

Age Groups Nursed	No. of individual patients	No. of visits paid to these patients
Under 5 years	171	1320
5—15 years	135	928
15—65 years	1278	19546
Over 65 years	719	22375
Totals	2303	44169

The Superintendent Home Nurse reports as follows:—

Once again the number of cases has increased and the number of visits has decreased. This is due to the trained district staff being able to teach relatives how to deal with various nursing problems which occur in the home. Cases tend to call for more general nursing care than the previous years, this means the nurse spends more time in the home with the patient. This being so, the nurses are finding their case loads heavier than in the past and are often working late hours. A centre where some ambulant patients would be able to attend for small dressings, and injections, would save time spent on visiting these patients' homes (often to find the patient out) making a second and sometimes a third visit necessary.

The contact with the Health Visitor in the homes of After-Care patients and the Aged later in the year has been of considerable help to patient and nurse.

The problem of the aged needing hospital treatment is still a very difficult one. The patients waiting sometimes months for a hospital bed are so often alone except for the visits of the nurse and the home help. In these cases the nurse arranges, if possible, to visit at times alternate to the home help and to the friends of the patient.

Nursing and Loans Centre

The Home Nursing Report and Loans Centre situated in the Occupation Centre premises in Pitt Street continued to operate till the end of the year. Since its inception in January, 1951, this Centre has proved to be of the greatest value. During the past two years, however, it had rapidly outgrown the accommodation available, and on this account it was impossible to develop the full possibilities of the service. The closure of the New Street Day Nursery made available more suitable premises, and towards the end of the year the necessary structural alterations were put in hand to convert the Nursery premises into an up-to-date Home Nursing and Domiciliary Midwifery Centre. As this greatly improved centre was not ready until early in 1955, passing reference can only be made to it in this report.

The demands for Home Nursing loans increased steadily during the year, and with the stocks available it was not always possible to meet the requirements of every case. With the better storage facilities at the New Centre this difficulty should be overcome in the near future. It is satisfactory to note that the care taken by patients of items loaned has been extremely good, and that they are invariably returned in a clean condition. Unfortunately patients and their families tend to retain items after the need for them has passed, this places a strain on the administration of the scheme and at the same time deprives other patients of much needed appliances. The Nursing Orderly from the Loans Centre keeps a strict account of items on loan. She visits those homes where loans have been long standing to ensure

that the articles are in good repair and that they are returned if no longer required.

The following figures relating to the loan of sick room requisites to those nursed at home is of some interest.

Articles loaned	No. of times loaned to Patients
Air rings	226
Invalid chairs	35
Mackintosh sheets	396
Bed cradles	43
Crutches	30
Urinals	239
Bed pans	294
Bed rests	239
Sorbo beds	51
Spinal Carriage	1
Air beds	7
Feeding cups	40
House chairs	1
Cots	1
Arm baths	1
Breast pump	2
Inhalers	1
Sputum cups	2
Bed tables	2
Steam kettles	2
Bedsteads	1
Lifting pulley	3

Staff

The Assistant Superintendent Home Nurse, Miss D. Miller, resigned on receiving a senior appointment elsewhere and Miss A. M. McNiven was appointed to the vacancy. The Nursing Staff at the end of the year consisted of 15 whole time nurses, of these 5 are Queen's Nurses, 1 is a male Queen's Nurse, 5 are State Registered Nurses without special district training and 4 are State Enrolled Assistant Nurses.

During the year 4 new appointments were made and 2 members of the staff resigned.

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 1954:						
Age at date of Vaccination	Under		2 to	5 to	15 or	Total
	1	1	4	14	over	
Number vaccinated	417	16	5	4	12	454

Number re-vaccinated	2	—	—	1	25	28
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)	—	—	—	—	—	—

The figure of 454 primary vaccinations compares favourably with that for 1953 (415). The number of re-vaccinations shows a decrease compared with the previous year (98 in 1953), this is to be expected in view of the fact that cases of Variola major had occurred in Yorkshire in 1953 and a number of Barnsley residents had been remote contacts.

In each Annual Report since the "appointed day" comment has been necessary on the small number of children whose parents have thought it worth while to protect them against Smallpox. Similarly, attention has been drawn to the view that vaccination in the early weeks of infancy is not only a prophylactic against Smallpox but it is also a prophylactic against the effects of vaccination itself in later life. Nearly all the tragedies that have been recorded with vaccination have occurred in adolescents or adults who have undergone primary vaccination. Complications of re-vaccination are so rare as to be almost unknown.

If an individual who has been vaccinated in infancy comes into contact or is likely to come into contact with the disease either abroad or in this country, he can be protected by this process of re-vaccination which is a trivial matter utterly devoid of risks. Should he not be vaccinated in infancy his protection is a much more serious question. It is felt that this view must be kept constantly before the public. Every effort is made to stress to the people of Barnsley that vaccination is available at each and every one of the Health Authority's Clinics. In addition it is possible for vaccination to be carried out by the family doctor in his own surgery under the National Health Service Scheme.

Immunisation against Diphtheria

During the year Primary Immunisation against Diphtheria was carried out for children in the following age groups :—

Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	Total
553	267	39	38	55	264	1	1217

Reinforcing injections were given to children in the following age groups :—

Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	Total
—	—	—	4	65	1036	9	1114

The immunisation state of children in the County Borough at 31st December, 1954, who have completed a course of immunisation at any time before this date is shown as follows:—

Age at 31-12 54 i.e. Born in year	Under 1 1954	1 - 4 1953-1950	5 - 9 1949-1945	10 - 14 1944-1940	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1950-1954	115	3,329	4,800	547	8,791
B. 1949 or earlier .....	.....	.....	1,643	4,355	6,008
C. Estimated mid- year child population	1,330	5,170	12,100		18,600
Immunity Index 100 A/C	8.72	64.39	44.19		47.26

While these figures show some improvement over those for previous years they are still far from satisfactory, and they certainly do not represent an insurance against the return of diphtheria to Barnsley as a killing disease.

Immunisation against Whooping Cough

936 children are known to have received complete courses of Immunisation against Whooping Cough. 879 of these courses were carried out by the Medical Staff of the Health Authority and 57 by family doctors.

AMBULANCE SERVICE

National Health Service Act, 1946, S.27.

During 1954 the Barnsley Ambulance Service continued to operate with the high degree of efficiency that has come to be expected of it. The heavy demands upon the Service which by now are regarded as normal showed little diminution throughout the year, though it would appear that the efforts to reduce un-essential journeys mentioned in last year's report have borne fruit. For the first time since 1948 the aggregate mileage for 1954 was lower than that for the previous year as was also the number of calls made on the Service.

The Ambulance Service in Barnsley is run in conjunction with the Fire Service; the Chief Fire Officer being also the Chief Ambulance Officer. In this way the Ambulance vehicles are maintained and manned in the traditions of readiness that have always been associated with the Fire Service. This has also ensured a very high degree of efficiency which would be difficult to attain without the background of urgency that comes with the

fireman's training. The high reputation enjoyed by the Barnsley Service is undoubtedly due to this.

Apart from the problems of day-to-day 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.

Arrangements with other Authorities

WEST RIDING COUNTY COUNCIL

This Authority still continues to work amicably with the West Riding County Council, and by arrangement we undertake to deal with infectious Diseases, Emergency and Maternity calls from certain parts of their territory into the County Borough Hospitals, and also with a good proportion of their discharges from the County Borough Hospitals back into the West Riding.

The financial agreement entered into in 1951 has now been amended to bring the charges to the West Riding in line with existing ambulance costs.

OTHER AUTHORITIES

With all other authorities except the West Riding—with whom, as stated above, we have a special agreement—an approved scale of charges is laid down for ambulance transport by one authority on behalf of the other. These charges are reviewed from time to time, but no alteration has taken place during the past year.

Authority to order Ambulances

Formal requests for ambulance conveyances are not, in the normal way accepted 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 Patients Conveyed

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 1953 are also given for comparison purposes.

COUNTY BOROUGH							WEST RIDING COUNTY COUNCIL							GRAND TOTAL	
Month	Ordinary		Emergency		Total		Ordinary		Emergency		Total				
	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954	
Jan.	2078	1709	109	84	2187	1793	363	410	14	19	377	429	2564	22	
Feb.	1840	1617	94	98	1934	1715	352	332	14	18	366	350	2300	20	
Mar.	2047	1717	116	90	2163	1807	413	333	16	10	429	343	2592	21	
April	1866	1425	87	94	1953	1519	339	293	9	11	348	304	2301	18	
May	1691	1597	150	92	1841	1689	342	337	21	15	363	352	2204	20	
June	1697	1521	121	93	1818	1614	258	304	15	15	273	319	2091	19	
July	1559	1612	121	91	1680	1763	330	323	14	11	344	334	2024	20	
Aug.	1408	1359	114	84	1522	1443	338	263	14	22	352	285	1874	17	
Sept.	1854	1640	129	104	1983	1744	371	350	15	9	316	359	2299	21	
Oct.	1595	1761	108	102	1703	1863	427	310	15	16	442	326	2145	21	
Nov.	1431	1876	94	104	1525	1980	395	333	12	14	407	347	1932	22	
Dec.	1657	1846	117	121	1774	1970	467	345	25	9	492	354	2266	22	
Total	20723	19740	1360	1160	22083	20900	1325	3933	184	169	4509	4102	26592	250	

The figure of 25,002 ordinary patients conveyed for 1954 is a decrease on the year 1953 of 1,590, which is indeed encouraging.

This pleasing trend is somewhat marred, however, by the increase in the last three months of the year over the comparative months of 1953.

To Hospitals etc. within the Borough

Beckett Hospital	4817
St. Helens Hospital	1429
Beckett Annexe	1261
Pindar Oaks	93
Kendray Hospital	87
New Street Clinic	60
Limes Hostel	113
Queens Road Clinic	1392
Schools	301
Lundwood Hospital	35
Mortuary	9

To Hospitals etc. out of the Borough

Penistone Annexe	327
Sheffield	1720
Leeds	108
Doncaster	38
Rotherham	34
Wath	72
Wakefield	29
Kirkburton	36
Others	136

To Home Addresses within the Borough from:

Beckett Hospital	4379
St. Helens Hospital	625
Beckett Annexe	442

Pindar Oaks	5
Kendray Hospital	415
New Street Clinic	54
Queens Road Clinic	1208
Penistone Annexe	89
Lundwood Hospital	4
To Home Addresses out of the Borough	
West Riding	3506
Others	51
House to House Removals	
(Borough)	66
Journeys made Patients not	
Conveyed	796
Journeys made in Ambulance at	
Kendray Hospital	1265
	<hr/>
	25002
Mentally Defective Children	
Conveyed	11693
Midwives Conveyed	534
	<hr/>
	37139
	<hr/>

The total number of journeys undertaken to convey 37,139 persons was 11,341.

Mental Defectives

Mentally defective children continue to be transported by ambulance coach to and from the Occupational Centre on each day the Centre is open.

During the period under review the Coaches made 1,101 journeys and conveyed 11,603 passengers, which is an increase of 469 on the previous year.

Vehicles

No new vehicles were acquired during the period under review, but a new ambulance is on order and delivery is expected early in the New Year.

Of the eight ambulances now in the fleet only one is pre-war.

The ambulance coaches have proved their worth during the period under review, and are a distinct asset for the special kind of duties which they perform.

There has been no major breakdown at all during the year, and the maintenance staff have managed to keep the Fleet on the road with the minimum of delays. This is a very good tribute to their efficiency and also the attention given to regular routine maintenance.

In view of the very large mileage covered by the fleet during the year, under all kinds of varying weather conditions which make increased demands upon men and machines, the absence of any major accident together with the very small number of minor accidents, reflects great credit on the efficiency and care of all drivers and attendants.

At the 31st December 1954, the Fleet consisted of:—

- 6 Morris Ambulances
- 1 Austin Ambulance (pre-war)
- 1 Austin Ambulance (stationed at Kendray Hospital)
- 2 Morris 10-seater Coaches
- 1 Morris 18-seater Coach
- 2 Sitting Cars

Mileage

During the year the Fleet covered 148,407 miles on ambulance duties made up as follows:—

Ambulances	.....	.....	.....	62571
Ambulance Coaches	.....	.....	.....	42769
Sitting Cars	.....	.....	.....	43067

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

1949	.....	.....	.....	107929
1950	.....	.....	.....	125296
1951	.....	.....	.....	135286
1952	.....	.....	.....	144796
1953	.....	.....	.....	149589

First Aid Training

As mentioned in the Fire Service Report 57 members of the Brigade are competent to render First Aid, and hold current certificates. Only men so qualified are used on ambulance duties and a number of these men have reached competition standards.

Communications

Ambulance calls from Doctors, members of the public and authorised persons, continue in the majority to be received via telephone either on Barnsley 3366 or in the case of emergency on '999'.

Direct lines are also in existence between the Station Control Room and both Beckett and Kendray Hospitals, and these lines are used to full advantage, the former being in almost continuous use during certain periods of the day.

Another method of communication with the public is by Police Call Boxes, whereby any member of the public, by opening the outside door in a Police Call Box, can speak through the grill to Police Headquarters, who in turn can connect the speaker direct to the Ambulance Control. This method can be extremely useful, but should only be used in the case of an emergency.

Short-wave Radio

The short-wave radio continues to prove its worth and has now become an integral part of the Service, in fact, it is difficult to visualise a modern ambulance service without the aid of this equipment.

Without a doubt short-wave radio has been the means of effecting a reduction in mileage and a speeding-up of the Service.

Accommodation

The Ambulance Garage in Westgate continues to house the vehicles when not in use, and a direct telephone line between the Station Control Room and the Ambulance Garage ensures the minimum amount of delay in answering any call.

Conveyance of Midwives

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

i.e.—Monday to Friday, from 5.30 p.m. to 9 a.m. the following morning.

Saturday from 12 noon until 9 a.m. on Monday morning.

Public and Bank Holidays.

534 requests were received and responded to during the year, which is an increase of 142 over the previous year.

Mental Health

Arrangements have been made with the Medical Officer of Health whereby if any cases affecting mental health arise during the time when the offices in the Town Hall are closed, i.e. non-working hours, week ends and public holidays; calls for assistance can be sent to the Station Control Room who have previously been informed of the movements of the responsible officers for such cases, and are able to contact them with the least possible delay.

Infectious Diseases

An ambulance continues to be housed at Kendray Hospital in order to be able to respond to infectious diseases cases which require transport to the Hospital. The ambulance is manned by Hospital Porter/Drivers on an agency basis.

The arrangement works efficiently and any assistance required either by supplying an attendant when necessary, or by manning the ambulance if the Porter/Driver is off duty for any reason is readily given by this Service.

Liaison with Hospitals

Liaison with all Hospitals and the Regional Hospital Board continues at a high level, and any problems which arise are discussed amicably.

Meetings have taken place during the year with the hospital authorities in an effort to reduce the demands upon the service, and in addition a scheme is now in the process of being formulated in co-operation with the Chief Constable and the hospital authorities for response to major accidents.

Civil Defence—Ambulance Section

The training of members of the Ambulance Section still continues, and the majority of the active members have now completed their Section Training.

During the period under review 75 hours were devoted to the training of the class, and this does not include the time spent on driving tuition and the various exercises attended by the section.

12 of the members attended a Full First Aid Course supervised by Dr. T. Bird, and all 12 were successful in passing the examination at the end of the course, with the result that they were granted the following awards:

- 3 granted First Year Certificates.
- 7 granted Second Year Re-examination Vouchers.
- 1 granted Medallion.
- 1 granted Label.

Tuition in ambulance driving was also undertaken, and one trainee qualified to drive ambulance vehicles.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

National Health Service Act, 1946, S.28.

The various aspects of the Health Authority's activities in the wide field opened by S.28 of the National Health Service Act as well as the possibilities this Section offers for the practice of true preventive medicine in the Borough have been considered in detail in recent reports of this series. It is, therefore, proposed to deal here only with those developments which took place during 1954.

Reference has already been made to the re-organisation of the Health Visiting Service to establish the Health Visitor as the principal medico-social worker in the Service. Thus the number of people invading the privacy of the family home will be reduced, and so each family will be provided with one person to whom they may bring all their "Health—Social"

problems. Attention has also been drawn earlier in this report to the position whereby a number of groups of social problems had, until the beginning of the year, been assigned to the Social Worker. On reviewing the Health Visiting Service it seemed that the field work involved in the majority of these duties might be carried out more efficiently and economically by a Health Visitor. On this account then when the Social Worker resigned her appointment in June it was decided to allow the position to remain vacant until the full re-organisation of the Health Visiting Service had been accomplished and to review the position then. In the meantime for the latter half of the year such demands as were made on the Authority under Section 28 of the Act were met by direct instruction to the individual Health Visitors—this was not an ideal arrangement but one that proved not to be without value in obtaining useful information necessary for the projected re-organisation.

As a result the number of "visits" under the various headings shows a marked decline for 1954. This is more apparent than real as the knowledge already available to the Health Visitors of the families concerned reduced the number of calls of an exploratory nature very considerably and also reduced the amount of duplication of visiting. It is felt, therefore, that during this transitional period from the departure of the Social Worker until the full re-organisation of the Health Visiting Service, essential care and after-care facilities were provided in every case where the need came to the notice of the Health Authority despite these somewhat disappointing statistics.

Social Work

The total number of visits done during the year was 706, this compares with 1,349 in 1953; this total includes:—

CARE OF THE AGED

Total No. of Visits: 153 (264 in 1953).

In this case a certain amount of work that had previously been done by the Social Worker was undertaken by the Superintendent Home Nurse and the Domestic Help Organiser with a resultant reduction in the number of people visiting the home. Whether economy of visits is making administrative efficiency an end rather than a means is a question which in the case of care of the aged will call for very careful attention in the future. Indeed, the very visit is in the care of the old person living alone one of the most important aspects of welfare work. With a fully re-organised service it will be possible to explore this in the near future.

HOSPITAL AFTER-CARE

Total No. of Visits: 249 (360 in 1953).

Here again a certain amount of duplication of visiting was avoided, the Home Nursing Service with its loans equipment undertaking something of what the Social Worker had done in the past.

PROBLEM FAMILIES (OTHER AFTER-CARE)

Total No. of Visits: 93 (265 in 1953).

The transfer of this to the Health Visitors results in only specially designated visits being recorded under this heading. In fact most problem

families were being visited under Maternity and Child Welfare or School Health arrangements, so little, if any reduction in the care of the families concerned has resulted in the lower figures here.

VENEREAL DISEASE

Visiting of defaulters from treatment and tracing "contacts": 101 visits (350 in 1953).

Again here there is a marked fall in the number of visits recorded. With the steady decrease of Venereal disease in the community this is not surprising. Again it is doubtful how far continued visiting of the persistent and determined "clinic defaulter" is effective. In certain cases this may well increase resistance to Health Educational argument. Again much is to be gained when these visits are combined with a call on other members of the family.

TUBERCULOSIS AFTER-CARE:

No. of Home visits: 110 (110 in 1953).

Here it will be seen that despite re-organisation of the After-Care Service and all the other factors involved, the number of "After visits" remained the same as in the previous year. This is a branch of the Department's work which is of considerable importance and one which will probably increase in the future despite the continued fall in the incidence of Tuberculosis.

Prevention of Illness

TUBERCULOSIS

The epidemiological aspects of Tuberculosis in Barnsley during 1954 have been discussed at some length in Part II of this report. Reference to the statistical tables and comment made in that part will recall that insofar as Tuberculosis is concerned the year was the best that Barnsley has ever experienced. Many factors have contributed to this, the slow but sure rehousing of many families who have been living under insanitary conditions, the general improvement in nutrition that has been effected by better average economic circumstances, the use of Mass X-ray to detect carriers of Myco tuberculosis. The sound nutritional groundwork provided by the School Meals' Service and finally the careful following up of every possible contact of the notified case have also had their effect.

Reference has been made to Housing, General Social and Hygienic conditions and School Meals in the appropriate pages of this report. The actual clinical arrangements for the prevention of tuberculosis remained unchanged during the year.

The Sheffield Regional Hospital Board employs a Consultant Chest Physician in charge of the Barnsley Chest Clinic in Queen's Road and the Health Authority contributes a sum towards this officer's salary and expenses. In consideration of this the Chest Physician carries out the medical examination of contacts and such other clinical and environmental investigations as may be required by the Medical Officer of Health. In addition the Chest Physician undertook to carry out such B.C.G. immunisations as were required during the year. The number of these amounted to 118 as compared with 149 in 1953 and 49 in 1952.

