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THE HEALTH OF BARNESLEY  
1956



The Annual Report of the  
Medical Officer of Health

The Annual Report of the  
Principal School Medical  
Officer


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

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Medical Officer of Health,

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## FOREWORD

"They that approve a private opinion, call it opinion ;  
but they that mislike it, heresy : and yet heresy  
signifies no more than private opinion."

"Leviathan", pt.i,ch.11.

Thomas Hobbes (1588 - 1679).

Examination in retrospect of the events recorded in this report leaves little outstanding impression. The Health Services in Barnsley have, in their own sphere, experienced a not unsuccessful year. The emphasis on the return to environmental methods of improving health, which was the striking feature of 1955, has not only been maintained, but has been further accentuated. The tempo of the Slum Clearance programme has increased, and already it would seem that the effects of redistribution of population are becoming evident. Not unrelated to this is the start that has been made to provide modern premises from which the Health Services may work in the Athersley Area. The more personal services have also extended their scope during year, particularly in relation to Home Nursing and the Care of the Handicapped. In the field of Mental Health and co-operation with the Regional Hospital Board, the appointment of a Consultant Child Psychiatrist by the Board to work three sessions per week in the Barnsley Area represents an advance which, if exploited to its full and proper extent, could well make a material reduction in the number of persons who will have to seek admission to Mental Hospitals in the years to come. In addition this new appointment offers a unique opportunity for co-operation between the Regional Hospital Board and the Local Health Authority in preventive Mental Health measures.

The possible impact of certain National occurrences on the health of the people of Barnsley and their Health Services might well give rise to some disquiet. Reference was made in last year's report to the difficulties which arose in Barnsley through the continued focussing of attention on poliomyelitis in the press during the prevalence of the disease in the town. It has been observed that during the year poliomyelitis has again received a very great deal of publicity on a National scale. There seems to be reasonable evidence that, largely as a result of this publicity, the community has developed a fear of this disease quite out of proportion to the real hazard it offers. Now the newspapers have a great



part to play in Health Education, and Health Education has as its principal aim the removal of fear of illness by the provision of knowledge about it. Such knowledge to be of value must present facts in the proper perspective. It should be impersonal and unemotional, and should not emphasise one hazard apart from its background relation to others. It is, therefore, difficult to avoid a feeling of regret that those who direct the policy of some of the newspapers do not give a prominence to preventable conditions such as whooping cough equal to that accorded to poliomyelitis. These journals could easily join with the team of health educators in dispelling fear of illness, and thus do a very great service to the community.

In the appropriate place in the report mention is made of the National Scheme for the vaccination against poliomyelitis, and the disquiet that was caused in the minds of some workers by the method of its introduction is considered. It is hoped that the circumstances surrounding this event will not constitute a precedent whereby Medical Officers of Health are again put in the position of having to advise their Authorities without first being in possession of adequate scientific data to form for themselves an independent professional opinion.

Another event of the year which might in some ways be regarded as disappointing if not disturbing was the publication of the Gillebaud Report. It had been hoped that this might offer some radical suggestions for leadership and co-ordination in the National Health Service. The report itself makes interesting reading, and reveals that a great deal of thought and effort was expended in its production. It seems, however, to fall short in some respects of the expectations which were entertained for it. Consideration is given to this in the part of the report devoted to the National Health Service.

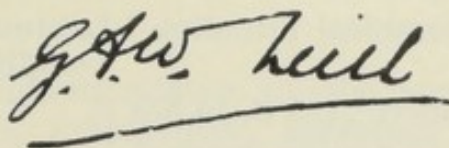
It will be observed that the vital statistics contained in Part I of the report show a number of very encouraging figures, and these are supported by a not unsatisfactory Epidemiological Report in Part II.

In the section on Social and Personal Health Services an attempt has been made to describe the manner in which the Authority has honoured the obligations imposed by the National Health Service Acts.

The Services for the Handicapped are described in Part IV of the report. It is interesting to note how, from year to year, the Authority's activities in this field become more and more widely extended. Part V deals with Environmental Hygiene and in this part the figures relating to the demolition of slum property are particularly worthy of study. Part VI, as in previous years, contains the Annual Report of the Principal School Medical Officer.

The Report has been prepared in accordance with the Sanitary Officers (outside London) Regulations, 1935, Article 17(b) and every effort has been made to include matters requested in relevant Circulars from the Minister of Health.

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.

A handwritten signature in dark ink, appearing to read 'G. A. W. Hill', with a long horizontal flourish underneath.

Medical Officer of Health.  
Principal School Medical Officer.

29th August, 1957.



## PART I.

## SOCIAL AND STATISTICAL INFORMATION.

"Time, which antiquates antiquities, and hath an art to make dust of all things, hath yet spared these minor monuments."

“Urn Burial, ch. 5.”

Sir Thomas Brown 1605-1682

1. Geographical Situation : Latitude 53° 33" N.  
Longitidue 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 ..... 74,830
5. Density of Population : 9.58.
6. Number of inhabited houses : 22,220.
7. Rateable Value at 31st December, 1956 : £717,279.
8. Sum represented by a penny rate : £2,703.

## SOCIAL CONDITIONS.

The relationship between social conditions and health remained largely unchanged in Barnsley during 1956. The community continued to enjoy the steady prosperity which has prevailed since the end of the war. In several directions the fruits of this are becoming more evident particularly with regard to improvements in the environment in which the people are living. In the circumstances then, there is, apart from this, little material for fresh comment on social conditions. Most of the factors influencing them having been discussed at some length in previous reports.

Attention might however once more be drawn to the programme which was developed during the year for rehousing those people who are living in old property described for convenience as slums. This programme is already beginning to have a beneficial effect on the physical and mental health of a large section of the population. It is unfortunate however that the National economic situation does not allow of the provision under similar financial arrangements for accommodation for those families who have grown up as lodgers with their "in-laws". The conditions under which some of these families are living, even in modern Council houses, are far from beneficial to the many young children comprising them. Again there is need — at a national level — for attention to be given to the needs of the aged when they are involved in Slum Clearance. There is little point in moving an elderly couple away from potential rheumatism if their health is



to be undermined by mal-nutrition, having its root cause in a rent higher than they can afford. It is appreciated that the National Assistance Board exists to deal with cases of this kind but so long as human nature remains as it is this is not an adequate answer to the problem. In addition to this the need for satisfactory accommodation for the young unmarried person also continues. Physically and mentally happy families are unlikely if one or both of the parents have spent their formative years immediately preceding marriage under the conditions of mental frustration and physical ill-care which are all too common amongst lodgers in a prosperous community.

As to employment — the figures relative to 1956 supplied by the Manager of the Barnsley Employment Exchange are as follows :—

	Men 18 and over	Women 18 and over	Total
As at 1/1/56			
Wholly unemployed .....	196	68	264
Temporarily unemployed .....	3	1	4
As at 31/12/56			
Wholly unemployed .....	307	74	381
Temporarily unemployed .....	13	26	39

The rise in the figures at the end of the year would appear to be attributable to National causes of a transient nature — it should be borne in mind that the impact of petrol rationing was just making itself felt about the end of the year.

## VITAL STATISTICS.

The vital statistics for the County Borough for 1956 are set out in the pages which follow. As usual explanatory notes and comment are added in the appropriate places. The statistical tables in the appendix of this part of the report will be found to follow the simplified form introduced last year.

### POPULATION

The population figure of 74,830 as estimated by the Registrar General calls for comment. It is extremely difficult to accept this estimate as being accurate having regard to the amount of building which has taken place in the town during the year as well as to the general expansion of industry in the same period. This comment would not be complete without making a further plea for some form of interim census to provide a population figure which might be expected to reflect more correctly the true situation.



## BIRTHS

There was a total of 1,340 births to residents of the County Borough. The details are as follows :

### Live Births

		Males	Females	Total
Legitimate	.....	678	612	1,290
Illegitimate	.....	22	28	50
Total	.....	<u>700</u>	<u>640</u>	<u>1,340</u>

Birth Rate per 1,000 population = 17.90.

Adjusted by application of comparability factor of 0.99 = 17.72.

Reference to Table I will show that the Birth Rate for Barnsley continues to be above that for the country as a whole. It will also be noted that this figure for 1956 is higher than the previous year

### Still Births

		Males	Females	Total
Legitimate	.....	14	24	38
Illegitimate	.....	1	—	1
Total	.....	<u>15</u>	<u>24</u>	<u>39</u>

Rate per 1,000 total births (live and still) = 28.28.

Rate per 1,000 population = 0.52.

It will be observed that these figures represent only a fractional improvement on those for 1955. It will be recalled that attention was drawn in last year's report to the fact that the still birth rate for Barnsley compared most unfavourably with that for the country as a whole. That this unfavourable comparison persists for still another year must be a most disturbing circumstance to all those concerned with the health of the Borough. Again it must be emphasised that this figure is regarded as an index of the antenatal care afforded to expectant mothers during the year. In the pages which follow the local Health Authority's Ante Natal Services will be open to the fullest examination. These services appear to conform to all the most modern standards of practice. From this it would seem that they offer little opportunity for improvement. Unfortunately the Health Authority is not empowered to examine or to control Ante Natal Services offered by other Authorities within the Borough. It is, therefore, impossible for all the facts contributing to this thoroughly unsatisfactory figure to be examined and commented upon in this report.

As has been the practice for some years past the immediate circumstances surrounding each stillbirth have been investigated. The results of the investigations carried out during 1956 may be summarised as follows :—

Diseases of Pregnancy :						Total
Maternal Toxemia	.....	.....	.....	.....	.....	6
Toxaemia and Ante Partum						
Haemorrhage	.....	.....	.....	.....	.....	2
Ante Partum Haemorrhage	.....	.....	.....	.....	.....	6
					—	14
Obstetric Casualties :						
Postmaturity	.....	.....	.....	.....	.....	1
Ruptured Uterus	.....	.....	.....	.....	.....	1
Prolonged Labour	.....	.....	.....	.....	.....	4
Prolapsed Cord	.....	.....	.....	.....	.....	2
Difficult breech delivery	.....	.....	.....	.....	.....	5
“Cord 3 times round neck”	.....	.....	.....	.....	.....	1
					—	14
Congenital Abnormality	.....	.....	.....	.....	.....	5
					—	5
Unexplained Stillbirths	.....	.....	.....	.....	.....	6
					—	6
						39

The high proportion of congenital abnormalities and unexplained foetal deaths recorded is worthy of some attention. It would be most interesting to determine whether any relationship exists between these causes of stillbirth and the prevalence of the Poliomyelitis virus during the second half of 1955. The possibility that some such relationship may exist must not be lost sight of in making any attempt to assess the efficiency of the Obstetric Services in terms of the stillbirth rate.

## INFANTILE MORTALITY

The total number of Barnsley children who died before attaining the first birthday during 1956 was 38. This number compares favourably with that for the previous year (49). It is in fact the lowest number ever recorded in Barnsley for any year. Reduction to an infant mortality figure of deaths under 1 year of age per 1,000 live births gives an infant mortality figure of 29.10. This figure may be compared with that for England and Wales for the year, 23.8 and with that for Barnsley in 1955, 39.04. The relative figures for the previous 20 years are shown in Table I in the Appendix.



As in the case of stillbirths the practice of examining the circumstances relating to the deaths of all children aged less than one year was continued in 1956, and as on previous occasions Neo-natal deaths i.e. those occurring during the first month of life were classified separately from those occurring during the ensuing eleven months.

# I. Neo-natal Deaths

Causes :	Total
Diseases of Pregnancy :	3
Ante-Partum Haemorrhage ..... 1	
Ante-Partum Haemorrhage and Prematurity 2	
<hr/>	
Obstetric Casualties :	7
Difficult Labour, Cerebral Haemorrhage 4	
Breech, cerebral haemorrhage (Coroner) 1	
Strangled by cord round neck (Coroner) 1	
Broncho-pneumonia following difficult resuscitation ..... 1	
<hr/>	
Congenital Abnormalities ..... 7	
Unexplained Deaths ..... 8	
Gross Prematurity ..... 7	
Asphyxia Neonatorum, unhealthy placenta 1	
<hr/>	
Haemorrhagic Disease of the Newborn ..... 1	
<hr/>	
	26

It will be observed that the causes of Neo-natal deaths correspond to a very great extent to those of stillbirth. They are, of course, contributed to by the same factors and are amenable to the same preventive measures namely adequate ante natal care.

It is worthy of note that despite the fact that the Infant Mortality figure, when compared with that for 1955, is markedly reduced for 1956 and the stillbirth rate is fractionally reduced — a “peri-natal” mortality figure if one were available would show a serious increase — this would be attributable to the 26 neo-natal deaths for the year which compare with 20 for 1955. Again these figures are disturbing in that they offer an immediate interpretation that the quality of ante natal care is not improving as the years go by — rather the reverse.

## II. Infant Deaths from one month to one year :

Causes :	Total
Injury at Birth :	1
Subarachnoid haemorrhage and hydrocephalus ..... 1	
Congenital Abnormalities :	6
(with terminal broncho-pneumonia 2)	
Infections :	5
Acute Tracheo Bronchitis ..... 1	
Broncho Pneumonia and Gastro Enteritis (one child found dead in cot (Coroner) 3	
Gastro Enteritis (a terminal condition following chronic failure to thrive) ..... 1	
	<hr/> 12 <hr/>

The figures show a very satisfactory decline in infant mortality when compared with the previous year. Of the many factors involved it would seem that the reduction is attributable principally amongst deaths from infection — both respiratory and intestinal. The relationship between Infant Mortality and age at death is shown in Table II.

## MATERNAL MORTALITY

No deaths occurring in the County Borough were attributed to pregnancy or abortion during 1956. The relative figures for Barnsley and England and Wales are shown in Table I.

This situation may be regarded as highly satisfactory. It must, however, be emphasised once again that with the number of births involved in an area of the size of Barnsley a single isolated year without a maternal death is of little significance. Mention has been made in previous reports of the many and varied difficulties involved in obtaining a figure that is the true measure of maternal mortality. So far little has been done at a national level to overcome the difficulty, and in these circumstances there appears to be little to occasion further comment on this subject.

## DEATHS

Males ..... 451.      Females ..... 353.      Total ..... 804.

Crude death rate per 1,000 population = 10.74.

(Adjusted by application of comparability factor of 1.23 = 13.21).

The Death Rate shown in Table I in comparison with that for England and Wales is the "corrected rate".



When compared with 1955 there was a decrease of 22 in the number of deaths recorded. This results in a reduction in the crude death rate from 11.04 to 10.74. Application of the comparability figure supplied by the Registrar General however results in the adjusted rate for the year being 13.21 as compared with 13.02. It is appreciated that a simple method of correction of the death rate is necessary to allow for populations where the predominating ages groups are the higher ones. However, it is difficult to see how the figure can vary so much from year to year in an active population like Barnsley. The impression of those who are engaged in social work in Barnsley is that people come to the town to work and tend to go elsewhere for retirement. Such a movement would appear to give a constant age composition to the population which in turn should cancel out any variations in the comparability figure from year to year. As with population estimations it would be interesting to know if allowance is made for this factor by the Registrar General in calculating the comparability figure.

A detailed statement of the number of deaths attributable to each of the causes in the abbreviated list is shown in Table III. The age group at death and the distribution of deaths between the sexes is also shown in this Table.

Five deaths were attributed to notifiable infectious disease, in two of these the disease itself had occurred in an earlier year, death being due to remote sequelae occurring during 1951. In the case attributed to Diphtheria the acute phase of the disease was notified some 21 years ago. The 11 deaths from Pulmonary Tuberculosis represent an increase of 3 on the exceptionally low figure recorded in 1955. Pneumonia, Bronchitis and Influenza are credited with a total of 106 deaths, a figure which shows an appreciable increase over the previous year (88).

Deaths from Cancer amounted to 99 a marked decrease when compared with 1954 (129) and 1955 (125).

41 deaths were attributed to various forms of violence, the figure is identical with that for 1955. Motor vehicle accidents accounted for 11 of these.

The findings at inquests held by H.M. Coroner during 1956 on Barnsley residents were as follows :—

	Male	Female
1. Deaths certified from natural causes .....	25	3
2. Deaths certified as Road Traffic Accidents .....	9	2
3. Deaths certified as Occupational Accidents .....	14	—
4. Deaths certified as Home and other accidents .....	13	16
5. Deaths certified as Suicide .....	3	1
6. Death certified as Homicide .....	—	1
	<hr/> 64	<hr/> 23
Total .....	<hr/> 87	<hr/>



TABLE I  
Vital Statistics  
Barnsley County Borough compared with those for England and Wales for Twenty Years

Year	Total (Est.) Popu-lation	BIRTHS			DEATHS			Deaths under 1 year of age			Maternal Mortality			Year
		Num-ber	Rate per 1000 Pop. Barnsley	Rate for England & Wales	Num-ber	Rate per 1000 Pop. Adjusted	Rate for England & Wales	Num-ber	Rate per 1000 Live Births Barnsley	Rate for England & Wales	Rate per 1000 Live Births	Rate for England & Wales		
1937	69470	1153	16.59	14.9	893	12.85	12.4	66	55	58	4.92	3.11	1937	
1938	72300	1273	17.80	15.1	811	13.27	11.6	76	59	53	2.24	2.97	1938	
1939	72160	1219	16.80	15.0	842	13.75	12.1	71	58	50	6.19	2.82	1939	
1940	69020	1162	16.83	14.6	944	15.59	14.3	70	60	55	1.64	2.16	1940	
1941	68680	1188	17.30	14.2	901	13.12	12.9	77	66	59	4.03	2.23	1941	
1942	67670	1278	18.88	15.8	777	11.48	11.6	78	61	49	1.51	2.01	1942	
1943	67070	1359	20.26	16.5	803	11.97	12.1	90	66	49	2.84	2.29	1943	
1944	68260	1540	22.50	17.6	802	11.75	11.6	62	40	46	1.89	1.93	1944	
1945	69170	1377	19.90	16.1	845	12.22	11.4	78	56	46	1.42	1.79	1945	
1946	72430	1555	21.47	19.1	852	11.76	11.5	61	39	43	0.63	1.43	1946	
1947	73600	1663	22.59	20.5	875	11.88	12.0	72	43	41	1.17	1.10	1947	
1948	74730	1560	20.87	17.9	804	10.75	10.8	73	46	34	2.50	1.02	1948	
1949	75250	1436	19.08	16.7	803	10.67	11.7	59	41	32	0.00	0.82	1949	
1950	75780	1444	19.06	15.8	814	10.74	11.6	50	34	29	2.03	0.86	1950	
1951	74890	1342	17.92	15.5	883	11.97	12.5	43	32	29	0.73	0.79	1951	
1952	74730	1374	18.38	15.3	876	11.72	11.3	53	38	27	0.71	0.72	1952	
1953	74740	1370	18.33	15.5	813	12.83	11.4	51	37.22	26.8	0.00	0.76	1953	
1954	74850	1263	16.70	15.2	759	12.43	11.3	41	32.42	26.5	1.54	0.69	1954	
1955	74760	1255	16.62	15.0	826	13.02	11.7	49	39.04	24.9	0.00	0.64	1955	
1956	74830	1340	17.72	15.7	804	13.21	11.7	38	29.10	23.8	0.00	0.56	1956	

TABLE II.

## INFANT MORTALITY 1956.

Showing Cause of Death related to Age at Death.

CAUSE OF DEATH	Number of Deaths of Children Aged:—				Total Deaths under 4 weeks	Number of Deaths of Children Aged:—				Total Deaths between 1 month and 12 months	Total Deaths 1956
	Under 1 week old	between 1—2 weeks	between 2—3 weeks	between 3—4 weeks		4 weeks & under 3 months	3 months & under 6 months	6 months & under 9 months	9 months & under 12 months		
Cerebral Haemorrhage	3	—	—	—	3	—	—	—	—	—	3
Prematurity	11	—	—	—	11	—	—	—	—	—	11
Cardiac Failure Congenital	—	—	—	—	—	—	—	—	—	—	—
Heart Disease	—	1	—	—	1	—	—	—	—	1	2
Acute Intestinal Obstruction	1	—	—	—	1	—	—	—	—	—	1
Jaundice	—	—	—	—	—	1	—	—	—	1	1
Hydrocephalus	1	—	—	—	1	—	—	—	1	1	2
Meningitis Cerebral	—	—	—	—	—	—	—	—	—	—	—
Haemorrhage	—	1	—	—	1	—	—	—	—	—	1
Broncho Pneumonia	—	—	1	—	1	3	—	—	—	3	4
Acute Tracheo-Bronchitis	—	—	—	—	—	—	1	—	—	1	1
Gastro Enteritis	—	—	—	—	—	1	2	1	—	4	4
Asphyxia & Laryngeal	—	—	—	—	—	—	—	—	—	—	—
Oedema	1	—	—	—	1	—	—	—	—	—	1
Pulmonary Congestion and Heart Failure	2	—	—	—	2	1	—	—	—	1	3
Haemorrhagic Disease of Newborn	1	—	—	—	1	—	—	—	—	—	1
Spina Bifida	1	—	—	—	1	—	—	—	—	—	1
Anencephaly	1	—	—	—	1	—	—	—	—	—	1
Asphyxia Neonatorum	1	—	—	—	1	—	—	—	—	—	1
TOTALS	23	2	1	—	26	3	6	2	1	12	38



TABLE III.  
Causes of Deaths related to age and sex distribution.

CAUSE OF DEATH	AGE GROUPS										TOTAL
	Sex	0-1 Years	1-5 Years	5-15 Years	15-25 Years	25-45 Years	45-65 Years	65-75 Years andover	75 Years andover		
1 Tuberculosis, Respiratory	M					2	6	2		10	
	F					1				1	
2 Tuberculosis, Other	M										
	F										
3 Syphilitic Disease	M						1	2		3	
	F						1			1	
4 Diphtheria	M					1				1	
	F										
5 Whooping Cough	M		1							1	
	F										
6 Meningococcal Infection	M	1				1				2	
	F										
7 Acute Poliomyelitis	M					1				1	
	F										
8 Measles	M										
	F										
9 Other Infective and Parasitic Diseases	M		1			1				2	
	F										
10 Malignant Neoplasm—Stomach	M					1	5	3	1	10	
	F					1	3	3		7	
11 Malignant Neoplasm—Lung, Bronchus	M						14	1		15	
	F							1		1	
12 Malignant Neoplasm—Breast	M										
	F						6	3	2	11	
13 Malignant Neoplasm—Uterus	M										
	F						3	3	1	7	
14 Other Malignant and Lymphatic Neoplasms	M			1		3	10	9	7	29	
	F						9	3	6	19	
15 Leukemia, Aleukemia	M							1		1	
	F										
16 Diabetes	M						1		1	2	
	F							4		5	
17 Vascular Lesions of Nervous System	M					1	6	20	30	57	
	F	1				1	9	20	28	59	
18 Coronary Disease, Angina	M					2	18	26	18	64	
	F						3	13	13	29	
19 Hypertension with Heart Disease	M						7	3	3	13	
	F						1	3	2	6	
20 Other Heart Disease	M			1		2	9	20	40	72	
	F					4	11	24	49	88	
21 Other Circulatory Disease	M						4	7	8	19	
	F					1	1	2	11	15	
22 Influenza	M						1	2	3	6	
	F	1						1	1	2	
23 Pneumonia	M	2					5	3	5	15	
	F	1	1				1	7	8	18	
24 Bronchitis	M	1				1	16	14	12	44	
	F	1				1	5	5	10	21	
25 Other Respiratory Disease	M						4	1		5	
	F								1	1	
26 Ulcer of Stomach	M					3	4	1		8	
	F							1		1	
27 Gastritis, Enteritis and Diarrhoea	M	3				1	1			4	
	F	1					1	1	1	4	
28 Nephritis and Nephrosis	M					1	1			2	
	F						2		3	6	
29 Hyperplasia of Prostate	M										
	F										
30 Pregnancy, Childbirth and Abortion	M										
	F	6	1		1					8	
31 Congenital Malformations	M	4	1					1		6	
	F	10	1				5	6	9	31	
32 Other Defined and Ill-Defined Disease	M	7				1	3	7	10	28	
	F			2	1	1	4			8	
33 Motor Vehicle Accidents	M		1	1						3	
	F				1						
34 All Other Accidents	M				1	3	3		6	13	
	F		1				2	2	9	14	
35 Suicide	M						1	1		2	
	F										
36 Homicide and Operations of War	M		1							1	
	F										
		38	9	4	5	35	188	227	298	804	





## Part II.

### EPIDEMIOLOGY

“It is the disease of not listening, the malady of not marking, that I am troubled withal.”

“King Henry IV, Part 2, I.ii 139

William Shakespeare 1564 - 1616.

Notifications of infectious disease in Barnsley during 1956 amounted to 1,156. The figure for 1955 was 2,220. At first sight it would appear that this comparison reflected very favourably on the year under review. In carrying out such comparisons on total figures it is well to bear in mind the cyclical prevalence of measles which occurs at intervals of about 2 years — 1955 was a “measles year” and some 1,525 of the total notifications were attributed to this disease, this compares with 220 in 1956. Therefore, apart from measles the incidence of infectious disease in the Borough was higher in 1956 than in 1955.

The principal epidemiological incident appearing from the statistics was the notification of 289 cases of Dysentery. This disease has been prevalent to a greater or lesser extent in the borough for some years, and is the subject of a very lengthy and complex investigation. It is mild and except in the very young and the very old is not dangerous. This mildness makes its control the more difficult as many people carrying the organism are unaware of the fact that they are doing so. It is highly probable then that the increased number of notifications of dysentery represents an increase in incidence more apparent than real. Many of the cases reported were of an ambulant type which would probably have escaped notice had they not been associated with other cases or had vigilance been less strict. As in previous years the General Practitioners failed to discharge their statutory duty regarding notification in 68 cases of infectious disease which had been admitted to hospital. Once again it is emphasised that admission to hospital of a case of infectious disease does not absolve the practitioner from his legal obligation to notify that case to the Medical Officer of Health on the prescribed form.

#### **Scarlet Fever.**

73 cases of scarlet fever were reported, 58 were treated in hospital. This disease continues to be mild and as usual many of the cases were associated with attacks of Tonsillitis in close relatives or associates.



## **Diphtheria.**

No case of this disease was reported during the year.

One death was attributed to a remote complication of an attack of diphtheria some 21 years ago. The absence of diphtheria, and its continued low incidence is largely due to the unremitting work that has been put into the immunisation campaign in the past. Much of this work is aimed at getting parents to appreciate the necessity of immunisation. Now that the danger from the disease is less obvious many parents are comparatively apathetic regarding immunisation and reinforcement injections.

It should be borne in mind that diphtheria is perhaps more infectious and certainly as lethal as another disease, vaccination against which has recently attracted the attention of the community.

## **Pneumonia.**

135 cases of pneumonia were notified, this is a slight increase on 1955 (112). Reference to Table II will show the seasonal distribution.

## **Meningococcal Infection.**

9 cases were reported, of which 2 were fatal, all appeared to be sporadic.

## **Measles.**

220 cases of measles were reported. It is interesting to note that 59 of the cases occurred in the Carlton Ward of the Borough and that 123 of them occurred in October. These figures are of some possible significance, and suggest several lines of investigation. It is particularly interesting to note that the incidence subsided after October and that the graph did not show a steady rise from then until the cyclical prevalence expected in early 1957.

Reference was made in last year's report to the possibility of better environmental conditions on the new housing estates slowing up the spread of measles. It could be argued that something of the sort had happened in the case of the small but rapidly subsiding peak of incidence in 1955.

## **Whooping Cough.**

360 cases were reported in Barnsley during 1956. 2 of these were fatal. These figures emphasise once again that whooping cough merits a great deal more attention and respect than is at present accorded to it. Comparisons quoted in last year's report show that here we have a disease which in Barnsley has caused more disablement and mortality than poliomyelitis. At the same time a reliable whooping cough immunisation has been readily



available for many years (parents do not have to register in advance for this — they simply have to present their children at any Local Authority Clinic). Yet there has at no time been a public demand for this immunisation comparable with that for the relatively untried and scarce poliomyelitis vaccine.

### **Puerperal Pyrexia.**

The 15 notifications of this disease probably represent a closer approximation to the number of cases (as defined in the Regulations) which actually occurred in the Borough than did the 6 notified in the previous year. It is possible that a number of cases escape notification by reason of the fact that the full implications of definition of the condition are not fully appreciated by the medical profession.

### **Poliomyelitis.**

12 cases were notified. The one death recorded resulted from remote complications in a case notified in an earlier year. An examination of the figures for the years since 1947 shows that the average number of notifications of poliomyelitis in Barnsley (excluding of course the high incidence year of 1955) has been 13. Therefore it would appear that 1956 was an average year for the disease. Reference to Table II will show that the cases were distributed evenly through the summer months — the highest monthly figure being 4 in June.

### **Food Poisoning and Dysentery.**

The practice of considering these two conditions as part of a single epidemiological picture was continued during 1956. As in previous years the General Practitioners informed the Health Department by telephone of suspicious cases of Diarrhoea with or without vomiting. The case and contacts are investigated and Laboratory investigations of faeces are carried out. On the Laboratory finding the definition is applied.

A total of 26 of the cases notified were attributed to "food poisoning" of various kinds. One a clinical case due to an unidentified cause and 1 was due to *Staphylococcus aureus*, there were 7 small "family" outbreaks involving groups of 2 or 3 individuals and these accounted for 17 cases in all. All but one of these were caused by *Salmonella typhi-murium* as were 7 of the sporadic cases, one family outbreak involving a father and son was due to *Salmonella chester*.

287 Cases of Dysentery were recorded. This was a marked increase when compared with the 67 cases recorded in 1955. The rising incidence during the first 3 months of the year caused a



certain amount of concern although there was no generalised food borne outbreak. Finally it was decided to investigate more remote contacts of cases than had been done in the past and one Clinic Nurse was seconded to this work with instructions to follow-up and to obtain specimens from all possible contacts.

For several years past special vigilance has been maintained on possible contacts who are food handlers. If they are home contacts of a case they are asked to desist from work and are compensated by exercise of the powers conferred on the Local Authority by the Barnsley Corporation Act, 1949, Section 39. Food handlers excluded from work in this way are not permitted to return to the handling of food until every member of the household has had 3 specimens of faeces reported as clear of infection by the Laboratory. The success that has attended the control of Dysentery in Barnsley is largely due to the co-operation which has been afforded the Health Department by the Public Health Laboratory Service and by the General Practitioners.

### **Tuberculosis.**

During 1956 62 cases of Pulmonary Tuberculosis were notified as occurring amongst the residents of the County Borough. 11 deaths were attributed to Pulmonary Tuberculosis and in three of these cases the notification was posthumous. There were 8 notifications of Non-pulmonary tuberculosis, and once again no deaths occurred from this form of the disease.

Comparison with the corresponding figures for previous years (Table III) will show that on some previous occasion or other each individual one of these figures has been bettered or equalled. Nevertheless when viewed together they make a highly satisfactory picture. They confirm the views that slowly but surely the Health and other Social Services are gaining the upper hand over tuberculosis in Barnsley.

It is well to bear in mind that this happy position is not being achieved solely by medical treatment and isolation of those who have contracted the disease. There is no doubt that modern methods of treatment combined with the unremitting efforts of the Consultant Chest Physicians and their Hospital staffs have made a major contribution. At the same time great as this contribution has been it has remained a contribution to the whole. This whole comprises, as well as medical diagnosis and treatment in the individual, all those extraneous factors which not only improve the resistance of the human body to infection of all kinds including tuberculosis, but also reduce the hazards of infection. These factors have been listed and discussed at some length in previous reports of this series and there remains on this occasion little more to be said of tuberculosis in Barnsley in 1956.



It should, however, not be forgotten that tuberculosis, particularly pulmonary tuberculosis, has always been the classical example of a disease favoured by poverty and ignorance. The improvement reported here is to a very great extent the result of the prosperity which prevails in this area at present. Further striking improvement will most likely be achieved by taking steps to dispel ignorance and the fear and stubbornness which arise from ignorance. Tuberculosis is the most curable of diseases — it often cures itself. Indeed, Sir William Osler said of his 'Captain of the Men of Death' that the lungs of more than 99% of the population show evidence of infection at some time or another. In the vast majority cure is spontaneous. In those in whom the cure is not spontaneous early treatment is nearly always effective, and treatment should commence before there are any symptoms. This is where Mass X-ray comes in. Annual examination by mass X-ray remains one of the most, if not the most, effective means of combating early pulmonary tuberculosis. It is, therefore, most disheartening to find that from ignorance or from apathy or from a combination of the two, the population of Barnsley does not take the full advantage of the opportunities provided in this direction.