As in previous years since 1950, a visit to Barnsley was paid by the Sheffield Regional Hospital Board's Mass X-ray Unit, and once again efforts were made to attract the adolescent element of the population to present themselves for examination. The survey took place from 1st October till 2nd November, and in addition to the usual sessions at the Town Hall the Unit visited the sites of two large industrial undertakings. There was a marked improvement in the attendances compared with the previous year. 7,082 persons presented themselves for examination, in 1953 the number was 4,945 and in 1952 5,275. As a result of findings at the survey cases were referred as follows :—

	Male	Female	Total
Barnsley Chest Clinic—			
Suspected Tuberculosis	24	14	38
Family Doctor—Other conditions	102	53	155
To General Hospital for further investigation	3	—	3
	—	—	—
Total referred	129	67	196
	—	—	—

Examination of some of the other conditions detected is of some interest as it indicates that the value of Mass X-ray in the early detection of disease is by no means limited to Tuberculosis. During the survey the following conditions, other than Tuberculosis, were detected and referred for investigation and for treatment where this was indicated :—

Condition	Male	Female	Total
Bronchitis and Emphysema	23	7	30
Healed Tuberculous Foci	3	9	12
Bronchiectasis	2	—	2
Congenital and acquired conditions of the heart	21	24	45
Pneumoconiosis	34	—	34
Acute inflammatory disease	2	—	2
Neoplasm	1	—	1

Considerable use was made of the Static Mass X-ray Unit in Sheffield during the year. In response to a letter sent by the Senior Administrative Officer of the Sheffield Regional Hospital Board in July, 1953, arrangements were made whereby all expectant mothers attending Local Authority Clinics were offered X-ray examination at the Static Unit with transport to Sheffield and back by the Ambulance Service. At first this arrangement caused a certain amount of unfortunate misunderstanding with the Local Hospital Management Committee who did not seem to be aware of the contents of the letter from the Regional Hospital Board. Later in the year (November 1954), however, a further statement of policy by the Regional Hospital Board indicated that expectant mothers need not necessarily be sent to Mass X-ray Units when suitable equipment was available at local hospitals of which St. Helen Hospital, Barnsley, was one. During the interim period, by arrangement with the Consultant Radiologist, all expectant mothers seen

after the 6th month of pregnancy were referred to St. Helen Hospital for X-ray on a full-sized film. The figures for this work are as follows:—

MASS RADIOGRAPHY UNIT, ELLIM STREET, SHEFFIELD, 1

The first batch of patients to be X-rayed at this Unit were conveyed to Sheffield on the 16th February, 1954.

No. of patients consenting to be X-rayed	.....	.....	333
No. of patients who actually attended for the X-ray			310
No. of patients not attending for X-ray	.....	.....	23 or 6.8%

ST. HELEN HOSPITAL, BARNSELY

Patients referred for Large Film X-ray:

The first patient to attend this hospital for a large X-ray was referred on the 21st April, 1954.

No. of patients referred for large film X-ray	.....	38
No. of patients actually attending for X-ray	.....	27
No. of patients not attending	.....	11 or 28.8%

Patients referred for a Miniature Film X-ray:

The first patient to attend this hospital for a miniature film X-ray was referred on the 15th December, 1954.

No. of patients consenting to be X-rayed	.....	29
No. of patients actually attending for the X-ray	.....	20
No. of patients not attending	.....	9 or 31.03%

There is no doubt that this check on expectant mothers will prove to be of the greatest possible value in the future.

The arrangements whereby specially selected patients are sent to such Village Settlements as Papworth was continued during the year and one patient was enabled to make use of these facilities.

HEALTH EDUCATION

In previous reports of this series the very great importance of "Health Education" has been repeatedly stressed. During 1954 in Barnsley the fullest advantage was taken of such opportunities as presented themselves to disseminate information on Health Subjects. Most of this was by way of advice to the individual, either at clinics or on the occasion of visits to the home.

The Mothers' Circle at Carlton continued to thrive throughout the year and as in the past no request for a lecturer from any organised body was refused. Less attention was paid to exhortations on lavatory walls and to the distribution of little read and rarely digested pamphlets. Indeed on the whole it seems that the trend is more towards true Education and away from high pressure advertising methods.

The Health Authority's subscription to the Central Council for Health Education has been continued and full use is being made of the facilities now available from that body for Educating the Health Educator and for the provision of attractive Visual methods of instruction.

DOMESTIC HELP SERVICE

National Health Service Act, 1946, S.29.

As in previous years the Domestic Help Service has undergone further expansion during 1954. The administrative arrangements for the service remained largely unchanged during the year. The service is not free of charge, the scale of charges suggested by the Association of Municipal Corporations continued to be applied with modifications in the case of old age pensioners. The effect of this is that everyone who applies for domestic help is assessed according to their means, and in no case where domestic help is necessary on medical grounds is it refused simply because the patient lacks the means to pay for it. Each application must of course be supported by a medical certificate from the family doctor.

Report of the Domestic Help Organiser

At the beginning of the year the Domestic Help Service employed 79 part-time Domestic Helps. The increasing demand towards the end of 1954 caused the panel of part-time Home Helps to be increased until 89 part-time workers and two full-time workers were employed at the end of the year. Each part-time Home Help is employed for a minimum of 20 hours per week and many put in a considerably greater number of hours up to 37. One of the full-time Home Helps appointed is a male, and, as with the male district nurses, has proved an asset in dealing with the aged and chronic male cases. His duties comprise washing and shaving and many others not suitable for a woman to manage.

In spite of the lack of actual training before selection, there is an improvement in the type of women presenting themselves as potential Home Helps. It becomes a vocation to them as well as a job, and it is interesting to see the sympathetic attitude the helpers take towards their patients. Indeed, some of these women visit their "charges" when admitted to hospital, and many Home Helps take it on themselves voluntarily to cook meals for "their old folks" over week-ends and at Bank Holiday times.

The type of cases dealt with through the year were pretty much the same as in previous years. Several maternity, temporary illness and problem cases were covered but the majority of help was given to the aged and infirm, who, through lack of hospital and institutional accommodation must be cared for at home or who, although not confined to their beds, are unable to carry out their own domestic duties.

The cost of keeping an aged person at home is not known, but, bearing in mind the question of Old Age Pensions, National Assistance, Home Help and possibly District Nursing, it is certainly only a fractional part of that of a hospital bed. Apart from this aspect, most old people naturally prefer to be in their own homes.

In conclusion it is desired to place on record how much the co-operation of the National Assistance Board is appreciated in the administration of the Domestic Help Service.

The following statistics relative to the Domestic Help Service are of considerable interest in that they indicate the rapidity with which the Service is developing in response to demand.

Number of applications investigated, Jan.—Dec., 1954	278
Number of cases in which help was NOT provided	83
Number of cases in which help was provided, from 1st Jan., 1954 to 31st Dec., 1954. (This includes 239 cases carried forward from 1953)	416

Classification and number of cases to which help has been given:—

	1951	1952	1953	1954
Age and illness	199	229	298	382
Maternity	10	9	11	10
Illness	32	27	35	24
Tuberculosis	—	—	2	—
	—	—	—	—
Total cases	241	265	346	416
	—	—	—	—
Number of Helps employed	64	74	79	91
	—	—	—	—

Cost of the Service:—

Financial year ended	Gross Cost			Income (Fees)		
	£	s.	d.	£	s.	d.
31st March, 1949	383	12	10	188	2	11
31st March, 1950	1,996	1	8	143	5	10
31st March, 1951	6,198	14	10	487	7	6
31st March, 1952	8,129	1	11	418	4	3
31st March, 1953	10,405	9	0	588	0	0
31st March, 1954	13,507	5	9	553	16	4
31st March, 1955	16,850	14	1	501	16	10

Some concern was felt by the Health Authority towards the end of the year regarding both the rising cost of the Service and the suggestion that the Scale of Charges tended to be unduly high in certain classes of case, particularly maternity cases and temporary illness. On the other hand, however, it appeared that it failed to take into consideration all aspects of the help afforded when other persons were living in a home belonging to an aged person. In view of this an investigation into the Scale of Charges was instituted towards the end of the year, but was not fully completed till 1955.

MENTAL HEALTH SERVICE

National Health Service Act, 1946, S.51.

The year saw no material change in the Health Authority's Mental Health Service arrangements. There is therefore no major change to report and little fresh subject matter for comment since the Survey Report for the year 1952.

The difficulties previously mentioned arising from aged persons with senile mental changes continue to be encountered from time to time. Also, the problem of securing institutional care for patients suffering from severe degrees of mental defect would appear to remain as far from solution as ever. This latter problem merits a great deal more attention at a high level than it seems to have had in the past. It is, to say the least, discouraging to the Health Authority's officers to see a family struggling with a difficult mental defective in unsuitable home surroundings and to be able to offer no more help or comfort than a promise to re-present the case to the Regional Hospital Board. It is all the more so when the officers know full well that the Board will accept the recommendation with the best will in the world and yet by reason of physical lack of accommodation will be quite unable to act upon it. Such distressing cases are encountered almost weekly, and they have a particularly depressing effect on those officers called upon to deal with them. It is surely asking too much of human nature to expect the families concerned to retain any confidence at all in the Authority's Services. The result can therefore be loss of co-operation at a time when it is most needed and this can, and often does make the duties of providing care and supervision for mental defectives a hundredfold more onerous.

In previous reports reference has been made to the great need for Child Guidance arrangements properly co-ordinated with and integrated in the Mental Health Service. Such arrangements are of course the key-stone in any long term scheme for active preventive Mental Health measures. It is pleasing to be able to report that positive steps were taken during the year by the Sheffield Regional Hospital Board towards the appointment of a Child Psychiatrist to be available to the Health Authority. Unfortunately it was not possible to make an appointment and the matter was deferred until 1955.

It now remains to describe the arrangements in detail after the manner requested by the Minister in his circulars.

(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, consists of 14 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 available for children and young persons suffering from mental defect as a whole-time Centre throughout 1954. The Supervisor is in possession of the Diploma qualification of the National Association for Mental Health. There are in addition four untrained Assistants and a part-time pianist. The internal administration of the Centre is carried out by the Supervisor under the direction of the Medical Officer of Health.

- (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 five years received a course of training in Mental Health—two at the Sheffield University and one at Manchester.

(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 are 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 by the Duly Authorised Officers 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 140 visits to reported cases which were not removed to a mental hospital. They also made 194 visits to patients who had been discharged from mental hospitals.

(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.

(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 maintains an Occupation Centre in Pitt Street. This Centre is open daily from 9-30 a.m. till 3-30 p.m. for children under 16 years of age. Arrangements have been made for the provision of dinners in exactly the same manner in which they are provided for children attending the Barnsley Education Authority's schools. In addition the children receive $\frac{3}{4}$ -pint of milk daily.

Arrangements exist for making the facilities of the Centre available on a part-time basis to adult defectives on several afternoons a week.

The agreement negotiated with the West Riding County Council in 1952 whereby 25 places are reserved at the Centre for Defectives from that Authority's area was continued. By the end of the year all 25 places were occupied.

Sitting-case coaches belonging to the Ambulance Service bring defectives resident in outlying places in the Borough to the Centre each morning and take them home again in the afternoon. Defectives from the West Riding area reach the Centre under arrangements made by their own Health Authority.

		MALES		FEMALES		TOTAL	
		Under	Over	Under	Over	Under	Over
No. of defectives on register :							
		16	16	16	16	16	16
BARNSLEY	.....	11	12	6	17	17	29
W.R.C.C.	.....	10	1	11	3	21	4

ATTENDANCE

Average full-time attendance of children :

Boys under 16 years of age	.....	.....	.....	.....	16.79
Boys over 16 years of age	.....	.....	.....	.....	4.01
Girls under 16 years of age	.....	.....	.....	.....	13.82
Girls over 16 years of age	.....	.....	.....	.....	5.16

Average part-time attendance :

Boys over 16 years of age	.....	.....	.....	.....	6.76
Girls over 16 years of age	.....	.....	.....	.....	9.85

DINNERS

No. of defectives receiving and paying for dinners	.....	.....	.....	.....	45
" " " free dinners	.....	.....	.....	.....	5
Total number having dinners					50
No. of dinners provided for defectives—paid	.....	.....	.....	.....	8,229
" " " " —free	.....	.....	.....	.....	1,093
" " " staff—paid	.....	.....	.....	.....	84
" " " —free	.....	.....	.....	.....	267
Total number of dinners provided					9,673
No. of $\frac{1}{3}$ -pint bottles of milk delivered for children	.....	.....	.....	.....	8,286

Occupation Centre—Supervisor's Report

The Supervisor's report of the year's work at the Occupation Centre is as follows:—

" The numbers of children and adults attending the Occupation Centre during 1954 have only varied slightly from those attending during 1953. By the end of the year, arrangements had been made for the Home Nursing Loan and Report Centre to be transferred to its new premises early in 1955. The acquisition of this room will enable the existing overcrowded groups to be re-arranged to form smaller ones. It will also be possible for a few new children to be admitted.

Students from the Diploma Course for Staffs of Occupation Centres, arranged by the National Association for Mental Health, attended the Centre during 1954 for periods of practical training.

Subjects included in the Centre curriculum are as follows:—

HABIT TRAINING

This includes toilet training, washing, hair-combing, teeth cleaning, table manners, general behaviour, thought for others and all general social training.

SENSE TRAINING

Training must be given to develop and improve the senses since they do not develop automatically, as is the case with the normal child. Sense training lays the foundation of all knowledge and an improvement in the subjects included in Sense training periods results in an improvement as a whole. Not only the training of the five senses is included, but also closely associated factors, e.g., manipulation and finger control, training of memory and power of concentration, teaching of colour, shape, size and weight.

PHYSICAL TRAINING

Lessons are based on the Ministry of Education Syllabus. Physical training helps to develop and strengthen the body and to improve posture, automatically improving respiration, circulation and digestion. It encourages alertness and response, thus giving training in discipline and the carrying out of commands. Muscular control and co-ordination of mind and body are also developed in physical training periods.

MUSICAL TRAINING

Included in musical training are music and movement, country dancing, percussion band and singing. The majority of children respond very well to the musical side of the training and enjoy every part of it. Music and movement helps to quieten noisy children and to stimulate quiet ones. Taking part in the percussion band helps to improve the powers of concentration and muscular control. Singing helps to correct speech defects and assists memory training.

SPEECH TRAINING

The majority of Centre children have defective speech, to a greater or lesser degree and every effort is strained to produce some speech from them if it is at all possible. Special periods are taken up by speech training, but speech naturally plays some part in all lessons.

HANDWORK

Handwork training begins in the Nursery Group by the developing of finger control and manipulation in such subjects as sand and water play, plasticine moulding, etc. As this develops, handwork, as such, can then be taught. A progressive scheme is followed throughout the Centre and the children gain both in self-respect and self-confidence as their handwork ability increases. Handwork provides occupation and an interest for them and is also a means of expression.

STORY-TELLING AND DRAMATISATION

Most of the children enjoy listening to stories and as a result their powers of concentration and hearing are developed. They are introduced to things with which they do not normally come into contact and as a result their general knowledge is increased.

Periods are also spent in painting, crayoning, plasticine modelling, nature study, number work (includes training in money values, time, etc.), and simple domestic training (includes washing dishes, washing aprons and dusters, dusting and polishing furniture, scrubbing desks and cupboards, cleaning cutlery and brassware and cleaning shoes). Provision is also made in the time-table for periods of free-play and rest and relaxation.

All lessons are made as practical as possible in order to hold the children's interest and no subject is continued for too long a period. A certain amount of routine is necessary to give the children a sense of stability.

Definite progress was made in all subjects throughout the year, most progress being noted in musical training and handwork.

The adult defectives (male and female) continued to attend the Centre for part-time training during 1954. The handicrafts they are taught include rug-making, stool-seating, basketry, lampshade-making, crinothene craft, weaving, knitting, embroidery, and simple dressmaking. £39 17s. 7d. was realised from the sale of handicraft products. In addition to handicrafts, the female adults are given domestic training and taught country and ballroom dancing. The male adults are taught gardening.

Social activities have their special place in Centre life. Two outings to Cleethorpes were organised in July, in which 60 children and adult defectives took part. An Open Day was held in October, which was very well attended by parents, relatives and friends. Finished handwork was displayed and demonstrations of the various activities taught in the Centre were given by the children. Some of the children were taken to see Her Majesty, Queen Elizabeth II and the Duke of Edinburgh, when they visited Barnsley on October 27th. Christmas parties were held in December.

Meetings of the Parent-Teacher Association were held each month throughout the year."

MEDICAL INSPECTION

The children at the Centre are examined at frequent intervals by an Assistant Medical Officer of Health and records similar to those in use at the schools are maintained.

POSITION REGARDING PATIENTS IN MENTAL HOSPITALS

NUMBERS OF PATIENTS IN MENTAL HOSPITALS ON 1ST JANUARY, 1954:

	Males	Females
Storthes Hall Hospital	92	74
Stanley Royd Hospital	8	7
Middlewood Hospital	1	1
Menston Hospital	2	1
Bootham Park Hospital	—	—
	103	84

ADMISSIONS DURING THE 12 MONTHS ENDED 31ST DECEMBER, 1954:

		Males	Females
Storthes Hall Hospital .....	.....	21	28
Stanley Royd Hospital .....	.....	—	—
Middlewood Hospital .....	.....	—	—
Menston Hospital .....	.....	—	—
		<hr/> 21	<hr/> 28

DISCHARGES DURING THE 12 MONTHS ENDED 31ST DECEMBER, 1954:

		Males	Females
Storthes Hall Hospital .....	.....	25	16
Stanley Royd Hospital .....	.....	—	—
Middlewood Hospital .....	.....	—	—
Menston Hospital .....	.....	—	—
Bootham Park Hospital .....	.....	—	1
		<hr/> 25	<hr/> 17

DEATHS IN MENTAL HOSPITALS DURING THE 12 MONTHS ENDED 31ST DECEMBER, 1954:

		Males	Females
Storthes Hall Hospital .....	.....	4	10
Stanley Royd Hospital .....	.....	—	—
Middlewood Hospital .....	.....	—	—
Menston Hospital .....	.....	—	—
		<hr/> 4	<hr/> 10

NUMBER OF PATIENTS IN MENTAL HOSPITALS ON 1ST JANUARY, 1955:

		Males	Females
Storthes Hall Hospital .....	.....	84	76
Stanley Royd Hospital .....	.....	8	7
Middlewood Hospital .....	.....	1	1
Menston Hospital .....	.....	2	1
		<hr/> 95	<hr/> 85

Number of visits made to cases reported but not removed to a
Mental Hospital 184

Number of visits made to patients discharged from Mental Hospitals 194

ANALYSIS OF CASES INVESTIGATED AND DEALT WITH BY DULY AUTHORISED OFFICERS DURING 1954

	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 Officer. Section 20. (3 day order)	11	2	13	1	1	4	8	—	—
Order of Justice of the Peace. Section 21. (14 day order)	—	—	—	—	—	—	—	—	—
Summary Reception Orders Section 16. (Direct to a Mental Hospital)	6	17	23	2	—	—	23	—	—
Total Lunacy Act	17	19	36	3	1	4	31	—	—
(b) Mental Treatment Act, 1930. Section 1. (Voluntary patients)	9	9	18	—	—	—	—	18	—
Section 5. (Temporary patients)	—	—	—	—	—	—	—	—	—
Total Mental Treatment Act	9	9	18	—	—	—	—	18	—
Grand Total, Lunacy and Mental Treatment Acts	26	28	54	3	1	4	31	18	—

Mental Deficiency Acts, 1913 to 1938

		Under age 16		Aged 16 and over	
		M.	F.	M.	F.
1. <i>Particulars of cases reported during 1954.</i>					
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by—					
(i) Local Education Authorities on children					
(1) While at school or liable to attend school		5	—	—	—
(2) On leaving special schools		—	—	1	—
(3) On leaving ordinary schools.....		1	1	—	—
(ii) Police or by Courts		—	—	—	—
(iii) Other sources		—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground					
		3	3	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)					
		—	—	—	—
Total number of cases reported during the year		9	4	1	—

		Under age 16		Aged 16 and over	
		M.	F.	M.	F.
2. <i>Disposal of cases during the year.</i>					
(a) Of the cases ascertained to be defectives "subject to be dealt with,"					
(i) Placed under Statutory Supervision		6	1	1	—
(ii) Placed under Guardianship		—	—	—	—
(iii) Taken to "Places of Safety"		—	—	—	—
(iv) Admitted to Institutions		—	—	—	—
(b) Of the cases not ascertained to be defectives "subject to be dealt with,"					
(i) Placed under Voluntary Supervision		3	3	—	—
(ii) Action unnecessary		—	—	—	—
Total of Item 2		9	4	1	—

		Under age 16		Aged 16 and over	
		M.	F.	M.	F.
3.	<i>Total cases on Authority's registers as at 31st December, 1954.</i>				
(a)	Of the cases ascertained to be defectives "subject to be dealt with,"				
(i)	Placed under Statutory Supervision	20	9	53	45
(ii)	Placed under Guardianship	—	—	—	—
(iii)	Taken to "Places of Safety"	—	—	—	—
(iv)	Admitted to Institutions	3	2	32	36
(b)	Of the cases not ascertained to be defectives "subject to be dealt with,"				
(i)	Placed under Voluntary Supervision	26	14	21	21
(ii)	Action unnecessary	—	—	—	—
Total of Item 3		49	25	106	102
		Under age 16		Aged 16 and over	
		M.	F.	M.	F.
4.	<i>Classification of defectives in the community on 31st December, 1954.</i>				
(a)	Cases included in items 2 (a) (i) to (iii) above in need of institutional care:—				
(1)	In urgent need of institutional care:				
(i)	"cot and chair" cases	1	—	—	1
(ii)	ambulant low grade cases	2	1	1	1
(iii)	medium grade cases	1	—	2	1
(iv)	high grade cases	—	—	—	—
(2)	Not in urgent need of institutional care:				
(i)	"cot and chair" cases	—	—	—	—
(ii)	ambulant low grade cases	—	—	1	—
(iii)	medium grade cases	—	—	3	—
(iv)	high grade cases	—	—	1	1
Total of Item 4 (a)		4	1	8	4
(b)	Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) above, number considered suitable for:				
(i)	occupation centre	14	8	18	23
(ii)	industrial centre	—	—	8	9
(iii)	home training	2	—	—	—
Total of Item 4 (b)		16	8	26	32

- (c) Of the cases included in Item 4 (b), number receiving training on 31st December, 1954:

(i) in occupation centre	9	6	13	17
(ii) in industrial centre	—	—	—	—
(iii) at home	—	—	—	—
Total of Item 4 (c)	9	6	13	17

5. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1954, who have ceased to be under any of these forms of care during 1954:

	M.	F.	T.
(a) Ceased to be under care	1	—	1
(b) Died, removed from area, or lost sight of	3	7	10
Total	4	7	11

6. Of the total number of mental defectives under Supervision or Guardianship or no longer under care:

(a) Number who have given birth to children while unmarried during 1954	1
(b) Number who have married during 1954	M. F.

CARE OF OLD PEOPLE

National Assistance Act, 1948, S.21.

National Health Service Act, 1946, S.28.

The care of healthy old people in residential homes is the responsibility of the Housing and Welfare Committee by whom these homes are administered. On the Local Authority devolves the care of the aged sick in their own homes through the domiciliary Health Services.

As in the past the Home Nursing Service has been the agency which has been most concerned with the care of the more severely ill aged and the Domestic Help Service with those who are unable to carry out the heavier daily tasks in their homes. The re-organisation of the Health Visiting Service and its extension to cover every member of a family has already shown a possibility of obtaining contacts with the aged who have not found it necessary to enlist the assistance of the other two services. It is in just such cases that preventive medicine can do most. A watchful eye on the old person, the provision of help in the home or a little nursing care before a complete breakdown in health occurs can often save an aged person from being bedridden. This is where the Health Visitor can prove

her value, she can in co-operation with the General practitioner keep a watch on the aged person living alone and can draw attention to needs as they develop. Full use of this Service by the medical profession would undoubtedly reduce the difficulties arising from shortage of hospital accommodation for the aged. It is, therefore, to be hoped that this will be realised and that the re-organised Health Visiting Service will be given a chance to prove its value in this field. Reference to work done amongst the aged is made in those sections of this report which deal with Home Nursing, Domestic Help, Care and After-care, and Removal of persons in need of care and attention.

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 of the West Riding of Yorkshire, provide these services for the surrounding districts within an approximate radius of seven miles from the centre of the town. The Medical Officer of Health is the Superintendent of Blind Welfare, and the day to day duties were carried out by the Assistant Superintendent, Mr. A. Henshaw. A workshop supervisor is also employed, and four Home Teachers (two of whom are registered blind persons) are also appointed for the purpose of visiting the blind persons in their own homes, organising social activities, teaching Braille, reading and writing, attending to financial assistance payable to Blind Persons under the National Assistance Act, 1948, and assisting them generally in their various difficulties.

Blind Population

The number of registered blind persons under the care of the Department at the end of 1954 and a comparison with previous years is shown as follows:—

	1954	1953	1952	1951	1950
Barnsley County Borough cases	175	167	156	159	163
West Riding County Council cases	313	313	320	330	353

In the Barnsley area, 29 new cases were registered as blind, three blind persons removed into the area. 20 deaths occurred amongst those previously registered blind, three persons removed out of the area and one was de-certified following successful surgical treatment, making a net increase for the year of eight.

In that area of the West Riding subject to supervision by arrangement, 42 new cases were registered and 11 blind persons removed into the area. 40 deaths occurred amongst those previously registered as blind, there were 13 removals out of the area, thus the number on the register remains the same as at the end of 1953.

Causes of Blindness—Newly Registered Persons

	Barnsley	West Riding
Congenital	1	—
Myopic Error	2	3
Glaucoma	3	4
Cataract	12	15
Detachment of Retina	1	1
Infectious Diseases	—	4
Trauma	1	1
General Diseases	9	14
	<hr/> 29	<hr/> 42

Prevention and Incidence of Blindness

As previously requested by the Minister, special attention has been paid to the ascertainment of cases of Blindness attributable to Retrolental Fibroplasia. During the year one such case was reported in the County Borough. The Minister has also expressed interest in Blindness due to Glaucoma and Cataract. Cataract accounts, as it has done for some time past, for approximately 40% of the new registrations. Of the 12 Barnsley registrations under this heading nine were reported as suitable for active treatment. Three cases of Glaucoma were reported, only two cases of Ophthalmia Neonatorum were reported in the County Borough and neither of these was followed by any serious sequelæ.

Close co-operation is maintained with the Ophthalmic Department of the Beckett Hospital, particularly with regard to the follow-up of patients undergoing treatment. This has proved to be of great value in the prevention of blindness.

Arrangements are also made for such persons who are "not blind" within the definition of blindness laid down in the National Assistance Act, 1948, but who are "substantially and permanently handicapped by defective vision" to be included on a special register under the classification of "Register for Partially Sighted Persons," and for them to be provided with the same welfare services as those available for blind persons.

At the 31st December there were 36 persons on this register in the County Borough and 50 on that for the part of the West Riding area covered by the Barnsley service. This represents a decrease as compared with 31st December, 1953, of one and five respectively.

Follow-up of Registered Blind and Partially Sighted Persons

BARNSELEY AREA

		CAUSES OF DISABILITY				Total
		Cataract	Glaucoma	Retrolental Fibroplasia	Others	
(i)	Number of new cases registered which para. 7(c) of Form B.D.8 recommends :					
	(a) No treatment	3	2	1	15	21
	(b) Treatment, medical, surgical, or optical	9	2	—	8	19
(ii)	Number of cases at i(b) above which on follow-up action have received treatment	6	1	—	8	15

NOTE : 3 Refusals, 1 waiting.

This includes 29 persons registered blind during 1954 and 11 persons registered as "partially sighted."

WEST RIDING COUNTY COUNCIL AREA

		CAUSES OF DISABILITY				Total
		Cataract	Glaucoma	Retrolental Fibroplasia	Others	
(i)	Number of new cases registered which para. 7(c) of Form B.D.8 recommends :					
	(a) No treatment	6	5	—	15	26
	(b) Treatment, medical, surgical, or optical	12	—	—	17	29
(ii)	Number of cases at i(b) above which on follow-up action have received treatment	9	—	—	13	22
		3 deceased			4 deceased	7

This includes 42 blind persons and 13 partially sighted persons.

OPHTHALMIA NEONATORUM

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

AGE GROUPS

	Barnsley		West Riding	
	M.	F.	M.	F.
Under 5 years	3	—	2	1
5—16 years	1	4	1	6
16—40 years	6	5	13	11
40—60 years	16	16	21	34
60—70 years	22	19	25	38
Over 70 years	38	45	78	83
	<hr/> 86	<hr/> 89	<hr/> 140	<hr/> 173

CLASSIFICATION OF THE BLIND

	Barnsley	West Riding
Unemployable	139	236
Unemployed but employable	2	10
Employed as Wage earners	11	14
Employed—Household duties	13	39
Trained but unemployed	1	1
In Training	1	1
At School	3	5
Not at School	5	5
In Blind Homes	—	2
	<hr/> 175	<hr/> 313

EMPLOYMENT OF THE BLIND

The Corporation provides employment for female knitwear makers and also facilities for such trades as chair caning, basket making and boot and shoe repairing. It is pleasing to report that the demand for hosiery keeps the employees in full employment.

At the present time the West Riding hosiery knitters carry out their trade in their own homes, but an interesting feature connected with the employment table is that four of these workers are two married couples. In one case the totally blind wife having taught her totally blind husband how to knit hosiery. As boredom from having nothing to do is one of the worst features of blindness, especially in cases when the persons concerned are young married people, the value and importance of this achievement can be appreciated. The household income is increased as well as the effect on self respect. This married couple (with one boy) also share practically all domestic duties and their home is a great credit to them.

In the second case, the wife is usefully employed in knitting hosiery at home, and the husband, a registered blind person, is employed at a local factory. In this case, however, domestic duties are carried out by other sighted members of the family in the same household.

TYPES OF EMPLOYMENT

	Barnsley		West Riding	
	M.	F.	M.	F.
Hosiery Knitwear	—	3	1	2
Newsvendor	2	—	—	—
Basket Maker	1	—	—	—
Commercial Traveller	—	—	1	—
Home Teachers.....	2	—	—	—
Switchboard Operator	—	—	1	—
Boot and Shoe Repairer	1	—	2	—
Typist	—	1	—	—
Piano Tuner	—	—	3	—
Factory Worker.....	—	—	3	—
Masseur	1	—	—	—
Shop Keeper	—	—	1	—
	7	4	12	2

Home Visiting Services

Four Home Teachers, two 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 various other services which the blind are unable to do for themselves.

2,205 visits were made to individual homes in Barnsley and 3,237 in the West Riding area, and as there are 244 persons over 70 years of age, and over 200 persons are either living alone or are widows or widowers living with relatives, the value of these visits can be better realised than expressed.

Social Activities

In addition to visiting the blind in their homes, Home Teachers are responsible for many social activities. For this purpose Social Centre Clubs are provided at Barnsley, Wombwell, Hoyland and Thurnscoe. The Centres are well attended and provide an opportunity for various games, of which dominoes proves to be the most popular. Discussion takes place on the various items of news reported in the local and daily press which sighted persons have passed on to them. Wireless sets, are of course, of inestimable value, and the various programmes of sport, music, drama, etc., not only provide entertainment in the home but provide scope for interchange of ideas and useful criticism or appreciation at the Social Centres.

Hiking and rambling parties are arranged from time to time in the summertime, which in addition to the pleasure of an open-air outing, is also a means of providing some healthy exercise.

The Barnsley and District Joint Blind Welfare Committee provides an Annual Outing to the seaside when each blind person is invited along with

a friend as escort. A Re-union is also provided at Christmas time when a cash grant is also made. This Committee also make provision for the cost of repairs to wireless sets and batteries, as well as grants towards the cost of holidays and convalescence in Holiday Homes for the Blind.

Wireless sets are provided free of charge by the "British Wireless for the Blind Fund" from the money raised by the Annual Christmas Appeal made by the B.B.C. on both sound radio and television.

The local Amateur and Operatic Societies have also provided complimentary admission to the "shows" arranged by them, and these gestures are much appreciated.

CARE OF THE DEAF

National Assistance Act, 1948, S.29.

As in previous years the Welfare of the Deaf was provided for by the Barnsley and District Mission for the Deaf. The Corporation has subscribed to the funds of the Mission and is represented on its Executive Committee. The Mission provided the services of an Interpreter, and Social Centre facilities at St. Augustine's Hall, Racecommon Road.

The Corporation's Scheme for the Welfare of the Deaf, reference to which was made in last year's report, received the approval of the Minister and was duly sealed on the 22nd March, 1954. In pursuance of this Scheme, Social Centre facilities were made available to the Hard of Hearing in the Occupation Centre premises in Pitt Street. Certain special equipment has been provided and the arrangement appears to be satisfactory.

A further step was taken in September when the appointment of a Welfare Officer for the Deaf was advertised, and a short list of candidates was interviewed. After discussion the Health Committee decided to defer making the appointment. This was done because it was considered that the impending retirement of the Assistant Superintendent of the Blind, and the preparation of the Scheme for the Welfare of the Physically Handicapped, made the appointment of a single officer to operate all three schemes for the handicapped more appropriate. Such an appointment would allow of the accelerated development of a comprehensive Handicapped Persons' Service. It was also decided that it would be necessary to provide for the appointment of one or more interpreters for the deaf, and arrangements were made to include these in the Health Department's Establishment, although it was not possible to complete these arrangements before the end of the year.

CARE OF THE PHYSICALLY HANDICAPPED

National Assistance Act, 1948, S.29.

Consequent upon developments in the field of both Deaf and Blind Welfare much consideration was given to the care of the Physically Handicapped during 1954. From this consideration was born the conception already mentioned of a comprehensive scheme for the care and welfare of all the handicapped. This scheme is to be aimed not only at

the provision of welfare on the conventional pattern but also at the assimilation of those suffering from handicaps of one kind or another into the wider community. In this way it is hoped to give this element of the population a fuller life than they could enjoy as members of little closed groups bound together by common infirmity. The outline of this conception was discussed very fully at a Sessional Meeting of the Royal Sanitary Institute which was held in Barnsley in October. In December the Health Committee adopted and submitted to the Minister for approval the formal Scheme under Sections 29 and 30 of the National Assistance Act, 1948 for Handicapped Persons other than the blind, partially sighted, deaf and dumb. The approval of this Scheme will provide the Corporation with the powers necessary to implement a comprehensive Handicapped Persons Scheme.

At the same time in December by exercise of the powers contained in the already approved Schemes for the Welfare of the Blind and the Deaf, the Health Committee directed the preparation of plans for the construction of a Handicapped Persons' Centre on a site already allocated for this purpose at the corner of Wood Street and New Street. These plans corresponded to the outline suggestions made at the Sessional Meeting and the estimated cost (£13,250) was included in the Authority's forecast for Capital Expenditure in 1955 and submitted to the Minister for approval.

As in last year's report information regarding the physically handicapped is furnished in accordance with the direction of the Minister, contained in Circular 1/54.

Epilepsy

Persons suffering from epilepsy are usually brought to the notice of the Health Department through the School Medical Service, the Mental Health Service, the Health Visiting Service, or the Care and After-care arrangements. If there is any question of mental illness or deficiency the patients are followed up by the Mental Health Service. The following figures are quoted as giving a picture of the incidence of epilepsy in the County Borough as well as the arrangements made for the care of epileptics.

IN INSTITUTIONAL CARE

	Male	Female	Total
Cases in Mental Hospitals	3	5	8
Cases in Mental Deficiency Institutions	3	5	8
Cases in Epileptic Colonies	—	3	3
Cases in The Limes, Barnsley.....	1	3	4
	7	16	23

All the above are adults.

CASES LIVING IN THEIR OWN HOMES

Adults	16	12	28
Children under 15 years of age	5	4	9
	21	16	37
Total known to Local Authority		60	

Analysis of Epileptics living in their own homes

MALES

	Sheltered work unnecessary	Suitable for sheltered work
1. Working and leading a normal life	2	—
2. Usually working but with frequent changes of job owing to epilepsy.....	—	3
3. (i) Not able to keep a job for more than a few days owing to fits, but physically capable of working	—	5
(ii) Mentally defective but could work under special conditions	—	3
4. Not capable of doing any kind of work—mentally defective	2	—
One male patient, also spastic, but intelligent and could do simple work of a sedentary nature	—	1
Total	4	12
Total number of males	16	

FEMALES

Married and engaged in their own household duties	7
Single and engaged in own household duties	1
Mentally defective and unsuitable for work outside the home	2
Mentally defective and suitable for work under sheltered conditions	2
Total	12

CHILDREN UNDER 15 YEARS OF AGE

	Male	Female
1. In Special Schools for Epileptics	1	1
2. Attending ordinary school—fits controlled by medication	1	1
3. Ineducable	2	—
4. In infancy	1	2
Total	5	4
Total number of children	9	

Cerebral Palsy

New cases of cerebral palsy occurring as a result of birth injury come to the notice of the Local Health Authority through the arrangements made for the Care of Mothers and Young Children and their welfare is super-

vised under this scheme. Later they are provided for through the School Health Service arrangements for handicapped pupils, or if the mental condition precludes education, through the Mental Health Service. Such existing adult cases as require welfare arrangements to be made for them are dealt with by the Care and After-care Scheme under S.28 of the National Health Service or through the Mental Health Service, whichever may be appropriate.

With regard to new infant cases, these are sent to the Cerebral Palsy Unit, Queen Mary's Hospital for Children, Carshalton, for ascertainment of handicaps, assessment of educability and advice as to welfare arrangements. Local supervision is carried out by the Pædiatrician and Orthopædic Surgeon to the Barnsley Group of Hospitals. Some cases have been sent to Sheffield for physiotherapy by their family doctor. Where speech therapy is indicated this is arranged through the School Health Service. Swimming classes are held twice weekly at the Corporation's public baths and the Physiotherapist employed by the Health Committee and one employed by the Hospital Management Committee are in attendance.

The number of cases of severe cerebral palsy known to the Local Health Authority is 29 and two possible new cases under investigation: the problem would not seem to be a very great one. In addition four cases of longstanding paralysis in adults have come to the notice of the Health Authority but no definite history is available to indicate whether these may be rightly classified under this heading.

The confirmed cases of cerebral palsy known to the Health Authority may be classified as follows:—

ADULTS: 11

	Males	Females
2 are working (1 is a Notified Mental Defective)	2	—
* { 3 are unable to walk (1 is a Notified Mental Defective)	2	1
6 walk with difficulty (2 are Notified Mental Defectives)	3	3

CHILDREN OF SCHOOL AGE: 12

4 are attending ordinary school	2	2
1 is at the Yorkshire Residential School for the Deaf	—	1
4 are unable to walk (3 are Notified Mental Defectives)	4	—
1 is attending a Special School	1	—
1 is attending the Occupation Centre (Mentally Defective)	1	—
1 is attending the Convent School	1	—

CHILDREN UNDER SCHOOL AGE: 6

3 are unable to walk	2	1
3 walk with difficulty	1	2
	19	10

Total: 29 of which 8 are Notified Mental Defectives.

* of these 9—5 are suitable for work under sheltered conditions. 4 are unsuitable for work of any kind.

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

National Assistance Act, 1948, S.47.

National Assistance (Amendment) Act, 1951.

The provision of adequate care for old people, particularly those living alone, presented the Local Health Authority with a number of difficult problems throughout the year. In the interests of humanity as well as in the interests of economy it is the policy of the Health Authority to nurse in their own homes aged persons who are ill, or who require special attention of any kind. There is, however, a limit of practicability beyond which, again in the interests of humanity, this policy ought not to be pursued. When this limit is reached, the aged person ought to be able, quickly, to obtain the treatment required in an institution. Unfortunately, in Barnsley such treatment is not always readily available, and Doctors and Home Nurses are left to improvise to the best of their ability in the patient's home. This position is attributed to a shortage of hospital beds for this type of patient.

In last year's report action was described whereby it was found in one particular case necessary to apply to the Court for an order for the removal to hospital of an old person in need of attention.

Following this case the position has been less difficult, nevertheless, it has been necessary on 14 occasions during 1954 to write to the Secretary of the Management Committee to inform him of cases where legal action to secure early removal to hospital was indicated by the patient's condition or social circumstances. No comment is offered on this situation—except to emphasise that this procedure was only adopted after all efforts on the part of the family doctor to secure admission had failed. In addition to this, prior to deciding on statutory action the doctor, home nurse and Superintendent Home Nurse were consulted to ensure that there was no other practical solution.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The arrangements whereby the Medical Officer of Health acts as co-ordinating officer in accordance with the Minister's suggestions in Circular 78/50, which have been described in previous reports, were continued during 1954. The co-operation between interested bodies and Corporation Departments remained satisfactory throughout the year, and in this connection appreciation must be recorded of the work done by the Local Inspector of the N.S.P.C.C., Mr. W. A. Rawlings. The re-organisation of the Health Visiting Service will probably have a considerable effect on this aspect of the Health Department work as closer supervision of "problem families" must result in the prevention of a number of cases of neglect.

MEDICAL EXAMINATIONS

As in previous years Medical Examinations for various purposes were carried out by the Corporation's Medical Officers (303 compared with 208 in 1953). The detail of the purposes of the examinations is as follows:—

Child Delinquents	67
Boarded-out Children (prior to boarding out)	8
Superannuation, Fitness for Employment, etc.	118
Retirements	25
Candidates for Training Colleges	37
Police Force Recruits, etc.	27
Fire Service Recruits, etc.	4
Special Schools	17
Total	<u>303</u>

Part IV

ENVIRONMENTAL HYGIENE

"Man seeketh in society comfort, use, and protection."

"Advancement of Learning." xxiii.2.

Francis Bacon, 1561-1626.

The most notable feature of the year's work in Environmental Hygiene is the shift of emphasis from "patch and make do" of old property to planning for its demolition and the re-housing of its inhabitants. This feature is not at first apparent from the figures which follow and indeed it will only become statistically noticeable in future reports. Nevertheless, despite this, planning and preparation for a new Slum Clearance drive was commenced during the latter part of the year and an immense amount of effort has been expended on it.

It is in describing work of this kind by yearly instalments that the shortcomings of the Annual Report, to which reference has previously been made, become most obvious. To comply with the requirements of the Minister of Health each year's work tends to be regarded as a little compartment or pigeon hole to be assessed by isolated Statistical Tables. In some aspects of the work of a Sanitary Authority there can be little objection to this. On the other hand the description of a task of the magnitude of replanning, demolishing and rebuilding a large part of a town such as Barnsley cannot but suffer by being arbitrarily serialised into annual chapters.

Perhaps, after all, it matters little how the story of improving Environmental Hygiene is told so long as improvement itself is achieved, and such improvement in the field of housing is the very key to true environmental hygiene. For this reason then, the attention of those who require a statistical yardstick for progress might be directed to the figures which follow for the provision of new houses. It is the great increase in building that has made possible the slum clearance project. Only when new houses are available does the demolition of old ones, however bad, become a practical proposition.