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.

Non-Pulmonary Tuberculosis produced 8 notifications. 2 of these were of Tuberculosis Meningitis and steps have been taken to trace and eradicate as far as is practicable the sources of infection from which they arose.

The disease attacked the various organs as follows :—

	Males	Females
Meninges	1	1
Kidney	—	1
Knee	1	—
Bowel	1	—
Hip	1	1
Genital Organs	—	1
	—	—
	4	4
	—	—
Total notifications	8	—



## 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 Notifications. 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 1956 may be summarised thus :—

### Special Treatment Centres :

	Syphilis	Gonorrhoea	Other Conditions
Barnsley .....	11	14	71
Royal Infirmary, Sheffield	1	1	3
Royal Hospital, Sheffield	2	—	6
	<hr/> 14	<hr/> 15	<hr/> 80

These figures when compared with those of previous years may be regarded as quite satisfactory. The increase of 4 cases of Gonorrhoea is well within the normal fluctuations of such figures.

## Scabies.

The figures for the year relating to scabies are as follows :—

### Children :

Number treated .....	10
Number of treatments .....	18

### Adults :

Number treated .....	5
Number of treatments .....	9

**PART II APPENDIX.                      TABLE 1.**  
**Notifiable Infectious Diseases (excluding Tuberculosis) Age and Ward Distribution, as Corrected.**

NOTIFIABLE DISEASE	Number of cases notified in Barnsley during 1956							Total Cases in each Ward									Removed to Hospital						
	At all Ages	Under 1 year	1 year and under 3 years	3 years and under 5 years	5 years and under 10 years	10 years and under 15 years	15 years and under 25 years	25 years plus	North Ward	South Ward	East Ward	West Ward	South East Ward	South West Ward	Central Ward	Ardsley Ward	Monk Bretton Ward	Carlton	Kendray Isolation Hospital	City General Hospital, Sheffield	Wath-Wood Hospital	Home Cases	St. Helen Hospital
Scarlet Fever	73	—	11	13	40	8	1	—	10	8	1	2	7	3	1	13	12	16	58	—	—	15	—
Pneumonia	135	7	10	12	14	5	2	85	11	2	10	5	12	6	2	40	26	21	51	—	—	78	4
Mening. Infection	9	2	3	1	—	1	1	1	1	—	—	—	1	2	—	2	1	2	8	1	1	—	—
Measles	220	15	61	67	74	2	1	—	—	3	4	7	8	5	2	20	12	159	5	—	—	215	—
Whooping Cough	360	51	84	94	122	9	—	—	18	6	16	15	20	8	6	61	47	163	27	—	—	333	—
Erysipelas	18	—	1	—	1	1	1	14	2	1	3	2	1	—	—	2	4	3	8	—	—	9	1
Puerperal Pyrexia	15	—	—	—	—	—	7	8	—	—	3	5	1	—	1	—	2	3	1	—	—	8	6
Poliomyelitis (paralytic)	12	2	1	1	2	3	3	—	—	—	—	—	2	—	—	1	4	5	12	—	—	—	—
Dysentery	287	15	47	41	86	24	13	61	2	9	4	2	29	26	14	77	56	68	29	—	—	258	—
Food Poisoning	26	5	2	3	3	1	2	10	—	2	—	1	—	1	—	11	5	6	3	—	—	23	—
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	—	—	1	—
	1157	99	220	232	342	54	31	179	44	31	42	39	81	51	26	228	169	446	203	1	2	940	11



**TABLE II. Notifiable Infectious Diseases (excluding Tuberculosis).**  
**Table shewing monthly prevalence during the year 1956.**

NOTIFIABLE DISEASES	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Scarlet Fever .....	5	9	4	12	4	5	6	2	4	7	7	8	73
Diphtheria .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia .....	16	34	11	12	17	10	8	4	6	8	3	6	135
Mening. Infection .....	2	—	2	1	—	—	1	—	1	1	—	1	9
Measles .....	—	1	2	5	2	4	7	15	22	123	33	6	220
Whooping Cough .....	118	78	37	36	30	25	5	5	12	2	7	5	360
Erysipelas .....	1	2	4	—	1	1	—	2	3	2	1	1	18
Puerp. Pyrexia .....	1	1	—	—	—	1	2	—	2	5	1	2	15
Poliomyelitis (paralytic) .....	—	1	—	—	—	4	2	1	2	2	—	—	12
Dysentery .....	35	43	64	40	35	10	26	5	6	21	—	2	287
Food Poisoning .....	—	—	—	1	2	8	3	3	4	3	2	—	26
Ophthalmia Neonatorum .....	—	—	1	—	—	—	—	—	—	—	1	—	2
Encephalitis .....	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>TOTALS</b> .....	<b>178</b>	<b>169</b>	<b>125</b>	<b>107</b>	<b>91</b>	<b>68</b>	<b>60</b>	<b>37</b>	<b>62</b>	<b>174</b>	<b>55</b>	<b>31</b>	<b>1157</b>

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	
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
1955	71	8	0.10	6	—	0.00	0.10
1956	62	11	0.14	8	—	0.00	0.14



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—2 .....	—	—	—	—	—	—	—	—
2—5 .....	—	1	—	—	—	—	—	—
5—10 .....	—	1	2	—	—	—	—	—
10—15 .....	1	3	—	2	—	—	—	—
15—20 .....	—	7	—	—	—	—	—	—
20—25 .....	3	6	1	—	2	—	—	—
25—35 .....	3	4	—	—	—	1	—	—
35—45 .....	5	1	—	1	—	—	—	—
45—55 .....	9	4	1	1	6	—	—	—
55—65 .....	8	2	—	—	—	—	—	—
65—75 .....	2	2	—	—	2	—	—	—
75 & over	—	—	—	—	—	—	—	—
Total .....	31	31	4	4	10	1	—	—

## PART III.

### SOCIAL AND PERSONAL HEALTH SERVICES.

*National Health Service Acts, 1946-52.*  
*National Assistance Acts, 1948 and 1951.*

“Sir,” replied Dr. Slop, “it would astonish you to know what improvements we have made of late years in all branches of obstetrical knowledge, but particularly in that one single point of the safe and expeditious extraction of the foetus, — which has received such lights, that, for my part (holding up his hands) I declare I wonder how the world has — ,”

“I wish,” quoth my uncle Toby, “you had seen what prodigious armies we had in Flanders.” ”

“Tristram Shandy” : bk.ii, ch.18.  
Laurence Sterne (1713 - 1768).

As each year passes and the initial impetus to the development of the National Health Service expends itself so the occasions and opportunities for comment on the factors which might have influenced this development decrease in number. The Service has found for itself a structure which differs in many respects from any of those envisaged for it by the architects of each of its three constituent parts.

Some of the events of the year would suggest that for some time to come at least these constituents must accept the decree of “the God of things as they are”, and utilise this structure as it now exists to the full extent of its somewhat limited capacity. To those in each branch of the service to whom the practice of Medicine is a vocation, the realisation of this sacrifice of scientific principle to expediency and compromise must come as a disappointment.

First there was the publication of the Report of the Committee of Enquiry into the cost of the National Health Service popularly known as the Gillibaud Report. This report mentions many of the difficulties experienced by each of the branches of the National Health Service and in mentioning each sets about to find a reason why no radical steps should be taken to solve it. As to the difficulties which arise in co-ordinating the parts of the Service, on Page 242 in the Summary and Recommendations of the report the following statement is made “where integration is lacking the reasons are probably to be found more in the personalities concerned than in any defects of organisation”. From this it would seem that the Committee accepts that the Services available in any area are limited to a large extent by the personalities of the people providing them. Despite this, apart from the expression of some rather indefinite hopes regarding co-operation, no recommendation



is made to put the Health of the community beyond the reach of personalities. The Report concludes by saying in effect that though there are defects the Service is not so bad after all. It adds "Any charge that there has been widespread extravagance in the National Health Service whether in respect of the spending of money or the use of manpower is not borne out by our evidence". It is these last two words "our evidence" which give rise to question and doubt in the minds of some. Examination of Appendix I of the report shows a list of bodies and organisations who presented to the Committee memoranda of evidence and whose representatives gave oral evidence. No doubt these memoranda were most carefully prepared to provide information supporting the interest or view point of the Organisation in question. It would be interesting to know in how many cases facts which might well have been of real value to the Committee were omitted lest they would cause offence to or would alienate some other body or interest whose friendship it was deemed desirable to retain.

To those who are beset with these doubts the words "our evidence" would have been more reassuring had it included facts collected by independent investigators. These field workers might have presented themselves unannounced and questioned, in confidence, General Practitioners, Home Nurses and Midwives, or Pharmacists. They might have paid surprise visits to Hospitals, Health Departments and Old People's Homes. If nothing else it would have been a most interesting experiment to see how such evidence would correspond with that so carefully selected by the august bodies listed and in many cases supported orally by their "elder statesmen" or the advocates specially chosen to represent them. It is perhaps too much to hope that some Select Committee or Royal Commission of the future will be possessed of sufficient initiative to adopt some method such as that suggested above for checking the factual value of "our evidence".

Then a circular was issued by the Minister of Health directing that consultations be held in each Hospital Management Committee's Area with a view to improving, by co-ordination, the antenatal care given to expectant mothers. Local consultations took place in Barnsley between the Management Committee, the Local Authority and private practitioners in accordance with this direction. No doubt, as a result, certain minor improvements in the service will be effected. It is, however, difficult to foresee how the kind of improvement the Minister desires is to be brought about without sweeping changes in the administration of the Domiciliary Maternity Medical Services. Study of these services must surprise students of administrative law and public finance. Here payments are being made from money raised by taxation in respect of a highly technical service, and a certain minimum standard is prescribed by the government. However, no arrangements whatsoever exist for verifying that claimants for payment



have, in fact, carried out the Service in full or have conformed with this standard. Such an arrangement must be unprecedented in national finance and is unlikely to encourage any sustained improvement of standards beyond the minimum prescribed. It would seem reasonable for the scale of payment for domiciliary maternity medical services to be more clearly itemised than it is at present. At the same time an administrative improvement might be effected if the payments made in respect of these services were to come under the scrutiny of the District Auditor as they do in Northern Ireland. This would probably result in payment for maternity medical services being authorised after an analysis of the case record had been made by an independent professional officer and duly certified by him. Thus, those members of the medical profession who encourage their patients to attend for early and frequent ante-natal examination would receive payment proportionate to their efforts. This would also have the advantage of extending to the service the principle that no payment is made out of national funds without some kind of independent check on behalf of the public. As the Auditor has always been the honest man's best friend it is difficult to see how any objection could arise to this arrangement.

The year also saw the introduction of a National Scheme for immunisation against poliomyelitis. Had the announcement of this been made following the publication of investigations establishing the safety and efficiency of the vaccine in a scientific journal of recognised standing, it would have been possible to welcome it without reservation. As it was, however, when it was announced the scientific data then available was insufficient to enable individual members of the medical profession to form an opinion as to its value, and so be in a position to give reasoned advice on it. This departure from what has come to be regarded as accepted practice has caused grave disquiet to many members of the profession who have had great difficulty in reconciling conscience and professional integrity with the position which resulted from this announcement. These difficulties were in no way lessened by the background of sensational publicity which has lately been accorded to poliomyelitis. The whole situation would have been entirely different had the announcement and the publicity been related to vaccination against whooping cough. Factual scientific information is available about the vaccine used in this case and the disease itself is equally as destructive, if not more so, when compared with poliomyelitis.

These three events of 1956 may be taken as an indication that for the present it is unlikely that the National Health Service will at a national level find the strong leadership which appears to be necessary to ensure adequate co-ordination between the three parts.



As regards the Health Authority's Services in Barnsley material progress was made during 1956 in several spheres. Active building operations were at last commenced on clinic premises to serve the Athersley Housing Estates. The staffing problems of the Domiciliary Midwifery Service were to some extent resolved. The Home Nursing Service was again expanded and the Scheme for B.C.G. Vaccination against Tuberculosis underwent further development.

As in 1955 the members of the Health Committee made a tour of inspection of all the premises coming under the control of the Committee. This visit was much appreciated by the staff who feel that they have little opportunity of their individual work being seen by the Committee.

The decision of the Corporation to adopt a scheme whereby members of the nursing staff might obtain loans of money from the Corporation for the purpose of purchasing cars for use in their work has done much to help in solving the transport problems of the Health Department. The immediate effect of this was to reduce by two the number of cars maintained by the Committee for the nursing staff. This number was further reduced when a vehicle belonging to the Committee suffered irreparable damage in an unfortunate accident in the last days of December. This accident caused a serious loss to the Health Services in Barnsley by reason of the fact that Miss J. Young, one of the Authority's Health Visitors, lost her life in it. Miss Young had been on the staff since the 27th March, 1944, and was known and liked not only by her colleagues but also by all members of the public with whom she came into contact.

Following the form in previous years reports on the Health Authority's activities in discharging the obligations arising from each section of the National Health Act will be examined in detail. The Services for Handicapped Persons will be dealt with in an appropriate separate section of the report.

## **HEALTH CENTRES.**

### **National Health Service Act, 1946, S.21.**

In 1956 building operations were commenced on the clinic premises to serve the Athersley Area. Mention of this project was first made in the Annual Report for 1951 so it is, therefore, a matter of some satisfaction to be able to report progress of a material kind towards making clinic provision for this area.

It will be recalled that the advice of the Nuffield Foundation was solicited in the early days when the plans for this clinic were first considered. Following the advice obtained from the Founda-



tion the clinic premises have been planned in such a way as to render them capable of expansion at short notice to provide accommodation for general practitioners and for dentists in private practice should a demand for this arise.

Plans have also been prepared and a site has been obtained for a similar building to serve the Lundwood area. Mention has been made of this in previous reports, and negotiations have been undertaken with the Ministry of Health to obtain approval for the raising of a loan to cover the cost of this project. National financial circumstances during 1956 however resulted in this approval being withheld for the time being. In the meantime forthcoming structural alterations on the church property of the Church of St. Mary Magdalene made the provision of alternative clinic accommodation in this area, if anything, even more urgent than in the past. On this account then arrangements were made for a further approach to the Ministry to be made early in 1957.

## **CARE OF MOTHERS AND YOUNG CHILDREN.**

### **National Health Service Act, 1946, S.22.**

The year again showed a slight fall in attendances at the ante-natal clinics (700 women attended in 1956 as against 749 in 1955). It would seem that this is accounted for by the increased proportion of women who received the necessary care through the Maternity Medical Services provided by the Executive Council. At the same time post natal clinics show a rise in attendances (57 patients attending in 1956 as compared with 33 in 1955). In the case of Infant Welfare Clinics there is an increase in the total number of children attending (2,236 as compared with 2,043 in 1955) though at the same time the total number of attendances has decreased, this being entirely accounted for in the 1 - 2 year age group and the 2-5 age group. There is little doubt that this fall in the number of attendances is to some extent accounted for by the migration of children to the new estates in the Athersley Area, and there is every reason to hope that with the opening of the new clinic in the near future these figures will be retrieved.

Cases are encountered from time to time where early nutritional or development defects are suspected, and the Consultant Paediatrician attends at the Medical Services Clinic in New Street to advise on such cases, 64 cases were referred to him during the year, some 3 more than in 1955. 217 attendances were made at this clinic compared with 186 in the previous year. This clinic is specially valuable in preserving the preventive and educational approach in the minds of the parents.

The statistical data relating to clinics and centres during 1956 may be summarised in the following tabular form :—



# ANTE-NATAL AND POST-NATAL CLINICS.

## Summary of Attendances in 1956.

ANTE-NATAL CLINICS	Barnsley	Lundwood	Ardsley	Carlton	Total
1. No. of sessions held per month	8	4	4	4	20
2. No. of women who attended during the year .....	274	91	168	167	700
3. No. of New Cases included in the above .....	245	68	127	123	563
4. No. of attendances made during the year .....	1191	400	709	836	3136
<b>POST-NATAL CLINICS</b>					
1. No. of women who attended during the year .....	35	3	—	19	57
2. No. of New Cases included in above .....	35	3	—	19	57
3. No. of attendances made during the year .....	41	4	—	24	69

### Note :

Of Barnsley's 274 Ante-Natal Cases 54 were transferred to St. Helen Hospital.

Of Lundwood's 91 Ante-Natal Cases 16 were transferred to St. Helen Hospital.

Of Ardsley's 168 Ante-Natal Cases 19 were transferred to St. Helen Hospital.

Of Carlton's 167 Ante-Natal Cases 17 were transferred to St. Helen Hospital.

# **INFANT WELFARE CENTRES.**

## **Summary of attendances in 1956.**

INFANT WELFARE	Barnsley	Lund-wood	Ardsley	Monk Bretton	Smithies	Carlton	Total
1. Number of sessions held per month at centres .....	18	4	8	2	4	8	44
2. No. of children who first attended a centre during the year, and at their first attendance were under 1 year of age .....	476	115	152	34	112	192	1081
3. No. of children who attended during the year and who were born in :-							
1956 .....	453	101	142	30	99	154	979
1955 .....	351	62	102	19	71	133	738
1954-51 .....	300	26	60	22	43	68	519
4. Total No. of children who attended during the year. ....	1104	189	304	71	213	355	2236
5. No. of attendances during the year made by children who at the date of attendance were :-							
0-1 year .....	4878	1120	1456	345	942	1584	10325
1-2 years .....	863	93	256	56	184	216	1668
2-5 years .....	541	40	120	36	82	151	970
6. Total attendances during the year .....	6282	1253	1832	437	1208	1951	12963

### **Note :**

Of Barnsley's 1,104 Infant Welfare cases 64 attended the Paediatric Clinic at New Street and made 217 attendances.

### **Care of premature babies.**

The number of premature live births at home (births where the baby weighed less than 5½ lbs. irrespective of presumed period of gestation) was 25, this compares with 30 in 1955 and 42 in 1954. Of the 25 premature babies born at home 1 was transferred to hospital. Of the 24 who remained at home 23 survived the first 28 days, as did the one who was transferred to hospital.



The care of premature babies in Barnsley does not offer a 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.**

Little can be said on this aspect of the Local Authority's Health Service which has not already been committed to posterity. Suffice to say that the Senior Dental Officer devotes two sessions of his time to the dental inspection and treatment of expectant and nursing mothers, and the figures showing the amount of work done during 1956 are roughly constant with those of previous years.

The provision of free dentures continues to be a notable feature of the work done at the Clinic; see how the demand has risen steadily since 1952 :—

Year	Patients Inspected at the Clinic	Dentures Provided			Number of Patients Provided with Dentures		Fittings
		Full	Partial	Total			
1952	216	56	23	79	55	25%	313
1953	400	74	87	161	98	24.5%	193
1954	307	106	122	228	132	42.9%	121
1955	325	141	98	239	142	43.7%	107
1956	333	178	139	317	181	54.3%	116

It appears that the number of nursing and expectant mothers who present at the Clinic is now more or less a steady average annual figure in the region of 300, but the percentage of these patients who require dentures has risen from 25% in 1952 to 54.3% in 1956. It must be pointed out, however, that some expectant mothers are provided with "immediate" dentures, i.e., the dentures are made ready to insert immediately the natural teeth are extracted, and this technique, due to changes in the oral tissues in the healing process, necessitate a remake within the ensuing twelve months.

The staffing situation improved slightly with the employment at the Clinic of a part-time Dental Officer, and this enabled the Senior Dental Officer to devote more time to the back-log of denture work which had accumulated when he was unable to work because of a septic finger.

It is noted that the new Form L.H.S.27 makes no provision for the recording of extractions done under local anaesthesia. During 1956, 61 local anaesthetics were administered.



It is gratifying to note that toddlers come to the Clinic for treatment, but there is still room for improvement in this aspect of the Health Service.

It is noted that the majority of children seen required treatment — invariably extraction — and one is apt to deduce that parents do not adopt the policy of prevention being better than cure and bring the "bairns" for regular six monthly inspection and treatment. There is much work to be done in the propaganda world to educate parents in the need for dental inspection of the very young. The procrastinating parent is the first to complain when the news is broken to her that little Johnnie has to have some teeth out. From experience one has come to expect "little Johnnie" to be brought into the Surgery by "Mummy" and up to a point this is to be expected when Daddy is working. But when Daddy comes in too, and wants to know the whys and wherefores of his child's teeth, one can anticipate at least a clean mouth and, more often than not, a sound dentition. From which one deduces that an interested Daddy is a very valuable subject for dental propaganda.

**Summary of the Dental Treatment of Nursing and Expectant Mothers and Young Children under School Age during 1956.**

**(a) Numbers provided with Dental Care during 1956.**

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	333	306	237	229
Children under Five	255	234	234	234

**(b) Forms of Dental Treatment provided during 1956.**

	Expectant and Nursing Mothers	Children under Five
Scalings and Gum Treatment .....	117	—
Fillings .....	116	27
Silver Nitrate Treatment .....	—	1
Crowns or Inlays .....	3	—
Extractions .....	1252	455
General Anaesthetics .....	211	199
DENTURES PROVIDED :		
Fuller Upper or Lower .....	178	—
Partial Upper or Lower .....	139	—
Radiographs .....	23	5



Number of Dental Clinics in operation at end of Year .....	1
Total number of Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients during the Year .....	125½
Number of patients inspected and treated .....	588
Number of visits made by patients .....	2,093
Number of treatment sessions .....	125½
Number of anaesthetic sessions .....	23
Number of fillings .....	146
Number of scalings .....	117
Number of extractions .....	1,707
Number of other operations .....	900
Number of dentures supplied .....	317
Number of patients provided with dentures .....	181
Number of prosthetic operations .....	1,077

**Note :**

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

**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 Clinic

Visits of Orthopædic Surgeon .....	12 sessions.
Number of cases Seen	
New Cases .....	26
Re-examinations .....	65

Number treated at the Clinic

- \* 34 Pre-school children have been treated during the year.

421 Attendances have been made for observation and exercises for postural and other defects.

Ante-Natal and Post-Natal Exercises

\* 73 sessions were devoted by the Physiotherapist to Relaxation Classes when 65 patients made 372 attendances.



**Notes—\*** These figures relate to cases seen from 1/1/56 to 23/8/56, the resignation of the Physiotherapist took effect from that date.

Ante-Natal and Post-Natal Relaxation Classes were taken over by the Midwives from the 24th August, 1956.

### **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.

Figures relating to Ultra Violet Light Treatment are as follows:

	Number Treated	Number of Attendances
Central Clinic, New Street :		
Children 0-5 years .....	26	225
Expectant or nursing mothers .....	—	—
Littleworth Clinic :		
Children 0—5 years .....	2	28
Totals All Clinics :		
Children 0—5 years .....	28	253
Expectant or nursing mothers .....	Nil	Nil

### **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.

"Ad hoc" arrangements for expectant mothers were made in 5 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 1956 amounted to £3,741. 16. 0d.

The Health Authority now undertakes the distribution of the various Welfare Foods and diet supplements provided by the Ministry of Health, in continuation of the scheme previously operated by the Ministry of Food from Local Food Offices. The organisation mentioned in previous reports operated well and no difficulties were encountered.

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	Vitamin Tablets	Orange Juice		NATIONAL DRIED MILK					
					Full Cream			Half Cream		
			Free	Paid	Free	Paid	Full Price	Free	Paid	Full Price
Barnsley	3855	2014	428	24,356	288	11,271	413	1	112	17
Carlton	718	273	16	2,509	—	801	5	—	—	—
Smithies	436	129	28	2,359	26	1,081	37	—	—	—
Ardsley	713	268	45	2,999	3	873	40	—	—	—
Lundwood	584	209	79	3,107	18	1,033	14	—	—	—
Monk Bretton	137	73	28	775	3	134	10	—	—	—
	6443	2966	624	36,105	338	15,193	519	1	112	17

The figures refer to the standard package of each preparation.

## MIDWIFERY.

### National Health Service Act, 1946, S.23.

The difficulties experienced by the Domiciliary Midwifery Service during 1955 resolved themselves to a very great extent during 1956. In the first place readjustment of staff resulted in obtaining the services of an additional part-time midwife, so that whilst the service was still under establishment the discrepancy was not so acute. Then the position regarding absence from sickness proved to be much better during the year and this allowed of better off-duty arrangements which in turn was reflected in better health amongst the staff.

The administrative arrangements continued unchanged. The Non-Medical Supervisor and her assistant combine these duties with those of Superintendent Home Nurse and assistant. The arrangements are such that an administrative officer is available on call at all times to ensure proper deployment of the midwives and allocation of duties. The midwives have a room at the District Nursing Centre adjacent to the New Street Clinic where facilities exist for the sorting and stocking of their bags and exchange of equipment. This has proved to be of great value to them as it provides facilities (sterilization etc.,) not normally available in their homes and offers them a common ground for discussion and exchange of ideas.



All midwives have been issued with the "Tecota Mark 6 machine" for the administration of Trichloroethylene during labour. Gas and air analgesia was administered in 174 cases, in 6 of which the midwife was acting as a maternity nurse. This compares with 410 cases in 1955, 332 cases in 1954, and 342 in 1953. "Trilene" (Trichloroethylene) was administered in 335 cases, in 15 of which the midwife was acting as a maternity nurse.

Pethedine was administered in 169 cases, the comparable figure for 1955 was 73, in 10 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 .....	128
(ii) Other .....	22
(b) Institutional cases .....	105

### Teaching of Midwifery.

The number of midwives recognised as teachers in the Health Authority's Service at the end of the year was three. During 1956 5 pupils received instruction 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 1956 in Barnsley —

- 74 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.
- 6 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.
- 35 women who booked a doctor were attended by Municipal Midwives and a doctor was present at the time of delivery of the child.
- 418 women who booked a doctor were attended by Municipal Midwives and the doctor was not present at the time of delivery of the child.



1,386 confinements were attended by Midwives in Institutions either as Midwives or as Maternity Nurses.

364 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.

9,113 visits were paid by Midwives during the puerperium (up to the 14th day) to patients delivered at home (compared with 7,363 in 1955).

178 post-natal visits were paid by Midwives (after the 14th day).

2,515 ante-natal visits were paid to women in their own homes by the Authority's Midwives (2,345 in 1955).

873 visits were paid by Midwives to women who were discharged from Hospital before the 14th day.

663 other visits were paid by Midwives.

382 babies who were born at home were breast fed at the 14th day.

387 attendances at ante-natal clinics made by Midwives.

82 attendances were made by Midwives at Relaxation Classes (from August onwards).

423 visits were made by expectant mothers to Relaxation Classes held by Midwives (from August onwards).

Of the 1,391 total births (live and still) notified as belonging to the County Borough 533 took place at the home of the patient with a Municipal Midwife in attendance. Thus approximately 38.3% of confinements during 1956 were domiciliary compared with 37.2% in 1955 and 38.4% in 1954. 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 showed little change from the previous year. The number coming home early from hospital is still much higher than appears to be desirable.



## Supervision of Midwives.

### Routine Supervision.

Supervision visits of Midwives paid by Non-Medical Supervisor .....	35
Deliveries seen with Midwife .....	7
Cases in labour attended by Supervisor with Midwife .....	4
Ante-natal cases seen at home with Midwife .....	38
Puerperium visits seen at home with Midwife .....	65
St. Helen Hospital discharges seen at home with Midwife .....	13
Cases visited re Institutional Maternity accommodation .....	35
Attendances by Supervisors at Ante-Natal Clinics .....	90
Attendances at Ante-Natal Relaxation Classes .....	20

### Supervision of Training.

Pupil Midwives .....	5
Cases in labour attended by Supervisor with Pupils .....	2
Deliveries seen with Pupils .....	1
Puerperium visits with Pupils .....	11
Ante-Natal visits with Pupils .....	7

### Post Graduate Courses.

1 midwife attended a week's Post Graduate Course of Lectures and visits arranged by the Royal College of Midwives.  
All Midwives attended Post Graduate Lectures arranged by the Barnsley Branch of the Royal College of Midwives.

## HEALTH VISITING SERVICE.

### National Health Service Act, 1946, S.24.

The figures showing visiting done by Health Visitors in Barnsley during 1956, compared with that done the two previous years, are as follows :—

	1956	1955	1954
Expectant Mothers :			
First Visits .....	553	851	1,017
Total Visits .....	1,303	2,222	1,702
Children under one year of age :			
First Visits .....	1,343	1,338	1,264
Total Visits .....	6,854	7,998	8,828
Children between one and two years of age .....	2,061	3,322	3,951
Children between two and five years of age .....	4,493	7,150	9,345
Other Cases : Total Visits .....	9,386	6,741	2,934
Tuberculosis Households .....	730	920	1,135



Comparison between these figures and those for the previous year shows a marked decrease in the amount of work covered by the Health Visiting Service. This is entirely attributable to staffing difficulties. In the first place there is the difficulty of attracting suitable candidates to the Service. The authorised establishment for the County Borough is 22 Health Visitors with a Superintendent and a Deputy Superintendent. At the end of the year there were eleven trained Health Visitors available for duty.

There would seem to be little hope of materially improving this position so long as the financial rewards for Health Visiting so closely approximate those for nursing in Hospitals with the bare S.R.N. qualification. Furthermore compact industrial areas such as Barnsley will always experience difficulty in obtaining staff in direct competition with rural areas. Apart from the attraction of living in rural surroundings, the country Health Visitor is less subject to supervision and often finds it much less difficult if she is unmarried to obtain lodgings. Experience in Barnsley suggests that not only should salaries be adjusted to make it more worthwhile to qualify as a Health Visitor, but some sort of differential scale should be applicable to compensate for differences in working areas.

In addition to the problem of recruitment there is also that of wastage. The Barnsley Service lost four Health Visitors during the year. One on retirement, one died as a result of an accident and two left for family reasons. The latter will happen so long as Health Visiting is a form of nursing particularly suited to the married nurse. In both cases the members of the staff left Barnsley to accompany their husbands to other parts of the country and to work at places more convenient to their homes. Only two replacements were forthcoming despite intensive advertising, one of these obtained her certificate through the Authority's Training Scheme, and the other a transfer from another Authority.

Finally, 1956 was an unfortunate year when considered in relation to sickness amongst the Health Visiting Staff. A total of 649½ working days were lost through absence on sick leave. Having regard to holiday entitlements, etc., this could be said to have reduced the effective establishment of the Service by at least two Health Visitors, though in practice the disorganisation of the Service caused through it was much greater than if the actual strength available had been two less. That the figures for the year do not compare much more unfavourably with the past is due entirely to the good will and excellent spirit with which the staff have approached the problems arising from it.

To off-set the effect of these staffing difficulties, the delegation of certain duties to Clinic Nurses was continued and of these four remain on the staff. One was assigned the various duties arising from the investigation into cases of gastro-intestinal infection and three (one part-time) were employed on the immunisation scheme,



Specialist Clinics and School Inspections. In addition to this it was found necessary to adopt "selective" visiting of children in the 2 years to 5 years age group. This is not a satisfactory substitute for the normal routine visiting as it allows the family to lose touch with the preventive Health Services during this important period of the child's life. The effect of this is clearly borne out by the marked fall in Clinic attendances for the age group in question.

It is interesting to note that the figures for immunisation and vaccination of children in the County Borough show an improvement for 1956. A large share of the credit for this belongs to the Health Visitors who, despite the difficulties they have experienced during the year, have not forgotten that their principal function is that of "Health Educators".

### HOME NURSING SERVICE.

#### National Health Service Act, 1946, S.25.

The demand on the Home Nursing Service showed a rise during 1956. The number of patients attended showed an increase and the actual number of visits paid was slightly less than in the previous year.

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

	1952	1953	1954	1955	1956
Cases .....	2,001	2,136	2,303	2,082	2,124
Visits .....	45,482	44,608	44,169	44,531	44,400
Whole-time Nurses	12	13	15	15	15
Part-time Nurses .....	1	—	—	—	—

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

Types of Cases.	Number of Cases	Number of Visits
		Paid to Patients
Pneumonia .....	129	1,210
Skin Diseases .....	38	662
Miscarriage and Maternal Complications .....	37	208
Carcinoma & Neoplasms .....	68	1,981
Burns & Scalds .....	50	711
Diabetes .....	35	1,883
Post Operative .....	173	2,019
Athritis, Rheumatism, & Bone Conditions .....	196	1,056
Eye, Ear, Nose & Throat .....	191	1,713
Cerebral Haemorrhage .....	90	1,999
Cardiac .....	169	6,441
Anaemia .....	103	4,469
Chest Conditions .....	190	1,991
Infections—(Influenza) .....	12	189
(Erysipelas) .....	3	43
(Measles) .....	2	17
Tuberculosis .....	20	353
Others .....	618	17,455
	2,124	44,400



Patients included in the above figures who were visited for injection therapy only :—

Cases ..... 596.                      Visits ..... 10,298.

(Patients visited at Clinic included in above figures : 2,317).

Age groups Nursed.	Number of Individual Patients	Number of visits Paid to these Patients
Under 5 years .....	134	318
5—15 years .....	96	488
15—65 years .....	1,123	22,270
Over 65 years .....	771	21,324
	<hr/> 2,124	<hr/> 44,400
Operations attended at home	12	84
	<hr/>	<hr/>

The Superintendent Home Nurse reports as follows :—

The work of the Home Nurses has varied a little this year. The figures show an increase of the more acute type of cases, e.g. pneumonia, post-operative nursings, etc. The Home Nurse is then playing her part in relieving the hospital bed shortage by the care of acute as well as chronic sick in their own homes.

Still a large percentage of cases are visited for injection therapy only. To save time for both nurse and patient three daily clinics are established in the Borough at the Home Nursing Centre, Ardsley Infant Welfare Centre and Carlton Infant Welfare Centre. 2,317 visits were paid by patients to these clinics for injections or small dressings.

The nursing of the over 65's in their own homes is not such a great problem as previously — increased staff and facilities were provided during the year. There is still a waiting list for hospital beds but with a combined service of Home Nurse, Health Visitor, and Home Help the less urgent cases are cared for in their own homes until a bed is available or the need for a bed becomes urgent.

Home Nurses and Midwives have held lectures and discussions at the Home Nursing Centre. Co-operation of both services is good. A social club has been formed by the two services meeting monthly for social events, talks and visits.

#### **Post Graduate Courses.**

One Queen's Nurse attended a course arranged by the Queen's Institute of District Nursing.



### **The Home Nursing Centre.**

Opened in 1955 is now fully established as a base from which the Home Nursing and Loans Services are administered. The Loans Service is able to meet the demand of the area for all types of Home Nursing equipment.

This year the stock of Home Nursing Loans is given with the number of times the articles have been loaned. It will be seen that most of the articles are doing a full time service.

236 visits were paid to homes where articles were on loan for long periods to ascertain that the articles were in good condition, in use, and being returned when no longer required.

### **Linen Loan and Laundry Service.**

In June 1956 the Home Nursing Loans Service was extended to include a linen loan and laundry service for the incontinent case. This part of the Loans Service has proved to be the answer to a great problem in the home of the chronic sick, particularly where linen is in short supply and washing facilities poor.

In order to cope with laundering soiled linen of the incontinent cases a Bendix Washer, Spin Dryer and Rotary Iron were installed in a small room at the Home Nursing Centre. The types of linen loaned are nightgowns, sheets, draw sheets, shirts, pillow cases and laundry bags. Issue of linen is signed for in the same manner as for Home Nursing Loans, by patient, relative or home help. Each case is supplied with sufficient linen to last at least two days. Two laundry bags are provided with the initial supply of linen, both having indential numbers, one for clean linen and one for soiled linen. Soiled linen is collected daily and the equivalent given in clean linen so that the patient retains the same amount as first issued.

### **Night Service.**

Arrangements were made during the year for a night nurse visiting service but this service only commenced in 1957.

It is now felt that the Home Nursing Service is able to give patients in their own homes skilled nursing attention, comfort and facilities such as are provided in hospital.

The following figures relating to the loan of sick room requisites to those nursed at home during 1956 are of some interest :—

Articles loaned.										Number of times loaned to Patients	
Air rings	.....	.....	.....	.....	.....	.....	.....	.....	.....	}	241
Sorbo rings	.....	.....	.....	.....	.....	.....	.....	.....	.....		
Air beds	.....	.....	.....	.....	.....	.....	.....	.....	.....	—	
Sorbo beds	.....	.....	.....	.....	.....	.....	.....	.....	.....	64	



Articles loaned.	Number of times loaned to Patients
Bed Pans	368
Bed Rests	242
Bed cradles	37
Bed tables	16
Bedsteads	14
Crutches	14 prs.
Cots (with canvas)	8
Douche cans	—
Fracture Boards	10
Feeding cups	29
Hot water bottles	1
Inhalers	—
Armbaths	—
Mackintosh sheets	367
Pulley and fittings	6
Urinals	285
Steam kettles	—
Wheelchairs	74
Housechairs	1
Commodos	12
Draw sheets	22
Mackintosh pillow covers	2
Walking aids	2

#### Linen Loans.

Draw sheets	52
Nightdresses	16
Shirts	2
Sheets	24
Pillow cases	6

### 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:—

Number of persons vaccinated (or re-vaccinated) during 1956 :—

Age at date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number vaccinated	434	13	7	7	13	474
Number re-vaccinated	5	—	—	4	35	44

It is most satisfactory to observe that the figure of 474 primary vaccinations shows an increase on that for the three preceding years, 315 in 1955, 454 in 1954 and 415 in 1953. It is to be hoped that this increase will be maintained. The increase in re-vaccinations would appear to be accounted for by requests to have the procedure carried out by persons prior to going abroad or leaving the country on emigration.

In each Annual Report since the "appointed day" comment has been necessary on the small number of children whose parents have thought it worthwhile 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 - 4 years	5 - 14 years	Total
567	371	221	1,159

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

Under 1 year	1 - 4 years	5 - 14 years	Total
—	104	996	1,100



The immunisation state of children in the County Borough at 31st December, 1956, who have completed a course of immunisation at any time before this date is shown as follows :—

Age on 31-12-56 (i.e. born in year)	Under 1 1956	1 - 4 1952-1955	5 - 9 1947-1951	10 - 14 1942-1946	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1952 - 1956	214	2,921	5,373	1,041	9,549
B. 1951 or earlier	—	—	1,232	5,151	6,383
C. Estimated mid-year child population	1,260	4,940	13,600		19,800
Immunity Index 100 A/C	16.98	59.12	47.16		48.22

As in the case of vaccination against Smallpox it is most pleasing to be able to report a marked increase in the number of children immunised against Diphtheria. 1,159 children completed a full primary course during the year compared with 686 in 1955. It should, however, be borne in mind that some of these must necessarily represent part of the back log of immunisation which accumulated during those months in 1955 when the prevalence of poliomyelitis made it advisable to suspend immunisation.

#### **Immunisation against Whooping Cough.**

876 children are known to have received a complete course of immunisation against Whooping Cough. 758 of these courses were carried out by the Medical Staff of the Health Authority and 118 by family doctors. As with Diphtheria this shows an increase over 1955 when 476 children completed the course.

#### **Immunisation against Poliomyelitis.**

Reference has been made to the introduction of the British Poliomyelitis Vaccine in the foreword to this part of the report. That the announcement of its introduction prior to the publication of adequate authenticated scientific data gave rise to grave disquiet was also mentioned. In view of this the Barnsley Local Health Authority did not feel justified in unreservedly recommending the procedure in advance of definite evidence of its safety in clinical use. At the same time it was realised that according to the law of averages something like 12 cases of Poliomyelitis would probably occur in the County Borough during the year. It appeared that if the vaccination were to be totally withheld from residents of Barnsley the possibility existed that the parents of one of these potential cases might well feel that by actively withholding the vaccination their child had been exposed to an unjustifiable risk.



It was decided, therefore, that vaccination against poliomyelitis would be made available in Barnsley but that steps would be taken to ensure that all applying for it would realise they did so on the recommendations of the Ministry of Health and other bodies appearing in the National Press, and not on the advice of the Health Authority.

In view of this and of the lack of properly authenticated data special arrangements were made to ensure that the vaccine was administered to the children of selected age groups under such conditions that all possible information relating to it could be adequately recorded and steps were taken so that in the event of any reaction or side effect, any cause for it other than the vaccine itself could be eliminated. To achieve this each injection was given by one senior member of the medical staff who has had experience in research methods. The syringes used were sterilized by steam under pressure, complete with their needles, in tubes in an autoclave and were used for one case only before re-sterilizing. Clinical notes were made relating to any past history in any particular child which might suggest liability to anaphylactic reaction or to any sensitivity. Such children were visited by Health Visitors several days after vaccination.

It was found that no serious reaction took place in any Barnsley child. On the strength of this the Health Authority has now been advised that the vaccine may be regarded as safe to administer. The results of a properly conducted investigation into its efficiency in the prevention of poliomyelitis and in the provocation of antibodies against the disease is still eagerly awaited. Until such results are available it would be extremely difficult conscientiously to advise the Health Authority as to the prophylactic value of the vaccine.

Number of children who were given two injections :—

	Year of Birth								Total
	1947	1948	1949	1950	1951	1952	1953	1954	
Boys	10	7	7	6	7	8	4	—	49
Girls	15	7	6	3	9	3	3	5	51
Total	25	14	13	9	16	11	7	5	100

Number of children who were given one injection :—

	Year of Birth								Total
	1947	1948	1949	1950	1951	1952	1953	1954	
Boys	—	1	1	—	—	—	—	—	2
Girls	—	2	—	—	—	—	—	—	2
Total	—	3	1	—	—	—	—	—	4



## **AMBULANCE SERVICE.**

### **Arrangements with other Authorities.**

#### **West Riding County Council.**

This Authority still continues to work most 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 proportion of their discharges from the County Borough Hospitals back into the West Riding.

The existing financial agreement is due for revision at the end of March 1957.

#### **Other Authorities.**

With all other authorities except the West Riding — with whom, as stated above, we have a special agreement — an approved scale 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 been made 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 in 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.

# **RETURN OF AMBULANCE PATIENTS CONVEYED.**

Figures for 1955 are also given for comparison purposes.

MONTH	COUNTY BOROUGH				WEST RIDING AND OTHER AUTHORITIES				GRAND TOTALS	
	Ordinary		Emergency		Ordinary		Emergency		1955	1956
	1955	1956	1955	1956	1955	1956	1955	1956		
Jan.	1851	1861	104	90	308	182	15	10	2278	2143
Feb.	1616	1899	95	106	219	182	15	21	1945	2208
March	1865	2058	77	96	264	204	12	21	2218	2379
April	1759	1660	110	81	273	172	16	13	2158	1926
May	1841	1808	98	114	236	181	27	19	2202	2122
June	2032	1756	96	76	266	163	27	16	2421	2011
July	1935	1957	61	95	187	141	23	14	2206	2207
August	1631	1742	129	81	169	137	26	12	1955	1972
Sept.	1837	1492	96	103	165	137	18	23	2116	1755
October	1872	1784	104	118	150	113	9	18	2135	2033
Nov.	1686	1653	65	105	186	93	9	15	1946	1866
Dec.	1687	1490	109	102	170	147	14	22	1980	1761
	21612	21160	1144	1167	2593	1852	211	204	25560	24383
				22756				2804		2056



## Details of Patients Conveyed.

The figure of 24,383 ordinary patients conveyed for 1956 is a decrease on the year 1955 of 1,177.

In the overall figure of patients conveyed however, there is an increase of 1,044 which is due in the main to 2,300 more mentally defective children having been conveyed than in the previous year.

It will also be noticed that compared with the year 1955 the number of patients conveyed on behalf of the West Riding County Council and other authorities has decreased by 748.

## To Hospitals etc. within the Borough.

Beckett Hospital	5326
St. Helens Hospital	1386
Beckett Annexe	110
Pindar Oaks	131
Kendray Hospital	47
New Street Clinic	119
Limes Hostel	108
Queens Road Clinic	2558
Schools	2
Lundwood Hospital	30
Mortuary	7
Swimming Baths	380
Church Street Clinic	6
Police Station	3

## To Hospitals etc. out of the Borough.

Penistone Annexe	245
Sheffield	1326
Leeds	67
Doncaster	47
Rotherham	25
Wath on Dearne	145
Wakefield	51
Kirkburton	60
Others	77

## To Home Addresses within the Borough from :

Beckett Hospital	5094
St. Helen's Hospital	488
Beckett Annexe	22
Pindar Oaks	3
Kendray Hospital	336
New Street Clinic	102
Queens Road Clinic	2397
Penistone Annexe	52
Limes Hostel	1

### To Home Addresses out of the Borough :

West Riding .....	1567
Others .....	40
House to House Removals (Borough) .....	53
Journeys made Patients not Conveyed .....	774
Journeys made by Ambulance at Kendray Hospital .....	1198
	<hr/>
	24383
Mentally Defective Children Conveyed .....	12986
Midwives Conveyed .....	329
	<hr/>
	37698
	<hr/>

The total number of journeys undertaken to convey 37,698 persons was 10,148, an average of 3.7 patients per journey, as compared with last years average of 3.3.

### 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 1,118 journeys and carried 12,986 passengers, which show an increase of 57 journeys and 2,292 passengers as compared with the previous year.

### Vehicles.

No new vehicles were received into the Service during the year under review.

All the ambulances in the Fleet are post war models.

The ambulance coaches have again proved their worth during the year, and for the special kind of work they perform they are a distinct asset.

The year was noticeable for the very small number of minor accidents and this fact, together with the speed with which any necessary repairs have been carried out, speaks well for the efficiency of the maintenance staff, and also stresses the importance of regular attention being given to routine maintenance.

At the 31st December 1956 the Fleet consisted of :—

- 7 Morris Ambulances.
- 1 Austin Ambulance (stationed at Kendray Hospital).
- 2 Morris 10-seater Coaches.
- 1 Morris 18-seater Coach.
- 1 Morris 6-seater Coach.
- 1 Sitting Car.



## Mileage.

During the year the Fleet covered 130,825 miles on ambulance duties, made up as follows :—

Ambulances	60,535
Ambulance Coaches	55,219
Sitting Cars	15,071

For comparison purposes the total mileage covered during previous years are given below.

1951	135,286
1952	144,796
1953	149,509
1954	148,407
1955	137,637

The reduction in Ambulance Cases is reflected in the mileage figures and with a consequent saving in petrol.

## Communications.

Ambulance calls from Doctors, Members of the Public and Authorised persons continue in the majority of cases to be received via the 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 grille 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 still continues to play an important part in the efficient running of the Ambulance Service, and the re-routing of ambulances has lead to an appreciable saving of time and mileage.

2 more Receiver/Transmitters have been purchased and fitted during the year, so that now all Ambulance vehicles (with the exception of one coach) are now fitted with radio.

### **Accommodation.**

The Ambulance Garage in Westgate still 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.

### **First Aid Training.**

As mentioned in the Fire Service report, 59 members of the Brigade are competent to render First Aid, and hold current certificates. Only men so qualified are used on ambulance duties, and quite a large proportion of the personnel have reached competition standard.

### **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.

329 requests were received and responded to during the year, which is a decrease of 71 on the figure for the previous year.

### **Mental Health.**

Arrangements still continue 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 disease 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.



Discussions have taken place at frequent intervals during the year in an endeavour to reduce the demands upon the Service and the reduction in both Ambulance Calls and mileages this year, is I am sure due in no small measure to the co-operation of the Doctors and Hospital Staff.

#### **Civil Defence—Ambulance Casualty & Collecting Section.**

The training of members of the Ambulance Section still continues and during the year 66 hours were devoted to classes in connection with a Casualty and Collecting Instructor's Course.

### **PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

#### **National Health Service Act, 1946, S.28.**

Development during 1956 in this field followed the pattern described in last year's report. Attention was directed towards co-ordinating the three domiciliary services belonging to the Health Authority, Health Visiting, Home Nursing and Domestic Help in such a way that all information regarding the needs of individual patients or potential patients is pooled as soon as any of the services become aware that such a need exists. Furthermore all workers in the service have now been briefed to be at all times on the look out for people who are in need of help whether this need is expressed or not.

To give practical effect to co-ordination a meeting is held each week between the Superintendent Health Visitor, the Superintendent Home Nurse and the Domestic Help Organiser, this meeting is presided over by the Medical Officer of Health. At it all aspects of those individuals and families in the town, who need help and care, and of whom the services represented are aware, are all examined and discussed. In each case it is first ascertained how far the available Health Authority resources are able to meet the need. In those cases where it has been ascertained that additional help is necessary arrangements are then put in train to obtain it from the appropriate source. In addition to this each service places its records at the disposal of the others and thus it is often possible to build up a most instructive picture of the more difficult cases.

These meetings have proved most successful in promoting co-ordination in care and after-care between the Health Authority's own services. They ensure weekly discussion and result in concrete decisions whether they be right or wrong being made and in action being taken. They would appear to demonstrate the possibilities of a Care and After-care Committee of a much wider kind working on similar principles in which the three branches of the National Health Service would meet to co-ordinate care and after-care under a chairman vested with statutory powers to ensure action. The



establishment of such a committee in each Health Authority's area offers an excellent opportunity for the Ministry of Health to introduce strong leadership into the National Health Service and to pave the way for the kind of co-operation and co-ordination without which the phrase "Care and After-Care" is empty and meaningless.

It was pointed out in last year's report that a very great deal of the work of care and after-care is described or reported upon in other sections of this report and that most of it is recorded in the figures included in the relative sections. At the same time it is felt, for purposes of reference, that a tabulated analysis of visits carried out in the course of social work for care and after-care purposes should be included in this report. For comparison the corresponding figures for 1954 and 1955 are also given.

	1956	1955	1954
Care of the Aged .....	1,003	1,368	153
Care of the Chronic Sick .....	372	328	—
Hospital After-care .....	632	853	249
Tuberculosis After-care .....	730	920	110
Venereal Disease .....	67	139	101
Miscellaneous .....	151	—	—

The decrease in numbers of visits in 1956 is accounted for by better co-ordination of the Health Authority's Domiciliary Services and by implementation of the policy of reducing the number of different officials entering the home. For example with a staff of Queen's Institute Trained District Nurses it is possible for a patient with simple National Insurance problems to discuss these with the district nurse. The nurse then if she cannot answer the problem herself passes it on to her Superintendent who if necessary consults the Superintendent Health Visitor. In a great many such cases the problem can be and is solved simply by action on the part of the District Nurse.

A similar but naturally more limited arrangement is worked through the Home Help Service. This leaves the at present very limited Health Visiting Staff free to visit and assist cases where they alone are the link between the Authority and the patient. Such an arrangement has much to recommend it but it must not be forgotten that it places a not inconsiderable burden on the Superintending Officers of the Domiciliary Services. To assist them to keep track of the various patients two registers are maintained, one for the aged and one for the chronic sick. The numbers on these registers at the end of 1956 were :—

Aged .....	1,265
Chronic Sick .....	250

The Superintendent Health Visitor's report on the various aspects of care and after-care may be summarised as follows :—



## **Care of the Aged.**

Case work in this wide field depends for its successful completion on co-operation with the Domiciliary Nursing and Home Help Services, as well as with the local officers of the National Assistance Board. The good team work which has now been established allows of a good deal being done to prevent the aged becoming isolated and infirm. It is not possible as yet to assess the effects of this work statistically.

A very great deal more might be done to improve the lot of the aged if the relatives of some of them were more ready to recognise their responsibilities towards them. In many cases the only need is that of a visit at the week-end or a call once a day. Unfortunately there are families whose rejection of their aged relatives is so complete that even this kindness is omitted.

It is of interest that further analysis of the social work visits would indicate a most unattractive aspect of the modern conception of filial duty. An appreciable number of these visits were made to relatives of the aged in an endeavour to arouse their interest and to obtain their help in improving the comfort and well being of an old person.

## **Chronic Sick.**

Here again a great deal has been achieved by co-ordination of Domiciliary Services. Co-operation with the Hospital Almoners has been effective in obtaining grants from the National Society for Cancer Relief and from the Barnsley Sick Poor Fund in individual cases not covered by statutory provision.

## **Hospital After-care.**

The good relationship which has been established by the Health Visiting Service with the Hospital Almoner and Nursing Staffs has been effective in ensuring that many cases have received much needed social assistance on discharge from Hospital.

## **After-care of the Tuberculous.**

Social work amongst those returning home after hospital treatment for tuberculosis is greatly facilitated by the ready co-operation received from Wath Wood Hospital and the Barnsley Chest Clinic. The National Assistance Board through its local officers has been most helpful in quickly dealing with cases of distress in the families of tuberculous patients when these have been brought to their notice. This is a most important factor in promoting the efficient treatment of tuberculosis. The worried patient is quite unable to settle down for the lengthy treatment necessary in this disease.



## **Venereal Disease.**

Follow-up of cases is carried out for the Special Treatment Centre. This is difficult work and the results are not always entirely satisfactory. However, during the year an appreciable number of defaulting patients were persuaded to return to the clinic to complete their course of treatment.

## **Other Cases.**

Included under this heading are many social problems only remotely related to health which are referred by various agencies to the Health Department. A proportion of these come from the Police who are most helpful and co-operative. Also covered by this heading are the investigations carried out when child neglect is suspected and the visits paid to suspected "problem" families.

## **Prevention of Illness—Tuberculosis.**

The epidemiology of tuberculosis has already been examined in the appropriate section of this report. Almost all the measures aimed at increasing the resistance of the community to infection of all kinds are effective as preventive measures against tuberculosis. These measures have been enumerated in previous reports of this series and repetition of such enumerations would appear to be unnecessary here.

The existing arrangements specifically directed against tuberculosis continued in force throughout the year. The Consultant Chest Physician in Charge of the Barnsley Clinic continued to carry out the follow-up of cases and the examination of contacts on behalf of the Health Authority.

The Mass X-ray Unit belonging to the Sheffield Regional Hospital Board visited the Borough from 25th September to 31st October, 1956. To make attendances at Public sessions more convenient it was arranged that in addition to holding these at the Town Hall, Public Sessions should also be arranged at the Clinic in Hunningley Lane to serve the Kendray and Ardsley areas and at School premises at Athersley to serve the surrounding Housing Estates. The total attendances showed a slight increase over the previous year, 5,407 as compared with 4,446 in 1955. The Director of the Unit regarded the attendances at Ardsley and Athersley as disappointing but considered that it had been worthwhile opening at these two centres on account of the high incidence of pulmonary disease in the examinees attending them.



The results of the Survey may be summarised as follows :—

(a) Analysis of examinations carried out :—

Miniature films :	Male	Female	Total
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**Stairfoot Clinic :**

Public Sessions .....	94	116	210
School Children .....	121	96	217
Booked Groups .....	4	13	17
<b>Total .....</b>	<b>219</b>	<b>225</b>	<b>444</b>

**Athersley Junior Boys' School :**

Public Sessions .....	68	96	164
School Children .....	54	51	105
Booked Groups .....	2	14	16
<b>Total .....</b>	<b>124</b>	<b>161</b>	<b>285</b>

**Barnsley Town Hall :**

Public Sessions .....	1,113	1,210	2,323
School Children .....	435	405	840
Booked Groups .....	482	648	1,130
<b>Total .....</b>	<b>2,030</b>	<b>2,263</b>	<b>4,293</b>

**Total Attendances for Miniature**

Films .....	2,373	2,649	5,022
Large Film Recalls .....	187	134	321
Clinical Interview with Medical Director .....	42	22	64
<b>Total Attendances at the Unit .....</b>	<b>2,602</b>	<b>2,805</b>	<b>5,407</b>

(b) Analysis of References made at Surveys :—

	Male	Female	Total
Chest Clinic .....	28	16	44
Patients Own Doctor .....	90	31	121
General Hospital for further investigation .....	—	1	1
Re-check in 3—6 months time	1	1	2
<b>Total .....</b>	<b>119</b>	<b>49</b>	<b>168</b>

(c) Analysis of cases referred to Barnsley Chest Clinic :—  
Provisional Diagnosis

	Male	Female	Total
Active Tuberculosis .....	5	8	13
Inactive Tuberculosis .....	5	6	11
Pneumoconiosis .....	13	—	13
Other Conditions .....	5	2	7
Total .....	28	16	44

The above figures include two known cases — 1 male — 1 female.

(d) Analysis of other abnormalities detected during the Survey :  
Provisional Diagnosis.

	Male	Female	Total
Old Inactive Tuberculosis .....	8	11	19
Bronchitis and Emphysema .....	23	9	32
Pneumoconiosis .....	47	—	47
Heart Disease .....	8	6	14
Pleural Thickening .....	1	1	2
Recent inflammatory condition .....	1	2	3
Benign Tumour .....	1	—	1
Bronchiectasis .....	1	4	5
Abnormalities of the Ribs .....	3	—	3
Total .....	93	33	126

The arrangement whereby all expectant mothers attending the Health Authority's clinics were offered Radiological examination of the Chest was continued during 1956.

All the examinations were carried out at St. Helen Hospital, Barnsley.

The figures for these examinations are as follows :—

Miniature Films :

Number of patients referred for a miniature X-ray .....	437
Number of patients actually attending .....	330
Number of patients not attending .....	107 or 24.5%

Large Films :

These are requested where the patient presents herself for examination after the 6th month of pregnancy or where any abnormality of the heart or lungs is suspected.

Number of patients referred for a large X-ray film .....	6
Number of patients actually attending .....	3
Number of patients not attending .....	3 or 50%



## Vaccination against Tuberculosis — B.C.G.

During the year arrangements were made to provide B.C.G. vaccination in the schools for the children of parents falling in the appropriate age group who desired this. A scheme was worked out by the Chest Physician whereby it would be possible to apply close X-ray control to the children applying for vaccination, and the services of one Assistant Medical Officer were made available for this work when required. In addition to this all the Assistant Medical Officers were sent to the Manchester Children's Hospital for a course of instruction on the technique to be employed in the vaccination. Towards the end of the year a start was made by skin testing in the schools, actual vaccination itself not being commenced until early in 1957.

In addition to this vaccination of tuberculosis contacts, student nurses and others at special risk was continued as in the past. The figures of the two schemes for the year were as follows :—

### A. Contact Scheme (Ministry of Health Circular 72/49)

Number skin tested	.....	174
Number found negative	.....	151
Number vaccinated	.....	132

### B. School Children Scheme (Ministry of Health Circular 22/53)

(1) Number skin tested	.....	158
Number found negative	.....	129
Number vaccinated	.....	Nil
(2) If re-examinations are made at end of year :		
Number skin tested	.....	Nil
Number found negative	.....	Nil
Number re-vaccinated	.....	Nil

## Health Education.

The policy of disseminating information on Health by personal contact made by members of the Health Department Staff with groups of varying size and even with individuals was continued throughout the year. Reference has been made in previous reports to the view that in the long run Health Education like any other form of true education depends on the acquisition by those undergoing the process of education of a factual knowledge and its intelligent application. It may be possible to sell to the community certain aspects of a Health Service by commercial advertising methods. However, a Health Service is not a patent medicine and it would be a thousand pities if its development and relationship



with the public were to depend on showmanship and slogans. It may be very attractive to listen to experts on public relations outlining methods for inducing the lazy minded element of the community to do the things the Health Service desires. However, on reflection the Health Service would be better served by experts who could induce this element to expend a little effort on constructive thought. It might then be possible for them to apply for themselves some of the simple factual information about health which is now universally available. On this being achieved such experts might then be entrusted with further material with some degree of confidence that it would be put to an effective use.

It is felt then that whilst the personal contact method of Health Education is not as spectacular as one based on high pressure advertising methods its effects are much more likely to be lasting. Furthermore it is possible for those responsible for it from day to day to follow up the effects of their teaching first hand. This has proved to be most useful in that it stimulates and maintains the interest of the staff in this aspect of their work. In other words it helps to educate the educator.

As in previous years the small groups such as the Mothers Circle at Carlton and at Ardsley have been encouraged to interest themselves in their own health and that of their children. In addition to this no request to the Health Department to provide lecturers on health subjects is ever refused. The Health Visiting Staff undertakes the teaching of mothercraft to senior girls in certain of the schools and practical demonstrations are arranged for them at New Street Clinic.

Instruction is given to the students at Wentworth Castle Training College. The opportunity of doing this is particularly appreciated as it is felt that the proper place for Health Education is in school along with other education. Furthermore the proper person to give Health Education is the teacher who teaches the other aspects of knowledge and behaviour.

The Health Authority's subscription to the Central Council for Health Education was again continued and considerable use has been made of the facilities provided by this body.

### **DOMESTIC HELP SERVICE.**

#### **National Health Service Act, 1946, S.29.**

The Domestic Help Service underwent few changes during 1956. The expansion of the Service and the administrative problems related to the scale of charges mentioned in last year's report appeared to have become to a certain extent stabilized. This has allowed of investigation as to how far the individual Home Help can assist in the working of a co-ordinated medico-social service. This investigation has proved to be most encouraging and it would seem that the service can provide a very important link between the Health Department and those in need of its services.



The arrangements for co-ordination between the Nursing Services and the Domestic Help Service have already been described. These arrangements have proved to be of very great value in ascertaining the existence of individuals in need. Indeed it is surprising how much reliable information of a social nature is obtained through the Service. That this experiment has proved so successful is due to the great interest taken in social case work by the Organiser and her Assistants as well as the keenness of the Home Helps themselves to do everything possible in the interests of their patients allocated to them.

### **Report of the Domestic Help Organiser.**

During 1956 the demand for Home Help steadily increased and once again the services of the Home Helps have been taxed to the utmost. The sickness rate has been heavy and has proved an obstacle in maintaining a regular and efficient Service. At one period during 1956 15% of the normal working staff were off duty due to personal illness. This situation probably arises as a result of the type of work undertaken by these women.

As far as is possible Home Helps are given work within easy reach of their homes, but very often have to serve in a number of different households during one week. In these days of national economy this difficulty is unavoidable if the maximum number of patients are to receive some help. This practice has been much intensified during the current year. At the beginning of 1956, 93 Home Helps were employed by the Local Authority. These 93 women covered 314 cases. At the end of 1956, 96 Home Helps were employed. These 96 covered 368 cases, i.e. staff increase of 3, case load of 54.

All new applications for help are visited by the Organiser, the need, financial circumstances, and details of near relatives etc., are discussed and the charge, if any, assessed on the spot. Approximately 90% of the cases dealt with receive a free service, and the other 10% either pay the full cost of 3/5d. per hour or the scale charge.

The duties of the Home Help are purely domestic e.g. cooking, cleaning, washing, shopping and caring for the children. In all, she must make every effort to give the kindness and attention which a near relative would give. Under no circumstances may she undertake any nursing duties. Some of these women become more and more necessary to their patients especially the aged and chronic sick. They become in fact a sort of "adopted daughter", so much so that at times the organiser and staff find these attachments administratively embarrassing.

So far no formal training is given to the Health Authority's staff of Home Helps. However, during 1956 the Organiser held regular meetings of all Home Helps when some of the administrative problems were successfully eliminated. "Problem" cases



were discussed and everybody seemed keen to talk about the snags they ran up against. Talks have been given by the Medical Officer of Health and Superintendent Health Visitor. These were enjoyed very much by the women and further lectures have been arranged with the Superintendent Nurse and Midwife. Cooking and washing demonstrations were also arranged.

1956 saw the Home Help Service becoming more and more flexible. One of the biggest problems has again been the number of extremely dirty and neglected homes to which requests for help have been made by the general practitioners, Health Visitors, Home Nurses, National Assistance Board or perhaps a neighbour. This type of case is always a major worry to the organising staff. These homes are invariably devoid of cleaning utensils and materials. However, a stock of these things is now carried so that at least the Home Helps are equipped with the tools to tackle the job. Unfortunately an immediate antidote for bad smells has not yet been discovered.

A home Help is never "directed" to a dirty case such as those mentioned above. The male help has proved invaluable on this type of case. He along with two or three female helps will spend 2 or 3 full days and really "blitz" the place. At this juncture tribute should be paid to those members of the Service who volunteer to tackle this type of house and make a first rate job of it.