Whilst the dwelling place in which the individual lives and raises his family has perhaps the most profound influence on his well-being, there are many other aspects of Environmental Hygiene which must be maintained to preserve the health of the community. The figures shown in the pages which follow will indicate that the Barnsley Sanitary Authority has not allowed housing duties to overshadow its other responsibilities. The end of meat rationing in July presented the Authority with a number of problems in relation to meat inspection.

These have been met by close collaboration between the Sanitary Committee and the Markets and Fairs Committee and their solution has been further materially assisted by the co-operation of the various food traders' organisations in the town. Agreement with neighbouring Sanitary Authorities on the question of Abattoir and Slaughterhouse Accommodation has also had its effect in ensuring a better standard in the preparation of meat for human consumption not only in the town itself but in the surrounding districts.

In addition such other major responsibilities as the supervision of retail food suppliers and their premises, and smoke abatement have claimed much of the attention of the Sanitary Authority. Some measure of the advances made will be apparent from the relevant statistical tables. However, the real educational work carried out by the Authority's inspectors is extremely difficult to record in an easily assessable form. Furthermore, as in practically every other branch of preventive medicine, the effect is separated from the cause by a not inconsiderable interval. This educational and advisory aspect of Sanitary Inspection has been discussed at some length in previous reports and as year succeeds year its importance becomes more marked and its value enhanced. With this in mind then attention may now be directed to those details and figures which represent the year's work.

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	.....	.....	.....	.....	9,127
Total number of Re-inspections made	.....	.....	.....	.....	7,311
Total number of Defects found	.....	.....	.....	.....	4,580
Total number of Defects remedied	.....	.....	.....	.....	5,619
Total number of Informal notices served	.....	.....	.....	.....	1,210
Total number of Formal notices served	.....	.....	.....	.....	267
Total number of Informal notices complied with	.....	.....	.....	.....	1,153
Total number of Formal notices complied with	.....	.....	.....	.....	278

TABLE II
SUMMARY OF INSPECTIONS MADE

From 1st January, 1954, to 31st December, 1954.

Dwellingshouses

No. inspected :

	Inspections	Re-Inspections
Re Filthy Condition	15	19
Re Verminous Condition	174	74
Re Other Conditions	5134	7055
Houses-let-in-lodgings	10	4
Common Lodging Houses	10	—
Tents, Vans and Sheds	108	6
Number of Drains Tested	293	110

Inspection of :

Dairy	67	—
Ice Cream Premises	263	1
Slaughterhouse	114	2
Knackers Yard	64	—
Food Preparing Premises	238	13
Hotel and Public Houses	19	7
Markets	578	—
Food Shops	559	22
Pet Animal Shops	10	—
Factories with Power	156	10
Factories without Power	10	5
Workplaces	4	—
Outworkers' Premises	6	—
Bakehouses	69	6
Hawkers' Premises	6	—
Hairdressers' Premises	55	—
Shops—re sanitary conditions	19	1
Cinemas and Theatres	47	13
Premises re Rats	89	15
Offensive Trades	55	—
Smoke Observations	195	—
Smoke—Visits to Plant	2	—
Other Premises—Visits and Interviews	843	50
TOTAL NUMBER OF DEFECTS FOUND.....	4417	163
TOTAL NUMBER OF HOUSES AFFECTED	2818	43
TOTAL NUMBER OF OTHER PREMISES AFFECTED	90	1

TABLE III

From 1st January, 1954, to 31st December, 1954.

SUMMARY OF NUISANCES ABATED AND IMPROVEMENTS EFFECTED

Dwellinghouses

Internal :

Floors repaired or renewed	71
Walls repaired or renewed	147
Ceilings repaired or renewed	67
Fireplaces repaired or renewed	111
Flues repaired or renewed	44
Windows repaired or renewed	109
Doors repaired or renewed	42
Staircase repaired or renewed	10
Sinks repaired or renewed	78
Waste pipes repaired or renewed	59
Coppers repaired or renewed	4
Foodstores provided or improved	1
Coal stores provided or improved	36
Cleansed or limewashed	4
Freed from vermin	10
Damp conditions abated	120

External:

Roofs repaired	135
Eaves spouts repaired or provided	170
Eaves spouts cleansed	14
Down spouts repaired or provided	103
Down spouts disconnected from drain	15
Down spouts cleansed	5
Walls repaired or repointed	102
Chimney stacks repaired or repointed	45
Doors repaired or renewed	8
Steps repaired or renewed	10
Yard paved	4
Yard paving repaired	9

Common Lodging Houses

Limewashed	2
------------	---

Drains

Cleansed	277
Repaired	90
Reconstructed	34
New provided	51
Disconnected from sewer	11
Self cleansing gullies	61

Tents, Vans, Sheds

Removed	1
Sites licensed	4
Dwellings licensed	8

Inspection Chambers

Built	33
Repaired or improved	11

Water Closets

Provided for houses—additional	41
Provided in substitution of privies	29
Provided in substitution of pail closets	1
Provided in substitution of waste water closets	41
Limewashed and cleansed	6
Structure repaired or improved	90
Fittings repaired or improved	138

Waste Water Closets

Abolished	8
Repaired	53
Cleansed or limewashed	11
Converted to water closets	41

Pail Closets

Converted to water closets	1
New pails provided	6

Ashpits							
Repaired	.....	.....	.....	.....	.....	.....	1
Abolished (dry)	.....	.....	.....	.....	.....	.....	33
Converted to ashbin shelters	.....	.....	.....	.....	.....	.....	512
Ashbins							
Provided in substitution of ashpits	.....	.....	.....	.....	.....	.....	1398
Renewed for houses	.....	.....	.....	.....	.....	.....	1293
Renewed for other premises	.....	.....	.....	.....	.....	.....	40
Additional provided	.....	.....	.....	.....	.....	.....	2
Shelters provided	.....	.....	.....	.....	.....	.....	3
Midden Privies							
Abolished	.....	.....	.....	.....	.....	.....	6
Converted to water closets	.....	.....	.....	.....	.....	.....	29
Bakehouses							
Cleansed or limewashed	.....	.....	.....	.....	.....	.....	20
Premises improved	.....	.....	.....	.....	.....	.....	3
Discontinued	.....	.....	.....	.....	.....	.....	1
Hairdressers' Premises							
Premises cleansed	.....	.....	.....	.....	.....	.....	55
Premises improved	.....	.....	.....	.....	.....	.....	1
Dairies							
Cleansed or limewashed	.....	.....	.....	.....	.....	.....	5
Ice Cream Premises							
Cleansed and limewashed	.....	.....	.....	.....	.....	.....	13
Premises improved	.....	.....	.....	.....	.....	.....	1
Slaughterhouses or Knackers Yard							
Cleansed and limewashed	.....	.....	.....	.....	.....	.....	4
Premises improved	.....	.....	.....	.....	.....	.....	1
Offensive Trades							
Premises cleansed and limewashed	.....	.....	.....	.....	.....	.....	16
Premises improved	.....	.....	.....	.....	.....	.....	6
Food Preparing Premises							
Cleansed and limewashed	.....	.....	.....	.....	.....	.....	112
Premises improved	.....	.....	.....	.....	.....	.....	16
Discontinued	.....	.....	.....	.....	.....	.....	1
Offensive Accumulations							
Removed	.....	.....	.....	.....	.....	.....	3
Shops—re Shops Act							
Suitable and sufficient washing facilities provided	.....	.....	.....	.....	.....	.....	1
Factories							
Floors drained	.....	.....	.....	.....	.....	.....	1

Sanitary Conveniences

Cleansed and limewashed	.....	.....	.....	.....	.....	2
Additional provided	.....	.....	.....	.....	.....	4
Intervening ventilated space provided	.....	.....	.....	.....	.....	4
Separate accommodation for sexes	.....	.....	.....	.....	.....	1
Notice provided indicating sex	.....	.....	.....	.....	.....	3
Artificial light provided	.....	.....	.....	.....	.....	2
Doors and fasteners repaired or renewed	.....	.....	.....	.....	.....	12
Fittings repaired or renewed	12

Cinemas and Theatres

Defects remedied	29
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Stable Premises

Cleansed or limewashed	2
Drains cleansed	1
Accumulations removed	1

Other Premises

Nuisances abated	.....	.....	.....	.....	.....	35
TOTAL DEFECTS REMEDIED	.....	.....	.....	.....	.....	5619
TOTAL HOUSES AFFECTED	.....	.....	.....	.....	.....	4123
TOTAL OTHER PREMISES AFFECTED	.....	.....	.....	.....	.....	131

TABLE IIIA
HOUSING INSPECTIONS

Number of houses inspected	.....	.....	.....	.....	208
Number of houses inspected re Overcrowding	.....	.....	.....	.....	35
Number of houses inspected re Improvement Grants	.....	.....	.....	.....	23
Number of houses inspected re Certificates of Disrepair	.....	.....	.....	.....	10

Common Lodging Houses

The premises 24A Doncaster Road continue to be used as a Common Lodging House for 117 persons. This is the only Common Lodging House in the Borough and generally the cleanliness and management is satisfactory.

Tents, Vans and Sheds

The number of licensed sites and vans at the end of the year was four and eight respectively.

Two new applications in respect of sites and three new applications in respect of vans, were received but not granted.

The continued extremely unsatisfactory conditions prevailing on the Grange Lane Caravan Site have been a source of anxiety throughout the year and have been considered by the Sanitary Committee on several occasions. Towards the end of the year the future of this site was under review when it was decided that the possibility of discontinuing the present site and establishing a new one on an adjoining piece of land, be explored.

Factories

The prescribed form of report is set out on the following page.

TABLE IV
FACTORIES ACTS, 1937 and 1948.

Part 1

1. INSPECTIONS

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupier Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6. are to be enforced by Local Authorities	46	25	1	—
ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	269	241	10	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority	—	—	—	—
...				
Total ...	315	266	11	—

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				No. of cases prosecuted
	Found	Remed.	Referred To H.M.I. By H.M.I.		
Want of Cleanliness ...	—	—	—	—	—
Overcrowding ...	—	—	—	—	—
Unreasonable temperature ...	—	—	—	—	—
Inadequate ventilation. ...	1	—	—	—	—
Ineffective drainage of floors ...	—	1	—	—	—
Sanitary Conveniences. ...	—	3	—	—	—
(a) Insufficient ...	—	3	—	—	—
(b) Unsuitable or defective ...	9	5	—	—	—
(c) Not separate for sexes ...	3	3	—	1	—
Other Offences against the Act	—	—	—	—	—
Total ...	13	12	—	1	—

Cinemas and Theatres

During the course of the 60 visits made during the year to cinemas, theatres and places where occasional stage plays are given. A number of unsatisfactory conditions were found and the work set out below shows the matters dealt with :—

- 9 water closet compartments cleansed and limewashed
- 6 water closet doors and fastenings repaired
- 2 urinals cleansed
- 2 notices indicating sex for which water closet provided
- 5 water closet seats provided

- 1 water closet flushing cistern repaired
- 1 water closet ceiling repaired
- 1 downspout to water closet repaired
- 1 drain repaired
- 1 external paving repaired

Offensive Trades

During the year the following offensive trades were being carried on :—

- 5 Tripe Boilers
- 1 Fellmonger
- 1 Bone Boiler
- 1 Fat Extractor

Smoke Abatement

The question of reducing the amount of smoke in the atmosphere has continued to receive attention, but so far very little, if any improvement has been observed.

On 195 occasions official observations have been made to determine whether or not smoke issuing from factory chimneys contravened the Council's Byelaws, in 39 instances contraventions were noted and the offending firms warned.

The table below shows the trend of atmospheric pollution over the last four years as determined at our three recording stations.

AVERAGE DAILY FIGURE IN MILLIGRAMS OF SULPHUR DIOXIDE
PER 100 SQUARE CENTIMETRES

	1954	1953	1952	1951
Kendray Hospital	2.34	2.689	2.179	2.0515
Mount Vernon Sanatorium	1.69	1.604	1.682	1.5805
Abattoir	2.05	2.430	2.180	1.8590

Hairdressers and Barbers

The number of names on the register at the end of the year was 76, five new applications for registration were granted during 1954.

Hotels, Inns and Public Houses

The following improvements have been made in licensed premises during 1954.

PRINCE OF WALES HOTEL, ELDON STREET NORTH

New sanitary accommodation provided consisting of one water closet and one four-stall urinal for Males and two water closets and wash basin for Females.

DOVE INN, DONCASTER ROAD, BARNSLEY

New sanitary accommodation provided consisting of one water closet and six stall urinal for Males in out-building extension and two water closets and wash basin for Females off Saloon.

CORPORATION HOTEL, PONTEFRAC T ROAD, BARNSLEY

New sanitary accommodation provided consisting of 1 water closet and four stall urinal for Males and two water closets and wash basin for Females in extension at rear.

QUEEN'S HOTEL, REGENT STREET, BARNSLEY

Urinal in Regent Street South cleansed and limewashed.

DEVONSHIRE HOTEL, ELDON STREET, BARNSLEY

Urinal drain repaired and new gully provided.

ROYAL ARMS, WAKEFIELD ROAD, BARNSLEY

One additional water closet provided for Males, urinal improved and automatic flushing installed. Two water closets provided for females (one additional).

TOLLGATE INN, OLD MILL, BARNSLEY

New urinal channel fitted and automatic flushing installed. Two door bolts and two seats provided to water closets for Males.

TRAVELLERS' REST, INTAKE LANE, BARNSLEY

Existing Males water closet and urinal and Females water closet (all external) abolished.

New Males water closet and urinal and two Females water closets and wash basin (all internal) provided.

LOCKE PARK HOTEL, RACECOMMON ROAD, BARNSLEY

Existing external water closet for Females and Males urinal abolished.

Existing water closet for Males repaired and new urinal constructed.

Two new internal water closets and wash basin for females provided.

LORD NELSON HOTEL, SHAMBLES STREET, BARNSLEY

External conveniences for Males and Females abolished. Two water closets for females with wash basin and one water closet and urinal for Males provided.

THREE TRAVELLERS', SHAMBLES STREET, BARNSLEY

Males water closet and urinal reconstructed. Existing water closet for Females abolished and two new water closets and wash basin provided with access from bar.

COMMERCIAL INN, SUMMER LANE, BARNSLEY

External Males urinal roofed over. Existing water closet for Females to be used by Males, making two water closets for the use of Males.

New block of two water closets with wash basin provided for Females.

CRANBERRY HOTEL, DODWORTH ROAD, BARNSLEY

Existing external water closet for Males and water closet for Females abolished. New external block constructed—two water closets and wash basin for Females and one water closet and urinal for Males.

Disinfestation

During the year 20 Council houses and 29 privately owned houses were treated to eradicate bugs, in addition 37 houses were treated to get rid of cockroaches.

The procedure adopted in past years of treating the furniture and bedding of tenants moving into Council houses, where there was any risk of vermin being taken into the new house, has been continued, and 163 lots of furniture and bedding have been dealt with.

Disinfection

Spraying with formalin was carried in 616 rooms in 205 houses, and four hospital wards were also sprayed.

Disinfection of 911 articles of clothing and bedding was done by means of steam disinfection.

Rodent Control

Two Rodent Operators were employed throughout the year and in addition to dealing with the rodent infestations shown in the following report (Table V) they also baited 1,474 sewer manholes. It was necessary for 104 visits to be made to rat infested premises by members of the Inspectorial staff.

TABLE V
PREVENTION OF DAMAGE BY PESTS ACT, 1949
REPORT FOR 12 MONTHS ENDED 31st MARCH, 1955

	Type of Property				(5) Agri- cult- ural
	Non-Agricultural				
	(1) Local Authority	(3) Dwelling Houses (includ'g Council Houses)	(3) All other (including business premises)	(4) Totals of Cols. (1), (2) and (3)	
I. Number of properties in Local Authority's District (Notes 1 and 2)	66	21,688	2,712	24,466	31
II. No. of properties inspected as a result of :—					
(a) notification	25	234	32	291	
(b) survey under the Act	15			15	
(c) otherwise, (e.g. when visited primarily for some other purpose)					
III. Total inspections carried out including reinspections	180	957	195	1,332	
IV. No. of properties inspected in Section II which were found to be infested by :—					
(a) Rats Major	5	1		6	
Minor	16	147	13	176	
(b) Mice Major			2	2	
Minor	8	65	15	88	
V. No. of infested properties (in Section IV) treated by the local authority	29	215	30	274	
VI. Total treatments carried out—including re-treatments	29	215	30	274	
VII. No. of notices served under Section 4 of the Act :					
(a) Treatment					
(b) Structural Work (i.e. proofing)					
VIII. No. of cases in which default action was taken following the issue of a notice under Section 4 of the Act					
IX. Legal Proceedings					
X. Number of "block" con- trol schemes carried out					

Swimming Baths

The number of samples of swimming bath water taken during the year was eight—three from the Public Baths and five from Raley School Bath. One sample from the Public Baths was regarded as unsatisfactory as faecal coli were present.

Rag Flock and other Filling Materials

A total of six samples was taken under the provisions of the Rag Flock and Other Filling Materials Act, 1951, and submitted to the prescribed analyst—all were found to be satisfactory. The various types of material examined are set out below.

Cotton Flock	1
Coir Fibre	1
Cotton Felt	1
Woollen Flock	1
Washed Cotton Mixture	1
Kapok	1
	—
	6
	—

Fertilisers and Feeding Stuffs

During the year three formal and 14 informal samples of fertilisers and feeding stuffs were submitted to the Agricultural Analyst. Details are given in the following table.

FERTILISERS

1	Bone Meal
1	Hydrated Lime
1	Tomorite
1	Dried Blood
1	Bone and Meat Meal
1	Basic Slag
1	Sulphate of Potash
1	Superphosphate
2	Sulphate of Ammonia
1	Clays Fertiliser
1	Hoof and Horn
1	Nitrate of Soda
1	Vegerite

FEEDING STUFFS

2	Pig Meal
1	Poultry Balancer Meal.

Pet Animals Act 1951

The number of licensed premises and stalls in the Market is five. All the businesses were carried on in a satisfactory manner.

Closet and Refuse Accommodation

In the Report for 1953 reference was made to schemes for the conversion of privies into water closets in the Carlton area, and the conversion of dry-ashpits into bin shelters in all parts of the Borough.

In Table III it is shown that 29 privies were converted into water closets and six privies were abolished, 32 of these privies were included in the scheme already referred to.

Table III also shows that 512 ashpits were converted into bin shelters, in connection with which 1,398 bins were provided. These 512 ashpits consist of 490 dry ashpits and 22 privy middens. The conversion of 41 waste water closets into water closets also took place during the year.

Housing

In September 1954, the Housing Repairs and Rents Act, 1954 came into operation and added considerably to the responsibilities and duties of the local authority and its officers. The Act together with a spate of official circulars and leaflets on its operation, envisaged a speedy resumption of slum clearance work and the modernisation of suitable houses by means of Improvement Grants. A new feature was the issue by the local authority of what are termed Certificates of Disrepair, these Certificates preclude the owner from claiming a rent increase unless the house is both in good repair and fit for human habitation.

The net result of these increased powers and duties was to further strain the already over-burdened staff of the Sanitary Department and it therefore became necessary for the Sanitary Committee to consider the staffing position. After serious consideration had been given to the matter the employment of two sanitary inspectors for meat inspection duties only, was authorised, thus relieving the existing staff so that more time could be devoted to the work required to be done under the Housing Repairs and Rents Act. It was not possible to implement the decision of the Sanitary Committee until 1955.

However, the problem of housing was not entirely neglected in 1954 as the following tables show.

UNFIT HOUSES DEMOLISHED IN CLEARANCE AREAS

Clearance Area 62

1, 3, 5, 7, 9, 11 Ct. 6, Dodworth Road; 2, 4, 6,	
8, 10 Ct. 6, Dodworth Road	11 houses

Clearance Area 72

9, 11, 13, 15, 10, 12, 14, 16, Slackhills	8 houses
---	----------

Clearance Area 91

16, 18, 20, 22, 1 Ct., 6, Eastgate; 3 Ct. 1, 5 Ct. 1,	
7 Ct. 1, 8 Ct. 1, 12 Ct. 1, Church Street	10 houses

UNFIT HOUSES DEMOLISHED BY AGREEMENT WITH OWNERS

Mill House, Smithy Green	1 house
Garden House Cottage, Harbro' Hill Road	1 house
7, Greentop Cottages, Greenfoot Lane	1 house
Junction Lock House, Canal Bank	1 house
61, Pontefract Road, Hoyle Mill	1 house
1 Ct. 1, 3 Ct. 1, 5 Ct. 1, 7 Ct. 1, 9 Ct. 1, 11 Ct. 1,	
13 Ct. 1, Keresforth Hill Road	7 houses
1, 3, John Street	2 houses

INDIVIDUAL UNFIT HOUSES DEMOLISHED

2, 3, Wood View	2 houses
Total number of unfit houses demolished—45.	

IMPROVEMENT GRANTS

A number of applications for Improvement Grants were received and 23 inspections of premises were made in connection with those applications all of which were receiving consideration at the end of the year.

CERTIFICATES OF DISREPAIR

10 Certificates of Disrepair had been issued by the end of the year.

HOUSING RETURN (MINISTRY OF HEALTH)

Number of dwellinghouses inspected and recorded under the Housing Consolidated Regulations, 1925	25
Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	7
Number of representations made with a view to the making of Closing Orders or Demolition Orders	2
Number of dwellinghouses in respect of which Closing Orders were made	Nil
Number of dwellinghouses in respect of which Closing Orders were determined, the dwellinghouses having been rendered fit	Nil
Number of dwellinghouses in which Demolition Orders were made	1
Number of dwellinghouses demolished in pursuance of Demolition Orders	2
Number of underground rooms closed	Nil
Number of dwellinghouses rendered fit :—	
(a) By informal action	161
(b) By formal action	167

Prosecution

Many owners of property make every effort to keep their houses in a reasonable state of repair but there are a number who do not readily respond to requests to carry out repairs and it has been necessary in three instances to take proceedings before the magistrates to enforce compliance with the Council's Statutory Notices.

CASE A. Non-compliance with Statutory Notice served under Public Health Act, 1936, Section 39, requiring a new sink to be provided.	Defendant fined £1 and work to be done in 14 days.
CASE B. Non-compliance with Statutory Notice served under Public Health Act, 1936, Section 39, to repair the water closet soil pipe, bath wastepipe, and rainwater fall-pipe.	Work done. Case withdrawn. Defendant to pay costs.

CASE C. Non-compliance with Statutory Notice Defendant fined £3.
served under Public Health Act, 1936,
Section 39, requiring eaves spouts to be
repaired.

INSPECTION AND SUPERVISION OF FOOD

Barnsley Corporation Act, 1949—Section 49.

The number of registrations under the provisions of the above-mentioned Section at the end of the year was 49 hawkers and 51 premises where food is stored.

Milk Supply

During the year 23 persons were registered as distributors of milk and at the end of the year there were 95 names on the register.

MILK (SPECIAL DESIGNATIONS) REGULATIONS—LICENCES ISSUED

- 1 Dealers' (Pasteurisers) Licence.
- 11 Dealers' Licences to use designation "Pasteurised."
- 1 Supplementary Licence to use designation "Pasteurised."
- 7 Dealers' Licences to use designation "Tuberculin Tested."
- 95 Dealers' Licences to use designation "Sterilised."
- 1 Supplementary Licence to use designation "Sterilised."

BACTERIOLOGICAL AND BIOLOGICAL EXAMINATION OF MILK

Methylene Blue Test

31 samples of Tuberculin Tested Milk	.....	30 satisfactory
		1 unsatisfactory
21 samples of Pasteurised Milk	.....	21 satisfactory
19 samples of T.T. Pasteurised Milk	.....	19 satisfactory

The producer of the unsatisfactory sample of Tuberculin Tested milk was warned.

Phosphatase Test

21 samples of Pasteurised Milk	.....	21 satisfactory
19 samples of T.T. Pasteurised Milk	19 satisfactory

Turbidity Test

25 samples of Sterilised Milk	25 satisfactory
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Biological Examination (Tuberculosis)

6 samples of Raw Milk	5 negative
		1 positive

The positive sample of milk was produced at a farm in Barnsley and was normally going for pasteurisation before being sold. After veterinary examination of the milking herd a further sample of milk was obtained and submitted for examination with a negative result.

Ice Cream

There were 213 registered premises at the end of the year, 14 new registrations being effected during the year. The policy of encouraging the sale of wrapped ice cream was continued, and as stated in last year's report the production of ice cream sold in the borough is in the hands of a comparatively small number of manufacturers.

104 samples were taken and submitted to the Methylene Blue Test and the majority were found to be satisfactory. Where unsatisfactory samples were obtained the retailer's attention and also that of the manufacturer, was drawn to the matter and "following-up samples" taken after a reasonable time had elapsed to allow the cause of the unsatisfactory result to be rectified.

Two "iced lollies" were examined for the presence of coliform organisms but in both instances with a negative result.

The minimum legal fat content of ice cream is 5% and to see that this standard was observed 15 samples were submitted to the Public Analyst with the following results.

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

Meat and Other Foods

The Public Abattoir has continued to be used for the slaughter for food of cattle, sheep, calves and pigs, whilst the slaughtering of horses for food has continued in a privately owned slaughterhouse.

In the early part of 1955 the Government decided that control of slaughtering should cease and consequently on the 1st July, 1955, wartime restrictions ended. The changeover took place with remarkably little difficulty bearing in mind that it was over 15 years since the farmer and butcher were free to sell and buy animals to suit their own convenience.

The number of animals slaughtered at the Abattoir shows an increase of 4,600 over that of last year. The most marked increase was pigs, 3,851, whilst cattle increased by 2,671, sheep and calves were slightly less.

The increased killings resulted in long hours being worked by the sanitary inspectors carrying out meat inspection duty and as already remarked, staff difficulties were encountered as the time spent on meat inspection made serious inroads into the time which should have been spent on other duties. The difficulty was eventually overcome by the appointment of two full-time meat inspectors although they did not take up their duties until 1955.

The following tables show the number of animals inspected and the meat and organs condemned.

ANIMALS SLAUGHTERED AND INSPECTED

Beasts	.....	.....	.....	.....	9,373
Sheep	.....	.....	.....	.....	24,203
Calves	.....	.....	.....	.....	1,229
Pigs	.....	.....	.....	.....	11,667
					<hr/>
					46,472
					<hr/>

FRESH MEAT CONDEMNED DURING THE YEAR

Beef	.....	61,906 lbs.	Beef Offal	.....	114,023 lbs.
Mutton	.....	450 lbs.	Mutton Offal	.....	2,409 lbs.
Veal	.....	903 lbs.	Veal Offal	.....	178 lbs.
Pork	.....	10,975 lbs.	Pork Offal	.....	5,536 lbs.

TOTAL—87 tons, 1 qr., 12 lbs.

TABLE VI

CARCASES AND ALL ORGANS CONDEMNED AS TOTALLY UNFIT FOR HUMAN CONSUMPTION

Animal	Tuber- culosis	Accident	Inflamm- atory Diseases	Other Bacterial Diseases
Bulls	—	—	—	—
Bullocks	7 (11)	—	—	—
Heifers	15 (14)	—	1 (1)	(2)
Cows	56 (61)	2 (1)	6 (1)	(6)
Sheep	—	2 (4)	11 (23)	(4)
Calves	5 (6)	—	6 (9)	3 (2)
Pigs	10 (14)	3	13 (11)	4 (24)

The figures in parenthesis are those for 1953.

TABLE VII

CARCASES PARTIALLY CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION

Animal	Tuber- culosis	Accident	Inflamm- atory Diseases	Other Bacterial Diseases
Bulls	2 (1)	1	—	(1)
Bullocks	16 (25)	—	—	—
Heifers	11 (17)	—	—	(1)
Cows	31 (31)	4	(4)	—
Sheep	—	(1)	—	(1)
Calves	—	1	—	—
Pigs	2 (5)	(2)	(1)	—

The figures in parenthesis are those for 1953.

TABLE VIII
VARIOUS ORGANS CONDEMNED AS UNFIT
FOR HUMAN CONSUMPTION

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines
TUBERCULOSIS											
Bulls ...	4	4	10	3	2		2	2		3	3
Bullocks ...	220	220	386	97	12		12			153	153
Heifers ...	177	177	292	59	10	2	7	6	2	100	100
Cows ...	358	358	820	145	30	6	24	26	24	256	256
Pigs ...	384	384	110	107	229		84	10		293	293
INFLAMMATORY DISEASES											
Bulls ...			1				1				
Bullocks ...			149	27	15	18	28	13		7	7
Heifers ...			89	30	4	18	16	7		4	4
Cows ...			51	84	17	55	9	10	455	18	18
Sheep ...			7	4	6		7	4		6	6
Calves ...			2	1	6		1			7	7
Pigs ...			232	227	94	2	181	7		89	89
PARASITIC DISEASES											
Bullocks ...	38	38	44	321		14	28	12			
Heifers ...	22	22	17	151		1	9	2			
Cows ...	10	10	20	210		1	1	3			
Sheep ...			88	906			30				
Pigs ...				5							
OTHER BACTERIAL DISEASES											
Bulls ...	2	2	1								
Bullocks ...	48	48	23	136	9	7	4	1		7	7
Heifers ...	18	18	9	54	1		2			4	4
Cows ...	17	17	13	107	6	5	2	2	1	9	9
Sheep ...			12	11	1		10	5		1	1
Calves ...			1	2							
Pigs ...	2	2	24	1	5			1		5	5

TABLE IX
ANALYSIS OF INSPECTION OF MEAT

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	6,997	2,376	1,229	24,203	11,667
Number Inspected	6,997	2,376	1,229	24,203	11,667
ALL DISEASES EXCEPT TUBERCULOSIS :					
Whole carcasses condemned	1	8	9	13	20
Carcasses of which some part or organ was condemned	935	463	9	947	478
Percentage affected with disease	13.4%	19.8%	1.5%	3.9%	4.3%
TUBERCULOSIS ONLY :					
Whole carcasses condemned	22	56	5	—	10
Carcasses of which some part or organ was condemned	981	991	—	—	517
Percentage affected with tuberculosis	14.4%	44.0%	0.4%	—	4.5%

Other Foodstuffs condemned and voluntarily surrendered

FRESH MEAT FROM SHOPS

Beef	132 lbs.	Bruising
Beef	66 lbs.	Abscesses
Beef	405 lbs.	Bonetaint
Beef Offal	719 lbs.	Decomposition
Pork	118 lbs.	Bruising
Pork	18 lbs.	Abscess
Pork	515 lbs.	Decomposition
Pork Offal	52 lbs.	"

IMPORTED MEAT FROM SHOPS

Beef	468 lbs.	Bonetaint
Pork Offal	336 lbs.	Decomposition

PIGS HEADS (EX BACON FACTORIES)

8 Pigs Heads	113 lbs.	Tuberculosis
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FISH

Fresh Fish	652 lbs.	Unsound
Shrimps	19 lbs.	"
Mussels	112 lbs.	"
Cockles	84 lbs.	"

RABBITS

Rabbits	68½ lbs.	Unsound
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FRUIT, VEGETABLES AND NUTS

Cherries	150 lbs.	"
Pears	120 lbs.	"
Currants	2 lbs.	"
Prunes	4 lbs.	"
Peaches	13 lbs.	"
Ground Almonds	8½ lbs.	"
Onions	4,200 lbs.	"

BREAD AND CEREALS

Flour	145½ lbs.	"
Cake Mixture	9 lbs.	"
Biscuits	29 lbs.	"
Pearl Barley	14 lbs.	"
Sponge Pudding	22¼ lbs.	"

OTHER FOODS

Bacon and Ham	808¼ lbs.	"
Butter	½ lb.	"
Margarine	23 lbs.	"
Cheese	118 lbs.	"
Suet	½ lb.	"
Dripping	10½ lbs.	"
Cheese Spread	17¾ lbs.	"
Fruit Pulp	6,897 lbs.	"
Frozen Egg	64 lbs.	"
Jelly	37½ lbs.	"
Toffee and Sweets	35 lbs.	"
Cranberry Syrup	6 lbs.	"
Flavouring Powders	½ lb.	"

PREPARED FOODS

Sausage	32 lbs.	"
Cooked Meats	93¾ lbs.	"
Meat Pies	8¾ lbs.	"
Fish Cakes	1½ lbs.	"

PRESERVED FOODS

17,510 tins	22,442¾ lbs.	"
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CYSTICEROUS BOVIS

The number of cases of Cysticercous Bovis amongst the 9,373 bovines slaughtered was 95, this gives a percentage figure of 1.01.

In 65 cases the cysts were degenerate and only the affected organ was condemned, in the remaining 30 cases the carcasses and unaffected organs were sent for cold storage treatment.

HORSEFLESH

103 visits were made to the horse slaughterhouse and 209 horse carcasses were inspected, this is 141 carcasses less than last year.

The following carcasses and organs were condemned :—

4 Lungs	.....	Inflammatory conditions.
2 Kidneys	.....	Inflammatory conditions.
10 Lungs	.....	Parasitic condition.
26 Livers	.....	Parasitic condition.
1 Spleen	.....	Abscess.
1 Carcase and Offal	.....	Pneumonia.
1 Carcase and Offal	.....	Emaciation and Dropsy.

Estimated weight—1,029 lbs.

Summary of Food Condemned

	T.	C.	Q.	Lbs.
Fresh Meat (from Abattoir)	87	0	1	12
Fresh Meat (from Shops)		18	0	9
Imported Meat (from Shops)		7	0	20
Pigs Heads (ex Bacon Factories)		1	0	1
Fish		7	2	27
Rabbits			2	12½
Fruit, Vegetables and Nuts	2	0	0	17½
Bread and Cereals		1	3	23¾
Other Foods	3	11	2	10½
Prepared Foods		1	0	24
Preserved Foods	10	0	0	24¾
Horseflesh and Offal		9	0	21
	104	19	1	7

Special Examination of Various Foodstuffs

2 samples of Synthetic Cream	Subject to bacteriological examination —found to be satisfactory.
2 samples of Beef	Subject to bacteriological examination —found to be satisfactory.
1 sample of Lamb's Heart	Contained the parasite <i>Cysticercus</i> <i>Teniacollis</i> .
1 sample of Drinking Water from a well	Subject to chemical examination — satisfactory.
1 sample of Bread which showed areas of dis- colouration	Contained mould of the <i>mucor</i> type.
1 sample of Milk and semi- solid substance from bottom of churn	Semi - solid substance consisted of Aspirin tablets.
1 Milk Bottle showing a film on the inside	Film consisted of small spherical green bodies.
1 sample of Potato Crisps having "off" flavour and odour	Found to be stale.

Food and Drugs

A total of 268 samples of various food and drugs were taken and submitted to the Public Analyst.

MILK

65 samples of milk were taken and analysed with the following results :—

63 samples—genuine.

1 sample deficient in Milk-Fat 8.6%.

1 sample deficient in Milk-Fat 10.6%.

Vendors warned by letter.

The average composition of the 65 samples was :—

Milk-Fat 3.61%.

Milk-Solids other than Milk-Fat 8.78%.

SAMPLES OF FOOD AND DRUGS (OTHER THAN MILK) SENT TO THE PUBLIC ANALYST DURING 1954

Article	Genuine	Adult-erated	Total	Formal		Informal	
				Gen.	Adult.	Gen.	Adult.
Jam	5		5			5	
Bicarbonate of Soda	1		1			1	
Boracic Crystals	1		1			1	
Borax	1		1			1	
Butter Drops	3	3	6		1	3	2
Butter Toffee	5	3	8		1	5	2
Buttered Walnuts		1	1		1		
Coffee	3		3			3	
Custard Flavour	1		1			1	
Dressed Crab	3		3			3	
Dried Bilberries	1		1			1	
Condensed Milk	3		3			3	
Fish Cakes	3		3			3	
Ginger Flavour	1		1			1	
Glace Cherries	4		4			4	
Glycerine	1		1			1	
Ice Cream	15		15			15	
Iced Lollies	3		3			3	
Indian Brandee	1		1			1	
Throat Tablets	1		1			1	
Lemon Cheese	3		3			3	
Lemon Curd	4		4	1		3	
Marmalade	1		1			1	
Malt Vinegar	2		2			2	
Milk Pudding	1		1			1	
Mint in Vinegar	2		2			2	
Olive Oil	2		2	1		1	
Peppermint Lollipops	1		1			1	
Pickled Cabbage	1		1			1	
Pork Pie	1		1			1	
Port Wine	1		1			1	
Potted Beef	4	3	7		1	4	2

**Samples of Food and Drugs (other than Milk) sent to the Public Analyst
during 1954 (continued)**

Article	Gen- uine	Adult- erated	Total	Formal		Informal	
				Gen.	Adult.	Gen.	Adult.
Potted Meat	2	4	6	2	1		3
Quinine Tonic Water	1		1			1	
Saccharin Tablets	1		1			1	
Sausage	24		24			24	
Sedinal	1		1			1	
Self Raising Flour	1		1			1	
Table Jelly	4		4			4	
Tea	6		6			6	
Tomato Ketchup	1		1			1	
Whipped Cream Walnuts	1		1			1	
Baking Powder	2		2			2	
Butter	1		1	1			
Butter Macaroons	2		2	1		1	
Butter Mints	1		1			1	
Butter Scotch	2		2	1		1	
Butter Selection	1		1			1	
Coconut Butters	1		1			1	
Coconut Ice	1		1			1	
Golden Butter Sweets		2	2		1		1
Grape Fruit	1		1			1	
Marzipan Teacakes	1		1			1	
Meat Paste	4		4	1		3	
Mincemeat	5		5			5	
Orange Juice	4		4			4	
Potted Salmon	1		1			1	
Salmon Paste	1		1			1	
Sugared Coconut	1		1			1	
Apple Crush	2		2			2	
Butter Brazils	3		3			3	
Butter Snips	1		1	1			
Cream of Tartar	2		2			2	
Cream	2		2			2	
Peas	5		5			5	
Icing Sugar	1		1			1	
Margarine	6		6			6	
Peanut Butter	1		1			1	
Sponge Mixture	1		1			1	
Walnut Cake Mixture	1		1			1	
Cherry Pastilles	1		1			1	
Composition Essence	1		1	1			
Constipation Herbs	1	1	2	1			1
Dandelion Coffee	1		1			1	
Ginger Wine	1		1			1	
Ground Almonds	1		1			1	
Mintoes	1		1			1	
Peppermint and Gelder Flowers	1		1			1	
Sauce	1		1			1	
Tapeworm Herbs	1		1			1	
Stop Barkers	1		1			1	
Totals	186	17	203	11	6	175	11

PARTICULARS OF OTHER FOODS — ADULTERATED SAMPLES

Sample No.	Article	Adulteration or Offence	Remarks
5757 Informal	Potted Beef	Contained 33.9% excess water.	See formal sample 5814.
5758 Informal	Potted Meat	Contained 32.6% excess water.	Formal sample genuine.
5776 Formal	Buttered Walnuts	Deficient in butter fat 40%.	Vendor prosecuted. Fined £5 and costs.
5814 Formal	Potted Beef	Contained 33% excess water.	Vendor prosecuted. Fined £1 and costs.
5838 Informal	Butter Toffee	Slightly deficient in butter fat.	Unable to obtain formal sample.
5867 Informal	Golden Butter Sweets	Deficient in butter fat 41.7%.	See formal sample 5882.
5870 Informal	Potted Beef	Contained 38.2% excess water.	Unable to obtain formal sample.
5882 Formal	Golden Butter Crunch	Deficient in butter fat 25%.	Vendor prosecuted. Fined £5 and costs.
5905 Informal	Butter Drops	Deficient in butter fat 39.5%.	See formal sample 5950.
5914 Informal	Potted Meat	Contained 27.6% excess water.	See formal sample 5947.
5923 Informal	Butter Toffee	Deficient in butter fat 24%.	See formal sample 5960.
5934 Informal	Constipation Herbs	Contained 4.7% excess gritty matter.	Formal sample genuine.
5940 Informal	Butter Drops	Deficient in butter fat 55.2%.	See formal sample 5950.
5947 Formal	Potted Meat	Contained 25% excess water.	Vendor prosecuted. Case dismissed.
5950 Formal	Butter Drops	Deficient in butter fat 59.7%.	Vendor prosecuted. Fined £5 and costs.
5960 Formal	Butter Toffee	Slightly deficient in butter fat.	Vendor warned by letter. Refers to 5923.
5995 Informal	Potted Meat	Contained 36.7% excess water.	Formal sample taken in 1955.

PROVISION OF NEW HOUSES

- (1) Number of houses built since re-building commenced at the end of the War :
- | | | | |
|---------------------|------|------|-------|
| (a) Privately owned | .... | .... | 153 |
| (b) Council | .... | .... | 2,739 |
- (2) Number of houses built during 1954 :
- | | | | |
|---------------------|------|------|-----|
| (a) Privately owned | .... | .... | 36 |
| (b) Council | .... | .... | 616 |

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 1954 in both quality and quantity.
- (ii) Bacteriological control was 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 a positive Coli-form count	Highest Coli-form count in 100 mil. during year
RAW WATER			
Midhope Reservoir	.... 52	18	24
Inbirchworth Reservoir	.... 52	42	180 +
Royd Moor Reservoir	.... 52	11	18 +
Hunshelt Bore Hole	.... 50	4	1
Coffin Field Bore Hole	.... 29	4	1
Coffin Field and Green			
Lane Bore Holes combined	24	Nil	Nil
TREATED WATER			
All sources	.... 208	Nil	Nil
Public Analyst Analyses	48	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 their 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 without a piped water supply. Only one or two lack this amenity.

During 1954 rainfall was recorded as follows :—

Jordon Hill, Barnsley	Midhope Reservoir
31.29 inches	53.71 inches

SEWAGE DISPOSAL WORKS

No alterations have been carried out at any of the Sewage Works during 1954.

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 pages 107—116. Observation of the operation of the new Byelaws made under the Food and Drugs Act, 1938, S.15, continue, but it still appears to be somewhat early to make comment on their effectiveness.

In Part II of this Report — the part devoted to epidemiology — the 31 notifications of food poisoning received from the County Borough population have received detailed attention. Mention has been made of the many difficulties involved in dealing with mild cases of food poisoning due to organisms of the Salmonella Group, the prevalence of mild cases of Sonnei dysentery from time to time during the year has been an added complication. Attention has also been drawn to the part played by food in the spread of Dysentery.