Home help has been provided in a number of cases for old people who have been in hospital for some considerable time and are ready to return home. The bed and linen have been aired and fires put in the house for a few days prior to their discharge.

A small number of tuberculosis cases has also received help. These duties are on a voluntary basis and Home Helps are instructed on general care and hygiene when employed on these special cases. All Home Helps have chest X-rays yearly but in the case of a Home Help attending a tuberculous patient more frequent chest X-rays are available.

In certain emergency cases, evening and Sunday services have been provided, usually where the patient is very ill and relatives are not available. It is frequently of much concern to the Health Authority's Officers to record the number of near relatives, often sons and daughters, who will not make any effort to care for their aged people, even over a week-end.

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

The following figures give some indication as to the demand for Home Help during the current year.



Number of applications investigated January - December 1956 (including eight brought forward from 1955) .....	274
Number of cases where help was provided from 1st January (this includes 314 cases carried forward from 1955) .....	491
Number of cases in which help was not provided .....	89
Waiting list .....	8

The statistics shown below give some idea of the expansion of the Service over the past few years :

	1950	1951	1952	1953	1954	1955	1956
Aged and Infirm .....	124	199	229	298	382	423	451
Maternity .....	14	10	9	11	10	10	11
Illness .....	37	32	27	35	24	42	26
Tuberculosis .....	1	—	—	2	—	—	3
	176	241	265	346	416	475	491
Domestic Helps employed	50	64	74	79	91	93	96

#### Cost of Service :

Financial year ended :	Gross Cost.			Income (Fees)		
	£	s.	d.	£	s.	d.
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
31st March, 1956 .....	20,689	12	11	866	12	10
31st March, 1957 .....	22,478	6	11	1,010	2	10

Number of visits made by Organiser and Assistants (these include routine visits) during 1956 = 11,786.

### MENTAL HEALTH SERVICE.

#### National Health Service Act, 1946. S.51.

The Health Authority has made little change in the arrangements for dealing with the Mentally Ill and Mentally Defective during the year. So far the arrangements have worked well. Most of the problems which have been encountered have risen from the shortage of institutional accommodation — a factor beyond the control of the Authority. Attention has been drawn in previous reports of this series to the very great difficulty which arises from the inadequacy of accommodation for low grade mental defectives. This difficulty remained unabated throughout the year and as in the past its effect in the confidence of the community in the Mental Health Service as a whole has been most undesirable. It should be borne in mind that few members of the community appreciate the niceties of a statutory position which makes institutional pro-



vision the responsibility of the Regional Hospital Board and domiciliary care the province of the Local Health Authority. Even fewer individuals appreciate the differentiation between mental defect and mental illness, so when the workers of the Local Authority are shown to be powerless to help to relieve a family of the burden of a low grade mental defective it gets around that "the Mental Health Service is not much use." Perhaps, after all there is some truth in this as few other situations can have a worse effect on the mental health of a family than the strain of caring for an idiot in unsuitable surroundings.

The problem of mental confusion in the aged continues to reappear from time to time. In other parts of this report mention has been made of the domiciliary care of the aged, and the Authority's Services take a great pride in this work. However, there is one aspect of old age which seems to demand a high priority for institutional care and that is when mental confusion supervenes. For such cases Mental Hospital accommodation is not required but rather some form of geriatric block where proper and adequate attention can be given without the formality of certification.

As to preventive measures in mental health, the Sheffield Regional Hospital Board, after advertising on a number of occasions succeeded in obtaining the services of a Consultant Child Psychiatrist in the Barnsley Area. It will be recalled that in many annual reports of this series mention has been made both in this section and in the portion devoted to School Health of the pressing need for such an appointment. From the point of view of preventive mental health work there is no more important unit than a Child Guidance Clinic in which diagnosis and treatment of children presenting themselves with "Maladjustment" and behaviour problems is directed by a Psychiatrist. It is often overlooked by laymen when discussing child psychiatry that "Maladjustment" is simply an outward sign of mental ill health of the family as a unit and frequently results from serious mental illness often in a concealed form in one or other of the parents. Therefore it would appear that a Child Psychiatric Clinic or Child Guidance Clinic should be regarded as an integral part of the Mental Health Service which must by its very nature deal with the family as a unit.

Reference has also been made in previous reports to the fact that in Barnsley Child Guidance has been regarded as a purely Educational Service with an Educational Psychologist at its head. In the absence of a Psychiatrist this arrangement, apart from placing a severe limitation on the usefulness of the service, was of little significance from the point of view of those clinically responsible for the mental health of the County Borough. However, soon after the appointment of the Consultant Child Psychiatrist it became obvious that certain difficulties were going to be experienced in dealing with maladjusted children by reason of the differences between the Educational and Psychiatric approaches. These diffi-



culties in co-ordination between the Education Authority's Services and the Specialist Services provided by the Regional Hospital Board continued until the end of the year and later became so acute that it is understood that the Regional Hospital Board may give consideration to the withdrawal of their Consultant Child Psychiatrist. It is not too much to say that, should the Regional Hospital Board take such a step, it would have the effect of arresting the development of an effective preventive Mental Health Service in Barnsley. To gain a full understanding of what this means it must be borne in mind that the more serious effects of this might not be immediately noticeable. There is, however, a considerable body of opinion to support the view that certain cases of mental illness of a degree calling for admission to hospital which may occur in the future, would have been preventable had the services of a Child Psychiatrist been available during the patient's formative years. In view of the possible implications of this again in terms of human happiness and well-being it would appear that every effort should be made to retain the services of the Regional Hospital Board's Child Psychiatrist.

#### **(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 1956. The Supervisor is in possession of the Diploma qualification of the National Association for Mental Health. There are in addition five untrained Assistants. 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.

A Consultant Child Psychiatrist employed by the Regional Hospital Board attends at the Medical Services Clinic for three sessions weekly.

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 Duly Authorised Officers.

- (d) No duties are delegated to Voluntary Associations.
- (e) The three Duly Authorised Officers have all within the last ten years received a course of training in Mental Health — two at 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 72. In addition to the work involved in arranging admission to mental hospitals the Duly Authorised Officers made 165 visits to reported cases which were not removed to a mental hospital. They also made 296 visits to patients who had been discharged from mental hospital.



(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. until 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  $\frac{1}{2}$ -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.

No. of defectives on register :

		MALES		FEMALES		TOTAL	
		Under	Over	Under	Over	Under	Over
		16	16	16	16	16	16
Barnsley	.....	10	14	10	15	20	29
W.R.C.C.	.....	9	3	9	4	18	7

## Attendance.

### Average full-time attendance of children :—

Boys under 16 years of age .....	15.49
Boys over 16 years of age .....	6.56
Girls under 16 years of age .....	14.8
Girls over 16 years of age .....	5.82

### Average part-time attendance :—

Boys over 16 years of age .....	7.03
Girls over 16 years of age .....	8.43

## Dinners :

No. of defectives receiving and paying for dinners .....	47
No. of defectives receiving free dinners .....	8

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Total number having dinners .....	55
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No. of dinners provided for children—paid .....	8,869
No. of dinners provided for children—free .....	992
No. of dinners provided for staff—paid .....	106
No. of dinners provided for staff—free .....	456

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10,423

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No. of $\frac{1}{3}$ -pint bottles of milk delivered for children .....	8,196
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The number of children and adults attending the Occupation Centre was slightly higher during 1956 than during 1955.

The Centre was re-organised in January to bring the extra classroom into use, and a fourth group was formed. Children were moved from the overcrowded groups already in existence and four new children were admitted. The Centre is once again full to capacity and there is a waiting list for admission.

Students from the Diploma Course for Teachers of the Mentally Handicapped, arranged by the National Association for Mental Health, continued to attend the Centre during 1956 for periods of practical training.

The Supervisor attended a Refresher Course arranged by the National Association for Mental Health in July. The Course was held at The King's College Hostel, London, and was of one week's duration. Many useful ideas and much helpful information were presented on this short course. Much of the knowledge gained has already been put into use in the Centre.

Details of the Centre curriculum have been included in previous reports. No basic changes have been made. Definite progress in most subjects was noted throughout the year.



The adult defectives (male and female) continued to attend the Centre for part-time training during 1956. The handicrafts they are taught include rugmaking, stool-seating, basketry, lamp-shade making, crinothene craft, weaving, knitting, embroidery and simple dressmaking. £48. 17. 3d. was realised from the sale of handicraft products. The female adults are also given Domestic Training and taught Country and Ballroom Dancing. The male adults are given gardening lessons.

Social activities have their special place in Centre life. Two outings to Cleethorpes were organised in June, in which 65 children and adults took part. A Harvest Festival Thanksgiving Service was held in October, to which parents were invited. Gifts of fruit and vegetables were given to the Corporation's Homes for Old People. Two Open Days were held in December, which were very well attended. Finished handiwork was displayed and demonstrations of the various activities taught in the Centre were given by the children. In addition, three musical plays were performed. Christmas parties were held in December.

The children at the Centre are medically examined at frequent intervals by an Assistant Medical Officer of Health. Records similar to the ones used in schools are kept.

The Centre was inspected in September by a Board of Control Inspector who suggested that the Centre be placed on the Board's list as one suitable for visitation by anyone interested in the training of the young defective.

#### **Position regarding Patients in Mental Hospitals.**

Number of patients in Mental Hospitals on January 1st, 1956.

	Males	Females
Storthes Hall Hospital .....	96	79
Stanley Royd Hospital .....	8	6
Middlewood Hospital .....	1	—
Menston Hospital .....	2	1
	<hr/> 107	<hr/> 86

Admissions during the 12 months ended December 31st, 1956.

	Males	Females
Storthes Hall Hospital .....	38	42
Stanley Royd Hospital .....	1	—
Middlewood Hospital .....	1	—
Menston Hospital .....	—	—
	<hr/> 40	<hr/> 42

Discharges during the 12 months ended December 31st, 1956.

	Males	Females
Storthes Hall Hospital	29	33
Stanley Royd Hospital	2	—
Middlewood Hospital	2	—
Menston Hospital	—	—
	<hr/> 33	<hr/> 33

Deaths during the 12 months ended December 31st, 1956.

	Males	Females
Storthes Hall Hospital	6	7
Stanley Royd Hospital	—	—
Middlewood Hospital	—	—
Menston Hospital	—	—
	<hr/> 6	<hr/> 7

Number of patients in Mental Hospitals on January 1st, 1957.

	Males	Females
Storthes Hall Hospital	99	81
Stanley Royd Hospital	7	6
Menston Hospital	2	1
	<hr/> 108	<hr/> 88

Number of visits made to cases reported but not  
removed to a Mental Hospital ..... 165

Number of visits made to patients discharged from  
Mental Hospitals ..... 296



# **Analysis of Cases Investigated and dealt with by Duly Authorised Officers during 1956.**

	Males	Females	Total	Death prior to further action		Discharge prior to further action		Certification under Section 16		Other disposals		
				M	F	M	F	M	F	M	F	Section 5 Temporary
(a) Lunacy Act, 1890.												
Order of Duly Authorised Officer												
Section 20 (3 day order) —	2	—	2	—	—	—	—	2	—	—	—	—
Order of the Justice of the Peace												
Section 21 (14 day order) —	—	—	—	—	—	—	—	—	—	—	—	—
Summary Reception Order												
Section 16 (Direct to a Mental Hospital) —	17	13	30	—	—	—	—	17	13	—	—	—
Total. Lunacy Act —	19	13	32	—	—	—	—	19	13	—	—	—
(b) Mental Treatment Act, 1930												
Section 1 (Voluntary patients) —	21	29	50	—	—	—	—	—	—	21	29	—
Section 5 (Temporary patients) —	—	—	—	—	—	—	—	—	—	—	—	—
Total. Mental Treatment Act —	21	29	50	—	—	—	—	—	—	21	29	—
Grand Total												
Lunacy and Mental Treatment Act	40	42	82	—	—	—	—	19	13	21	29	—

2 male patients and 1 female patient who are over 70 years of age were certified under Section 16 of the Lunacy Act, 1890 and admitted to a mental hospital during this period.

# Mental Deficiency Acts, 1913 to 1938.

		Under age 16		Aged 16 and over	
		M.	F.	M.	F.
1. Particulars of cases reported during 1956 :—					
(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 .....					
		1	6	—	—
(2) On leaving special schools .....					
		—	—	2	—
(3) On leaving ordinary schools .....					
		—	—	—	—
(ii) Police or by Courts .....					
		1	—	—	—
(iii) Other sources .....					
		—	—	—	—
(b) Cases reported who were found to be defective but were not regarded as "subject to be dealt with" on any ground .....					
		—	2	2	2
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b) .....					
		—	—	—	—
(d) Cases reported in which action was incomplete at 31st December, 1956, and thus excluded from (a) or (b) .....					
		—	—	—	—
Total number of cases reported during the year		2	8	4	2
2. Disposal of cases reported during the year :—					
(a) Of the cases ascertained to be defectives "subject to be dealt with":					
(i) Placed under Statutory Supervision					
		1	6	2	—
(ii) Placed under Guardianship .....					
		—	—	—	—
(iii) Taken to 'Places of Safety' .....					
		—	—	—	—
(iv) Admitted to hospitals .....					
		1	—	—	—
(b) Of the cases not ascertained to be defectives "subject to be dealt with":					
(i) Placed under Voluntary Supervision					
		—	2	2	2
(ii) Action unnecessary .....					
		—	—	—	—
(c) Cases reported who removed from the area or died before disposal was arranged .....					
		—	—	—	—
Total of Item 2		2	8	4	2



		Under age 16 M. F.		Aged 16 and over M. F.	
3.	Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1956 and admitted to :				
(a)	National Health Service Hospitals .....	3	—	2	—
(b)	Elsewhere .....	—	—	—	—
	Total of Item 3 .....	3	—	2	—
4.	Total cases on Authority's Register as at 31st December, 1956 :				
(i)	Placed under Statutory Supervision .....	18	14	53	42
(ii)	Placed under Guardianship .....	—	—	—	—
(iii)	Taken to 'Places of Safety' .....	—	—	—	—
(iv)	Admitted to Hospitals .....	4	—	37	39
(v)	Under Voluntary Supervision .....	19	14	17	21
	Total of Item 4 .....	41	28	107	102
5.	Number of defectives under Guardianship on 31st December, 1956, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (included in Item 4(ii) .....	—	—	—	—
6.	Classification of defectives in the Community on 31st December, 1956 (according to need at that date)				
(a)	Cases included in Item 4(i) — (iii) in need of hospital care and reported accordingly to the hospital authority :				
(1)	In urgent need of hospital care :				
(i)	'cot and chair' cases .....	2	—	—	1
(ii)	ambulant low grade cases .....	2	—	1	—
(iii)	medium grade cases .....	1	1	2	1
(iv)	high grade cases .....	—	—	—	—
	Total of urgent cases .....	5	1	3	2
(2)	Not in urgent need of hospital care :				
(i)	'cot and chair' cases .....	—	—	—	—
(ii)	ambulant low grade cases .....	—	1	1	1
(iii)	medium grade cases .....	—	1	—	1
(iv)	high grade cases .....	—	—	—	1
	Total non-urgent cases .....	—	2	1	3
	TOTAL of urgent and non-urgent cases .....	5	3	4	5

		Under age 16		Aged 16 and over	
		M.	F.	M.	F.
(b) Of the cases included in items 4(i), (ii) and (v), number considered suitable for :					
(i)	occupation centre .....	11	12	17	19
(ii)	industrial centre .....	—	—	23	19
(iii)	home training .....	2	—	1	—
Total of 6(b) .....		13	12	41	38

(c) Of the cases included in 6(b), number receiving training on 31st December, 1956 :					
(i)	In occupation centre (including voluntary centres) .....	10	11	14	15
(ii)	In industrial centre .....	—	—	—	—
(iii)	From a home teacher in groups .....	—	—	—	—
(iv)	From a home teacher at home (not in groups) .....	—	—	—	—
Total of 6(c) .....		10	11	14	15

### CARE OF THE AGED.

**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 Health Authority devolves the care of the aged sick in their own homes through the domiciliary Health Services.

The domiciliary care of the sick aged is arranged through the various services already described, Health Visiting, Domestic Help and Home Nursing. The co-ordination between these services was primarily developed to ensure care of the aged person living alone (or the aged married couple) whose health is beginning to fail. Every effort is made by the Health Visiting Service to make contact with the aged, whether this contact be made through relatives or by direct approach. A register of these contacts is maintained and when it appears that on account of failing health or for any other reason assistance of any kind is required, steps are taken to provide it. Considerable tact is often necessary in such circumstances in addition to patience and understanding of the aged persons' outlook.



As a result of these arrangements acute social emergencies involving old people are now less frequent. It is possible for declining health to be observed and for some help in the home to be provided as well as nursing care when this is necessary. Above all, however, it is possible to contact relatives and to direct their attention to the old person before the emergency arises. Mention has been made in previous reports and in other sections of this report of the part family interest can play in the care of the aged. It is fully appreciated that a system of social insurance such as the National Health Service can provide a very great deal of material help which every individual can claim as of right and which in its way relieves the individual of financial responsibility for his relations. It does not, and cannot, however, provide that kindness and thoughtfulness and feeling of being wanted that can only exist between relatives. Observation of this problem over the years seems to indicate that many of the problems of dealing with the difficult senile patient have their origin in a sense of rejection and impatience transmitted to the old person from the younger members of the family. A very great deal has been written about the psychological effect on the child mind of the parents' attitude towards the child of the need for love and of the results of this as measured in terms of juvenile delinquency. Perhaps it might not be out of place to consider similar factors in relation to the psychology of the "difficult old person". At any rate it would appear to be an interesting side light on the modern system of social insurance that one of the principal tasks of the Health Service in relation to the aged is to stimulate a filial sense of duty.

Detailed figures relating to work done for the aged are given in the sections of this report devoted to Health Visiting, Home Nursing, Care and After Care and Domestic Help.

## **REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION.**

**National Assistance Act, 1948, S.47.**

**National Assistance (Amendment) Act, 1951.**

In this series of reports reference has been made each year to the difficulties which arise from the shortage of suitable hospital accommodation in securing institutional care for aged or chronically sick persons who need attention. In the past it has been necessary to resort to legal action under S.47 of the National Assistance Act, 1948, to secure the admission to hospital of a sick patient. This action was taken not because the patient refused to go to hospital but because the hospital did not appear to be able to provide accommodation in accordance with its statutory obligations. The position of the Health Authority is particularly difficult in such cases. There are statutory obligations both to provide care for the patient and



to take legal steps to secure removal to an institution when the patient cannot receive proper care at home. There is, however, no power to require the patient's relatives to take any share in the provision of care. The circumstances can, therefore, arise where relatives may demand that a helpless relative be admitted to an institution, and failing such admission refuse to do anything more for the patient whatsoever. The Local Authority in such cases has little alternative but to take such action as statute prescribes. It is appreciated that this may well increase the difficulties of the hospitals, and the Local Health Authority has no wish to do this. Nevertheless its officers cannot be expected to stand by and to allow a human being to pass his or her last hours in conditions which, were an animal subjected to them, a prosecution for cruelty and unnecessary suffering would result. The practice of writing to the Secretary of the Management Committee before taking action under S.47 of the National Assistance Amendment Act, 1948, and giving him the facts of the case was continued during the year.

It was found necessary to do this in 3 cases. In 1955 such action was taken in 7 cases. The reduction in the number of cases calling for this kind of action is due almost entirely to the development of the Health Authority's Domiciliary Services, and not to any increase in the availability of hospital accommodation. In the first place the vigilance of the Health Visitors allows of action being taken to interest relatives and to stimulate filial duty before the old person reaches a condition where institutional care alone is the answer. Then the development of the Home Nursing Service, particularly in regard to loans of clean bed linen and suitable clothing allows of the care of the incontinent patient at home where this was impracticable previously. Thus by making full use of the Home Nursing and Home Help Services it is possible to provide care at home for the aged person who is in the terminal stages of an illness and it is no longer necessary to remove these patients to hospital for their remaining days of life. There is, however, one type of case of old person needing care and attention where action under this legislation is still necessary. This is the old person suffering from an illness or condition which by its nature would readily respond to a short course of the treatment and intensive nursing only obtainable in hospital. Such patients should soon return home again better able to get about and in a condition to benefit from domiciliary care. Very often old people in this category are seen by their general practitioner and are put on the waiting list as urgently needing a geriatric bed. All too often such patients remain on that waiting list for a considerable number of weeks. During this period, although afforded all the domiciliary treatment possible, their condition steadily deteriorates and they either die at home or shortly after admission to hospital. Apart from the moral and humanitarian issues involved this is extremely disheartening to the members of the Home Nursing Service who are exerting themselves to the full but by the nature of things cannot have the appropriate facilities to give active treatment to these patients at home. There is, it would seem, a real need for steps



to be taken to provide accommodation for such cases as these. Not only is the provision of beds necessary but also an administrative machinery less cumbrous than S.47 of the Act to ensure that those responsible for caring for the aged at home have an effective voice in the allocation of this accommodation.

## **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 1956. The co-operation between interested bodies and Corporation Departments remained satisfactory throughout the year.

Meetings of representatives of interested bodies and Departments took place at intervals throughout the year. At these meetings a free exchange of information takes place and full consideration is given to the difficulties underlying each case. This combined with the Register of Cases reported to the Co-ordinating Officer has proved to be of considerable value in dealing with "problem families" and in preventing neglect. The opportunity is taken to record here appreciation of the work done and assistance received from the Local Inspector of the N.S.P.C.C. Mr. W. A. Rawlings.

## **MEDICAL EXAMINATIONS.**

As in previous years Medical Examinations for various purposes were carried out by the Corporation's Medical Officers (323 compared with 334 in 1955). The detail of the purposes of the examinations is as follows :—

Child Delinquents .....	75
Boarded-out Children (prior to boarding out — 6) .....	45
Candidates for Training Colleges .....	26
Superannuation, Fitness for Employment etc. ....	105
Police Force Recruits .....	31
Fire Service Recruits etc. ....	12
Retirements .....	23
Miscellaneous .....	6
Total .....	323



## PART IV.

### THE HANDICAPPED.

"When I consider how my light is spent  
Ere half my days, in this dark world and wide,  
And that one talent which is death to hide,  
Lodged with me useless . . . . ."

"Sonnet on his Blindness"

John Milton 1608 - 1674.

Planning and development of the Corporation's Services for the Handicapped claimed much time and attention from both the members and officers of the Health Committee during 1956. Solid progress was achieved though not perhaps as rapidly as might have been desired. In previous reports mention has been made of the Corporation's intention to provide leadership and material assistance whereby the Handicapped may be more closely assimilated than at present into the wider community instead of becoming isolated in small groups held together by the bonds of common misfortune. In the past for a number of reasons the tendency has been for the welfare of the handicapped to be promoted by the formation of such groups. Experience of work amongst them has suggested that these groups by their very nature place emphasis on the things their members cannot do rather than on those they can do. This tends to encourage preoccupation with the disability. From this may be, and all too frequently is, developed an emotional disorientation of a most undesirable kind. Although the extreme manifestations of emotional disorientation, such as those attributed to Richard III by Shakespeare, are uncommon, minor degrees are encountered more frequently amongst the handicapped than is generally appreciated. In addition to this all too often the disorientated handicapped person in a household upsets the emotional balance and sense of proportion of the whole family. It would seem, therefore, that there is a sound basis for the Corporation's desire to help the handicapped as a body to overcome their disabilities from the point of view of encouraging them to do the things they can rather than to ponder on the things they cannot do.

It was, therefore, considered important to contact and assess the needs of as many as possible of the existing groups of the handicapped, and a considerable amount of effort has been expended toward this end during the year. The Blind are well catered for and it is felt that their needs are fairly clearly understood. The Deaf on the other hand were in need of an interpreter and welfare officer who could "Talk" with them. This the Corporation attempted to provide but was not successful in doing so until the end of the year. The premises available to the Deaf for meetings, recreation and religious services (St. Augustine's Hall, Kingstone) had been provided in the past by the Barnsley and



District Mission for the Deaf. Discussions with the Mission took place during the year and it was agreed that in addition to providing the Interpreter the Corporation would also assume responsibility for the premises. Negotiations with the representatives of the Trustees for St. Augustine's Hall were therefore commenced towards the end of the year. It is hoped that it will now be possible in the very near future to attain an understanding of the needs of the deaf similar to that which the Authority already has in respect of the Blind.

A start was also made towards establishing contact with the various groups comprising the physically handicapped. To this end a Craft Instructress was appointed and on the making of this appointment the need for adequate premises became more and more pressing. As a temporary measure a room at the District Nursing Centre was provided to serve as a centre both for handicraft classes and for social gatherings.

It will be seen that from the detailed reports on the work done for each of the categories that the Corporation has expended considerable effort to get the comprehensive scheme under way. For each of the categories, however, there is urgent need for accommodation in up-to-date modern premises and until this is available the staff which has been got together with such difficulty will meet ever recurring frustration and will ultimately disintegrate.

All the Services for the handicapped in Barnsley must therefore be regarded as incomplete and inadequate until a proper centre with sheltered workshops and specially designed facilities for social gatherings is available. It is, therefore, most unfortunate that the negotiations with the Ministry of Health to secure approval for the expenditure involved in the proposed building of such a Centre have been so protracted. The detailed reports of the work done in implementation of the Corporation's schemes for the Blind, the Deaf and the Physically Handicapped now remain to be examined.

### **WELFARE OF THE BLIND.**

The Barnsley Corporation provides Blind Welfare Services for the County Borough Area, and in addition, under agency arrangements with the County Council of the West Riding of Yorkshire, provides 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 the Blind, and the day to day administration of the Blind Welfare Service forms part of the services administered by the Handicapped Services Department, which is in charge of the Welfare Officer. A Workshop Supervisor is employed to superintend the small Blind Workshop, and four Home Teachers of the Blind, (two of whom are registered blind persons) are also appointed for the purpose of visiting registered blind persons in their own homes, teaching



Braille and Moon, organising social activities and encouraging pastime handicraft work, attending to the grants payable by the National Assistance Board to blind persons and generally assisting the blind in every possible way. Each Home Teacher of the Blind is allocated his or her particular district and each Officer's case load of blind persons is made as equal as possible.

### **Blind Population.**

The number of registered blind persons under the care of the Department at the end of 1956; and a comparison with previous years is shown as follows :—

	1956	1955	1954	1953	1952
Barnsley County Borough Cases .....	168	170	175	167	156
West Riding County Council Cases	291	309	313	313	320

In the Barnsley Area 22 new cases were registered as blind, and 5 cases removed into the Area. 24 deaths occurred during the year among those previously registered blind, 4 persons removed out of the area and one was decertified following successful surgical treatment, making a net decrease of 2 for the year.

In the West Riding Area, subject to supervision by agency arrangements, 22 new cases were registered and 5 blind persons removed into the Area. 30 deaths occurred among those previously certified blind, there were 10 removals out of the Area, and 5 persons were decertified, all following successful surgical operations, making a net decrease of 18 for the year.

### **Prevention and Incidence of Blindness.**

During the year one case of blindness attributable to Retrolental Fibroplasia occurred in the Area of the County Borough. This case related to a boy aged 5 years, whose name was admitted to the Partially Sighted Register.

Close co-operation is maintained with the Ophthalmic Department of Beckett Hospital, Barnsley, especially with regard to follow-up of patients undergoing treatment and recommended for treatment or surgical operation. The Home Teachers of the Blind establish a link between the blind persons concerned and the Hospital Authorities, and systematically follow-up all the cases admitted to the blind persons register or the register of partially sighted persons, where hospital treatment is recommended by the Ophthalmic Surgeon. Attention is drawn to the fact that during the year six blind persons were decertified as a result of successful surgical operations, and these results are due in no small measure to the encouragement and help given by the Home Teachers of the Blind to blind persons who have been recommended to undergo these operations.



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

#### Blind.

	Barnsley Area.			West Riding Area.		
	Males	Females	Total	Males	Females	Total
Under 5	1	—	1	1	1	2
5—15	3	2	5	2	6	8
16—20	1	1	2	1	1	2
21—49	12	13	25	20	13	33
50—64	18	14	32	17	35	52
65 and over	52	51	103	89	105	194
	<hr/> 87	<hr/> 81	<hr/> 168	<hr/> 130	<hr/> 161	<hr/> 291

#### Partially Sighted.

	Barnsley Area.			West Riding Area.		
	Males	Females	Total	Males	Females	Total
Under 5	1	—	1	—	1	1
5—15	5	3	8	—	2	2
16—20	2	1	3	—	3	3
21—49	2	2	4	3	1	4
50—64	3	6	9	4	3	7
65 and over	8	14	22	20	22	42
	<hr/> 21	<hr/> 26	<hr/> 47	<hr/> 27	<hr/> 32	<hr/> 59

#### Causes of Blindness—Newly Registered Blind Persons :

	Barnsley	West Riding
Congenital	—	—
Myopic Error	—	—
Glaucoma	7	3
Cataract	5	7
Detachment of Retina	—	—
Infectious Diseases	—	—
Trauma	—	—
Optic Atrophy	—	—
General Diseases	10	12
	<hr/> 22	<hr/> 22



### Follow-up of Registered Blind and Partially Sighted Persons. Barnsley Area.

	Causes of Disability				Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	
Number of new cases registered which Sec.F. (i) of Form B.D.8. recommends :					
(a) No Treatment .....	3	2	—	12	17
(b) Treatment, medical, surgical, optical .....	7	5	1	7	20
Number of cases at (i) (b) above which on follow-up action have received treatment .....					
	3	5	1	7	16

Note : 2 refusals, 2 waiting.

This includes 22 persons registered blind and 15 persons registered as "partially sighted" during 1956.

### West Riding County Council Area.

	Causes of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
Number of new cases registered which Sec.F. (i) of Form B.D.8. recommends :					
(a) No Treatment .....	1	1	1	7	10
(b) Treatment, medical, surgical, optical .....	11	4	—	14	29
Number of cases at (i) (b) above which on follow-up action have received treatment .....					
	7	4	—	14	25

Note : 2 Refusals, 1 waiting, and 1 cancelled.

This includes 22 persons registered blind and 17 persons registered as "partially sighted" during 1956.

### Ophthalmia Neonatorum.

- (i) Total number of cases notified in the County Borough during the year : 2.
- (ii) Number of cases in which :
  - (a) Vision lost ..... Nil
  - (b) Vision impaired ..... Nil
  - (c) Treatment continuing at end of year ..... Nil



## Classification of the Blind :

	Barnsley		West Riding	
	M.	F.	M.	F.
Unemployable	61	53	95	111
Unemployed but employable	5	—	4	2
Employed as Wage Earners	5	5	11	4
Not available for employment, household duties, etc.	1	16	9	31
Trained but unemployed	4	—	5	—
In training	—	1	—	—
At School	2	2	1	5
Not at School	2	—	—	—
In Blind Homes	—	—	1	1
In Part III Accommodation	2	2	2	2
In Hospitals	5	2	2	5
	87	81	130	161

## Employment of the Blind.

The Corporation has for many years provided employment for female hosiery makers in a small Workshop. The provision of regular employment for four blind female knitters forms an important part of the Blind Welfare Service of the Corporation. Employment of further blind persons is restricted by the lack of suitable accommodation, and the present Workshop is overcrowded and there is no room for expansion. A small blind workshop still requires many overheads and commercially would not be an economic venture. The earnings of the female workers are augmented by the Corporation to give them a reasonable livelihood, and their weekly rate of wages is governed by the scales laid down by the Joint Industrial Council (Group 2). Sales of socks and stockings have been maintained at a high level and it is pleasing to record that sufficient orders have been received to keep the employees in full employment. A short report on the blind workshop is given by the Workshop Supervisor.

"The Blind Workshop employs four female hosiery knitters, one of whom is a West Riding County Council employee. Round machine knitting on Foster's circular machines of different sizes comprises the chief occupation. Socks, stockings, football stockings and children's hosiery are all produced to suit customers' requirements. Chairs and stools of any size and shape can also be re-caned in the Blind Workshop.

The separate sales shop which was opened in December, 1955, is proving very satisfactory. The demand for hosiery has been maintained at a high level and during the year the total sales of all goods was £905. 8. 7d. which is less than previous years owing to the retirement of the Basket Maker.



	£	s.	d.
Mats .....	15	9	10
Stockings .....	353	9	9
Socks .....	389	19	6
Refoots .....	46	4	3
Own Wool .....	3	4	9
Chairs .....	10	17	6
Sundries .....	86	3	0
	<hr/> £905 8 7 <hr/>		

The Workshop is also used for ironing of finished goods, in addition to re-caning jobs, and is proving very cramped. The staff and employees are looking forward to the day when the new Centre for Handicapped Persons will be opened."

### Placement in Open Industry.

The best solution for an employable blind person is undoubtedly placement in open industry. During the year no blind persons were placed in open industry. One young male blind person attended an Industrial Rehabilitation Course at Torquay, and towards the end of the year also attended a training centre at Letchworth for training in light engineering. Efforts to place this blind man in open industry are now being made. One blind person within the employment age groups was recommended for a course of Social Rehabilitation, as the Ministry of Labour had rejected his application for admission to an Industrial Rehabilitation Course.

Placement work in respect of Barnsley blind persons is carried out by the Corporation's Placement Officer, who is also the Welfare Officer for all handicapped persons. The duties with regard to placement involve a great deal of searching for suitable employment and interviewing Managers of firms, and it is quite apparent that many firms require enlightenment as to the capabilities of trained blind persons. The duties with regard to placement of West Riding County Council blind persons have been retained by a specially appointed Officer of the County Council.

### Home Workers Scheme.

One blind person is an approved Home Worker in the Barnsley Area and is employed as a Newsvendor by a local newspaper firm. His small wage is augmented by the Corporation to enable him to maintain a reasonable standard of living and retain him in employment. One blind person is occupied in pastime work as a boot and shoe repairer and full facilities for him to pursue this work are provided in the basement of the Handicapped Services Department. This blind person was originally an approved Home Worker but owing to lack of orders he applied to revert to pastime work and claim National Assistance.



## Types of Employment of Blind Persons.

	Barnsley		West Riding	
	Male	Female	Male	Female
Hosiery Knitwear	—	3	1	3
Newsvendor	1	—	2	—
Basket Maker	—	—	—	—
Commercial Traveller	—	—	—	—
Home Teachers	2	—	—	—
Switchboard Operator	—	1	—	—
Boot and Shoe Repairer	—	—	2	—
Typist	—	1	—	—
Piano Tuner	—	—	3	—
Factory Worker	—	—	—	—
Masseur	1	—	—	—
Shopkeeper	—	—	—	—
Theatre Artist	—	—	—	—
Labourer	—	—	2	—
Others Employed	—	1	2	—
	<hr/> 4	<hr/> 6	<hr/> 12	<hr/> 3

## Home Teaching Service.

Four Home Teachers, two sighted and two registered blind persons, are employed for the purpose of visiting blind persons in their own homes, the discovery and ascertainment of needs of new cases, teaching Braille and Moon, organising social activities and other activities, arranging the teaching of pastime handicrafts and providing general welfare services for the blind. Similar services are provided for partially sighted persons, and as many partially sighted persons are subsequently certified blind, the Home Teacher is well aware of the needs of these people, and new cases of this nature are helped to adjust themselves to their new blind world. The pivot to all blind welfare work, is the Home Teacher of the Blind.

During the year 2,796 visits were made to individual homes in Barnsley, and 4,310 visits in the West Riding Area. 65% of all registered blind persons are over 65 years of age, so the value of domiciliary visits to lonely blind persons can be readily appreciated.

One Home Teacher of the Blind attended a week's course specially arranged by the North Regional Association for the Blind, for deaf-blind persons. A deaf-blind person from the West Riding Area accompanied by a Home Teacher attended the course which was held at Harrogate, and the course was highly successful, and experience was gained in dealing with persons who are doubly handicapped.



The week-end schools for Home Teachers of the Blind organised by the North Regional Association for the Blind are attended by a Home Teacher from the Department. During the year one such course was held at Harrogate, and the week-end school proved extremely interesting. In addition two Home Teachers' Conferences were held and were attended by Home Teachers of the Blind and the Welfare Officer. The conferences were devoted to several interesting aspects of the Home Teaching Service, and served the extremely useful purpose of bringing together Home Teachers from all over the area of the North Regional Association for the Blind.

### **Social Activities.**

Social Centres are provided at Barnsley, Hoyland, Wombwell and Thurnscoe, where blind persons met regularly for conversation, music, games and pastime occupations. Sessions are held twice weekly at Barnsley, once at Wombwell and Hoyland, and fortnightly at Thurnscoe. The game of dominoes is very popular, and each centre has a domino team which competes at the annual domino tournament held at the end of the year in Barnsley. The straight domino tournament was won by Barnsley and Hoyland jointly, and the "fives" and "threes" tournament was won by the Barnsley team. Trophies were presented to the winning captains. An additional item of interest was provided in the year's tournament by the gift of a canteen of cutlery, which was competed for on an individual knock-out basis.

In the County Borough area bus passes are obtained from the Yorkshire Traction Company at an agreed rate, and issued free of charge to each registered blind person in Barnsley wishing to make use of this facility. Outings to places of interest, sports, hiking parties and excursions to the seaside form the main part of blind persons social activities. During the winter months, organised parties to concerts, plays and other entertainments are arranged, and at Christmas time the members of each centre hold their own party. A combined social centres party is held annually, this is much enjoyed by all the blind who attend the four centres.

The Barnsley and District Joint Blind Welfare Committee provides an annual outing to the seaside during the summer months when each blind person is invited to go with a friend to act as a guide. A re-union is also held near Christmas time, when a cash grant is made to each blind person, in addition to an excellent meal.

The provision of wireless sets for blind persons is of major importance, and these sets are provided free of cost, by the British Wireless for the Blind Fund. The allocation of sets from this Fund has been very generous, and the majority of blind persons now possess the new type Bush Mains set, or if no electricity is available in the house, an Ever Ready Sky Queen battery set. Wireless licences are provided free of cost to all registered blind persons



on production of their exemption certificate. The cost of repairs to wireless sets and the provision of batteries, is met by the Barnsley and District Joint Blind Welfare Committee. This Committee also assists towards the cost of holidays and convalescence in Holiday Homes for the Blind, and in any other necessitous case.

During the year an application was made to the Guide Dogs for the Blind Association for the supply to a registered blind young woman living in Barnsley of a guide dog to assist her to get to and from her place of employment.

### **Handicraft Classes.**

One handicraft centre is held at Barnsley each week, and attendances are very good. Blind persons attending are taught pastime handicrafts such as chair caning, basket making, rug making, hand knitting, artificial flower making and lampshade making. The issues of handicraft materials are mainly for training purposes and practically all materials used in this way produce nothing saleable. Many blind persons, however, develop a great interest in the particular handicraft they are taught, and produce by their own efforts articles which they purchase for their own use. Many repairs are also carried out to broken basket handles, and this aspect of a service for the public is increasing. The range of handicrafts undertaken at this centre has been extended by the introduction of lampshade making, and this is extremely popular with the blind persons.

### **Braille Classes and Reading Material.**

A weekly class is held every Tuesday afternoon in the offices of the Department, for the teaching of braille reading and writing, and one particular Home Teacher provides the necessary instruction. For those blind persons who become sufficiently proficient in braille reading there are many weekly and monthly periodicals available, and membership by the blind person of the Northern Library for the Blind, Manchester, provides all facilities for access to a wide choice of books and literature of all types. For blind persons who are able to write braille, braille writing frames are loaned to them as part of a service financed by the Voluntary Committee.

For blind persons who have become blind in later life and who are unwilling to learn either braille or moon, but who still retain wide literary tastes, the talking book machine is of great value. There are four electric talking book machines and one battery talking book machine available, but these numbers are quite insufficient to meet the needs of blind persons in the area supervised by the Department. During the year the Joint Blind Welfare Committee agreed to purchase a further two electric machines, but there is a lengthy period involved before the National Institute for the Blind can meet the orders.



Towards the end of the year, arrangements were prepared and approved by the Health Committee for the holding towards the end of 1957 or at the beginning of 1958, of a Braille Reading Competition which would be available for entry in three different classes to all blind persons on the register. In addition a further class was instituted for Moon Readers who had no knowledge of Moon at the beginning of 1957. Through the generosity of the Barnsley and District Joint Blind Welfare Committee, prize money amounting in total to 25 guineas, has been authorised for the winning competitors. The best prize of 10 guineas is to be awarded to the winner of the class which caters for blind persons commencing braille reading for the first time.

### **The Deaf-Blind.**

The number of blind persons in the area covered by the Department who are doubly handicapped is comparatively small. In the County Borough one deaf-blind man died during the year; there are now no deaf-blind persons residing in the County Borough Area. In the West Riding Area one blind woman is totally deaf with speech. Home Teachers of the Blind are trained to use the manual alphabet and in this way overcome the isolation of a blind silent world, which the disability of blindness and deafness imposes.

The North Regional Association for the Blind held a special residential course over one week for Home Teachers of the blind accompanied by a deaf-blind person, at Harrogate during October, 1956. One Home Teacher of the Department, accompanied by the West Riding deaf-blind woman attended the course and great benefit was derived on both sides. The success of these courses for the deaf-blind will no doubt, ensure that the North Regional Association for the Blind hold these courses on an annual basis.

### **CARE OF THE DEAF.**

The Corporation's scheme for the welfare of the deaf continued to be implemented during the year under review. The Welfare Officer for the Welfare Services for all categories of the Handicapped continued to register deaf and hard of hearing persons in the County Borough Area, and the hard of hearing persons were helped in many practical ways. Home visitation was continued, and case histories prepared of newly registered handicapped persons.

On the 1st December, 1956, Mr. H. B. Haney commenced duties as Welfare Officer to the Deaf, and immediately the known deaf in Barnsley and District were circulated with this information, and the services of the Welfare Officer to the Deaf were offered, and it quickly became evident that the needs of the deaf in the Area were many and varied. The appointment of an Interpreter



stimulated attendances at the Institute for the Deaf, St. Augustine's Hall, Dyson Street, and social activities were held on Saturday and Monday evenings, and regular weekly services were held on Sunday evenings in the small chapel adjoining the Institute.

### **Registration of the Deaf.**

At the end of 1956 there were 42 deaf persons on the register in the County Borough Area, and 31 on the register for the West Riding County Council Area. In addition 78 persons were registered in the County Borough as hard of hearing, but no numbers are available for the County Council Area as registrations of hard of hearing persons in the West Riding have not yet commenced. The home visitation of deaf persons was recommenced after an interval of many months, and many problems raised with the Welfare Officer to the Deaf were quickly cleared. Office accommodation for the Interpreter is provided in the Handicapped Services Department, 39, Pitt Street, Barnsley, and deaf persons now attend this office in the same way as blind and physically handicapped, to present their problems to the common administrative centre for all the handicapped.

### **Hard of Hearing.**

The Hard of Hearing Fellowship continues to flourish, and regular weekly meetings are held every Wednesday evening at the Occupation Centre, Pitt Street. Social activities, beetle drives, musical evenings and other entertainment is provided by members of the fellowship. Special equipment in the way of a microphone and speaker has been supplied by the Corporation together with cutlery, crockery, games and a cupboard.

The Hard of Hearing Fellowship is soundly established, and has an enthusiastic Committee, and this Association is completely distinct from the Voluntary Mission for the Deaf. The question of repairs to defective hearing aids caused much concern to hard of hearing persons, who were required to travel to Sheffield for the repairs to be effected, or alternatively to post the hearing aids to Sheffield, and await their return. The inconvenience and expense, particularly to elderly hard of hearing persons, in travelling to Sheffield can be readily appreciated. No further progress has been made in persuading the Sheffield Regional Hospital Board to set up a distribution centre for the hearing aids in Barnsley. Batteries for the Medresco type of hearing aid are obtained on certain days of the week from Beckett Hospital, Barnsley.

### **Social Activities.**

Social activities for the deaf are centred on the Deaf Institute, St. Augustine's Hall, Dyson Street, Barnsley, and social evenings are held on Monday and Saturday evenings, when games, whist drives, dancing and other entertainment is held. It is hoped during 1957 that a regular film show will be held each month.



An Annual Christmas party was provided for all deaf children in Barnsley and District, by the Corporation, and following an excellent tea held in the Town Hall Reception Room, small toys were given to each child, and party games and other entertainment followed. The Annual Christmas party for the adult deaf was held in the Deaf Institute in January, 1957, and this function was thoroughly enjoyed. The Annual party for the hard of hearing was held in the Occupation Centre early in January, 1957, and this party was much appreciated by members of the Hard of Hearing Fellowship.

### **Placement.**

The Welfare Officer to the Deaf is responsible for assisting deaf persons in straightening out difficulties at their places of employment, and also in trying to find employment for unemployed deaf persons. Fortunately the employment position in Barnsley during 1956 has been very good, and not a great deal of unemployment has been found among deaf persons, but the services of an Interpreter have been invaluable in dealing with the many and varied problems which arise among deaf persons at places of employment. Towards the end of the year some redundancy arose among deaf persons employed in unskilled trades, and a great deal of time has been spent by the Welfare Officer to the Deaf in talking to likely employers.

Details regarding school-leavers from residential schools for the deaf are received regularly from the North Regional Association for the Deaf, and this enables the Welfare Officer to the Deaf to contact these young persons immediately, and ensure that they receive every help possible in securing suitable employment.

### **North Regional Association for the Deaf.**

This Association, which covers all northern counties, is responsible for the promotion of the Welfare of the Deaf through the various local authorities and voluntary missions for the deaf in the Northern Area. Two half-yearly meetings were held during the year, and have proved extremely worthwhile and valuable as a point of contact for the persons representing deaf welfare work.

### **Spiritual Welfare.**

The Welfare Officer to the Deaf conducts religious services on a non-denominational basis each Sunday evening at the Deaf Institute. The Services of the Welfare Officer have been offered to act as interpreter at any type of religious service.



# **Number of Persons on Register :**

## (a) County Borough of Barnsley :

	Males	Females	Total
Deaf .....	26	16	42
Hard of Hearing .....	29	49	78
	<hr/> 55	<hr/> 65	<hr/> 120

## (b) West Riding County Council :

Deaf .....	18	13	31
Hard of Hearing .....	—	—	—
			<hr/> 31

# **Classification of Persons on Register :**

## (a) Deaf and Dumb — County Borough of Barnsley :

Degree of Deafness :	Cause of Deafness :	Degree of Speech :
Total ..... 27	Born Deaf ..... 20	Normal ..... 8
Severe ..... 12	Deafness	Indistinct but
Slight ..... 3	acquired ..... 22	intelligible 14
		Unintelligible 20
<hr/> 42	<hr/> 42	<hr/> 42

## (b) Deaf and Dumb — West Riding County Council :

Degree of Deafness :	Cause of Deafness :	Degree of Speech :
Total ..... 19	Born Deaf ..... 15	Normal ..... 4
Severe ..... 11	Deafness	Indistinct but
Slight ..... 1	acquired ..... 16	intelligible 20
		Unintelligible 7
<hr/> 31	<hr/> 31	<hr/> 31

## (c) Hard of Hearing — County Borough of Barnsley :

Degree of Deafness :	Cause of Deafness :	Degree of Speech :
Total ..... 2	Born Deaf ..... 2	Normal ..... 76
Severe ..... 32	Deafness	Indistinct but
Slight ..... 44	acquired ..... 76	intelligible 2
		Unintelligible —
<hr/> 78	<hr/> 78	<hr/> 78



## **CARE OF THE PHYSICALLY HANDICAPPED.**

The approved scheme for the provision of Welfare Services for the physically handicapped came into operation as from the 2nd August, 1955. During the year, 1956, many aspects of the scheme were implemented, and the number of persons placed on the Register maintained by the Corporation increased tremendously.

Towards the end of the year the Corporation appointed Miss P. E. Richards as Craft Instructor for the physically handicapped. Her duties comprise the provision of handicraft instruction in their own homes, to housebound registered physically handicapped persons, together with the supervision of handicraft classes at the disabled persons' centre. The demand for the services of a Craft Instructor from the many disabled persons on the register have filled a long felt requirement for the welfare of the physically handicapped in Barnsley. The provision of handicraft tuition, together with the ordering and supply of materials is carried out by one Craft Instructor only, and it is already apparent that the services of an additional Officer to provide handicraft tuition will be required.

### **Registration.**

At the end of 1956, there were 172 registered physically handicapped persons, as compared with 37 at the end of 1955. This shows an increase of registrations of 135. Applications are received from disabled persons residing in the County Borough Area to be placed on the Corporation's register, and an initial visit is paid by the Welfare Officer who completes the necessary case record, and provides all necessary advice, assistance and guidance to the disabled persons to overcome their disabilities. No application for registration as a physically handicapped person has been refused by the Department. The registration of persons suffering from respiratory tuberculosis is not effected until a satisfactory certificate has been provided by the Chest Physician regarding the patient's condition.

### **Social Activities.**

On the 19th April, 1956, the disabled persons centre situated in the Home Nursing Centre, New Street, Barnsley, was opened for disabled persons of Barnsley and District. The disabled persons centre was an immediate success, and at the request of the epileptics who attended the centre, a separate session was provided for them at the centre commencing on the 30th April, 1956. The centre has been furnished and fully equipped with games and other amenities for the use of the disabled persons attending the centre.



In order that the severely disabled persons could attend the centre, the Corporation provided transport to and from the social centre weekly. The demand for such transport has increased during the year, and the weekly outing which is thus provided for the severely disabled is much appreciated. Regular weekly social activities include domino tournaments, whist drives, darts, etc., and a small weekly prize is provided by the Corporation. Light refreshments in the form of tea and biscuits is also provided, free of charge for all who attend the centre. During the year visits were paid to the centre by the Sheffield Motor Chair Club, and the members of the Sheffield Epileptics Club. A domino tournament was also arranged with a blind domino team from the Barnsley Blind Centre.

A social centre outing to Knaresborough was held in August, 1956, for the disabled persons who attend the centre, and this outing was thoroughly enjoyed.

Obsolete wireless sets which were originally the property of the British Wireless for the Blind Fund, were repaired by a registered disabled person, and such sets were purchased for a token payment by the Committee, and subsequently issued to necessitous disabled persons who welcomed the availability of a wireless set. This service has grown since its inception and is much appreciated by the disabled, including hard of hearing persons, who have benefited by the provision of such wireless sets.

At Christmas, Annual parties for both disabled and epileptics were held in the disabled persons' centre, and were thoroughly enjoyed.

### **Handicrafts.**

With the appointment on the 1st December, of a Craft Instructor, the disabled persons who desired to receive handicraft instruction were able to avail themselves of this service. At the end of the year no less than 68 registered disabled persons desired instruction in handicrafts, and the Craft Instructor was faced with a formidable task of supplying the necessary tuition and providing materials. Disabled persons who are not in remunerative employment inevitably find that time lies heavy on their hands, and the importance of relieving this boredom by encouraging participation in pastime handicrafts cannot be overestimated. The Craft Instructor is primarily appointed to provide handicraft tuition in the homes of the housebound disabled, and the present case-load of such cases indicated that an additional Craft Instructor will be a necessity if this service is to be fully implemented. The full development of this Section of the scheme will involve the maintenance of accurate records of receipts and issues of materials, and the marketing of saleable goods produced, will increase the importance of the present blind sales shop.



At the end of the year two handicraft classes were held weekly, one for epileptics on Monday afternoons from 2 to 5 p.m. and one for physically handicapped persons on Thursday afternoons from 2 to 5 p.m. The handicraft classes are held in the disabled persons' centre, and although accommodation is rather cramped, the classes have been a great success, and continue to flourish.

It has already been mentioned that one registered disabled person is repairing obsolete wireless sets, and is provided with the necessary tools and testing equipment as part of the pastime handicrafts scheme. This disabled man has shown great interest in his pastime pursuit, and has thereby benefited the rest of the disabled in the County Borough Area.

### **Birthday Card Service.**

On the 1st November, the Health Committee's Scheme in relation to birthday cards commenced. A specially designed and printed birthday card, bearing the Borough Coat of Arms is posted to each registered handicapped person on the blind, partially sighted, deaf, hard of hearing and physically handicapped registers maintained in the Department. The many letters of appreciation which have been received from handicapped persons following the receipt of a birthday card have emphasised the welfare value of this small tangible token of the fact that every registered handicapped person on the registers of the Department have not been forgotten.

### **Placement Service.**

The Scheme places a duty upon the Council to assist any handicapped person, in consultation with the Ministry of Labour and National Service, to secure suitable employment in open industry. Close collaboration is essential with the Disablement Re-Settlement Officer of the local office of the Ministry of Labour, and it is found that many disabled persons have allowed their registration under the provisions of the Disabled Persons Act, 1944, to lapse. The difficulties of placing severely disabled persons in employment in open industry are great, and many of these cases are now assessed as suitable only for sheltered employment. The workshop facilities which were intended in the proposed Handicapped Persons' Centre will fill a desperate need. A Remploy Factory for severely disabled persons is sited in the County Borough Area, but it is fully manned, and further extensions to create additional vacancies are unlikely.



During the year three registered handicapped persons suffering from epilepsy were placed in employment with the Corporation's Markets Department. The work provided for them is of a part-time nature only, but they are reasonably secure in their employment, and are content to be in remunerative employment. The difficulties with regard to epileptic persons retaining employment, in open industry, cannot be over emphasised, and many epileptics are in different employment time after time, owing to the fact that their employers are not sufficiently understanding, and their employment is terminated.

### **Needs of the Physically Handicapped.**

At the end of 1956 there were 172 persons on the physically handicapped register, and scrutiny of the numbers in the various categories of disabilities shown emphasise that the general classes of the physically handicapped provide a vast welfare problem, and each category has different needs, and requires a different approach. The employable and mobile handicapped persons require a good placement service to find them suitable employment in accordance with their disability. Out of the total of 172 persons on the register, 31 are deemed to be capable of work under ordinary industrial conditions.

Severely handicapped employable persons, including many who suffer from epilepsy, who desire employment but cannot be successfully placed in open industry, require facilities for sheltered workshop employment. 26 persons fall into this category, and some of this number are already employed in sheltered workshop conditions at the Remploy Factory.

The largest group of all comprises the severely disabled who are either housebound or otherwise incapable of work, and who require the full range of welfare services particularly pastime handicraft work and social centre facilities. 68 persons fall into this category, and in their cases it is essential that regular domiciliary visits are maintained. Many of these persons require assistance with regard to National Assistance Grants, clothing allowances, supply of wheel chairs, home nursing equipment, domestic helps and many other welfare services.

Included in the 172 persons on the register are 45 disabled children under the age of 16 years. Registration of these disabled children has been effected as part of the Scheme, and information regarding them has been supplied primarily through the Handicapped Pupils Section of the School Health Service.

The Department has a general responsibility under Section 29 of the National Assistance Act, 1948, for these disabled children, but their needs are normally met through other enactments, such as the Education Act, 1944, and the children not in special schools are under parental care and supervision.



### **Voluntary Associations.**

A great deal of voluntary work for physically handicapped persons is provided through the voluntary associations which exist for particular categories of the Handicapped. The Barnsley and District Disabled Persons' Association caters for many disabled persons residing in Barnsley and the surrounding West Riding County Council Area. This Association holds a social centre at the Welfare Hall, Smithies, weekly on Monday nights, and the centre is well attended. The British Limbless Ex-Service men's Association cater for the needs of limbless ex-service men of two world wars and does a great amount of voluntary work among this category of the disabled. The Barnsley Branch of the National Spastics Society has been formed for the needs of spastics in Barnsley and District. The newly formed Barnsley and District Epileptics Association is a thriving voluntary body which came into existence in 1956, and was given a great deal of help by the Department in its formation.

### **Liaison with Other Authorities.**

In meeting the welfare needs of disabled persons, the necessity soon arises for dealing with many and varied Organisations for the handicapped which are involved. Appropriate problems of need among the disabled are referred for investigation to the National Assistance Board, and in certain cases suitable assistance can be provided through the particular voluntary association which caters for the needs of that category of the disabled. The help and co-operation which has been received from the Officers of the National Assistance Board in dealing with cases referred by the Department is gratefully acknowledged.

Many severely disabled persons have been helped to obtain wheel chairs for indoor and outdoor use through the Consultant Clinics of the Sheffield Regional Hospital Board, and a great amount of assistance has been received from the Appliances Officer of the Ministry of Health, Sheffield. The needs of paraplegic miners are the particular concern of the Coal Industry Social Welfare Organisation, who for such severely disabled ex-miners have provided, free of cost, an annual holiday for the disabled person and his family. In one particular case this Organisation paid for the cost of the lowering of the pavement outside a disabled man's home, to allow access for his motor vehicle.

Full liaison has been maintained with the other services provided by the Department, particularly the domestic help and home nursing services. The implementation of the Corporation's Scheme for the physically handicapped will undoubtedly raise a great number of problems, and may well prove the most extensive scheme of the three approved Schemes for the care of the Handicapped.

The statistics relating to the physically handicapped as at the 31st December, 1956, are given below :



### Number of Persons on Register :

Disability	Medical Classi- fication	Males	Females	Total
Amputation .....	A/E	26	2	28
Arthritis and Rheumatism .....	F	6	3	9
Congenital Malformations and Deformities .....	G	17	10	27
Diseases of the Digestive and Genito-urinary systems, of the heart or circulatory system : of the Respiratory System (other than Tuberculosis) and of the skin .....	H/L	14	2	16
Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk, injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine .....	Q/T	13	6	19
Organic Nervous diseases, epil- epsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ....	V	33	29	62
Neuroses, psychoses and other nervous and mental disorders not included in V .....	U/W	3	2	5
Tuberculosis (Respiratory) .....	X	2	—	2
Tuberculosis (Non-Respiratory)	Y	—	1	1
Diseases and injuries not specified above .....	Z	2	1	3
		<hr/> 116	<hr/> 56	<hr/> 172

### Grouping of Persons on Register :

Group	Males	Females	Total
Capable of work under ordinary industrial conditions .....	27	4	31
Incapable of work under ordinary indus- trial conditions and sufficiently mobile for work in sheltered workshops .....	20	6	26



Group	Males	Females	Total
Incapable of work under ordinary conditions and insufficiently mobile for work in sheltered workshops but capable of work at home .....	—	2	2
Incapable of work or not available for work	44	24	68
Child under the age of 16 years whose needs are likely to be met under the enactments but for whom the local authority have a general responsibility under Section 29 of the National Assistance Act, 1948 .....	25	20	45
	<hr/> 116	<hr/> 56	<hr/> 172

### 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	4	7
Cases in Mental Deficiency Institutions	5	5	10
Cases in Epileptic Colonies .....	1	2	3
Cases in The Limes, Barnsley .....	1	4	5
	<hr/> 10	<hr/> 15	<hr/> 25

24 of the above are adults.

1 child under 16 years.

Cases living in their own Homes :

Adults .....	17	16	33
Children under 15 years of age .....	8	7	15
	<hr/> 25	<hr/> 23	<hr/> 48
Total known to Local Authority .....		<hr/> 73	



# Analysis of Epileptics living in their own homes :

Males :	Sheltered work    Suitable for unnecessary    Sheltered Work	
1. Working and leading a normal life .....	2	—
2. Usually working but with frequent changes of job owing to Epilepsy .....	—	6
3. (i) Not able to keep a job for more than a few days owing to fits, but physically capable of working .....	—	3
(ii) Mentally defective but could work under special conditions .....	—	3
4. Not capable of doing any kind of work owing to :		
(a) Physical condition .....	1	—
(b) Mental condition .....	1	—
(c) Mental Deficiency .....	1	—
	<hr/> 5	<hr/> 12
Total number of males .....	<hr/>	<hr/> 17

## Females :

	Sheltered work    Suitable for unnecessary    Sheltered Work	
Engaged in their own household duties	10	—
Suffering from senility under care at home .....	1	—
Mentally defective and unsuitable for work outside the home .....	2	—
Mentally defective and suitable for work under sheltered conditions .....	—	3
	<hr/> 13	<hr/> 3
Total number of females .....	<hr/>	<hr/> 16



Children under 15 years of age :

	Male	Female
1. In Special Schools for Epileptics .....	1	1
2. Attending ordinary school — fits controlled by medication .....	5	5
3. Ineducable .....	2	1
4. In infancy .....	—	—
5. Awaiting admission to Special School .....	—	—
	—	—
Total .....	8	7
	—	—
Total number of children .....	15	
	—	

### 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 supervised 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 the family doctor.

The number of cases of severe Cerebral Palsy known to the Local Health Authority is 33, the problem would not seem to be a very great one. In addition five 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 : 14.		M.	F.
3 are working (1 is a Notified Mental Defective) .....		3	—
* {	4 are unable to walk (2 are Notified Mental Defectives) .....	3	1
	6 walk with difficulty (3 are Notified Mental Defectives) .....	3	3
	1 is in an Institution .....	1	—
Children of School Age : 14.			
2 are attending ordinary school .....		—	2
1 is at the Yorkshire Residential School for the Deaf .....		—	1
4 are unable to walk (3 are Notified Mental Defectives, 1 awaiting admission to a Special School) .....		3	1
3 are attending Special Schools .....		2	1
3 who walk with difficulty are awaiting admission to Special Schools .....		1	2
1 is attending the Convent School .....		1	—
Children under School Age : 5.			
3 are unable to walk .....		2	1
2 walk with difficulty (1 awaiting admission to a Special School) .....		2	—
		<hr/> 21	<hr/> 12

Total : 33, of which 9 are Notified Mental Defectives.

\* of these 11 — 5 are suitable for work under sheltered conditions. 6 are unsuitable for work of any kind.



## PART V.

### ENVIRONMENTAL HYGIENE.

“As one who long in populous city pent,  
Where houses thick and sewers annoy the air,  
Forth issuing on a summer's morn to breathe  
Among the pleasant villages and farms  
Adjoin'd, from each thing met conceives delight.”

Paradise Lost, bk.ix, l.445.

John Milton (1608 - 1674).

As was in the case of the previous year developments in the services relating to Environmental Hygiene made a substantial contribution towards improved public health. It is most pleasing to be able to report to this effect. It is also pleasant to be able to show that despite the present tendency to emphasise the personal aspects of the service, and to take for granted the environmental, the fundamental principles of good public health have received the attention due to them. The programme of slum clearance and rehousing has continued and in the pages which follow it will be observed that the progress made in demolishing unfit property was nearly half as great again as it was in 1955.

In addition to this, now that the resources of the building industry are less extended the Corporation has been most active in securing the improvement of older property which still provides sound living accommodation. This is being achieved both by the usual notices as regard disrepair and by the making of improvement grants in cases where this procedure is justified. It should be borne in mind that this work whilst less spectacular than the demolition of slums plays a hardly less important part in raising the standards of hygiene of the community. It is well to recognise this fact in view of the amount of time which is spent both by the members and officers of the Local Authority on the none too interesting administrative procedures involved.

Then the late summer saw the Barnsley Corporation Act 1956 placed on the Statute Book. This Act is a measure which will contribute in a number of ways to the improvement of Environmental Hygiene in the County Borough. Many of its sections relate to the Corporation's water undertaking and are aimed at ensuring that improved supplies are available. This in itself is an essential and elementary step towards the general improvement of hygiene and as such calls for little further comment.

Amongst other measures contained in this new local enactment is one which confers on the Corporation the power to cleanse, without adopting the cumbersome procedure set out in the Public Health Act, 1936, premises occupied by aged and infirm persons



when the need for cleansing has arisen by reason of the occupier's infirmity. Provision has also been made for securing the medical examination of persons suspected of being infested with vermin. This will be of immense value in dealing with relatives of infested school children.

As well as this the Act contains sections concerned with the hygienic construction of new buildings and with the sealing of drains when they become abandoned. There is also a part of the act aimed at ensuring that the sale of meat for animal feeding is properly controlled.

This Act of 1956 together with the previous Barnsley Corporation Acts and the Public General Acts relating to Hygiene provide a formidable armamentarium of legislation for use by the Corporation and its officers. It might be well to emphasise here and now that the conferment of these powers in no way signifies a departure from the practice, long established in Barnsley, of providing advice and assistance on Sanitary matters. Inspection followed by persuasion and advice have always been and will continue to be the methods the officers of the Corporation will endeavour to employ in securing improvements in environmental hygiene. Prosecution and Orders of the Court have long been regarded as indications of failure in the art of Health Education. It is hoped, therefore, that it will never be necessary to exact any of the additional penalties now authorised in the new Act.