No special Clean Food Publicity Campaign has been embarked upon during the year in the County Borough. Instead, frequent visits were paid to food preparing premises and lessons were pointed out from mistakes found at the time of the visit. This seemed to be more effective than the kind of exhortation which preaches to the converted and is ignored by the very individuals who have the most to learn from it.

Earlier on in this part of the report a record will be found of the foodstuffs investigated and the other steps taken to obtain bacteriological evidence of the source of infection in certain cases. No positive finding was, however, obtained, thus confirming the view that much further work remains to be done on diarrhoeal diseases in Barnsley, and stressing the very great importance of food hygiene not only in the shop but also in the home.

Part V

SCHOOL HEALTH

(Annual Report of the Principal School Medical Officer.)

Education Act, 1944—Sections 33, 69 and 100.

School Health and Handicapped Pupils Regulations, 1953.

(S.R. & O. 1953, No. 1156)—Regulation No. 13.

"I will point ye out the right path of a virtuous and noble Education; laborious indeed at the first ascent, but else so smooth, so green, so full of goodly prospect, and melodious sounds on every side, that the harp of Orpheus was not more charming."

"Of Education."
John Milton 1608—1674.

Once again it is possible to report on 1954 as yet another uneventful year during which unobtrusive but nevertheless perceptible progress was made in maintaining and improving the health and well-being of the children in attendance at schools provided by the Barnsley Education Authority.

Mention was made in last year's report of the new School Health and Handicapped Pupils Regulations which came into force in 1953. The period under report was the first complete year during which these regulations were in force. It is interesting, therefore, to observe the effects of the greater flexibility conferred on the Service by them. When considering the figures for medical inspection it will be noted that there is an increase in the number of children of the several age groups examined. This is an extremely pleasing result as it indicates that the unduly long interval between routine inspections which occurred in the past is being reduced. The effects of this, in turn, are reflected by the increased number of defects detected, particularly eye defects.

As stressed in last year's report an increased number of defects detected and particularly defects referred by the Medical Inspector for observation are not, by themselves, an indication of ill health amongst the school children. Indeed in the majority of School Health Services such defect returns indicate that increasing care is being taken to ensure that preventive or remedial measures are being applied at the earliest practicable moment.

The figures relating to nutrition and general condition are again interesting. When compared with those of the previous year it will be seen that the percentages of children classified as good and those classified as fair, have, disregarding fractions, changed places. In view of the fact that changes in the Medical Staff took place during 1953 it would be unwise

to draw any particular conclusion from this. As has been emphasised before in this series of reports categorising the general condition and nutritional state of so many average healthy children between "fair" and "good" depends to a very great extent on the approach of the individual observer. On the other hand the percentage categorised poor has remained remarkably constant and a fractional increase in this might well be disregarded as of little consequence.

The relationship between the School Meals Service and nutritional standards has called for particular attention since March, 1953, when the Ministry of Education caused the charge per meal to be increased, a careful watch has been kept on the demand for School Meals. It would appear not only that the decrease reported in 1953 has been checked but also that there has been a slight increase. The full significance of these figures is not easy to assess by reason of the end of meat rationing. There is little doubt however that a number of more conscientious mothers, to whom cost is not of primary importance, finding catering problems eased are now providing their children with a mid-day meal at home. This may well off-set the effect of the Authority's revised scales of aid on the demand for school meals from those less fortunately placed financially. Concern must, however, still be felt for the group of children mentioned in last year's report whose parents lack foresight to the extent of refusing to pay for school meals despite the fact that these are well within their means. It would seem that many 'near problem' families are included in this group. Vigilance for malnutrition amongst them will be necessary until legislation makes it possible to provide meals free of cost to all children in attendance at the Authority's Schools.

Considerable effort continued to be expended throughout the year in pursuit of the head louse. The small decrease in the infestation rate would appear to indicate that at last this effort is having some effect despite the fact that effective measures are limited to those members of infested families who are in attendance at schools. Once again it is to be deplored that the successful prosecution for neglecting to keep children in attendance at school free from vermin did not receive a wider publicity.

The special educational needs of Handicapped Pupils and their ascertainment occupied much of the time of the School Health Service during the year. The marked decrease in the number of children awaiting places in special schools at the end of the year and the marked increase in the number placed is a matter for some satisfaction to the Authority.

The problem of the child with multiple handicapping defects however remains as does the problem of the child of doubtful educability. **Thus the need for a diagnostic or assessment centre remains as great as ever.** This need is one which is continually causing considerable frustration to those whose duty it is to provide adequate facilities both educational and remedial for children belonging to these categories. To the parents of such children the mere existence of diagnostic centres would bring great comfort and reassurance. Present doubts would be replaced by the confidence that a full and final assessment would be made and on this the appropriate remedial and educational measures would be instituted in each individual case. The establishment of such centres by Education Authorities, by the

Ministry of Education directly or even as the result of a joint arrangement between these two and the Regional Hospital Boards is long overdue. It is only necessary to examine a list of the number of voluntary bodies of one kind or another that cater for various selected groups to appreciate the extent of the need. It is only necessary to talk to a few of the parents who have been passed from agency to agency in their search for hope for their handicapped child to realise that the present arrangements are far from adequate. They will remain inadequate until it is possible for all such problem children to go to an assessment centre at which all the most modern methods are available to determine educability and the best methods of combining Remedial Treatment and Education.

The appointment during the year of a Superintendent Health Visitor and School Nurse marks a further step in the integration of the health of the school child with the other preventive services in the County Borough. This appointment was created primarily to allow of better liaison between the General Practitioner and the Local Health Authority's Preventive Services. As the Health Visitor and the School Nurse has long been one and the same person in Barnsley, the advantages arising from this better liaison will be enjoyed by the School Health Service as well. Just as there is now machinery for the General Practitioner to get into touch with the Health Visiting Service rapidly and readily, so also can the headteacher make contact with the School Nursing Service through its Superintendent. In addition the School Nursing Service will greatly benefit from having an officer to superintend the activities of its members. Apart from this the previously existing arrangements for co-ordination between the School Health Service and the Local Health Authority's Services were continued throughout the year and have become, if it were possible, even closer than in the past. This has proved to be most advantageous and satisfactory, the arrangements have been described in previous reports so there is little point in reiterating them here.

Co-operation with the branches of the National Health Service other than those for which the Health Authority is responsible continues to improve. The Consultant and Specialist Services provided by the Sheffield Regional Hospital Board prove to be both adequate and satisfactory. That this is so is almost entirely due to the helpful approach to School Health problems employed by all the members of the Hospitals' Medical Staff who hold consultant sessions at the Authority's clinic. The only need now outstanding is in the field of Mental Health. So far the services of a Child Psychiatrist are not available. However, during the year the Regional Hospital Board initiated steps to meet this need and although these were not immediately successful the Board's interest in the matter promises that it will be satisfied as soon as the necessary staff is available.

With the General Practitioner Services co-operation in the treatment and remedying of defects continues as in previous years to be reasonably satisfactory, much depending on the personality of the individual practitioner concerned. As regards problems of school attendance and special education facilities the improvement in relationship mentioned in last year's report was maintained. In this sphere there is still considerable leeway to be made up. It would seem, however, that this is inevitable in view of differences that exist between the curative and preventive approaches.

SCHOOL HYGIENE

The progress made in the Authority's School building programme is making a most important contribution towards the improvement of the environmental conditions under which the children receive their education.

Although for reasons beyond the control of the Authority this progress is not as rapid as the Authority and its officers would wish, nevertheless it is having its effect on the mental and physical health of the school children. There is perhaps a tendency to overlook this by reason of the fact that a change of school in the case of the younger children is often accompanied by a change of home from a slum area to a new Council House Estate. The result of this is that rehousing alone receives the credit for improvement in health. It should be remembered also that this movement to new schools also confers advantages on the children who remain in the old ones. The increasing number of places will in time abate the consequences of overcrowding which has for some time past been one of the most difficult problems of School Hygiene. The final solution to this is of course a long term one. However, a certain amount of relief is being obtained by the movement of children from the older schools in the centre of the town to the newer ones on the Housing Estates. If overcrowding is inevitable it is better that it should take place in buildings designed with adequate lighting, ventilation and other hygienic facilities.

Day to day problems of school hygiene were dealt with by the arrangements which have been in force for some time. An examination of the premises is carried out on the occasion of the School Medical Officer's visit for routine medical inspection. Any difficulties are discussed with the headteacher, and where these are matters of practice they are dealt with on the spot. Where structural defects are observed these are reported to the Director of Education through administrative channels. A record of advice tendered in respect of hygiene is maintained for each school.

In the course of the year a survey of School Kitchens was carried out by the Principal School Medical Officer who found that a high standard of hygiene in food preparation was maintained on all the premises visited.

MEDICAL INSPECTION

The total number of children examined at routine medical inspections in 1954 was 5,234. This comprises :—

1,229	Entrants
1,316	Children of second age group
996	Children of third age group
1,693	Other periodic inspections.

This represents an increase of 1,048 in the number of periodic inspections when compared with 1953. The total number of special inspections and re-inspections carried out was 9,269, and this represents an increase of 267 when compared with the previous year.

These figures may be regarded as reasonably satisfactory when compared with those for previous years. They indicate that the medical and

nursing staff, despite other increasing commitments, have got the measure of school health inspection work and have stabilized it at a practical and workable level.

FINDINGS AT MEDICAL INSPECTION

General Physical Condition

The statistical summary of the estimate of physical condition arrived at in the course of school medical inspection is shown in tabular form in the Appendix (Table IIB). These figures, at first sight, appear to be a great improvement on those for previous years. This may, however, be more apparent than real, much depends on the individual observer's view as to whether a child should be classified as of "Good physical condition" or simply as "Fair." Although during the year under review no change took place in the medical staff these figures cannot be taken as strictly comparable with those for previous years before the appointment of the present observers.

On the other hand the number of children classified as "Bad" has remained almost constant, the fractional increase of 0.19% over last year's figure may be regarded as of no consequence when the higher proportion of "other period inspections" is borne in mind, this group often includes defective children who are more likely to fall into this classification.

It would seem then that there need be no cause for anxiety regarding the general physical condition of Barnsley school children, and that during 1954 this showed evidence of some improvement over previous years.

Uncleanliness

Figures relating to children found to be infested with vermin in the course of inspection at the schools are to be found in Table III. It will be seen that some 1,865 individual children were found to be infested, this is 192 fewer than in 1953, although the number of inspections carried out was 829 more than in that year. Further comparison shows that the number of cases where infestation was heavy and persistent enough to justify institution of statutory procedure to secure cleansing fell from 89 to 56, whilst the number cleansed in the pursuance of such procedure fell from 10 to one.

One parent was prosecuted for neglecting to ensure cleanliness after cleansing of the child concerned under a cleansing order, this was the second occasion on which it was necessary to deal with this parent in respect of the same child. It is greatly to be regretted that the relevant legislation does not provide for progressive penalties to be exacted by the Court in such cases. It would seem that the increased vigilance and uniform methods of inspection instituted some three years ago is gradually becoming more effective. Under this scheme the School Nurses and Medical Officers carry out frequent inspections of all children at each school. A record card is opened for each individual child found infested however slight the infestation, and on the first occasion this occurs an informal notice is sent to the parent drawing attention to the fact, and to the provisions of S.54 of the Education Act, 1944, as well as offering advice re cleansing. In many cases this action is sufficient and no further infestations are recorded. In

others it is necessary for the School Nurse to visit the home to give advice and help in completing the disinfection. Much time is spent in this way and it is felt that the diminution in the numbers of infested children is due to this action.

Where, however, it is obvious that no genuine attempt has been made to cleanse the child a cleansing notice is served on the parent in person by the School Nurse, and if the instructions contained on the notice are not observed the child is brought forward for special inspection by the School Medical Officer and a cleansing order is issued.

Once again it is emphasised that much of the trouble encountered with the head louse in the schools comes from a small number of families. In many of these the reservoir is in the heads of the mother or older sisters from whence the children became reinfested. Until it is possible for some kind of cleansing order to operate in relation to these members of the family much time and effort on the part of the School Nursing and Medical Staff will continue to be wasted.

Eye Defects

Again the number of children found to be requiring treatment for eye defects shows an increase, 539 as compared with 349 in 1953 and 248 in 1952. This increase is accounted for by the special measures which have been instituted to detect eye defects early in school life and is reflected in the numbers of visual defects (Table I, Part C, Column 2) detected amongst children of the second age group and at additional periodic inspections.

It is of interest to note how this increase in detected visual defects has risen since the School Health and Handicapped Pupils Regulations, 1953, allowed of greater flexibility in planning inspections. This has made it possible for eye testing to be carried out at an earlier age than was the practice in the past with consequent earlier detection of defect and earlier institution of treatment. It would seem, therefore, that far from being a matter for concern these figures are in fact one for satisfaction.

Ear, Nose and Throat Defects

Reference to Table II will show that as in the case of eye defects there has also been an increase in defects found to require treatment arising in the ear, this increase has been noted in each of the three headings. Hearing 70 compared with 54 last year, otitis media 34 compared with 24 and others 91 as against 69. Nose and throat defects requiring treatment at a total of 222 show an increase for 1954 of 26 with ear conditions. Here again it would appear that increased inspection has brought to light increased numbers of defects.

At the same time it is well to bear in mind that the possibility that delayed tonsil operation, as mentioned in last year's report, may also be a factor contributing to this increase. In the case of nose and throat defects the total number found to require treatment shows an increase of 26, this is rather less than might be expected in view of the increased number of inspections. Whilst the number referred for observation shows a decrease to 51. This would appear to be further evidence that the modern trend

of opinion regarding tonsils and adenoids is having its effect on the recorded results of school medical inspection. This results in a saving of professional time, disturbance to schooling and parental anxiety.

Orthopædic Defects

The numbers of children referred for treatment (24) and for observation (22) on account of defective posture remained materially unchanged. Cases of flat foot found on inspection decreased to 33 requiring treatment and 22 for observation. Other orthopædic defects also showed a decrease in number.

Other Defects

A detailed analysis of all defects detected and the action taken regarding them is shown in Table II in the Appendix. In no case are the figures unusual or excessive in relation to the numbers of children inspected in the various age groups.

ARRANGEMENTS FOR TREATMENT

Consultation Clinics

Medical Services Clinic, New Street, Barnsley

EAR, NOSE AND THROAT CLINIC

Tuesday	.....	.....	3-30 p.m.
Thursday	.....	.....	9-30 a.m. to 12 noon

EYE CLINIC

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.
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ORTHOPÆDIC CLINIC

Monthly, by appointment	Every 3rd Friday, 2 p.m.
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SCHOOL MEDICAL OFFICERS' CONSULTATION CLINICS

Saturday	9 a.m. to 12 noon*
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DENTAL CONSULTATION CLINIC

Saturday	9-30 a.m. to 12 noon (Otherwise by appointment)
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* Cases may be seen by the Doctor in conjunction with
The Infant Welfare Clinic, Tuesday mornings

Minor Ailments Clinics

Barnsley : Medical Services Clinic, New Street

Monday to Saturday	9 a.m. to 11 a.m. daily
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Athersley : Athersley Junior School

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

Friday	9-30 a.m.†
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Carlton : Old Highways Depot, Spring Lane

Monday 2 p.m.†
 Thursday 9-30 a.m.

Lundwood : Littleworth Infant School

Monday 9-30 a.m.

Ardsley : Hunningley Villa, Hunningley Lane, Stairfoot

Monday 2 p.m.

† Held in conjunction with Infant Welfare Clinics

Ultra Violet Light Clinics**Barnsley : Medical Services Clinic**

Tuesday afternoon and Saturday morning

Athersley : Athersley Junior School

Tuesday and Friday afternoons

Lundwood : Littleworth Infant School

Monday and Thursday afternoons

Malnutrition

The policy of both preventing malnutrition and treating it should it arise has been continued, and with this in view 1,928,014 bottles of milk were supplied to children in attendance at the Authority's Schools. This shows an increase of 32,576 over the previous year. In view of the wider choice of articles of diet now available for meals both at home and at school the provision of vitamin supplements has been limited to those children for whom they are specifically prescribed by a School Medical Officer.

The Schools Meals Service continues to be the principal defence against malnutrition and it is pleasing to be able to report that the demand for school meals during 1954 shows an increase over that for 1953. In last year's report reference was made at some length to the possible effects that the increase in charges for school meals might have in certain cases, and also to the measures taken by the Education Authority to mitigate these effects. On this account the following figures are most interesting:—

	1953	1954
School meals—		
provided free	114,776	115,455
provided at $\frac{1}{3}$ of full charge	1,974	6,143
provided at $\frac{1}{2}$ of full charge	364	215
provided at $\frac{2}{3}$ of full charge	955	2,569
provided at full charge	802,176	829,469

It will be noted that by far the greater part of the increase in the number of meals provided has occurred in that group of families where the parent bears the full cost. These figures will do something to dispel the apprehension expressed last year regarding that group of families who, while financially solvent, tends to be near sighted and thriftless in relation to the purchase of food. It would seem then this increasing demand for school meals at full charge may be taken to indicate a growing appreciation on the part of parents of the value of a properly arranged diet for their

children despite the fact that the final disappearance of rationing has lessened the problems of home catering. At the same time in an era of rising food prices it is possible that the parents also appreciate the fact that school meals even at the full charge are an extremely good bargain. Whatever the reason for it the increase in consumption of a properly balanced diet by the school children of Barnsley is to be welcomed as a factor in the ultimate defeat of malnutrition.

As in previous years the Milk in Schools Scheme and the Schools Meals Service have obviated the necessity to make provision for the large scale treatment of malnutrition. Such individual cases as are encountered from time to time are effectively dealt with by a course of treatment at the Open Air School.

Uncleanliness

The arrangements for the treatment of cases of uncleanliness continue as before. Cleansing and disinfecting facilities exist at New Street Clinic and are available for use at the parents' request. They are also used by the School Nurses when statutory action under the Education Act, 1944, S.54 (5) becomes necessary.

Minor Ailments and Diseases of the Skin

Reference to the Time Tables show that the existing arrangements were continued during 1954.

Eye Diseases—Defective Vision and Squint

The highly satisfactory arrangements described in last year's report continue. A stable arrangement with the Sheffield Regional Hospital Board has allowed of an increasing number of children to receive attention for eye defects.

The Consulting Clinic is held twice weekly at the New Street premises by Mr. McNeil, the Ophthalmologist (S.H.M.O.), appointed by the Sheffield Regional Hospital Board. The figures for the cases dealt with by him are shown in Appendix IV, Group 2. It will be observed that the number of cases dealt with has remained constant when compared with last year's figures and that a higher proportion of children for whom spectacles were prescribed obtained them within the year.

Ear, Nose and Throat Defects

Mr. Rowe, Consultant Ear, Nose and Throat Surgeon at the Barnsley Beckett Hospital, continues to conduct two consulting sessions per week at the New Street Clinic. Examination of the number of cases involved suggests that a degree of stability has been reached in the number of cases referred for treatment for these defects. The number of cases of operative treatment for adenoids and chronic tonsillitis again shows a decrease, whilst the figures for non-operative treatment show a marked increase. This tendency to avoid operative treatment where possible was commented upon in last year's report.

Orthopædic and Postural Defects

The existing arrangements for orthopædic examination and treatment have been continued throughout the year. Mr. Lawson, the Orthopædic Surgeon, paid 10 visits to New Street Clinic to hold sessions during the year.

The figures for children treated are shown in Appendix Table IV, Group 4, and an analysis of these is contained in Tables Va and Vb.

These figures show a slight decrease in the overall numbers of children treated when compared with the two previous years. The decrease does not, however, on examination appear to have any particular significance. The need for the services of a Physiotherapist working jointly with the Health Authority has been stressed in several previous Annual Reports. It is, therefore, a matter for some satisfaction to report that Miss Una Hoyland was appointed in this capacity in December, 1954. She did not, however, take up duties during the year under review.

Child Guidance

The Barnsley Child Guidance Centre continued to work during 1954 under arrangements which have been previously discussed at length in this series of reports, the relative figures are shown in Table IV, Group 5. From this it will be seen that 38 children were dealt with by the Educational Psychologist as compared with 58 in 1953.

It is pleasing to be able to report that the Sheffield Regional Hospital Board, during the year, made an approach to the Health and Education Authorities with a view to the appointment of a Child Psychiatrist to work in the Authorities' Clinics. Preliminary discussions indicate that the Board is thinking along lines which, if implemented, would result in a Child Guidance Service fully integrated with the Health Authority's Mental Health Service and Schemes for the Care of Mothers and Young Children on the one hand and with the Authority's arrangements for Educational Psychology on the other.

It is appreciated that the initial establishment of a Child Guidance Service on these lines might well be beset with a number of administrative difficulties. It is to be hoped, however, that every effort will be strained to overcome these in view of the incalculable value such a service will be to the preventive work in the field of Mental Health. If such a service were available it would then be possible for Health Visitors and the Psychiatric Social Worker to ensure that those behaviour problems of infancy in which defects of personality so often have their origin receive the benefit of advice and treatment at the hands of a specially trained Child Psychiatrist.