During the year an important change was made in the designation of sanitary inspectors by the coming into operation of the Sanitary Inspectors (Change of Designation) Act 1956, which provided that sanitary inspectors were in future to be known as public health inspectors. At the same time the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board was reconstituted so that the Public Health Inspectors Education Board on which public health inspectors, quite rightly, have a greater representation than on the old Board. The new Board is to consider the question of paid pupilage as the means of entry into the ranks of public health inspectors. So far as Barnsley is concerned, it has been the practice, extending over many years, to encourage junior clerical staff to attend recognised courses of training and to give them, at the proper time, practical experience in the duties of a public health inspector.

This method of recruitment has the advantage that a thorough appreciation of the clerical side of the work is obtained, which is not always the case where pupils are given only practical training in a public health inspectors duties. At the end of 1956 there were two Clerk-Student Inspectors on the staff as allowed by the establishment, and in addition, one Clerk was also undergoing training at a recognised college.



In the following pages will be found figures and statistics relating to the various aspects of the work done by the Sanitary Department. It may be that these figures convey an inadequate picture of the actual effort expended. It is, therefore, worthwhile when reading a heading and the matter under it to ponder for a moment on the work involved in obtaining the information set out so briefly. In the case of work connected with housing and slum clearance particularly the simple statements that a clearance order was declared or an individual dwelling found unfit often summarises many hours of work for a great number of people. Apart from this the happenings of 1956 call for little further comment.

### PROVISION OF NEW HOUSES.

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

(a) Privately owned	.....	321
(b) Council	.....	3,511

(2) Number of houses built during 1956 :—

(a) Privately owned	.....	111
(b) Council	.....	225

### IMPROVEMENTS TO PRIVATE STREETS.

(a) Harwood Avenue, length 189 lin. yards.

This work was not carried out by the Corporation so the cost is not known.

(b) Lund Lane (part of) 350 yards.

Both of the above have been adopted as a street repairable by the inhabitants at large and in the case of Lund Lane this was already made up and no works were required.

### 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 1956 in both quality and quantity.
- (ii) Bacteriological control of the raw water and of the water going to supply was regularly maintained at the Waterworks Laboratory. Monthly checks on the water supplied were carried out by the City Analyst, Sheffield.



SOURCE OF WATER	Number of Samples examined	Number of Samples showing a Positive Coli-form Count	Highest Coli-form Count per 100 ml. during year
Midhope Reservoir Raw Water .....	52	38	90
Ingbirchworth Reservoir Raw Water .....	52	49	180+
Royd Moor Reservoir Raw Water .....	52	45	180+
Hunshelf Borehole Raw Water .....	36	Nil	Nil
Coffin Field Borehole Raw Water .....	26	Nil	Nil
Coffin Field and Green Lane Boreholes combined Raw Water .....	11	Nil	Nil
Distribution System .....	104	Nil	Nil
Distribution System—examined by Public Analyst .....	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 1956 rainfall was recorded as follows :—

Jordan Hill, Barnsley.  
29.05 inches.

Midhope Reservoir  
49.41 inches.

### SEWAGE DISPOSAL WORKS.

During 1956 no major work has been done to increase the capacity of the existing installation. By careful attention to the operation of the plant the quality of effluents has not been allowed to deteriorate to any appreciable extent in spite of increased flows.

Substantial progress has been made in connection with the new plant and works extensions.



## FOOD AND FOOD POISONING.

Details relating to the inspection of premises concerned in the preparation of food, and of the inspection of various articles of food and drink themselves are contained in pages 123 to 138.

In the part of this report devoted to epidemiology full reference has been made to the 26 notifications of food poisoning received. Reference to this part will show that no significant outbreak of food poisoning occurred and that all the notifications were accounted for by small family outbreaks or sporadic cases. The difficulties arising from the prevalence of Dysentery caused by *Shigella sonnei* in Barnsley have been commented upon in previous reports and this problem continues. The arrangement already described, whereby the Health Department will investigate any case of Gastro-enteritis at the request of the family doctor has proved to be of immense value. Combined with the power conferred by S.39 of the Barnsley Corporation Act, 1949, to request food handlers to discontinue work when in contact with infection, and to compensate them for doing so; this arrangement would seem to play a vital part in controlling food poisoning in the County Borough.

The practice of employing personal contact with food handlers, both at business by the Public Health Inspectors and in the home by the Health Visitor was continued. As time goes on it becomes more apparent that this is more effective than a high pressure publicity campaign. Undoubtedly this method is less spectacular and attracts less attention, but it is submitted that individual teaching by pointing out mistakes and extolling satisfactory methods, when these are employed makes a far more lasting impression on the individual than do catch phrases such as "Wash your hands now!" pasted on the lavatory wall.

## 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 Chief Public Health Inspector.

**TABLE I.**  
**INSPECTION WORK.**

Total number of	Inspections made	.....	.....	.....	.....	.....	9238
"	"	"	Re-inspections made	.....	.....	.....	7513
"	"	"	Defects found	.....	.....	.....	5383
"	"	"	Defects remedied	.....	.....	.....	4497
"	"	"	Informal notices served	.....	.....	.....	1310
"	"	"	Formal notices served	.....	.....	.....	320
"	"	"	Informal notices complied with	.....	.....	.....	1060
"	"	"	Formal notices complied with	.....	.....	.....	208



**TABLE II.**  
**SUMMARY OF INSPECTIONS MADE.**

From : 1st January, 1956 to : 31st December, 1956.

**DWELLINGHOUSES.**

**No. Inspected.**

	Inspections.	Re-inspections.
Re Filthy Condition .....	34	15
Re Verminous Condition .....	149	79
Re Other Conditions .....	4159	7080
Houses-let-in-lodgings .....	18	4
Common Lodging Houses .....	7	—
Tents, Vans and Sheds .....	562	7
No. of Drains Tested .....	346	126

**Inspection of :**

Dairy .....	35	—
Ice Cream Premises .....	192	2
Slaughterhouse .....	112	—
Knackers Yard .....	33	—
Food Preparing Premises .....	256	8
Cold Storage Premises .....	13	—
Markets .....	559	—
Food Shops .....	943	11
Licensed Premises .....	4	—
Factories with Power .....	109	15
Factories without Power .....	9	—
Workplaces .....	13	—
Outworkers Premises .....	5	—
Bakehouses .....	52	3
Hawkers Premises .....	192	—
Hairdressers Premises .....	36	8
Shops re sanitary conditions .....	10	2
Cinemas and Theatres .....	48	2
Pet Animals Shops .....	28	—
Premises re Rats .....	170	2
Offensive Trades .....	52	—
Smoke Observations .....	159	—
Smoke, visits to Plant .....	15	2
Other Premises—Visits and interviews	865	55
<b>Total Number of Defects Found</b> .....	5065	318
<b>Total Number of Houses Affected</b> .....	2907	110
<b>Total Number of Other Premises Affected</b>	104	—



**TABLE III.**

From : 1st January, 1956 to : 31st December, 1956.

**SUMMARY OF NUISANCES ABATED AND IMPROVEMENTS  
EFFECTED.**

**Dwellinghouses : Internal :**

Floors repaired or renewed	68
Walls repaired or renewed	154
Ceilings repaired or renewed	94
Fireplaces repaired or renewed	107
Flues repaired or renewed	38
Windows repaired or renewed	129
Doors repaired or renewed	45
Staircases repaired or renewed	9
Sinks repaired or renewed	52
Waste Pipes repaired or renewed	53
Coppers repaired or renewed	4
Foodstores provided or improved	6
Coal Stores provided or improved	10
Cleansed or limewashed	5
Freed from Vermin	3
Damp conditions abated	225

**External :**

Roofs repaired	220
Eaves spouts repaired or provided	182
Eaves spouts cleansed	11
Downspouts repaired or provided	82
Downspouts disconnected from drain	29
Downspouts cleansed	9
Walls repaired or repointed	120
Chimney Stacks repaired or repointed	74
Doors repaired or renewed	24
Steps repaired or renewed	11
Yard paved	3
Yard paving repaired	12

**Common Lodging Houses :**

Nuisances Abated	6
Limewashed	2

**Drains :**

Cleansed	277
Repaired	82
Reconstructed	53
New provided	23
Disconnected from sewer	11
Self cleansing gullies provided	59



**Tents, Vans, Sheds :**

Sites licensed	4
Dwellings licensed	8

**Inspection Chambers :**

Built	29
Repaired or improved	19

**Cesspools :**

Abolished	1
-----------	---

**Water Closets :**

Provided for houses — additional	20
Provided in substitution of privies	5
Provided in substitution of waste water closets	35
Limewashed and cleansed	2
Structure repaired or improved	133
Fittings repaired or improved	205
Lighting or ventilation improved	3

**Waste Water Closets :**

Abolished	1
Repaired	72
Cleansed or limewashed	3
Converted to water closets	35

**Pail Closets :**

New pails provided	1
--------------------	---

**Ashpits :**

Abolished (dry)	5
Abolished (wet)	3
Converted to ashbin shelters	11

**Ashbins :**

Provided in substitution of ashpits	33
Renewed for houses	1291
Renewed for other premises	29
Shelters repaired	11

**Midden Privies :**

Abolished	1
Repaired	1
Converted to water closets	5

**Bakehouses :**

Cleansed or Limewashed	19
Premises improved	9

**Hairdressing Premises :**

Premises cleansed	44
-------------------	----



**Hawkers Premises :**

Premises improved	.....	.....	.....	.....	.....	.....	.....	.....	.....	5
Vehicles improved	.....	.....	.....	.....	.....	.....	.....	.....	.....	35

**Dairies :**

Cleansed or limewashed	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
Discontinued	.....	.....	.....	.....	.....	.....	.....	.....	.....	1

**Ice Cream Premises :**

Cleansed and limewashed	.....	.....	.....	.....	.....	.....	.....	.....	.....	9
Premises improved	.....	.....	.....	.....	.....	.....	.....	.....	.....	4

**Slaughterhouses or Knackers Yard :**

Cleansed and limewashed	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
Premises improved	.....	.....	.....	.....	.....	.....	.....	.....	.....	2

**Offensive Trades :**

Premises cleansed and limewashed	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
Premises improved	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Discontinued	.....	.....	.....	.....	.....	.....	.....	.....	.....	1

**Food Preparing Premises :**

Cleansed and limewashed	.....	.....	.....	.....	.....	.....	.....	.....	.....	42
Premises improved	.....	.....	.....	.....	.....	.....	.....	.....	.....	19
Discontinued	.....	.....	.....	.....	.....	.....	.....	.....	.....	9

**Offensive Accumulations :**

Removed	.....	.....	.....	.....	.....	.....	.....	.....	.....	5
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**Food Shops :**

Repairs and improvements	.....	.....	.....	.....	.....	.....	.....	.....	.....	25
Premises cleansed	.....	.....	.....	.....	.....	.....	.....	.....	.....	3

**Shops — Re Shops Act :**

Suitable and sufficient means provided to maintain reasonable temperature	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Suitable and sufficient sanitary convenience provided	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Suitable and sufficient washing facilities provided	.....	.....	.....	.....	.....	.....	.....	.....	.....	1

**Fastories :**

Cleansed and limewashed	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
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**Sanitary Conveniences :**

Cleansed and limewashed	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
Intervening ventilated space provided	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Screened	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Artificial light provided	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Door and fasteners repaired or renewed	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Fittings repaired or renewed	.....	.....	.....	.....	.....	.....	.....	.....	.....	10



**Cinemas and Theatres :**

Defects remedied .....	11
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**Stable Premises :**

Bins for manure provided .....	1
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**Other Premises :**

Nuisances Abated .....	8
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<b>Total Defects Remedied .....</b>	<b>4497</b>
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<b>Total Houses Affected .....</b>	<b>3022</b>
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<b>Total Other Premises Affected .....</b>	<b>108</b>
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**TABLE IIIA.****HOUSING INSPECTIONS.**

Number of houses inspected .....	374
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Number of other buildings inspected .....	2
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Number of inspections of houses re Improvement Grants .....	136
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Number of inspections of houses in connection with Certificates of Disrepair .....	105
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**Common Lodging Houses.**

The Common Lodging House at 24a (now 26) Doncaster Road continues to provide accommodation for 117 lodgers. It was managed by the same Keeper and Deputy Keeper as in past years, who maintain a satisfactory standard of cleanliness and conduct in the premises. During the year the following repairs and improvements were carried out, — two water closet cisterns were repaired, the floor of the ablution room was relaid, the roof was repaired, a fallpipe was renewed and one gable wall was repointed.

**Tents, Vans and Sheds.**

There has been no change in the number of licensed sites and caravans from last year.

One new application for the licensing of a site together with an application to station a van on that site, was received, but both applications were refused.



Reference was made in last year's report to the provision of a new and up-to-date site to be owned by the local authority and for which permission to borrow the money required for its establishment, had been made, but it has not been possible, however, to obtain that permission during 1956, owing to a number of legal difficulties which occurred ; the matter continues to be pursued and it is hoped that the necessary consent will eventually be received.

Firm action had to be taken to deal with a number of caravan dwellers who, without authority, stationed their vans on the Grange Lane Site and who were a source of annoyance and nuisance to the authorised tenants on the site. Those who failed to leave the site after receiving notice to quit had their vans towed off the ground on to the public highway by means of a Corporation owned lorry. Naturally there were vigorous protests at this procedure but in the end they were all dispersed.

One person who stationed a caravan on the New Street Car Park was prosecuted for keeping a moveable dwelling on the site for more than forty-two consecutive days without being in possession of a licence. He was fined 40/- and costs and he eventually removed the caravan from the site.

### Factories.

In Table IV the information required by the Ministry of Labour and National Service, is set and very briefly shows the work done in connection with factories during 1956.

**TABLE IV.**  
**FACTORIES ACTS, 1937 & 1948.**

#### 1. Inspections.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	44	22		
2. Factories not included in (1) in which Section 7 is enforced by Local Authority	266	176	9	
	310	198	9	



**TABLE IV.****2. Cases in which defects were found.**

Particulars	Number of cases in which defects were found				Number of cases Prosecuted
	Found	Remedied	Referred to H.M.I.	Referred by H.M.I.	
Want of Cleanliness (S.1) .....	1	3			
Overcrowding (S.2) .....					
Unreasonable Temperatures .....					
Inadequate Ventilation .....					
Ineffective drainage of floors (S.6) .....					
Sanitary Conveniences S.7)					
(a) Insufficient .....	1				
(b) Unsuitable or defective .....	8	8		4	
(c) Not separate for sexes .....					
Other offences against the Act.					
	10	11		4	

**Cinemas and Theatres.**

Fifty visits were recorded under the heading Cinemas and Theatres, this includes premises where occasional stage plays are given.

The Princess Cinema was closed during the year and the Gaumont Cinema was rebuilt and re-opened.

Improvements were effected at St. Barnabas' Church Hall, Old Mill Lane, where artificial lighting was provided in the water closets used by each sex and at Ebenezer Wesleyan Reform Church Hall, Hunningley Lane, seven water closets were limewashed, one water closet door repaired and the water supply pipe to the water closets was repaired.

**Offensive Trades.**

In last year's Report reference was made to a pending appeal against the refusal of the Council to give consent to the carrying on of the trades of Bone Boiler and Fat Extractor, when this appeal was heard, it was allowed subject to certain works being carried out, these works were eventually completed and trades resumed.

Another appeal was also made against the Council's refusal to consent to the continuation of the trade of Tripe Boiler. At the first hearing the case was adjourned for three months to allow plans for improvement of the premises to be submitted, but the appellant later intimated that he would not proceed with the appeal.



At the end of the year the following trades were in operation

- 4 Tripe Boilers.
- 1 Fellmonger.
- 1 Bone Boiler.
- 1 Fat Extractor.

### **Smoke Abatement.**

The estimation of Sulphur dioxide in the atmosphere has continued by means of apparatus at Kendray Hospital, Mount Vernon Sanatorium and the Public Abattoir, the average daily figure in milligrams per square centimetre being 2.68, 1.80 and 2.58 respectively.

Twenty contraventions of the Council's Byelaws relating to smoke emission were recorded during the year and in each case warning letters were sent to offenders. A total of one hundred and fifty-nine observations of the amount of smoke emitted from factory chimneys was made during the twelve months.

The emission of dust from the tar macadam works referred to in last year's Report, continued to cause trouble and although a dust extracting plant was installed it did not come up to expectations. A number of petri dishes were exposed on two occasions for the purpose of collecting and estimating the amount of dust deposited. On each occasion six dishes were put out with the following results — for the first period of nine days the amounts varied from 0.78 to 1.61 tons per square mile per day and gave an average of 1.14, the corresponding figures for the second period of seven days were 1.0 to 15.86, with an average of 4.64. Towards the end of the year it became necessary to serve an Abatement Notice on the firm concerned and active steps were then taken to deal with the nuisance although it had not been abated by the end of the year.

On the 31st December, 1956, some of the provisions of the Clean Air Act, 1956, came into operation. This long awaited legislation was, however, confined to the certain sections, the most important being the following.

Section 3—Requirement that new furnaces shall be so far as practicable smokeless.

Section 4—With regard to the provision of density meters etc.

Section 10—With regard to the height of chimneys.

Section 11—Smoke Control Areas.

Section 12—Adaptation of fireplaces in private dwellings.

Section 17—Relation to and amendment of Alkali Act.



Section 18—Colliery Spoilbanks.

Section 23—Appointment of Clean Air Council.

Section 24—Building Byelaws (may require in new buildings arrangements for heating or cooking which so far as practicable prevent the emission of smoke).

The implementation of the sections of the Act now in force is not something which can be accomplished overnight. A considerable amount of work will have to be done to persuade householders and industrialists that an atmosphere free from smoke and other impurities is beneficial both to their health and pocket. The effect of a polluted atmosphere is not readily appreciated excepting when a tragedy occurs like the London Smog of a few years ago, although the insidious effects of pollution are continuously taking toll of health, vegetation and buildings. It is also true to say that the discharge of smoke into the atmosphere is uneconomic, as smoke consists of unburnt particles of carbon and is therefore wasteful. To anyone familiar with the labour and hazards involved in coal getting, it is disturbing to think that the commodity obtained is being wasted.

#### **Hairdressers and Barbers.**

Two new registrations were made during the year and allowing for deletions, the number on the register at the end of the year was seventy-five persons and seventy-two premises.

In one instance it has been necessary to warn the occupier of a shop regarding the unsatisfactory standard of cleanliness of the shop.

#### **Disinfestation.**

Thirty-seven Council houses and twenty privately owned houses were sprayed to eliminate bugs, in addition, nine houses were treated to destroy cockroaches.

The furniture of eighty-three families was subjected to hydrogen cyanide fumigation before being taken into new Council houses and the bedding was put through the steam disinfecter.

#### **Disinfection.**

Spraying with formalin was done in 504 rooms in 126 houses, and 22 hospital wards were also dealt with. 465 articles of clothing and bedding were disinfected by steam.

#### **Rodent Control.**

The baiting and poisoning of rats in sewers, and of rats and mice in houses and business premises, continues to be done by two full time rodent operators.



The number of sewer manholes baited during the year was 1892. 172 visits of inspection were made by Public Health Inspectors to rat or mouse infested premises.

Table V given below is the form of Report required by the Ministry of Agriculture, Fisheries and Food.

**TABLE V.**  
**PREVENTION OF DAMAGE BY PESTS ACT, 1949.**  
**Report for 12 months ending 31st March, 1956.**

	TYPE OF PROPERTY				
	Non-Agricultural.				Agricul- tural
	Local Authority	Dwelling Houses	All Others	Total	
1. Number of Properties in Local Authority's District	90	22254	2859	25203	30
2. Number of Properties in- spected as a result of:-					
(a) Notification .....	48	280	67	395	
(b) Survey under the Act					
(c) Otherwise (e.g. when visited primarily for some other purpose) .....			1867	1867	
3. Total Inspections carried out, including re-inspections	180	1015	2114	3309	
4. Number of properties in- spected which were found to be infested by:					
(a) Rats (Major) .....	10	3	2	15	
(Minor) .....	28	206	30	264	
(b) Mice (Major) .....		2	2	4	
(Minor) .....	10	69	33	112	
5. Number of infested prop- erties treated by the Local Authority .....	48	280	67	395	
6. Total treatments carried out including re-treatments	48	280	67	395	



## Swimming Baths.

Samples of water for bacteriological examination were taken from The Raley School Bath and the Public Baths, Race Street. The number of samples taken at the Raley School was eight, all were found to be satisfactory. From the Public Baths, one hundred and nine samples were taken, sixty-five were satisfactory and forty-four were unsatisfactory. A considerable amount of work was put in to try to find the cause of the unsatisfactory results, samples at one period being taken three times each week. It had not, however, been possible to locate the cause of the trouble by the end of the year.

The standard used in determining whether a sample is satisfactory or not is that there shall not be any coliform organisms in 100 millilitres of water and that the 24 hour plate count at 37°C should not exceed 10 colonies per millilitre of water.

## Rag Flock and other Filling Materials.

There are two premises registered under the provisions of the above Act, and from these premises seven samples were taken, consisting of two of Woollen Flock, three of Cotton Flock and one each of Kapok and Feathers — all the samples conformed to the prescribed standards.

## Fertilisers and Feeding Stuffs.

Thirteen samples of fertilisers and feeding stuffs were obtained, only one was not satisfactory. This was an informal sample of Basic Slag which was deficient in Phosphoric acid. The Vendor was warned by letter.

Details of the samples are given below, three were formal and ten were informal.

### Fertilisers.

Sulphate of Ammonia	.....	.....	.....	.....	.....	.....	.....	.....	2
Clays Fertiliser	.....	.....	.....	.....	.....	.....	.....	.....	1
Superphosphate	.....	.....	.....	.....	.....	.....	.....	.....	1
Sulphate of Potash	.....	.....	.....	.....	.....	.....	.....	.....	1
Nitrate of Soda	.....	.....	.....	.....	.....	.....	.....	.....	1
Sangral	.....	.....	.....	.....	.....	.....	.....	.....	1
Vegerite	.....	.....	.....	.....	.....	.....	.....	.....	1
Plantoids	.....	.....	.....	.....	.....	.....	.....	.....	1
Basic Slag	.....	.....	.....	.....	.....	.....	.....	.....	1

### Feeding Stuffs.

Pig Meal	.....	.....	.....	.....	.....	.....	.....	.....	2
Poultry Balance Meal	.....	.....	.....	.....	.....	.....	.....	.....	1



## **Pet Animals Act, 1951.**

The same number of premises were licensed as last year, that is one shop and three market stalls. Twenty-eight inspections were made and all were found to be satisfactory.

## **Closet and Refuse Accommodation.**

The following improvements are recorded for 1956 :—

- 20 Additional water closets were provided for houses where closet accommodation was previously shared.
- 5 Privy Middens were converted to water closets.
- 1 Privy Midden was abolished.
- 35 Waste water closets were converted to water closets.
- 11 Dry ashpits were converted to ashbin shelters, 5 dry ashpits were abolished and 27 dustbins provided in lieu thereof.
- 3 Wet ashpits (Middens) were abolished and 6 bins provided in lieu.

## **Licensed Premises.**

The only major improvement noted during 1956 took place at the Wheatsheaf Hotel, where, amongst other work, the sanitary accommodation was completely rebuilt, at the same time an old fashioned public urinal which adjoined the hotel yard was re-sited and a more modern structure erected.

## **Housing.**

The work of clearing unsatisfactory houses was proceeded with and the following details show the progress made.

Nine Clearance Areas involving 113 houses were declared during the year, these were as follows :—

Keresforth Hill Road	.....	Clearance Area 117.
Bright Street	.....	Clearance Area 118.
Summer Street	.....	Clearance Area 119.
Waltham Street	.....	Clearance Area 120.
Waltham Street	.....	Clearance Area 121.
Waltham Street	.....	Clearance Area 122.
Old Road	.....	Clearance Area 123.
Carlton Green	.....	Clearance Area 124.
Littleworth Lane	.....	Clearance Area 125.

Inquiries by the Minister of Housing and Local Government were held in respect of the following Orders.

- Monk Bretton Compulsory Purchase Order No. 1, 1955.
- Monk Bretton Compulsory Purchase Order No. 2, 1955.
- Monk Bretton Compulsory Purchase Order No. 3, 1955.
- Westgate (Monk Bretton) Clearance Order No. 83, 1955.
- Racecommon Road Compulsory Purchase Order, 1955.
- Dove Row Clearance Order No. 84, 1956.



The following Orders were confirmed by the Minister during the year under review.

Wellington Row Clearance Order No. 80 .....	16 houses
Monk Bretton Compulsory Purchase Order No. 2 .....	6 houses
Monk Bretton Clearance Order No. 87 .....	4 houses
Cockerham Place Clearance Order No. 81 .....	3 houses
Littleworth Bridge Compulsory Purchase Order No. 1 .....	11 houses
Littleworth Bridge Compulsory Purchase Order No. 2 .....	2 houses
Belmont Clearance Order No. 82 .....	9 houses
Westgate (Monk Bretton) Clearance Order No. 83 .....	2 houses
Littleworth Lane Compulsory Purchase Order No. 1 .....	8 houses
Littleworth Lane Compulsory Purchase Order No. 2 .....	10 houses
Racecommon Road Clearance Order No. 90 .....	3 houses
Dove Row Clearance Order No. 84 .....	14 houses
Dearne Terrace Clearance Order No. 85 .....	4 houses
Thomas Street Compulsory Purchase Order .....	9 houses
New Street Compulsory Purchase Order .....	8 houses
Heelis Street Compulsory Purchase Order .....	7 houses
Oaks Lane Clearance Order No. 86 .....	4 houses
Wiley Row Compulsory Purchase Order .....	27 houses
Bright Street Clearance Order No. 88 .....	4 houses

#### Individual Houses.

Representations made with a view to demolition .....	3 houses
Closing Order made .....	1 house
Demolition Orders made .....	5 houses

#### Unfit Houses demolished in Clearance Areas.

##### Clearance Area No. 50.

17 and 19 Union Street .....	2 houses
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##### Clearance Area No. 53.

92, 94, 96, 98, 1 Court 8, 2 Court 8, 4 Court 8, 6 Court 8, Heelis Street .....	76 houses
1, 3, 5, 15, 17, 19, 21, 2 Court 1, 4 Court 1, Winn Street .....	
3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 1 Court 3, 3 Court 3, 5 Court 3, 7 Court 3, 2 Court 3, 2, 4, 6, 8, 10, 12, 14, 16, 18, Providence Street .....	
111, 113, 115, Park Road .....	
14, 16, 18, Rebecca Street .....	
1, 3, 5, 7, 9, 11, 13, 15, 17, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, Allatt Street .....	



**Clearance Area No. 68.**

24, 2 Court 10, Somerset Street .....	2 houses
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**Clearance Area No. 92.**

9, 11, 13, 15, 17, 2 Court 1, 4 Court 1, Church Lane 17, 19, Church Fold .....	} 9 houses
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**Clearance Area No. 97.**

2, 3, 4, 5, (6 & 7), 8, 9, 10, Wakefield Road, Hill Top .....	} 23 houses
10, 11, 12, 13, 14, 15, Sidebottom Square .....	
1, 2, 3, 4, 5, 6, 7, 8, Smithy Wood .....	

**Clearance Area No. 99.**

1, 2, 3, 4, Greens Court, Monk Bretton .....	} 6 houses
12, 13, Chapel Street .....	

**Clearance Area No. 100.**

1, 2, 3, 4, Leas Court, Monk Bretton .....	} 6 houses
1, 2, Back Lane .....	

**Unfit Houses demolished by agreement with owners.**

16, 17, 18, Old Road, Smithies .....	3 houses
1, 2, Yews Farm Cottages .....	2 houses
Brickyard Cottage, Dodworth Road .....	1 house
3, 5, 7, 9, Keresforth Hill Road .....	4 houses
1, 3, 5, Longcar Cottages .....	3 houses
19, 21, Cross Street, Monk Bretton .....	2 houses
1—8, Distillery Cottages, Monk Bretton .....	8 houses

**Individual Unfit Houses demolished.**

Dearne View House, Stairfoot .....	1 house
82, 84, 86, Shambles Street .....	3 houses

**Individual Unfit Houses closed.**

Brickyard Cottage, Greenfoot Lane .....	1 house
Total number of unfit houses demolished during 1956 .....	151.
Total number of unfit houses closed during 1956 .....	1.

**Improvement Grants.**

Seventy-five applications for grant were dealt with involving one hundred and thirty-six inspections of premises. Fifty nine grants were authorised — all but one being in respect of improvements to houses, the odd one was in connection with the conversion of a large house into three flats. The total cost of the work included in the fifty-nine cases where grants were made, was £15,947. 10. 6. of which sum the Council contributed 50% an amount of £7,973. 15. 3.



## Certificates of Disrepair.

Fifty applications for a Certificate of Disrepair under the Housing Repair and Rents Act, 1954, and seven applications under the 1920 Act, were received and all were granted.

Fifteen applications for Revocation of Certificates of Disrepair were received and granted.

In dealing with the above applications, one hundred and five inspections of houses were made.

## Prosecutions.

In five instances it has been necessary to take proceedings before the magistrates to enforce compliance with statutory notices, details are given below. The amount of time and work involved in this procedure is not always appreciated by those not intimately concerned and it is not until all other methods of persuasion have failed, that court proceedings are commenced.

Case A.—Non-compliance with notice under Section 39, Public Health Act, 1936, in respect of one house.

Defective eavesgutter.

Work done, case dismissed on payment of 4/- costs.

Case B.—Non-compliance with Notices under Public Health Act, 1936 in respect of one house.

Section 39—Defective drainage inspection chamber cover.

Section 45—Defective water closet pedestal.

Owner fined £5, on each charge and given 7 days in which to do the work and £2 per day if work not done.

Case C.—Non-compliance with notice under Section 93, Public Health Act, 1936, in respect of one house.

Defective and damp ceiling plaster in bedroom. Damp ceiling in livingroom. Defective house roof. Defective brickwork of chimney stack.

Work done, case dismissed on payment of costs.

Case D.—Non-compliance with notices under Public Health Act, 1936, in respect of one house.

Section 39—Defective eavesgutters.

Section 45—**Water Closet** : Defective roof. Defective pedestal. Defective wall plaster.

Fined £3 and costs for each offence.

Section 93—Defective house roof.

Nuisance order made.



As the work was not done, the owner was again brought before the magistrates who imposed a penalty of 1/- per day for 33 days, in respect of the Section 39 and 45 notices — plus £2 for non-compliance with the Nuisance Order.

Case E.—Non-compliance with Notices under Public Health Act 1936, in respect of ten houses.

Section 39—Defective eavesgutters and absence of fall pipe.

Work done, case dismissed on payment of costs.

Section 45—**Water Closet** : Defective roof and internal wall plaster.

Fined 40/- and costs.

Section 93.—Defective floors, window frames, wall plaster, roofs.

Nuisance order made.

## **INSPECTION AND SUPERVISION OF FOOD.**

The question of food hygiene has received considerable attention during the year, one inspector devoting all his time to this work and being assisted by another inspector usually for two half days per week. The result has been a definite improvement in the standard of premises where food is handled as the following table — Improvements in Food Premises — will show, but it must be remembered that the mere provision of wash basins, improved wall and floor surfaces and similar refinements, are very little use unless the persons employed are conscious of the need to observe cleanly practices at all times. Talks on the requirements of the Food Hygiene Regulations 1955, and their practical application, have been given to members of various organisations as well as to employees of individual firms, and the result has been a quickening of interest in matters relating to food handling.

## **IMPROVEMENTS IN FOOD PREMISES.**

### **Food Preparing Premises.**

- 7 washbasins and 3 sinks provided.
- 10 means of constant hot water supply provided.
- 13 Premises cleansed.
- 2 Floors repaired.
- 6 Walls repaired.
- 4 External repairs to premises.
- 1 Intervening ventilated space to Sanitary Convenience.
- 8 Internal fittings improved.
- 1 Sanitary accommodation provided.
- 2 New premises constructed.



### **Food Shops.**

- 7 Wash basins and 5 sinks provided.
- 13 Provided with constant hot water supply.
- 3 Shops cleansed.
- 2 Floors repaired.
- 3 Walls repaired.
- 2 Ceilings repaired.
- 4 External repairs to shops.
- 3 Intervening ventilated space to sanitary convenience.
- 8 Internal fittings improved.
- 3 Sanitary accommodation provided.

### **Catering Establishments.**

- 2 Wash basins and 2 sinks provided.
- 3 Means of constant hot water supply provided.
- 1 Premises cleansed.
- 2 Internal fittings improved.

### **Hawkers Premises and Vehicles.**

- 2 Premises cleansed.
- 1 Ceiling repaired.
- 1 New premises provided.
- 23 Wash basins provided on vehicle.
- 35 Vehicles improved.
- 3 New vehicles provided.

### **Tripe Boiling Premises.**

- 1 Means of providing constant hot water supply.
- 1 Premises cleansed.
- 1 Walls repaired.
- 1 Ceiling repaired.
- 1 External repairs carried out.
- 2 Internal fittings improved.

### **Ice Cream Premises.**

- 1 Wash Basin provided.
- 1 Wall repaired.
- 1 Internal fittings improved.

The following Table shows the various types of food premises in Barnsley, so far as information is available, and the majority have been visited.



## INSPECTION OF FOOD PREMISES.

Food Premises	Number Inspected and Registered
Food Preparing Premises	52
Fried Fish Shops	55
Butchers Shops	87
Breweries	2
Bakehouses	24
Tripe Boilers	4
Jam Factory	1
Wholesale Warehouses (Grocers)	6
Hawkers Storage Premises	61
Ice-Cream Manufacturers	7
Milk Depots	3
Premises from which Designated Milk is sold	102
Grocers and Provision Dealers	227
School Kitchens	16
Mineral Water Manufacturers	6
Fruit and Vegetable Wholesalers	5
Fish Wholesalers	3
Fruit and Vegetable Retailers	29
Wet Fish Shops	10
Flour Confectionary Shops	27
Sugar Confectionary Shops	63
Catering Establishments	31
Ice Cream Retailers	218
Works Canteens	21
Hotels and Public Houses	105
Off-licence Premises	79
Flour Mill	1
Slaughterhouses	2

### Registration of Hawkers of Food and their Storage Premises.

Registration of Hawkers and their Premises is required by Section 47 of the Barnsley Corporation Act, 1949. In this connection four applications for registration of hawkers, and ten applications in respect of premises, were received and granted. At the end of the year there were 53 registered hawkers and 61 registered food storage premises.

### MILK SUPPLY.

The number of persons registered as distributors of milk at the end of the year was 106.



The following licences were issued under the Milk (Special Designations) Regulations.

- 1 Dealers (Pasteurisers) Licence.
- 9 Dealers licences to use designation "Pasteurised."
- 1 Supplementary licence to use designation "Pasteurised."
- 5 Dealers licences to use designation "Tuberculin Tested."
- 102 Dealers licences to use designation "Sterilised."
- 1 Supplementary licence to use designation "Sterilised."

### **Bacteriological and Biological Examination of Milk.**

#### **Methylene Blue Test.**

26 Samples of Tuberculin Tested Milk	.....	22 Satisfactory.
		4 Unsatisfactory.
31 Samples of Pasteurised Milk	.....	31 Satisfactory.
22 Samples of T.T. Pasteurised Milk	.....	22 Satisfactory.

The four unsatisfactory samples of Tuberculin Tested Milk were from three producers all of whom were written to regarding failure of their samples to conform to the prescribed test.

#### **Phosphatase Test.**

31 Samples of Pasteurised Milk	.....	Satisfactory.
22 Samples of T.T. Pasteurised Milk	.....	Satisfactory.

#### **Turbidity Test.**

11 Samples of Sterilised Milk	.....	Satisfactory.
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### **ICE CREAM.**

The number of registered premises at the end of the year, after allowing for additions and deletions was 225.

103 Samples were examined by the Methylene Blue Test, 87 were placed in Grade I, 12 in Grade II, 4 in Grade III, and none in Grade IV.

2 Iced Lollies were examined for coliform organisms — with a negative result in both cases.

Six samples were analysed by the Public Analyst to determine amongst other things the amount of fat in the samples, with the following results — 5.46%, 6.78%, 7.72%, 9.61%, 10.74%, 12.05%. All the samples conformed with the requirement of at least 5% Fat as laid down in The Food Standards (Ice Cream) Order 1953, and they all exceeded the minimum percentage of 10% for Total Sugar and 7½% for Milk Solids.



## MEAT AND OTHER FOODS.

The slaughter of all animals for human consumption, continues with the exception of horses, to be done at the Corporation's Public Abattoir, horses for human consumption are slaughtered in the only privately owned slaughterhouse in the town. This horse slaughterhouse has been improved by building on to it a room where the animals are stunned out of view of any other animal and under such circumstances that they do not see or pass any dressed carcasses or offal. The floor of the slaughter house has been repaired and a new wash basin provided which has a constant supply of both hot and cold water over, together with towel, nail brush and soap. The lairage for horses awaiting slaughter was also greatly improved by providing separate stalls together with hayrack and water trough. It is convenient to mention at this point that the premises in the Knackers Yard which adjoin the Horse Slaughterhouse were improved by the building of a new knackery with separate stunning room, sink with hot and cold water over, and a towel, soap and nail brush provided. The appeal against the Council's refusal to grant a slaughterhouse licence, referred to in last year's report, has not yet been settled as the scheme for alterations and improvements has not been agreed with the appellant. Disposal of all meat and offal condemned at the Public Abattoir and the privately owned horse slaughterhouse, is by removal to the Knackers Yard where it is treated by steam in a digester and the ensuing by-products returned to industry.

### Animals Slaughtered and Inspected.

Beasts	.....	10046
Sheep	.....	21722
Calves	.....	1635
Pigs	.....	9222
		<hr/>
		42625

### Fresh Meat Condemned.

Beef	.....	40,576 lbs.	Beef Offal	.....	93,885 lbs.
Mutton	.....	694 lbs.	Mutton Offal	.....	1,153 lbs.
Veal	.....	766 lbs.	Veal Offal	.....	194 lbs.
Pork	.....	6,085 lbs.	Pork Offal	.....	2,992 lbs.
Total	.....	65 tons, 6 cwts. 2 qrs. 17 lbs.			



**TABLE VI.****Carcases and All Organs Condemned.**

Animal	Tubercu- losis	Accident	Inflam- matory Diseases	Parasitic Diseases	Other Bacterial Diseases
Bullocks	7	—	—	1	—
Heifers .....	6	1	—	—	—
Cows .....	26	1	5	—	6
Calves .....	3	1	11	—	7
Sheep .....	—	5	6	—	2
Pigs .....	4	4	—	—	9

**TABLE VII.****Carcases Partially Condemned.**

Animal	Tubercu- losis	Accident	Inflam- matory Diseases	Parasitic Diseases	Other Bacterial Diseases
Bullocks	19	2	—	—	—
Heifers .....	12	—	—	—	—
Cows .....	41	1	—	—	—
Sheep .....	—	1	1	—	—
Pigs .....	4	2	—	—	—



TABLE VIII.

Various Organs Condemned as Unfit for Human Consumption.

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines
<b>Tuberculosis</b>											
Bulls .....	7	7	11							2	2
Bullocks .....	201	201	281	70	8	3	18	7		82	82
Heifers .....	123	123	167	30	5	3	11	4		38	38
Cows .....	267	267	515	96	26	5	61	18	8	123	123
Calves .....			1	1							
Pigs .....	183	183	48	42	119		47	6		123	123
<b>Inflammatory Diseases</b>											
Bulls .....							1			1	1
Bullocks .....			43	3	3	12	48	3		4	4
Heifers .....			26	5	5	12	13	4		10	10
Cows .....			23	43	9	27	8	6	406	19	19
Calves .....				1							
Sheep .....			11	3			11				
Pigs .....			132	89	55	23	152			90	90
<b>Parasitic Diseases</b>											
Bullocks .....	30	30	71	876			19			2	2
Heifers .....	18	18	13	297			10				
Cows .....	15	15	12	166			3				
Sheep .....			12	502			12				
Pigs .....				51							
<b>Other Bacterial Diseases</b>											
Bulls .....				1							
Bullocks .....	24	24	16	174	13	3	3	3		6	6
Heifers .....	10	10	6	71	4	2				1	1
Cows .....	10	10	6	100	14	7	1	1	1	8	8
Sheep .....			17	17		14				1	1
Pigs .....	3	3	22	1	6	3	3			6	6



TABLE IX.

## Analysis of Inspection of Meat.

	Cattle (exclu- ding Cows)	Cows	Calves	Lambs and Sheep	Pigs	Horses
Number killed	7503	2543	1635	21722	9222	219
Number inspected	7503	2543	1635	21722	9222	219
<b>ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI</b>						
Whole carcasses condemned	1	12	19	13	13	4
Carcases of which some part or organ was con- demned	2020	527	2	533	364	40
Percentage affected with disease	26.9	21.2	1.3	2.5	4.1	20.1
<b>TUBERCULOSIS ONLY</b>						
Whole carcasses condemned	13	26	3	—	4	
Carcases of which some part or organ was condemned	737	628	1	—	262	
Percentage affected with Tuberculosis	9.9	25.7	0.2		2.9	
<b>CYSTICERCOSIS</b>						
Carcases of which some part or organ was condemned	74	17				
Carcases submitted to treat- ment by refrigeration	16	8				
Generalised and totally condemned	1					



**Other Foodstuffs Condemned and Voluntarily Surrendered.**  
**Fresh Meat from Shops.**

Mutton	100 lbs.	Decomposition
Mutton Offal	64 lbs.	"
Pork Offal	105 $\frac{1}{4}$ lbs.	"

**Fish.**

Fresh Fish	403 $\frac{1}{2}$ lbs.	Unsound
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**Fruit and Vegetables.**

Apples	40 lbs.	Unsound
Pears	28 lbs.	"
Prunes	22 lbs.	"
Grapes	21 $\frac{1}{2}$ lbs.	"
Currants	83 lbs.	"

**Bread and Cereals.**

Cereal	9 $\frac{1}{2}$ lbs.	Unsound
Biscuits	12 $\frac{1}{2}$ lbs.	"

**Other Foods.**

Bacon and Ham	465 $\frac{1}{2}$ lbs.	Unsound
Poultry	19 $\frac{1}{2}$ lbs.	"
Butter	32 lbs.	"
Margarine	9 lbs.	"
Cooking Fat	$\frac{1}{2}$ lb.	"
Cheese	159 $\frac{1}{2}$ lbs.	"
Frozen Egg	62 lbs.	"
Chocolate	1 $\frac{1}{4}$ lbs.	"
Sweets	29 $\frac{1}{4}$ lbs.	"

**Prepared Foods.**

Sausage	310 lbs.	Unsound
Cooked Meats	114 $\frac{1}{4}$ lbs.	"
Meat Pies	70 lbs.	"
Fish Cakes	30 $\frac{1}{2}$ lbs.	"

**Preserved Foods.**

10378 tins of food	12346 $\frac{1}{2}$ lbs.	Unsound
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**Cysticercus Bovis.**

One bullock carcase and all offal was totally condemned as a generalised case, 31 viable cysts being found.

Twenty-four carcasses (10 bullocks, 6 heifers, 8 cows) in which viable cysts were found in either the carcase or offal, were refrigerated for three weeks at a temperature below 20°F.

In 67 animals (37 bullocks, 21 heifers, 9 cows) degenerate cysts were found in either the carcase or the offal.

The total of 92 animals affected in relation to the 10046 slaughtered gives a percentage affected of .916.



## Horseflesh.

219 Horses were slaughtered for human consumption, all were inspected and the following condemnations resulted.

- 8 lungs—Parasitic Infection.
- 35 livers—Parasitic Infection.
- 4 lungs—Inflammatory condition.
- 2 livers—Inflammatory condition.
- 1 spleen—Inflammatory condition.
- 1 intestine—Inflammatory condition.
- 3 carcasses and offal—Fever.
- 1 carcase and offal—Emaciation and Dropsy.
- Estimated weight ..... 2038 lbs.

## Summary of Food Condemned.

	Tons	cwts.	qrs.	lbs.
Fresh Meat from Abattoir .....	65	6	2	17
Fresh Meat from Shops .....		2	1	17½
Fish .....		3	2	11½
Fruit and vegetables .....		1	2	26½
Bread and Cereals .....				22
Other Foods .....		6	3	22½
Prepared Foods .....		4	2	20¾
Preserved Foods .....	5	10		26½
Horseflesh and Offal .....		18		22
	72	14	2	18

## Special Examination of Foodstuffs.

1 Sample of bread — dark patches — due to drops of lubricating oil.

1 Sample of Soft Drink — unusual smell — bottle and stopper contaminated with phenol.

1 Piece of a boiling fowl — abnormal lesion — no pathogenic organisms found.

## FOOD AND DRUGS.

260 Samples of food and drugs were taken and submitted to the Public Analyst during 1956, details are given below.

### Milk.

Of the 48 samples taken 44 were genuine and 4 were not of the required standard, details of the latter are set out in the following page.



Sample No.	Adulteration.	Remarks.
6371	Deficient in Milk fat 12% Slightly deficient in Milk Solids.	Genuine Hortvet
6374	Deficient in Milk fat 13.6% Slightly deficient in Milk Solids.	Genuine Hortvet
6377	Slightly deficient in Milk Fat.	
6558	Added water 2.1%	Out of Borough. Unable to take Appeal to Cow sample. Producer warned.

Producer warned by letter

The average composition of the 48 samples was :—

Milk fat ..... 3.68%

Milk Solids other than Milk fat ..... 8.71%

**SAMPLES OF FOOD AND DRUGS (OTHER THAN MILK) SENT  
TO THE PUBLIC ANALYST DURING 1956.**

Article	Genuine	Adulterated	Total	Formal		Informal	
				Genuine	Adulterated	Genuine	Adulterated
Almond Flavour .....	1		1			1	
Aspirin Tablets .....	2		2			2	
Butter Drops .....	2	1	3		1	2	
Butter Macaroons .....		4	4		2		2
Butter Scotch .....	3		3			3	
Butter Toffee .....	3		3			3	
Buttered Almonds .....	1		1			1	
Buttered Ginger .....		2	2		1		1
Buttered Brazils .....	1		1			1	
Butter Crunch .....		1	1				1
Black Pudding .....	1		1			1	
Blood Pills .....	1		1			1	
Banana Flavoured Curd .....	1		1			1	
Black Treacle .....	1		1			1	
Bisto .....	1		1			1	
Borax .....	1		1			1	
Brandy Flavour .....	1		1			1	
Butter .....	5		5			5	
Cabdrivers Linctus .....	1		1			1	
Cake decorations .....	2		2			2	
Calumil Tablets .....	1		1			1	
Catarrh Pastilles .....	2		2			2	
Chicklettes .....	2		2			2	
Coffee and Chicory Essence .....	1		1			1	
Cooking Fat .....	1		1			1	
Creamy Bon-Bons .....	1		1			1	
Cake Mix .....	2		2			2	
Caramelle .....	1		1			1	
Chicken Cutlet .....	1	1	2			1	1
Chocolate Cream Snowballs .....	1		1			1	
Chopped Prime Chicken .....	2		2			2	
Cherry Charm .....	1		1			1	
Chop Sauce .....	1		1			1	
Christmas Pudding .....	1		1			1	
Cinamon .....	1		1			1	
Cockles .....	1		1			1	
Coconut Butters .....	1		1			1	
Cream .....	1		1			1	
Cream and Jam Swiss Roll .....		1	1				1
Currie Powder .....	1		1			1	
Dessicated Coconut .....	1		1			1	
Dried Apricots .....	1		1			1	
Dried Mint .....	1		1			1	
Dressed Crab .....	3		3			3	
Dextrosol .....	1		1			1	
Dark Syrup .....	1		1			1	
Dairy Butters .....	1		1			1	
Epsom Salt Tablets .....	1		1			1	
Essence of Rennet .....	1		1			1	
Fish Cakes .....	4		4			4	
French Cherries .....	1		1			1	
Flour .....	3		3			3	
Glace Cherries .....	1		1			1	



**Samples of Food and Drugs (Other than Milk) Sent to the Public  
Analyst during 1956 (continued).**

Article	Gen- uine	Adult- erated	Total	Formal		Informal	
				Gen- uine	Adult- erated	Gen- uine	Adult- erated
Glycerine and Rosewater							
Jelly	1		1			1	
Ground Ginger	3		3			3	
Garden Peas	1		1			1	
Honey	1		1			1	
Honeycomb Mould	1		1			1	
Hospital Ointment	1		1			1	
Ice Cream	6		6			6	
Iodine and Blackcurrant							
Pastilles	1		1			1	
Jelly	2		2			2	
Lard	3		3			3	
Lemon Curd	2		2			2	
Liquid Paraffin	2		2			2	
Liquid Life	1		1			1	
Liquid Apples	1		1			1	
Lemonade	1		1			1	
Lemon Cheese	2		2			2	
Lemon Juice	1		1			1	
Lung Tonic Pastilles	1		1			1	
Malt Vinegar	5		5			5	
Marzipan	5		5			5	
Meat Pie	1		1			1	
Mince Meat	8		8			8	
Mint Sauce	3		3			3	
Mixed Spice	1		1			1	
Marmalade	2		2			2	
Meat Paste	1		1			1	
Mock Salmon Cutlet	1		1			1	
Mushroom Soup	1		1			1	
Mustard Cream	1		1			1	
Mace	1		1			1	
Madeira Cake	1		1			1	
Margarine	1		1			1	
Minced Turkey	1		1			1	
Mixed Herbs	1		1			1	
Mustard Sauce	1		1			1	
Nerve Pills	1		1			1	
Nerve Tonic Tablets		1	1				1
Olive Oil	2		2			2	
Orange Curd	1		1			1	
Orange Squash	2		2			2	
Oatmeal	2		2			2	
Potted Beef	3		3			3	
Pork Pie	1		1			1	
Parkin Mixture	1		1			1	
Potted Salmon	1		1			1	
Peanut Butter	1		1			1	
Piccalilli	1		1			1	
Plum Pudding	1		1			1	
Pro-Plus	1		1			1	
Raspberry Jam	1		1			1	
Rose Hip Syrup	1		1			1	

**Samples of Food and Drugs (Other than Milk) Sent to the Public  
Analyst during 1956 (continued).**

Article	Gen- uine	Adult- erated	Total	Formal		Informal	
				Gen- uine	Adult- erated	Gen- uine	Adult- erated
Royal Instant Pudding .....	1		1			1	
Rum Beans .....	1		1			1	
Ruby Wine .....	2		2			2	
Rum and Butter Toffee .....	1		1			1	
Suet Dumpling Mix .....	1		1			1	
Sausage Improver .....	1		1			1	
Sausage Rolls .....	2		2			2	
Slimming Tablets .....	1		1			1	
Self-Raising Flour .....	4		4			4	
Soya Flour .....	1		1			1	
Stoned Raisins .....	2		2			2	
Sugar .....	1		1			1	
Sandwich Cake .....	1		1			1	
Sarcon .....	1		1			1	
Savoury Stuffing .....	1		1			1	
Soft Drink (7 Up) .....	1		1			1	
Shredded Beef Suet .....	1		1			1	
Sodium Bicarbonate .....	1		1			1	
Sulphur Tablets .....	1		1			1	
Sweet Nitre .....	1		1			1	
Tea .....	4		4			4	
Tomato Ketchup .....	4		4			4	
Tobler-O-Rum .....	1		1			1	
Tomato Sauce .....	2		2			2	
Tonic Water .....	2		2			2	
Tunes .....	1		1			1	
Vanilla Flavour .....	1		1			1	
Violet Colour .....	1		1			1	
Vita Glucose .....	1		1			1	
Yeast Tablets .....	1		1			1	
TOTALS .....	201	11	212		4	201	7



**PARTICULARS OF OTHER FOODS — ADULTERATED  
SAMPLES.**

Sample No.	Article	Adulteration or Offence	Remarks
6324 Formal	Butter Drops	Contained 2.74% of Butter Fat. Deficient in Butter Fat 31.5%	Refers to No. 625 (Sample taken in 1955) Vendor prosecuted—fined £1.
6351 Informal	Butter Macaroons	Contained 3.22% of Butter Fat. Deficient in Butter Fat 19.5%	See No. 6379.
6364 Informal	Chicken Cutlets	Contained 15% Meat. Should contain not less than 20%	Unable to obtain formal sample.
6379 Formal	Butter Macaroons	Contained 3.49% of Butter Fat. Deficient in Butter Fat 12.7%	See No. 6385.
6380 Informal	Nerve Tonic Tablets	The label did not conform to S. 11 Pharmacy and Medicine Act, 1941.	Vendor warned.
6385 Formal	Butter Macaroons	Contained 3.4% of Butter Fat. Deficient in Butter Fat 15%.	Refers to Nos. 6351 and 6379. Vendor prosecuted-discharged on payment of costs £1/19/0.
6427 Informal	Buttered Ginger	Contained 3.07% of Butter Fat. Deficient in Butter Fat 23.2%.	See No. 6436.
6436 Formal	Buttered Ginger	Contained 3.30% of Butter Fat. Deficient in Butter Fat 17.5%.	Refers to No. 6427. Vendor prosecuted—fined £5 and £5/15/0 costs.
6509 Informal	Cream and Jam Swiss Roll	The cream was not from butter fat. No label exhibited.	Letter of warning sent.
6528 Informal	Buttered Macaroons	Contained 3.80% of Butter Fat. Slightly deficient in butter fat.	Formal sample taken was genuine.
6540 Informal	Butter Crunch	Contained 3.80% of Butter Fat. Slightly deficient in butter fat.	Formal sample taken was genuine.
6250 Formal	Potted Meat (Sample taken in 1955)	Contained 65.8% meat and 34.2% excess water, and filler.	Fined £5.

Prosecutions in connection with other food offences are set out below :—

**Food and Drugs Act 1955.**

**Case A.**—Sale of Cornish Pasty containing a small bone-like object.

Vendor fined 20/- and 5/- costs.

**Case B.**—Sale of Meat Pie containing a dead fly.

Vendor fined £5 and 5/- costs.

**Case C.**—Sale of Meat and Potato Pie containing a crab's leg.

Vendor fined £5.

**Case D.**—Sale of a jar of Piccalilli containing a piece of glass.

Vendor fined £20.

**Milk and Dairies Regulations 1949.**

**Case A.**—Sale of milk in dirty milk bottles.

Vendor fined £5 on each of two charges.



## PART VI.

### 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.*

“The childhood shows the man,  
As morning shows the day. Be famous then  
By wisdom ; as thy empire must extend,  
So let extend thy mind o’er all the world.”

“Paradise Regained.” Bk.iv,1.220.

John Milton (1608 - 1674).

From the point of view of School Health 1956 could not be described as an outstandingly eventful year. Nevertheless it was one of not inconsiderable progress, though no developments of unusual interest took place in the Service itself. The transfer of many children to the new schools on the housing estates in the Athersley area, without doubt, constitutes a factor likely to have the most profound effect on the health of the children of the Borough. It is felt that this point requires a great deal of emphasis in view of the tendency now prevalent to regard the sphere of the activities of a Health Service as being limited to action to prevent specified illness rather than being extended to advise on the improvement of everyday environment. This preoccupation with illness has the unfortunate effect of obscuring from the community the fact that a very large proportion of disease processes only establish themselves when natural resistance is undermined by deleterious environment or undesirable habits. If this were more fully appreciated all the Health Services including those concerned with school children might be more frequently consulted in the planning of the surroundings in which the community of the future will live and work. Such consultations would almost certainly result in an accelerated advance towards still higher standards of good health.

To return, however, to the details more closely associated in the lay mind with the School Health Service, examination of the results of Medical Inspection during 1956 provides little material for comment, that very slightly fewer inspections were carried out than in the previous year is of little consequence and is attributable to the sum of several trivial factors. It is significant that once again the total number of defects detected is materially smaller than in the previous year. This is the more interesting when it is noted that figures suggest that stability is being approached in the number of children with defective vision reported. The question



also arises will this stability be maintained as the better natural lighting in the new schools makes itself felt? This again suggests that the future means of dealing with physical defects in school children should be sought through environmental prevention in the community rather than through detection and remedy in the individual.

Once again at the behest of the Ministry of Education a fresh attempt has been made to assess and classify the general physique of children subjected to periodic medical inspection. The classifications have now been reduced to two, namely, satisfactory and unsatisfactory. No comparable figures exist for previous years when general health and nutritional condition were classified originally under four and latterly under three headings. The figures for 1956 seem to indicate that there is little amiss with the children of Barnsley. There is no doubt that this is to a very great extent attributable to the School Meals Service. Reference to the value of school meals has been made repeatedly in this series of reports particularly in relation to those "problem" and "near problem" families whose welfare makes constant demands on the other social agencies in addition to the School Health Service. The small increase in demand for school dinners reported for the year may therefore be regarded as part of the general picture of growing enlightenment of parents which is making a steadily increasing contribution towards improved child health.

With regard to cleanliness it is pleasing to report that the percentage of children found to be infested with head lice was appreciably lower than in the previous year. In addition, heavy infestation calling for action on the part of the School Health Service showed a marked decrease. It would seem that progress is at last being made in the battle against the head louse. This is probably not only due to the vigilance of the School Nurses but also to the higher proportion of homes with better facilities for maintaining cleanliness.

As in previous years the staff of the School Health Service expended a considerable proportion of their time on the ascertainment of Handicapped Children. Placement in Special Schools again proved less difficult than in the past, and along with this came many valuable progress reports on the children placed. These reports serve only to emphasise the need for assessment centres for children with multiple handicaps which has been referred to so frequently in this series of reports. Again and again the child with the combined physical and intellectual defect is encountered and attempts are made to assess suitability for a particular Special School. Admission for a trial period to this school is arranged. Then, in some cases before this is completed the school authorities find the child unsuitable. The process is repeated at another carefully selected special school and it is not unusual for the result there to be the same. This is unsettling for the child who by



reason of the handicaps is all too often emotionally unstable, discouraging for the Education Authority and heartbreaking for the parents. There is evidence that the need for Assessment Centres is appreciated in other quarters but it should not be left to voluntary bodies to provide them.

In view of the close relationship between educational and medical problems which would be encountered in an assessment centre it seems essential that its administration at least should be closely linked with the School Health Service and that it should be able to draw on the accumulated experience of Education Authorities all over the country as well as the other necessary and highly specialised experts.

The School Nursing Service continued to be largely integrated with the Health Visiting Service as in previous years. It suffered to some extent from the shortage of Health Visiting Staff and from the unusual amount of sickness amongst the staff, but owing to the keenness and loyalty of the Authority's nurses these difficulties did not have a serious effect on the efficiency of the Service.

The relationship with other branches of the Health Services continued to improve throughout the year. Consultant and Specialist Services provided by the Sheffield Regional Hospital Board were both satisfactory and adequate. The Board succeeded in filling the vacant appointment of Child Psychiatrist. By making this appointment the Board has provided the Medical Officers of the Education Authority with a virtually complete range of Consultant Clinics on the Authority's own premises. At the same time this appointment provides an important link between School Health and the Mental Health Service of the Health Authority. It is unfortunate that certain differences in approach to Child Guidance have arisen between the officers of the Education Authority and those of the Regional Hospital Board. It is to be hoped that these differences will be overcome in the near future and that the deleterious effects on the improving co-operation between the Corporation's Health Services and those of the Regional Hospital Board in other fields which may arise from them will not further materialise.

Between General Practitioners and the School Health Service relations continue to improve. The co-operation that has always existed in regard to the remedying of defects has been well maintained. In dealing with cases of poor school attendance and special educational facilities, family doctors would seem to have been more forthcoming and helpful than in the past. These problems are always difficult ones and tend to emphasise the differences of approach that must exist so long as the present divisions between curative and preventive practice exist. It is pleasing to note, therefore, that they are now both less frequent and less acute than heretofore.



## **SCHOOL HYGIENE.**

The steady improvement in School Hygiene continues in parallel with the development of the New Housing Estates and the clearance of the Slum Areas. Thus overcrowding is relieved in the older schools as the children from the rehoused families commence attendance at the new schools. It is not always easy to ensure that the correct number of school places in these new buildings keeps pace with the resettlement of the population, with the result that from time to time bottlenecks occur. Provided there is some elasticity in the Central Government decrees on expenditure on new schools these bottlenecks tend to be of short duration and such overcrowding as may occur as a result of them is of little importance. In any case overcrowding in new schools designed to conform to modern standards is not comparable as an evil with that which occurs in old schools which have outlived the standards to which they were built.

The practice whereby the Head Teacher and the School Medical Officer consult on problems of hygiene on the occasion of each medical inspection was continued and proved effective in dealing with day to day problems. Records of these discussions continue to be maintained.

### **MEDICAL INSPECTION.**

The total number of children examined at routine medical inspections in 1956 was 4,739. Included in this figure are :—

- 1,178 Entrants,
- 1,481 Children of first age group,
- 669 Children of second age group,
- 1,411 Other periodic inspections.

This represents a decrease of 159 in the number of periodic inspections when compared with 1955. The total number of special inspections and re-inspections carried out was 7,136, and this represents a decrease of 1,284 when compared with the previous year.

Having regard to all the events which took place during the year these figures cannot be regarded as unsatisfactory. Owing to shortage of Nursing Staff the arrangement of inspections proved difficult and this accounts for the slightly lower figures relating to routine inspections.

### **FINDINGS AT MEDICAL INSPECTION.**

The Statistical Summary of the physical condition as estimated in the course of medical inspections is shown in the tabular form prescribed by the Ministry of Education in the Appendix to this



part of the report Table ID. It will be noted that the form prescribed for this statistical table now classifies general physical condition into two simple categories. This change is one to be welcomed as it goes a very long way to eliminating the uncertainty arising from figures based on views of individual observers as to what constitutes excellent nutrition or which children should be regarded as of only "fair" physique. It is difficult to recall any accepted definition of "fair physique" — the new classification should go a long way to providing a standardised assessment of general physical condition. There is likely to be less disagreement between individual doctors as to what is satisfactory or unsatisfactory than between what is "only fair" and what must be regarded as poor.

Although comparisons between the findings for 1956 with those of previous years are impossible, in a few years time these new tables should provide a valuable measure of progress in School Health.

### **Uncleanliness.**

For several years the School Health Service has given a great deal of attention towards improving cleanliness amongst school children. Lengthy references to the subject have also been made in several reports of this series. It is most satisfactory to be able to record an improvement in cleanliness amongst school children for 1956.

Reference to Table II in the Appendix will show that 1,324 children were found to be infested with vermin, this compares with 1,745 for the previous year. It must be borne in mind that 5,549 fewer examinations were carried out owing to shortage of nursing staff. Nevertheless the ratio of infested children to examinations shows an improvement of .5 for the year. At the same time, and this is much more important, it has not been necessary to issue a cleansing order during the year, in accordance with S.54 of the Education Act, 1944. Further, only 28 Cleansing Notices were issued as compared with 72 in the previous year. It has already been suggested that this improvement is still another result of Slum Clearance. At the same time some part of it must be attributed to the activities in Health Education, not only of the Health Visitors but also of the Teachers.

It may be recalled that in past reports reference has been made to the difficulties encountered in ensuring cleanliness amongst school children who come from homes where elder sisters, and even parents, act as reservoirs of infestation (There is little benefit to be gained from cleansing school children who immediately become re-infested in the home). It was pointed out that whilst the Public Health Act of 1936 (S.85) provided for the cleansing of verminous persons there were no means of requiring suspected verminous persons to submit themselves to the medical examination



necessary to confirm the suspicion. Without such confirmation it would be difficult or impossible to implement the procedure laid down in the Public Health Act. The position was made even more difficult by reason of the fact that in many cases the premises on which families infested with head lice live do not suggest general verminous infestation. Indeed the incidence of head lice in a large proportion of these cases is due to the disinclination of the adult and adolescent female members to disturb "permanently" waved hair. There was need, therefore, for statutory power to require persons suspected of verminous infestation to submit to medical examination.