In the light of recent work on Mental Health it would seem that the institution of Child Guidance treatment at the earliest possible age greatly enhances its value and effectiveness. If this is to be accepted it would seem that preventive observation of the potential subject of Mental Ill-health must commence long before his admission to school. In the interests of evaluating the effectiveness of prophylactic psychiatric measures it would seem also that such observation must be continued into adult life. On this account then the opportunity offered by the Sheffield Regional Hospital

Board to integrate all these services should be welcomed as the starting point for a great advance, not only in Child Guidance, but in preventive Mental Health Work in Barnsley.

Speech Therapy

In 1954, as for a number of years previously, Miss E. Chambers, Headmistress of Raley Modern Secondary Girls' School, assisted the School Health Service by treating children suffering from speech defects. Reference in the Appendix Table IV, Group 6, will show that during the year 44 children received treatment for speech defects of various types:—

Delayed speech	.....	.....	.....	.....	9
Lispers	.....	.....	.....	.....	14
Cerebral palsy	.....	.....	.....	.....	1
Cleft palate	.....	.....	.....	.....	1
Malocclusion	.....	.....	.....	.....	1
Stammerers	.....	.....	.....	.....	10
Tongue and teeth affected by serious accident					1
Weak tongue	.....	.....	.....	.....	1
Delayed speech due to deafness					2
Lazy speech	.....	.....	.....	.....	1
Seriously retarded speech	.....	.....	.....	.....	3
					<hr/> 44 <hr/>

Miss Chambers comments as in previous years on the difficulties which arise when her patients fail to attend regularly. She also draws attention to the increased number of stammerers presenting themselves for treatment. She suggests that there may be some social reason for this and raises the question of over-tiredness arising from bedtimes delayed to allow of television viewing. In those children exhibiting a tendency to hesitant speech she recommends a slowing down of the tempo of life and longer periods of rest. In this view Miss Chambers has the wholehearted support of the entire School Health Service.

Ultra Violet Light Therapy

The arrangements previously in force for this continued during 1954. The attendances at the various centres for artificial sunlight treatment were as follows:—

CENTRAL CLINIC, NEW STREET

Number of children treated	.....	.....	68
Number of attendances made	.....	.....	1,003

LUNDWOOD: LITTLEWORTH SCHOOL CLINIC

Number of children treated	.....	.....	33
Number of attendances made	.....	.....	550

ATHERSLEY: ATHERSLEY SCHOOL CLINIC

Number of children treated	.....	.....	45
Number of attendances made	.....	.....	746

TOTALS ALL CLINICS :

Number of children treated	.....	.....	146
Number of attendances made	.....	.....	2,299

These figures may be compared with those for 1953 when 131 children made 1,470 attendances. A large part of this increase in attendance may be attributed to the fact that 1954 was the first full year when facilities were available at Athersley.

Once again full use was made of Ultra Violet Light in the diagnosis of Ringworm. In this sphere it remains the most useful weapon in the control of the spread of fungus infections.

OPEN AIR SCHOOL

Mount Vernon Open Air School continued to provide non-residential special Educational facilities for delicate pupils and certain others, those suffering from handicapping physical defects. There was no alteration in the number of places available which remains at 80. A very full description of the régime in operation at the school has been included in previous Annual Reports of this series. In respect of 1954 it is, therefore, sufficient to say that the existing arrangements were continued and that the results obtained from them gave no indication that any major alteration might be necessary.

Once again, however, it is felt necessary to dispel the impression that the Open Air School is primarily for children who suffer from tuberculosis or who are suspected of being specially liable to this disease. In this connection it should be understood that the classification of "Delicate" as applied to Handicapped Children is not a euphonious pseudonym for Tuberculosis. When children are placed in this category it is usually for one of the following reasons:—

- (a) because the general systemic resistance to infection has been lowered on account of an acute illness—for example, measles, whooping cough or scarlet fever;
- (b) children who for a variety of reasons have developed food fads or capricious appetite and as a result are below normal in physical development and resistance to infection;
- (c) children whose home environment results in their being sub-normal physically—for example, poverty or membership of problem families.

Such children are only more liable to Tuberculosis in the same sense that by reason of a lower nutritional standard they are more liable to any infection against which they have not been specifically immunised. A recommendation for Open Air School treatment does not, therefore, mean that the School Medical Officers believe the child concerned has tuberculosis either active or latent.

At the same time it must be appreciated that by sending a "delicate" child to the Open Air School this child is in no way exposed to the risk of Tubercular Infection. A rigid control is exercised to ensure that any child with a tubercular history who may be admitted to the school has

completely healed lesions and is as free from infection as any normal member of the community. In short, Open Air School treatment aims at improving resistance to all kinds of disease process. The school keeps open during the summer holidays so that children whose parents wish them to have continuous treatment may attend voluntarily.

On the whole, the remedial work of the school during 1954 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 pupils 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 VI).

SCHOOL DENTAL SERVICE

The following report has been received from the Principal School Dental Officer :—

" An account of the stewardship of the Principal School Dental Officer is appended as a list of figures. It is noted that some figures show an increase on previous years, others show a decrease, illustrating the evergreen truth of the losses on the roundabouts balancing the gains on the swings. The variation in the figures is due to a decision in July temporarily to suspend school inspections and to attempt to wipe off the infinite waiting list of extractions and conservation patients and to respond to the daily growing demand for orthodontic treatment.

The School Dental Service in Barnsley remained under-staffed throughout 1954. The increases in remuneration which the Local Authority has been authorised to offer following award no. 2496 of the Industrial Court have not apparently proved sufficiently attractive to induce the younger members of the Dental Profession to apply for the junior appointments which have been vacant for some time past.

Commenting upon the staffing position in the light of the award, the Association of Municipal Corporations informed the Dental Profession (as represented by the British Dental Association) that while the Local Authorities were willing to co-operate in improving the dental health of children, they could not, in view of recent salary awards to dentists agree that their status in the School Dental Service should be materially advanced any further. There is little doubt that this comment will have an extremely adverse effect on Local Authority Dental Services, the more so at a time when dentists working in the National Health Service have had restored to them the 10% cut in fees made some time ago. Not only will few, if any, new recruits present themselves to enter the service but it seems certain that many existing members of Local Authority staffs will find it difficult to withstand the attractions of National Health Service practice. It would seem that the pursuance of this policy (of disproportionate reward as between

preventive and curative dentistry) cannot but result in the final disintegration of the School Dental Service. Further, in discussing the School Dental Service the Association of Municipal Corporations has stated, "Whilst it is important to encourage parents to make use of arrangements for inspection and preventative treatment, priority of treatment should be determined by the condition of the child's teeth and should not be given because parents have accepted treatment for them early in school life and continued to co-operate." It would seem that this statement overlooks certain important administrative aspects of school dentistry and in addition it would appear to be capable of raising some controversial points. In the first place there is no doubt that the clinical needs of the child's mouth must be the primary consideration. On the other hand there is the constitutional right of parents or guardians of any minor to decide what, in their view, is best for the child in their care. The existing arrangement for obtaining, and at the same time recording parental consent has worked well and is consistent with the accepted concepts of democracy. It is not altogether clear whether the Association of Municipal Corporations is advocating a change from this well tried procedure.

There is also the problem of the child who is brought to the School Clinic, without prior appointment having been made, suffering from acute toothache. Examination of records shows persistent refusal of all previous offers of dental treatment, the accompanying parent is usually aggressive and demands that "he is having it out NOW." Whilst it is not suggested that any child should be kept suffering longer than is absolutely necessary it will be appreciated that a small number of such cases can, with the very limited staff now available, cause considerable disorganisation. This cannot but be reflected in inconvenience caused to the children of those parents, and indeed often the parents themselves, who have loyally co-operated with the Service. Any solution of this problem offered by the Association of Municipal Corporations would be most welcome as it is a most serious one. Indeed it may well prove to be the last straw which breaks the back of the already overburdened School Dental Officer. To him, every session now consists of a full quota of properly made appointments. In addition this quota is augmented and often doubled by a flow of casuals accompanied by acrimonious parents demanding extraction whether this is the appropriate treatment or not.

It would seem then that the time is not far distant when it will be necessary to formulate a new approach to preventive dentistry and dental health amongst children. The initiation of such an approach will almost certainly be entrusted to one of the Central Government Departments. It would be a tragedy of the highest order if the local authorities with their long and honourable tradition of preventive health measures were precluded from participating in this new approach by reason of their existing services having disintegrated from lack of staff.

Propaganda in schools is still inadequate. Radio and television have made their impact upon the juvenile in other spheres and it is hoped that the appointment by the British Dental Association of a technical adviser on dental matters to the British Broadcasting Corporation will result in a revival of the clean teeth habit among our school children. Propaganda coupled with a reduction in the prices of toothpaste and tooth brushes stand out as essentials in the campaign for healthier mouths.

Much remains to be done to the children of Barnsley in the endeavour to provide each school child with regular dental inspections and treatment."

The statistical figures relating to the School Dental Service are shown in the Appendix to this part Table VII.

HANDICAPPED PUPILS

A total of 37 children were ascertained during the year as belonging to one of the categories of Handicapped Pupils as defined in the School Health and Handicapped Pupils Regulations, 1953.

This figure represents an increase of two on the previous year but in view of the larger total number of children medically inspected this increase is of no significance and would indeed seem to represent a continuation of the satisfactory situation commented upon in the 1953 report. It is also noteworthy that of the 37 ascertained, 27 fell into the category of Delicate Pupils as compared with 23 in 1953. It should be noted that this can well be the most readily remedied handicap, a point which will be appreciated if considered in conjunction with the comment on the work of the Open Air School.

In last year's report reference was made to some of the difficulties encountered in obtaining parental consent for the residential education of Handicapped Pupils, and on the need for co-operation between the agents of voluntary bodies and the Education Authority in advising parents on this subject. Somewhat fewer difficulties of this kind were encountered during 1954. The problem of ascertainment and education of children with multiple handicapping defects has been referred to in the foreword to this part of the report and calls for no further comment here. It is not, so far as Barnsley is concerned, a large problem, but at times it is worthy of every detailed attention.

Full statistical details are shown in Table VIII in the Appendix.

Blind Children

One Blind child and two Partially Sighted children were ascertained as requiring special education during the year. One blind and three partially sighted children were newly placed in Special Boarding Schools.

At the end of the year three blind and one partially blind children were awaiting places in Special Schools. Here again the problem of placement is beset with that of effective assessment and ascertainment of such other additional handicaps as maladjustment and educational sub-normality, this often calls for prolonged observation under residential conditions which could best be carried out at a diagnostic centre of the kind suggested in last year's report.

Deaf Children

No pupils were newly ascertained as being deaf or partially deaf during the year. One partially deaf child was placed in a special school. The Authority now has a total of nine deaf and three partially deaf pupils in attendance at special boarding schools. This is a highly satisfactory situation and is in no small measure due to the excellent co-operation which

exists with the Ear, Nose and Throat Department of the local hospital through the good offices of Mr. Rowe, the Aural Surgeon, and also to the willing assistance at all times available from the Yorkshire School for the Deaf at Doncaster.

Delicate and physically handicapped Children

The provision of Day Open Air School accommodation has already been described. In addition, from time to time the Education Authority provides residential convalescent treatment in special cases, as after a long illness. This is usually arranged at the seaside home of some voluntary institution.

Reference has already been made to the need which exists for residential school accommodation for delicate children. There are a great many arguments in favour of this in a certain type of case and it is to be hoped that it will be possible for this provision to be made in the not too distant future.

Four pupils were ascertained during 1954 as requiring special educational facilities on account of physical handicaps and at the end of the year the number on the Education Authority's waiting list for accommodation in special boarding schools was three, this figure must be regarded as satisfactory when compared with those for past years.

Though many of the difficulties in placing physically handicapped children in suitable schools continued to operate during 1954 there appeared to be a noticeable easing of the situation. This is reflected in the figures quoted above. Nevertheless there is still a need for the establishment of a Diagnostic and Assessment Centre which has been advocated in several of this series of reports.

Educationally sub-normal and maladjusted Children

Two children were ascertained to be educationally sub-normal to a degree calling for education in a special school and one child was found to be maladjusted.

Five children were reported to the Health Authority under the provisions of the Education Act, 1944, Section 57 (3), and three under Section 57 (5). This compares with five and four respectively in 1953. Places were found for seven educationally sub-normal children in special boarding schools during the year.

The situation regarding the number of educationally sub-normal children ascertained as requiring special education and awaiting places in special schools has greatly improved, though at five this still constitutes the largest group awaiting replacement. It would seem that much of the "back log" which occurred in the immediate post-war years has been overtaken and it will be possible to look forward to more rapid placement of the educationally sub-normal in the not far distant future.

Epileptic Children

There were no new ascertainments of epileptic children during the year, and the one child remaining on the waiting list was found a place during 1954.

INFECTIOUS DISEASES

Full details of the occurrence of infectious diseases in the County Borough are given in Part II of this Report which is devoted to Epidemiology. The figures relating to the incidence of infectious diseases notified as occurring in children of school age during 1954 are as follows:—

Disease	No. notified
Scarlet Fever	93
Diphtheria	1
Pneumonia	22
Meningococcal Infection	—
Measles	463
Whooping Cough	41
Poliomyelitis	3
Dysentery	33
Food Poisoning	9
TOTAL	665

Immunization against Diphtheria

The total number of children of school age known to have received a full course of immunisation between 1st January, 1950 and 31st December, 1954 was 8,791. During the year 267 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 immunisation 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 1,045 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 IX. 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 25) are shown in the Appendix, Table X.

PHYSICAL EDUCATION—SWIMMING

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

TOTALS FOR WINTER AND SUMMER SWIMMING
(SEPTEMBER 1953 TO JULY 1954)
AT THE RALEY AND CORPORATION BATHS

	Winter Sept. 53-Mar. 54	Summer Apr.-July 54
Number of children sent to baths	3,108	3,333
Total number of attendances made	28,132	16,175
Number of children who could swim at least ten yards at the end of the session	1,613	1,729
Number of children who gained Education Committee Certificates :		
1st Class	5	1
2nd Class	37	62
3rd Class	195	189
Number of Royal Life Saving Society Certificates :		
Elementary	67	19
Intermediate	66	19
Bronze Medallion	59	19
Bronze Bar	19	3
Bronze Cross	—	—
Bar to Bronze Cross	—	—
Award of Merit	—	—
Total number of individual children sent to Baths in 12 months ended Aug. 1954		3,787

Note.—The attendances and awards were affected by the long closure of the Public Baths for repairs and alterations.

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	...	...	...	1229
Second Age Group	...	...	...	1816
Third Age Group	...	...	...	996
Total				3541
Additional Periodic Inspections	...	...	...	1698
Grand Total				5234

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	4046
Number of Re-Inspections	...	...	5228
Total			9269

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	...	17	227	242
Second Age Group	...	188	150	317
Third Age Group	...	155	66	210
Total		360	443	769
Additional Periodic Inspections		179	279	424
Grand Total		539	722	1193

TABLE II

A—Return of Defects found by Medical Inspection, 1954

DEFECT OR DISEASE	Periodic Inspections		Special Inspections	
	No. of Defects Requiring Treatment	No. of Defects Requiring Observation	No. of Defects Requiring Treatment	No. of Defects Requiring Observation
Skin ...	87	15	9	1
Eyes— a. Vision ...	539	52	6	...
b. Squint ...	82	4	11	4
c. Other ...	23	2	2	...
Ears— a. Hearing ...	67	11	3	...
b. Otitis Media ...	32	8	2	...
c. Other ...	84	15	7	1
Nose or Throat ...	160	199	62	20
Speech ...	16	19	3	3
Cervical Glands ...	7	51	1	1
Heart and Circulation ...	14	36	3	3
Lungs ...	14	37	5	4
Developmental—				
a. Hernia ...	3	1	...	...
b. Other ...	14	11	...	...
Orthopaedic—				
a. Posture ...	19	22	5	...
b. Flat Foot ...	33	22	6	...
c. Other ...	36	23	6	7
Nervous System—				
a. Epilepsy ...	3	2	...	...
b. Other ...	5	4	...	1
Psychological—				
a. Development ...	8	15	1	...
b. Stability ...	10	44	...	3
Other ...	77	28	11	3

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

Age Groups	Inspected	A (Good)	%	B (Fair)	%	C (Poor)	%
Entrants ...	1229	782	63.63	419	34.10	28	2.27
Second Age Group	1316	718	54.56	576	43.77	22	1.67
Third Age Group	996	595	59.73	387	38.86	14	1.40
Additional Periodic Inspections ...	1693	935	55.22	717	42.33	41	2.43
Total ...	5234	3030	57.89	2099	40.11	105	2.00

TABLE III
INFESTATION WITH VERMIN

1. Total number of examinations in the schools by the school nurses or other authorized persons	39,856
2. Total number of individual pupils found to be infested	1,865
3. Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	56
4. Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	1

TABLE IV
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	1
(ii) Body					1	
Scabies					38	4
Impetigo					58	5
Other skin diseases					303	158
Total					406	168

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	54
Errors of Refraction (including squint)					—	2,066
Total					114	2,120
Number of pupils for whom spectacles were :						
(a) Prescribed					—	867
(b) Obtained					—	673

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	—	2
(b) for adenoids and chronic tonsillitis	—	135
(c) for other nose and throat conditions	—	30
Received other forms of treatment	437	607
Total	437	774

GROUP 4—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	3	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	110	105

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	38	—

GROUP 6—SPEECH THERAPY.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	44	—

GROUP 7—OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority	Otherwise
Miscellaneous minor ailments	1,026	7

TABLE V a
ORTHOPÆDIC TREATMENT

Inspections at the Clinic

Visits of Orthopaedic Surgeon 10 sessions

NUMBER OF CASES SEEN BY THE ORTHOPAEDIC SURGEON :

Tubercular—New Cases	.....	.....	—
Re-examinations	.....	.....	1
Non-Tubercular—New Cases	.....	.....	45
Re-examinations	.....	.....	89

NUMBER TREATED AT THE CLINIC :

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

557 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.

ADMISSIONS TO HOSPITAL :

3 children have been admitted to the Beckett Hospital.

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

TABLE V b
INSTITUTIONAL ORTHOPÆDIC TREATMENT

BECKETT HOSPITAL :

Initials	Age	Diagnosis	Admitted	Dis. charged	Condition on Discharge	Result
J.S.	9 yrs.	Obliteration of nail bed—partial amputation T.P. of Right Hallux	1.7.54	12.7.54	Satisfactory	Good
L.H.	6 yrs.	Extra Phalanx left little toe removed.	24.7.54	5.8.54	Satisfactory	Good
G.E.	8 yrs.	Tenotomy — Sterno mastoid.	16.8.54	30.8.54	Satisfactory	Good

TABLE VI

MOUNT VERNON OPEN AIR SCHOOL

Statistical Summary of Children in Attendance during 1954

Medical category	Number in School 1st Jan., 1954	Number admitted in 1954	Number discharged in 1954	Number remaining in school 31st Dec., 1954	Average stay of discharges	
					Yrs.	Months
Healed Tuberculous Disease :						
Healed Primary T.B.	1	2	—	3	—	—
Contacts	3	1	1	3	1	8
Healed Cervical Adenitis	1	—	1	—	—	10
Post T.B. Hip	1	—	—	1	—	—
T.B. Spine	—	1	—	1	—	—
Non-Tuberculous Chest Conditions :						
Asthma	4	3	3	4	1	8
Bronchiectasis	4	—	1	3	7	3
Post Lobectomy	1	—	—	1	—	—
Chronic Bronchitis	6	1	1	6	1	3
Heart Conditions :						
Rheumatic Disease	—	1	1	—	—	6
Miscellaneous :						
Delicate Pupils	34	15	17	32	1	11
Upper Respiratory Infections	3	1	1	3	3	1
Chronic Otorrhoea	1	—	—	1	—	—
Debility after Chorea	2	—	1	1	—	10
Spina Bifida	2	—	2	—	5	4
Post Meningitis	1	—	—	1	—	—
Nervous Instability	2	1	—	3	—	—
Post Poliomyelitis	1	—	—	1	—	—
Muscular Distrophy	—	1	—	1	—	—
TOTAL	67	27	29	65		

TABLE VII

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
AUTHORITY

Number of Pupils inspected by Dentist .					
	Routine	.....	.....	.....	2,648
	Specials	.....	.....	.....	1,444
				TOTAL	4,092
Number found to require treatment					1,578
Number referred for treatment					1,372
Number actually treated					2,642
Attendances made by pupils for treatment					4,987
Half-days devoted to :					
	Inspection	.....	.....	.....	12
	Treatment	.....	.....	.....	340½
				TOTAL	352½
Fillings :					
	Permanent teeth	.....	.....	.....	368
	Temporary teeth	.....	.....	.....	18
				TOTAL	386
Number of teeth filled :					
	Permanent teeth	.....	.....	.....	347
	Temporary teeth	.....	.....	.....	18
				TOTAL	365
Extractions :					
	Permanent teeth	.....	.....	.....	947
	Temporary teeth	.....	.....	.....	4,102
				TOTAL	5,049
Administration of general anaesthetics for extraction					2,072
Number of other operations—Permanent Teeth :					
	Orthodontia	.....	.....	.....	928
	Appliances fitted	.....	.....	.....	82
	Conservation	.....	.....	.....	789
	X-rays	.....	.....	.....	141
	Dentures fitted	.....	.....	.....	32
	Temporary teeth	.....	.....	.....	100
				TOTAL	2,072

Age Groups Examined at School

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	1	27	129	127	157	135	136	144	250	494	466	426	127	7	14	8

Percentage needing treatment 59.59%. Percentage accepting treatment. 58.82%.

TABLE VIII
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	(1) Blind		(3) Deaf		(5) Delicate		(7) Educa- tionally sub- normal		(9) Epileptic	TOTAL (1—9)
	(2) Partially sighted		(4) Partially Deaf		(6) Physically Handi- capped		(8) Mal- adjusted			
In the calendar year :—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped Pupils newly placed in Special Schools or Homes	1	3	—	1	29	4	7	—	1	46
B. Handicapped Pupils newly ascertained as requiring educa- tion at Special Schools or boarding in Homes ..	1	2	—	—	27	4	2	1	—	37
Number of children reported during the Calendar Year under										
Section 57 (3) (excluding any return under (b)) ...	5									
Section 57 (3) (relying on Section 57 (4)) ...	—									
Section 57 (5)	3									
of the Education Act, 1944.										
	(1) Blind		(3) Deaf		(5) Delicate		(7) Educa- tionally sub- normal		(9) Epileptic	TOTAL (1—9)
	(2) Partially sighted		(4) Partially Deaf		(6) Physically Handi- capped		(8) Mal- adjusted			
On or about December 1st :—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as (a) Day Pupils	—	—	—	—	66	2	—	1	—	69
(b) Boarding Pupils ..	3	3	9	3	2	9	13	—	2	44
(ii) attending independent schools under arrangements made by the Authority ..	—	—	—	—	—	—	2	—	—	2
(iii) Boarded in Homes ..	—	—	—	—	2	—	—	—	—	2
TOTAL (C) ..	3	3	9	3	70	11	15	1	2	117
D. Number of Handicapped Pupils being educated under arrange- ments made under Section 56 of the Education Act, 1944 :										
(i) in hospitals ..	—	—	—	—	—	7	—	—	—	7
(ii) elsewhere ..	—	—	—	—	—	3	—	—	—	3
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)										
(a) Day ..	—	—	—	—	1	—	—	—	—	1
(b) Boarding ..	3	1	—	—	—	3	5	1	—	13

Amount spent on arrangements under Section 56 of the Education Act,
1944, for the education of Handicapped pupils, otherwise than in
School, in the financial year ending 31st March, 1954 — £72-3-9

TABLE IX

**WEST RIDING PUPILS EXAMINED BY THE BARNSLEY SCHOOL
MEDICAL OFFICERS AT THE HOLGATE GRAMMAR SCHOOL AND
TECHNICAL SCHOOL DURING 1954**

Periodic Medical Inspections.

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

Entrants	15
Second Age Group	25
Third Age Group	119
	<hr/>
Total	159
Other Periodic Inspections	30
	<hr/>
Grand Total	189

1 (b) Other Inspections: Special examination 1

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

Group	For Defective Vision (excluding Squint)	For all other Conditions	Total Individual Pupils found to require treatment
Entrants	—	2	2
Second Age Group	5	1	6
Third Age Group	17	4	21
Other periodic inspections	6	5	10
Total	28	12	39

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

Defect	Requiring Treatment	Requiring Observation
Skin	2	—
Eyes : (a) Vision	28	1
(b) Squint	—	—
(c) Other	1	—
Ears : (a) Hearing	1	—
(b) Otitis Media	—	—
(c) Other	2	1
Nose or Throat	2	5
Cervical Glands	—	1
Heart and Circulation	—	1
Lungs	1	—
Orthopaedic : (a) Posture	2	—
(b) Flat Foot	—	—
(c) Other	—	1
Other Defects	—	1
Total	39	11

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

Group	No. Inspected	(Good) A		(Fair) B		(Poor) C	
		No.	%	No.	%	No.	%
Entrants ...	15	10	66.66	5	33.33	—	—
Second Age Group	25	13	52.00	12	48.00	—	—
Third Age Group	119	98	82.35	21	17.64	—	—
Other periodic inspections	30	20	66.66	9	30.00	1	3.33
Total	189	141	75.13	47	24.33	1	0.53

TABLE X

**BARNSELY COUNTY BOROUGH PUPILS EXAMINED BY THE
WEST RIDING COUNTY COUNCIL (Division 25) AT SCHOOLS
DURING 1954**

Periodic Medical Inspections:

Group		No. of Inspections	
1 (a) Number of Inspections in the prescribed groups :			
Entrants	—	—	—
7-8 year group	—	—	—
Last year primary	—	—	—
First year secondary	—	—	43
Last year secondary	—	—	96
Total			139
(b) Other Inspections :			
Special Examinations	—	—	58
Re-examinations	—	—	24
Grand Total			82

(c) Number of pupils found to require treatment :

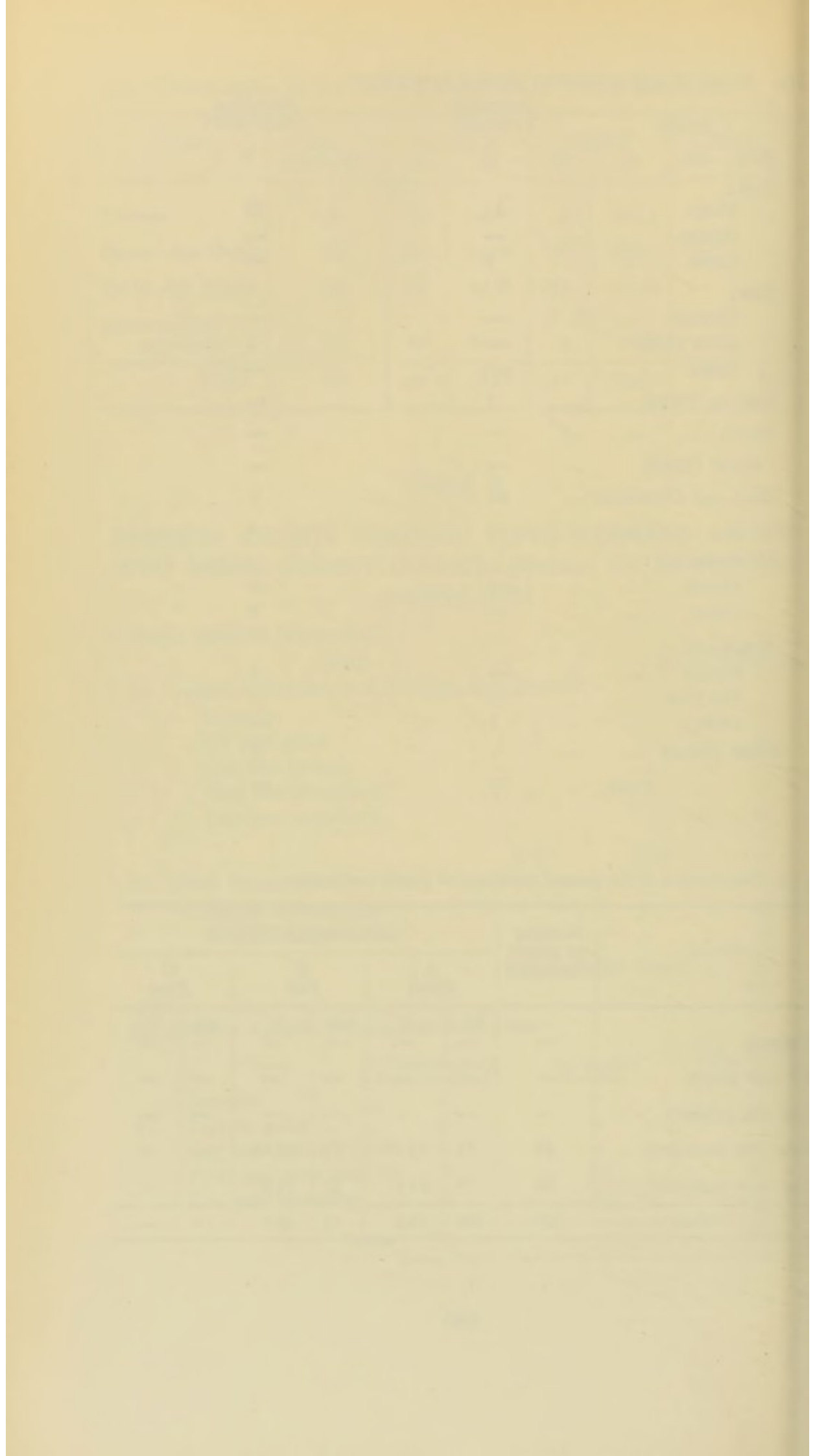
Group	For Defective Vision excluding squint	For all other conditions	Total Individual Pupils found to require treatment
Entrants	—	—	—
7-8 year group	—	—	—
Last year primary	—	—	—
First year secondary	3	—	3
Last year secondary	9	4	12
Totals	12	4	15

2(a) Return of defects found by Medical Inspection :

Defect	Requiring Treatment	Requiring Observation
Skin	2	2
Eyes :		
Vision	12	26
Squint	—	—
Other	1	—
Ears ;		
Hearing	—	—
Otitis Media	—	2
Other	—	—
Nose or Throat	1	—
Speech	—	—
Cervical Glands	—	—
Heart and Circulation	—	3
Lungs	—	1
Developmental :		
Hernia	—	—
Other	—	9
Orthopædic		
Posture	—	1
Flat Foot	—	—
Other	1	—
Other Defects	—	5
Total	17	49

2 (b) Classification of the general condition of pupils inspected :

Group	Number of pupils Inspected	CLASSIFICATION					
		A Good		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants	—	—	—	—	—	—	—
7-8 year group	—	—	—	—	—	—	—
Last year primary	—	—	—	—	—	—	—
First year secondary	43	31	72.09	12	27.91	—	—
Last year secondary	96	75	78.1	21	21.9	—	—
Total	139	106	76.2	33	23.8	—	—



Health Committee

(as at 31/12/54)

Chairman: Alderman E. Sheerien, J.P.

Vice-Chairman: Mrs. Councillor M. Brannan

His Worship the Mayor: Alderman A. E. McVie, J.P.

Alderman W. Gill, J.P.	Councillor W. R. Gundry
Alderman R. Newman	Councillor A. Lowery
Miss Councillor M. Ryan	Councillor G. Skelly
Councillor H. I. Addy	Councillor R. Skelly
Councillor L. Briggs, J.P.	Councillor W. Wagstaffe
Councillor T. R. Brown, B.E.M.	Councillor G. Whyke
Councillor A. Butler	Councillor A. Williams

Co-opted Members:

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

Sanitary Committee

(as at 31/12/54)

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

Vice-Chairman: Councillor G. Burkinshaw, J.P.

His Worship the Mayor: Alderman A. E. McVie, J.P.

Alderman H. Burgin, M.B.E.	Councillor J. H. Foster
Alderman A. Wright	Councillor W. Hunt
Miss Councillor M. Ryan	Councillor S. Jubb
Councillor R. Bradley	Councillor W. Martin-Chambers
Councillor L. Briggs, J.P.	Councillor G. Skelly
Councillor A. Butler	Councillor B. Varley
Councillor F. B. Crow	Councillor G. Whyke

Education Committee

Chairman: Alderman E. Sheerien, J.P.

Vice-Chairman: His Worship the Mayor, Alderman A. E. McVie, J.P.

Alderman C. Bentley	Councillor H. Dancer
Alderman H. Burgin	Councillor F. Elliott
Alderman A. Dunk, M.M., J.P.	Councillor W. R. Gundry
Alderman W. Gill, J.P.	Councillor J. A. Halton, M.M.
Alderman J. Guest, J.P.	Councillor T. Hinchcliffe
Alderman A. Wright	Councillor T. O. Roberts
Mrs. Councillor M. Brannan	Councillor S. Trueman
Miss Councillor M. Ryan	Councillor J. Wood
Councillor L. Briggs, J.P.	Councillor F. B. Crow

Co-opted Members:

Miss E. Hepworth	Rev. Canon W. C. Hudson
Miss M. A. Wilkins	Rev. Canon A. P. Morley
Mr. G. E. Green	Rev. J. W. Thompson

Staff of the Public Health Department

Medical Officer of Health, Principal School 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 School Medical Officer:

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

Assistant Medical Officers of Health and School Medical Officers:

Clara L. M. Scally, M.B., B.Ch., B.A.O., L.M., D.P.H.

James Ross, M.B., Ch.B., C.P.H.

John P. Neylon, M.B., B.Ch., B.A.O., D.P.H.

Kathleen Mathers, M.B., Ch.B., D.C.H., Part-time.

Health Visiting Service

Superintendent Health Visitor and School Nurse:

Miss C. M. Carroll, S.R.N., S.C.M., H.V. Certificate.

(Commenced 15/11/54).

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:

Mrs. A. Hudspith, S.R.N., S.C.M., H.V. Certificate.

Mrs. E. M. Page, do. (Terminated 30/11/54).

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. (Terminated 30/4/54).

Miss E. M. Seabury, do.

Mrs. A. E. Jackson, do.

Miss E. L. Young, do. (Terminated 31/8/54).

Mrs. D. Gibson, do.

Mrs. A. Thompson, S.R.N., S.C.M., S.R.F.N., H.V. Certificate.

Mrs. M. Lonsdale, S.R.N., S.C.M., H.V. Certificate.

Mrs. B. Clarke, do.

Miss J. M. Buckley, do. (Commenced 3/7/54).

Mrs. M. Wakeford, do. (Commenced 3/7/54).

Student Health Visitors:

Miss J. M. Buckley, S.R.N., S.C.M. (Terminated 2/7/54).

Mrs. M. Wakeford, S.R.N., S.C.M. (Terminated 2/7/54).

Miss J. A. F. BAULD, S.R.N., S.C.M. (Commenced 19/7/54).

Departmental Staff Nurses

Mrs. A. Metcalfe, S.R.N. (Terminated 8/11/54).

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. (Part-time).

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.S.

Assistant Non-Medical Supervisor of Midwives:

Miss D. Miller, S.R.N., S.C.M., H.V. Certificate, Q.I.D.N.S., M.T.D.
(Terminated 31/10/54).

Miss A. M. McNiven, S.R.N., S.C.M., Q.I.D.N.S.
(Commenced 20/12/54).

Domiciliary Midwives:

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

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

Mrs. T. Brownson, S.R.N., S.C.M. (Terminated 31/8/54).

Mrs. C. Moisley, S.R.N., S.C.M. (Terminated 4/5/54).

Mrs. A. Taylor, S.R.N., S.C.M.

Mrs. R. E. Bedford, S.C.M. (Terminated 30/9/54).

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

Mrs. A. Horne, S.C.M.

Mrs. G. Bailey, S.R.N., S.C.M.

Mrs. M. Hawley, S.C.M. (Commenced 1/7/54).

Miss K. M. McCormick, S.C.M.

(Commenced 28/9/54; Terminated 21/11/54).

Mrs. D. Parry, S.R.N., S.C.M. (Commenced 1/11/54).

Mrs. K. Tomlinson, S.R.N., S.C.M.

(Temporary Relief 5/9/54—13/12/54).

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.S.

Assistant Superintendent of District Nurses:

Miss D. Miller, S.R.N., S.C.M., H.V. Certificate, Q.I.D.N.S., M.T.D.
(Terminated 31/10/54).

Miss A. M. McNiven, S.R.N., S.C.M., Q.I.D.N.S.
(Commenced 20/12/54).

District Nurses:

Mr. G. R. Trueman, S.R.N., Q.I.D.N.S. (Terminated 26/8/54).

Mrs. H. Padgett, S.R.N. (Terminated 3/1/54).

Mrs. D. M. Da Silva, S.R.N., S.C.M., Q.I.D.N.S.

Mrs. M. Capes, S.R.N.

Mrs. I. B. McGowan, S.R.N.

Miss J. Crawford, S.E.A.N.

Mrs. S. Burnham, S.E.A.N.

Mrs. D. Parkin, S.E.A.N.

Mrs. M. McGuinness, S.E.A.N.

Mrs. J. Taylor, S.R.N.

Miss K. M. Hutchinson, S.R.N., S.C.M. (Part I), Q.I.D.N.S.

Mrs. E. Davies, S.R.N.

Miss C. D. Lee, S.R.N., Q.I.D.N.S.
 Mrs. G. A. Pollendine, S.R.N. (Commenced 1/2/54).
 Mrs. L. Woodhead, S.R.N.S., Q.I.D.N.S. (Commenced 1/6/54).
 Mr. J. Woodhead, S.R.N., Q.I.D.N.S. (Commenced 1/6/54).
 Mrs. M. McConnell, S.R.N., S.C.M., Q.I.D.N.S. (Commenced 1/10/54).

Orderly, Nursing Centre:
 Mrs. M. Martin.

New Street Day Nursery

Mrs. M. McConnell, S.R.N., S.C.M., Q.I.D.N.S., Matron.
 (Terminated 30/9/54).
 Mrs. K. M. Woffenden, Deputy Matron. (Terminated 6/1/54).
 Mrs. A. Hooson, Warden. (Terminated 30/9/54).
 Mrs. M. E. Carroll, Temporary Nursery Assistant.
 (Terminated 30/9/54).
 Miss G. Sykes, Nursery Assistant. (Terminated 24/4/54).
 Miss A. E. Blueman, Nursery Assistant. (Terminated 30/9/54).
 Miss K. Connolly, Nursery Assistant. (Terminated 13/2/54).

Prevention of Illness, Care and After-Care

Miss N. E. M. Benzimra, Social Worker. (Terminated 19/6/54).

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, Home Teacher—Uncertificated.
 Mrs. G. Tilsley, Workshop Supervisor. (Commenced 11/1/54).
 Miss H. Shaw, Clerk. (Terminated 14/2/54).
 Miss M. Broadbent, Clerk. (Commenced 8/3/54).

Mental Health Service

Miss S. A. Wain, Duly Authorised Officer.
 Mr. H. W. T. Smith, Duly Authorised Officer.
 Mr. S. Crossland, Duly Authorised Officer.
 Miss A. Smith, Supervisor, Occupation Centre.
 Miss M. Outram, Assistant Supervisor, Occupation Centre (Unqualified).
 Miss M. Price, Assistant Supervisor, Occupation Centre (Unqualified).
 (Terminated 1/5/54).
 Mrs. E. M. Molyneux, Assistant Supervisor, Occupation Centre.
 Mrs. H. Gledhall, Occupation Centre Assistant.
 (Part-time to 23/5/54).
 Mrs. H. Gledhall, Assistant Supervisor, Occupation Centre.
 (Commenced 24/5/54).
 Mrs. A. Ellis, Pianist (Part-time).
 Mrs. A. Ellis, Pianist and Assistant Supervisor (Part-time).
 (Commenced 24/5/54).

Domestic Help Service

- Mrs. P. M. Gardiner, Domestic Help Organiser.
(Terminated 1/1/54).
Miss D. Smith, Assistant Domestic Help Organiser.
(Terminated 1/1/54).
Miss D. Smith, Domestic Help Organiser. (Commenced 2/1/54).
Mrs. R. W. Wallace, Assistant Domestic Help Organiser.
(Commenced 8/2/54).

Dental Service

- Mr. J. Kilner, T.D., B.D.S., L.D.S., Principal School Dental Officer.
Mrs. 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.
Mr. K. Holling, Record Officer.
Miss B. Firth, Senior Shorthand-Typist.
Mrs. S. Clarke, Shorthand-Typist.
Miss R. Godridge, Clerk. (Terminated 20/6/54).
Miss L. I. Oldham, Clerk.
Miss V. Fox, Clerk.
Miss S. Jackson, Clerk. (Commenced 14/6/54).
Miss J. Walker, Clerk, Care of Mothers and Young Children.
Mrs. M. Court, Clerk, Care of Mothers and Young Children.
Miss B. Shorthouse, Clerk, Care of Mothers and Young Children.
Miss S. M. Bambrough, Clerk, Care of Mothers and Young Children.
Miss B. Clarke, Senior Clerk, School Health Service.
(Terminated 31/10/54).
Mrs. E. Stephenson, Clerk, School Health Service.
(Terminated 31/10/54).
Mrs. E. Stephenson, Senior Clerk, School Health Service.
(Commenced 1/11/54).
Miss M. R. Smith, Clerk, School Health Service.
Mrs. A. V. Rodwell, Temporary Clerk. (Commenced 7/12/54).
Mrs. M. Mosley, Temporary Shorthand-Typist.
(Commenced 14/12/54).

Sanitary Service

- Mr. W. H. Spalton, Senior Sanitary Inspector.
Mr. A. Pemberton, Deputy Senior Sanitary Inspector.
Mr. F. Midgley, Sanitary Inspector.
Mr. E. S. Hackney, Sanitary Inspector.
Mr. A. Smith, Sanitary Inspector.
Mr. A. Milner, Sanitary Inspector.
Mr. L. Robinson, Sanitary Inspector.
Mr. D. R. Worrall, Senior Clerk.
Mr. P. Walker, Clerk/Student Sanitary Inspector.
Miss H. Hunt, Clerk/Typist.
Mrs. B. Outram, Shorthand Typist.
Mr. G. M. Taylor, Temporary Clerk. (Terminated 16/10/54).
Mr. G. Ridgway, Temporary Clerk. (Commenced 21/11/54).

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