When the Council decided to promote a local Bill during 1956 the opportunity was taken to insert a clause which, with proper judicial safeguard to the liberty of the individual, would overcome this difficulty. This clause has now become S.42 of the Barnsley Corporation Act 1956, although the power contained in it has not yet been used there is little doubt that its existence will be a most useful adjunct to the maintenance of cleanliness not only in the schools but in the community as a whole.

### **Eye Defects.**

The number of children requiring treatment for defective vision (excluding squint) was 234 as compared with 260 in the previous year and 539 in 1954. It would appear that with the adjustment of age groups at inspection this figure will remain fairly stable for several years to come, and will not show the fluctuations noted in recent years.

Squint called for reference for treatment in a total of 31 cases, this compares with 47 in 1955. A further 33 children were referred for observation on account of squint. Other eye conditions accounted for a total of 11 cases requiring treatment, in 1955 the number was 20.

Reference to Table IIIA shows the figures set out as to whether defects were present in "entrants" or leavers ("entrants" comprise the first two age groups shown in Table I(C).)

### **Ear, Nose and Throat Defects.**

Reference to Table III (A and B) will show that 45 children were referred for treatment on account of defective hearing, this figure is materially lower than the 60 reported in 1955. Otitis media and other ear conditions also show a decrease. Nose and Throat defects with a total of 108 requiring treatment amount to little more than half the 198 detected in 1955.

### **Orthopædic Defects.**

Here the variation from previous years remains slight, in fact the number of cases at 19 requiring treatment for faulty posture was the same as for 1955.



## Other Defects.

A detailed analysis of all defects and the action taken regarding them is shown in Table III in the Appendix to this part. In no case are the figures unusual or excessive in relation to the numbers of children inspected in the various groups. It will be noted that these statistical tables vary in form when compared with those for previous years, this alteration has been made to ensure that they conform to the returns required by the Ministry of Education.

## ARRANGEMENTS FOR TREATMENT.

### Consultation Clinics

#### Medical Services Clinic, New Street.

##### Ear, Nose and Throat Clinic

Tuesday	.....	3.30 p.m.
Thursday	.....	9.30 a.m. to 12 noon

##### Eye Clinic

Thursday	}	2 to 4 p.m.
Friday		

##### Skin Clinic

Tuesday	.....	2 to 4 p.m. (except first Tuesday in the month)
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##### Orthopædic Clinic

Monthly by appointment—every third Friday 9.0 a.m.

##### School Medical Officers' Consultation Clinics

Saturday	.....	9.0 a.m. to 12 noon*
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##### Dental Consultation Clinics

Saturday	.....	9.30 a.m. to 12 noon
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\* Cases may be seen by the doctor in conjunction with the Infant Welfare Clinic on Tuesday mornings.

### Minor Ailments Clinics

#### Barnsley : Medical Services Clinic, New Street

Monday to Saturday	.....	9 a.m. to 11.30 a.m. daily
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#### Athersley : Athersley Junior School

Monday	.....	9.30 a.m.
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#### Lundwood : Littleworth Infant School

Monday	.....	9.30 a.m.
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#### Ardsley : Hunningley Villa, Hunningley Lane

Monday	.....	2 p.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

Wednesday	.....	2 p.m. †
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† Held in conjunction with the Infant Welfare Clinics.



## Ultra-Violet Light Clinics

### Barnsley : New Street Clinic

Wednesday afternoon and Saturday mornings.

### Athersley : Athersley Junior School

Tuesday afternoon and Friday afternoon.

### Lundwood : Littleworth Infant School

Tuesday and Friday mornings.

## Malnutrition.

The Policy of both preventing malnutrition and treating it, should it arise, has been continued, and with this in view 2,074,373 bottles of milk were supplied to children in attendance at the Authority's Schools. This shows an increase of 64,286 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 School 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 1956 shows an increase over that for 1955. In previous reports 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 :—

School Meals —	1955	1956
provided free .....	123,450	125,775
provided at $\frac{1}{3}$ of full charge .....	4,374	4,150
provided at $\frac{1}{2}$ of full charge .....	—	—
provided at $\frac{2}{3}$ of full charge .....	1,965	2,610
provided at full charge .....	944,210	1,001,810

It will be noted that by far the greater part in 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 previously 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 shows that the existing arrangements were continued during 1956.

#### **Eye Diseases — Defective Vision and Squint.**

The highly satisfactory arrangements described in previous reports continues. 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 Group 1, Table IV.

#### **Ear, Nose and Throat Defects.**

Mr. Rowe, Consultant Ear, Nose and Throat Surgeon to the Barnsley Hospital Group, continues to conduct two consulting sessions per week at the New Street Clinic. Examination of the number of cases treated, particularly the number of operations carried out for the removal of tonsils and adenoids, shows an increase over the previous year. This was due to the fact that there was no undue prevalence of poliomyelitis and the operative programme was thus able to continue throughout the year without interruption. It is unlikely that the high figures for tonsil and adenoid operations recorded in years gone by will again be attained, this is due to the growing tendency towards more conservative methods of treatment than in the past.

#### **Orthopædic and Postural Defects.**

The existing arrangements for orthopædic examination and treatment have been continued throughout the year. Mr. Lawson, the Orthopædic Surgeon, paid 12 visits to New Street Clinic to hold sessions during the year.

The figures for children treated are shown in Appendix Table IV, Group 3, and an analysis of these is contained in Table V.



## **Child Guidance.**

The Child Guidance arrangements continued as in the past until 10th October 1956. Reference has already been made to alterations which took place during the year when Dr. J. Orme, Consultant Child Psychiatrist appointed by the Sheffield Regional Hospital Board took up duties in the Barnsley area. His services became available for three sessions weekly in the Barnsley Area. It is understood that Dr. Orme has reported to the Regional Hospital Board on his past year's work in Barnsley to the following effect :

"The position at Barnsley is somewhat different from that in the other areas. It has been previously arranged by the Barnsley Education Committee that the clinic is under the direction of the Educational Psychologist who has also been acting as Psychotherapist. There has been no psychiatrist or social worker and it is not known how many cases are being treated by the psychologist. The accommodation at the clinic is extremely small, so arrangements have been made by the Medical Officer of Health for the use of the Medical Services Clinic for diagnostic and psychotherapeutic interviews, though it is not possible to carry out any free-play therapy. It is unsatisfactory too in that co-ordination with the Educational Psychologist is extremely difficult. It is hoped that more satisfactory arrangements may be possible in the future as I understand the whole position is under review by the Local Authority.

Cases have been referred by School Medical Officers, General Practitioners, Paediatricians and by the Educational Psychologist, and up to 31st December, 1956, 34 had been seen, of which several have had further psychotherapeutic interviews for either the children or their mothers."

The figures shown in Table IV Group 5 in the Appendix have been provided by the Educational Psychologist.

## **Speech Therapy.**

Until her retirement in September 1956 Miss E. Chambers, Headmistress of Raley Secondary Modern Girls' School assisted the School Health Service by treating children suffering from speech defects. Reference to Table IV Group 6 will show that 31 children received treatment for speech defects of various types.

Miss Chambers reports as follows :

"The classes were held at 4.0 p.m. on Monday, Tuesday, Wednesday and Thursday during the early months of the year, but later the classes were held on three days only, as several of the pupils left the classes, or were discharged as cured. During the early part of the year there were thirty one pupils on roll. Four girls left the classes as they had removed to other districts, while eight were discharged as cured. Of the thirty one who formed the original class, eight were distinctly backward in intelligence and in speech, fifteen were stammerers and eight had lisps.



It was found that the attendance at the classes was on the whole better than it was several years ago. It is certain that parents are beginning to be appreciative of the work that is being done and it is evident that they co-operated far more readily than they did in the past."

On Miss Chambers' retirement the Authority advertised the appointment of whole-time Speech Therapist on several occasions. However, no satisfactory applications were received from qualified candidates. There would appear to be a considerable shortage of speech therapists and until there is a salary weighting authorised in respect of work in an industrial area Barnsley is very much at a disadvantage in competing for the services of one.

### **Ultra Violet Light Therapy.**

The arrangements previously in force for this continued during 1956. The attendances at the various centres for artificial sunlight treatment were as follows :—

#### **Medical Services Clinic, New Street, Barnsley :**

Number of Children treated .....	72
Number of Attendances made .....	866

#### **Littleworth School Clinic :**

Number of Children Treated .....	27
Number of Attendances made .....	140

#### **Athersley School Clinic :**

Number of Children treated .....	38
Number of Attendances made .....	180

#### **Totals — ALL Clinics :**

Number of Children treated .....	137
Number of Attendances made .....	1186

**Note :—**Treatments were suspended at Athersley Clinic in February and at Littleworth in April, 1956.

These figures may be compared with those for 1955 when 223 children made 3,123 attendances.

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 regime in operation at the school has been included in previous Annual Reports of this series. In respect of 1956 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 are suffering 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 1956 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.

A Summary of the numbers of pupils and the various conditions treated is shown in tabular form in the Appendix. Table VI.

### **SCHOOL DENTAL SERVICE.**

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

It will be noted from the statistics appended that during 1956 no dental inspections were carried out on School premises. It was decided in January 1956 that the tremendous back-log of fillings and extractions presented sufficient work for some months ahead, and that to add to this waiting list by doing school inspections would be the wrong policy in the circumstances.

The School Medical Officers and Head Teachers are now familiar with the routine of referring a child to the Clinic for treatment, and propaganda to mothers is aimed at spreading the cult of regular dental inspections. In short, the mountain was expected to come to Mahomet. When more staff is available, the routine "periodic" inspections will be re-commenced. Some part-time assistance was available in 1956, but a full-time Assistant is still an urgent necessity.

Perhaps the best criterion of a year's work in the School Dental Service is to be found in the statistical report which gives the number of attendances made by pupils for treatment. In 1956, this figure was 5,548 and in 1955 the figure was 5,583. If one considers the three weeks' inactivity of the Principal School Dental Officer on account of a minor hand injury we can say with equanimity that the dental service to the schools of Barnsley is being maintained at a constant level, in spite of the loss of the full-time assistance which was available in 1955.

The number of teeth filled is a slight improvement on the previous year, and extractions show a decrease. This is not to be interpreted as an indication of the improved state of dental health, but is due to the decreased number of sessions devoted to general anaesthetics.

The orthodontic service is being continued, there being 61 new cases commenced during the year; just over one per week. The amount of work outstanding in this particular sphere is phenomenal, and there is ample work for a whole-time Orthodontist in this Authority.



A dental health campaign is conducted throughout the year. In addition to "chair-side chats", pamphlets issued by the Dental Board of the United Kingdom are given to patients; some of these pamphlets and posters have been given to Schools, Youth Organisations, and, when the Principal Dental Officer gave a talk to local Round Table, copies of these pamphlets were distributed to those present. At another lecture to a Parent-Teachers Association, special models of the head and neck showing teeth in various stages of eruption and the cause of dental decay were obtained and demonstrated.

Both Dental Surgeries at the New Street Dental Clinic are being equipped with the most up-to-date dental equipment and the Surgeries have been newly decorated also.

It only remains now to recruit an adequate staff of Dental Officers to augment more fully the present School Dental Service of Barnsley.

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

### **HANDICAPPED PUPILS.**

A total of 69 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 36 over the previous year. This increase is not, however, as formidable as would at first appear, as 49 of these children fell into the category of Delicate Pupils requiring special educational treatment at the Open Air School, this compares with 25 such pupils in 1953 and 27 in 1954.

During the year less difficulty was experienced in regard to obtaining parental consent for residential treatment than in the past. It is to be hoped that this is due to a better appreciation on the part of parents of their children's needs. Whatever the cause it is a feature to be welcomed, as one which offers the children concerned the best chance of education with regard to their special need.

#### **Blind Children.**

Four children were ascertained as partially sighted and as requiring special educational facilities. Two partially sighted children were placed in a Special Boarding School. At the end of the year 4 partially sighted children were awaiting places in Special Schools.



### **Deaf Children.**

One child was ascertained as deaf and 3 as partially deaf. One partially deaf child was placed in a Special Boarding School. At the end of the year 1 deaf child under 5 years of age and 2 partially deaf children were awaiting places in Special Schools at the end of the year.

The Consultant Ear, Nose and Throat Surgeon attached to the local Hospital holds sessions twice weekly at the Central Clinic. All cases of deafness or suspected deafness in children and pre-school children are referred to him. A modern audiometer has been provided. A trainee audiometrician has been appointed by the Local Health Authority to carry out duties jointly for that Authority, the Education Authority and the Barnsley Group Hospital Management Committee.

### **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 in this series of reports 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.

Five pupils were ascertained during 1956 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 also five. Places were found for four physically handicapped children in special boarding schools during the year. This figure need not be regarded as unsatisfactory when compared with those for past years.

### **Educationally sub-normal and maladjusted children.**

Six children were ascertained to be educationally sub-normal to a degree calling for education in a special school. One child was ascertained as requiring special educational treatment by reason of being maladjusted.

Seven children were reported to the Health Authority under the provisions of the Education Act, 1944, Section 57(3), and two under Section 57(5). This compares with three and three respectively in 1955.

### **Epileptic Children.**

There were no new ascertainties or placements of epileptic children during the year.



## INFECTIOUS DISEASES.

Full details of the occurrence of infectious diseases in the County Borough are given in the part 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 1956 are as follows :—

Disease	No. notified
Scarlet Fever	49
Diphtheria	—
Pneumonia	21
Meningococcal Infection	2
Measles	83
Whooping Cough	158
Poliomyelitis (paralytic)	5
Dysentery	111
Food Poisoning	3
Erysipelas	2
Total	434

### Immunisation against Diphtheria.

During the year 221 children of school age received a primary course of injections of anti-Diphtheria antigen. 996 received reinforcing or booster doses. According to Health Department records 12,797 Barnsley children now aged between 5 and 14 years have received complete immunisation courses. However, only 6,914 of these children have had their immunisation within the last 5 years. It would have been more gratifying to be able to report that greater numbers of children had received protection against this disease.

These figures represent an increase over the previous year but still leave much to be desired. It will take some time to overcome in the minds of the parents the effect of the suspension of immunisation during 1955 on account of the prevalence of poliomyelitis.

### Vaccination against Poliomyelitis.

Reference has been made in the section of this report devoted to the Social and Personal Health Services to the National Scheme for vaccination against poliomyelitis. 77 school children received a full course of two injections under this scheme in 1956.



## 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.

#### Totals for Winter and Summer Swimming (September 1955 to July 1956) at the Raley and Corporation Baths.

	Winter Sept. 55-Mar. 56	Summer Apr. - July 56
Number of children sent to baths .....	3,544	4,071
Total number of attendances made .....	41,372	31,541
Number of children who could swim at least 10 yds. at the end of the session .....	1,761	2,016
Number of children who gained Education Committee certificates :		
1st Class .....	—	4
2nd Class .....	118	23
3rd Class .....	450	260
Number of Royal Life Saving Certificates :		
Elementary .....	55	41
Intermediate .....	55	40
Bronze Medallion .....	56	35
Bronze Bar .....	12	4
Bronze Cross .....	5	2
Bar to Bronze Cross .....	1	—
Award of Merit .....	2	—
Total number of individual children sent to Baths in 12 months ended August, 1956		4,512



**PART VI — APPENDIX**  
**MEDICAL INSPECTION RETURNS**

**TABLE I**

MEDICAL INSPECTION OF PUPILS ATTENDING  
MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(Including Special Schools)

**A.—PERIODIC MEDICAL INSPECTIONS**

Number of Inspections in the prescribed Groups :—

Entrants	1,178
Second Age Group	1,481
Third Age Group	669
Total	3,328
Additional Periodic Inspections	1,411
Grand Total	4,739

**B.—OTHER INSPECTIONS**

Number of Special Inspections	2,546
Number of Re-inspections	4,590
Total	7,136

**C.—PUPILS FOUND TO REQUIRE TREATMENT**

Age Groups Inspected	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIa	Total individual pupils
Entrants	7	140	135
Second Age Group	99	98	186
Third Age Group	37	25	60
Total	143	263	381
Additional Periodical Inspections	91	141	194
Grand Total	234	404	575



D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF  
PUPILS INSPECTED IN THE AGE GROUPS RECORDED  
IN TABLE IA

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
Entrants .....	1178	1161	98.55	17	1.44
Second Age Group .....	1481	1444	97.50	37	2.49
Third Age Group .....	669	659	98.50	10	1.49
Additional Periodic Inspections .....	1411	1375	97.44	36	2.55
Total .....	4739	4639	97.88	100	2.11

**TABLE II**  
**INFESTATION WITH VERMIN**

1. Total number of individual examinations of pupils in schools by the school nurses or other authorised persons 31,337
2. Total number of individual pupils found to be infested 1,324
3. Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) ..... 28
4. Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) ..... —

TABLE III

## A.—PERIODIC INSPECTIONS

Defect or Disease	Periodic Inspections				Total Including all other age groups inspected	
	Entrants		Leavers		Treat-ment	Obser-ation
	Requiring Treatment	Requiring Observation	Treat-ment	Obser-ation		
Skin .....	26	15	4	1	37	21
Eyes—						
a. Vision .....	106	85	37	35	234	149
b. Squint .....	15	18	—	—	25	28
c. Other .....	7	10	—	1	10	12
Ears—						
a. Hearing .....	21	12	4	3	38	24
b. Otitis Media .....	11	11	3	—	19	14
c. Other .....	8	4	1	1	12	11
Nose & Throat .....	58	78	4	3	108	113
Speech .....	10	31	—	1	17	42
Lymphatic Glands .....	2	23	—	—	2	30
Heart .....	3	19	—	2	4	30
Lungs .....	11	26	—	1	14	41
Developmental—						
a. Hernia .....	1	1	—	—	1	2
b. Other .....	1	1	—	—	1	2
Orthopaedic—						
a. Posture .....	7	6	—	—	19	14
b. Feet .....	28	8	4	1	39	18
c. Other .....	8	11	—	—	12	20
Nervous System—						
a. Epilepsy .....	2	4	—	—	5	5
b. Other .....	4	6	—	1	5	7
Psychological—						
a. Development .....	2	10	—	1	4	16
b. Stability .....	13	16	1	2	18	30
Abdomen .....	—	3	—	—	1	5
Other .....	4	6	5	1	18	14



**TABLE III** (continued).

**B.—SPECIAL INSPECTIONS**

Defect or Disease	Special Inspections	
	Requiring Treatment	Requiring Observation
Skin .....	8	1
Eyes— <i>a.</i> Vision .....	9	1
<i>b.</i> Squint .....	6	5
<i>c.</i> Other .....	1	1
Ears— <i>a.</i> Hearing .....	7	1
<i>b.</i> Otitis Media .....	4	2
<i>c.</i> Other .....	3	4
Nose & Throat .....	42	26
Speech .....	9	9
Lymphatic Glands .....	—	2
Heart .....	—	8
Lungs .....	10	9
Developmental— <i>a.</i> Hernia .....	—	—
<i>b.</i> Other .....	—	—
Orthopaedic— <i>a.</i> Posture .....	3	1
<i>b.</i> Feet .....	4	4
<i>c.</i> Other .....	13	5
Nervous System— <i>a.</i> Epilepsy .....	1	1
<i>b.</i> Other .....	5	2
Psychological— <i>a.</i> Development .....	1	1
<i>b.</i> Stability .....	—	6
Abdomen .....	1	3
Other .....	27	29

**TABLE IV**

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

**GROUP 1—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint .....	70	33
Errors of refraction (including squint) .....	—	1983
Total .....	70	2016
Number of pupils for whom spectacles were prescribed .....	—	1066

**TABLE IV (continued).**

**GROUP 2—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment		
(a) For diseases of the ear	—	6
(b) For adenoids and Chronic Tonsillitis	—	140
(c) For other Nose and Throat Conditions	—	50
Received other forms of Treatment	230	506
Total	230	702
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) In 1956	—	6
(b) In previous years	—	6

**GROUP 3—ORTHOPAEDIC AND POSTURAL DEFECTS**

	Number of cases known to have been treated	
	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	109	75

**GROUP 4—DISEASES OF THE SKIN (excluding uncleanness for which see TABLE II)**

	Number of cases treated or under treatment during the year by the Authority	
	By the Authority	Otherwise
Ringworm		
(1) Scalp	1	
(2) Body	2	
Scabies	16	
Impetigo	23	
Other skin diseases	216	
Total	258	

**GROUP 5—CHILD GUIDANCE TREATMENT**

Number of pupils treated at child guidance clinics under arrangements made by the Local Authority	56	
---	----	--

**GROUP 6—SPEECH THERAPY**

Number of pupils treated by speech therapist under arrangements made by the authority	31	
---	----	--



**TABLE IV** (continued).  
**GROUP 7—OTHER TREATMENT GIVEN**

(a) Number of cases of miscellaneous Minor Ailments Treated by Local Authority .....	461	
(b) Pupils who received convalescent treatment under school health service arrangements .....	—	
(c) Pupils who received B.C.G. Vaccination .....	—	
(d) Other than (a), (b) and (c) above .....	—	
Total ——— (a) to (d)	461	

**TABLE V**  
**ORTHOPAEDIC TREATMENT**

Report for the year ending 31st December, 1956 :

**Inspections at the Clinic :**

Visits of the Orthopaedic Surgeon ..... 12 sessions.

**Number of Cases Seen :**

Tubercular—New Cases ..... —

Re-examinations ..... 1

Non-Tubercular—New Cases ..... 75

Re-examinations ..... 125

**Number of Children treated at The Medical Services Clinic.**

\*109 Children of school age have been treated during the year.

622 Attendances of school children have been made for observation, and exercises for postural and other defects.

Children requiring surgical appliances have obtained these through The Beckett Hospital.

**\*Swimming, Public Baths, Race Street.**

The physiotherapist attended the swimming baths on Thursday of each week for the treatment of poliomyelitis, spastic and other cases. The cases treated are as follows :—

Poliomyelitis (number of attendances) ..... 650

Spastics (number of attendances) ..... 8

Postural defects (number of attendances) ..... 26

\*Note—These figures relate to cases seen by the physiotherapist from 1/1/56 to 23/8/56 her resignation taking effect from this date.

TABLE VI

## MOUNT VERNON OPEN AIR SCHOOL

Statistical Summary of Children in Attendance during 1956.

Medical Category	Number in School 1st Jan. 1956	Number admitted in 1956	Number discharged in 1956	Number remaining in School 31. 12. 56.	Averages stay of discharges Yrs. Mths.	
Healed Tuberculous Disease:						
Healed Primary T.B.	1	1	1	1	1	8
Contacts	2	—	—	2		
Post T.B. Hip	1	1	—	2		
Non-Tuberculous Chest Conditions:						
Asthma	7	4	2	9	1	9
Bronchiectasis	3	—	1	2	8	3
Chronic Bronchitis	6	1	1	6	2	10
Cystic disease of the lungs	1	—	—	1		
Delicate Pupils:						
Upper Respiratory Infections	1	—	—	1		
Chronic Otorrhoea	1	1	—	2		
Congenital Heart	—	1	—	1		
Miscellaneous:						
Hemiplegia	1	—	—	1		
Nervous Instability	3	2	1	4	3	1
Post Poliomyelitis	1	—	—	1		
Total	60	48	30	78		



**TABLE VII**  
**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY**  
**THE AUTHORITY**

**Number of Pupils Inspected by Dentist.**

Routine	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Nil.
Specials	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1,359
Total											.....	1,359
<hr/>												
Number found to require treatment	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1,248
Number referred for treatment	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1,120
Number actually treated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2,649
Attendances made by pupils for treatment	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5,548
Half-days devoted to :—												
Inspection	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Nil.
Treatment	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	387
Total											.....	387
<hr/>												
Fillings :—												
Permanent Teeth	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	516
Temporary Teeth	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	99
Total											.....	615
<hr/>												
Number of Teeth filled :—												
Permanent Teeth	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	497
Temporary Teeth	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	98
Total											.....	595
<hr/>												
Extractions :—												
Permanent Teeth	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1,421
Temporary Teeth	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3,470
Total											.....	4,891
<hr/>												
Administration of general anaesthetics for extractions											.....	1,961
<hr/>												
Number of other operations :—												
Permanent teeth—Orthodontia	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1,271
Appliances fitted	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	108
Conservation	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1,114
X-Rays	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	170
Dentures fitted	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	78
Temporary teeth	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	145
Total											.....	2,786

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

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epileptic	Total (1)— (9)
In the calendar year:-	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped Pupils newly placed in Special Schools or Homes — — — — —	—	2	—	1	46	4	—	—	1	54
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes—	—	4	1	3	49	5	6	1	—	69

Number of children reported during the Calendar Year under  
Section 57(3) (excluding any return under (b)) ..... 7  
Section 57(3) (relying on Section 57(4)) ..... —  
Section 57(5) ..... 2  
of the Education Act, 1944.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epileptic	Total (1)— (9)
On or about 1st Dec.:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
C. Number of handicap- ped pupils from the area:										
(i) attending Special Schools as:										
(a) Day Pupils — .....	—	—	—	—	74	4	—	—	—	78
(b) Boarding Pupils .....	2	4	9	5	—	9	11	2	1	43
(ii) attending indepen- dent Schools under arrangements made by the Authority:—	1	—	—	—	—	—	2	—	1	4
(iii) Boarded in Homes	—	—	—	—	1	—	—	—	—	1
<b>TOTAL C .....</b>	<b>3</b>	<b>4</b>	<b>9</b>	<b>5</b>	<b>75</b>	<b>13</b>	<b>13</b>	<b>2</b>	<b>2</b>	<b>126</b>



TABLE VIII (continued)

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epileptic	Total (1)– (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
D. Number of Handi- capped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944										
(i) in hospitals .....	—	—	—	—	—	3	—	—	—	3
(ii) elsewhere .....	—	—	—	—	—	—	—	—	—	—
(iii) at home .....	—	—	—	—	—	2	—	—	—	2

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
E. Number of Handi- capped pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) .....										
(a) day .....	—	—	—	—	2	—	—	—	—	2
(b) boarding .....	—	4	1	1	—	5	7	1	—	19

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 ended 31/3/56. £738/2/6d.

**TABLE IX**

**WEST RIDING PUPILS EXAMINED BY THE BARNSELY  
SCHOOL MEDICAL OFFICERS AT THE HOLGATE GRAMMAR  
SCHOOL AND TECHNICAL SCHOOL DURING 1956.**

**Periodic Medical Inspections**

**1(a) Number of Inspections in the Prescribed Groups :**

Group	Number Examined
Entrants	11
Second Age Group	64
Third Age Group	100
Other periodic inspections	—
	<hr/> 175 <hr/>

1(b) Other Inspections

**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	3	4
Second Age Group	5	2	7
Third Age Group	3	5	8
Other Age Groups	—	—	—
<b>TOTALS</b>	10	10	19



**TABLE IX** (continued).

**2(a) Return of Defects found by Medical Inspection :**

Defect of Disease	Periodic Inspections					
	Entrants		Leavers		Totals	
	T	O	T	O	T	O
Skin	2	—	—	3	2	3
Eyes, (a) Vision	7	—	3	4	10	4
(b) Squint	2	—	1	—	3	—
(c) Other	—	—	—	—	—	—
Nose and Throat	—	1	2	—	2	1
Lymphatic Glands	—	1	—	—	—	1
Heart	—	1	—	—	—	1
Lungs	—	1	1	—	1	1
Orthopaedic (a) Posture	—	—	—	—	—	—
(b) Feet	—	—	—	—	—	—
(c) Other	—	—	1	—	1	—
Nervous System (a) Epilepsy	—	—	—	—	—	—
(b) Other	—	1	—	—	—	1
Other defects	1	—	—	—	1	—
Totals	12	5	8	7	20	12

**2(b) Classification of the Physical Condition of Pupils inspected during the Year :**

Group	Number Inspected	Classification			
		Satisfactory		Un-Satisfactory	
		No.	%	No.	%
Entrants	11	11	100	—	—
2nd Age Group	64	64	100	—	—
3rd Age Group	100	100	100	—	—
Other Age Groups	—	—	—	—	—
Total	175	175	100	—	—

**TABLE X**

**BARNSELY COUNTY BOROUGH PUPILS EXAMINED BY  
OFFICERS OF THE WEST RIDING COUNTY COUNCIL  
(DIVISION 25) IN SCHOOLS DURING 1956.**

Periodic Medical Inspections :

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

Group	Number Examined
Entrants	—
7—8 year group	—
Last year primary	—
First year Secondary	77
Last year Secondary	67
Other periodic inspections	48
Total	192

1(b) Other Inspections : —

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	—	—	—
7—8 year group	—	—	—
Last year Group	—	—	—
First year Secondary	10	4	13
Last year Secondary	8	3	10
Other periodic Inspections	—	—	—
Total	18	7	23



**TABLE X** (continued).

2(a) Return of defects found by Medical Inspection

Defect or Disease	Period Inspections					
	First Year Secondary		Last Year Secondary		Totals	
	Treat-ment	Observa-tion	Treat-ment	Observa-tion	Treat-ment	Observa-tion
Skin .....	—	2	—	—	—	2
Eyes: (a) Vision .....	10	11	8	18	18	29
(b) Squint .....	1	2	—	—	1	2
(c) Other .....	—	—	—	—	—	—
Nose or Throat .....	—	3	—	—	—	3
Heart and Circulation .....	—	2	—	—	—	2
Lungs .....	—	1	—	1	—	2
Developmental: Hernia .....	—	1	—	—	—	1
Other .....	—	—	1	3	1	3
Orthopædic: (a) Posture .....	—	3	1	1	1	4
(b) Feet .....	1	1	—	—	1	1
(c) Other .....	1	1	—	—	1	1
Nervous System .....	—	—	—	—	—	—
Epilepsy .....	—	1	—	—	—	1
Abdomen .....	1	—	—	—	1	—
Other defects .....	—	2	1	—	1	2
<b>Total</b> .....	<b>14</b>	<b>30</b>	<b>11</b>	<b>23</b>	<b>25</b>	<b>53</b>

2(b) Classification of the Physical Condition of Pupils inspected during the year.

Group	Number Inspected	Classification			
		Satisfactory		Un-Satisfactory	
		No.	%	No.	%
Entrants .....	—	—	—	—	—
7—8 year Group .....	—	—	—	—	—
Last year primary .....	—	—	—	—	—
First year secondary .....	77	77	100	—	—
Last year secondary .....	67	66	98.5	1	1.5
Other .....	48	48	100	—	—
<b>Total</b> .....	<b>192</b>	<b>191</b>	<b>98.5</b>	<b>1</b>	<b>1.5</b>

Number of children examined ..... 192

Number of children who have had Tonsillectomy ..... 38

## Health Committee

(as at 31/12/56)

*Chairman:* The Worshipful the Mayor:

Alderman Mrs. M. Brannan, J.P.

*Vice-Chairman:* Councillor H. I. Addy

Alderman W. Gill, J.P.	Councillor W. Martin-Chambers
Alderman E. Sheerien, J.P.	Councillor R. Newman
Councillor L. Briggs, J.P.	Councillor G. Skelly
Councillor T. R. Brown, B.E.M.	Councillor R. Skelly
Councillor A. Butler	Councillor G. Whyke
Councillor W. R. Gundry	Councillor A. Williams
Councillor A. Lowery	Councillor W. Wagstaff
Councillor F. Lunn	

*Co-opted Members:*

Dr. L. V. Broadhead

Dr. N. Pick

## Sanitary Committee

(as at 31/12/56)

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

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

The Worshipful the Mayor: Alderman Mrs. M. Brannan, J.P.

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

## Education Committee

(as at 31/12/56)

*Chairman:* Alderman E. Sheerien, J.P.

*Vice-Chairman:* Alderman A. E. McVie, J.P.

The Worshipful the Mayor: Alderman Mrs. M. Brannan, J.P.

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

*Co-opted Members:*

Mr. W. H. Bedford  
Mr. G. E. Green  
Miss E. Hepworth

Very Rev. Canon C. O'Flaherty  
Rev. Canon A. P. Morley, M.A.  
Rev. J. W. Thompson, B.A., B.D.



# Staff of the Public Health Department

(as at 31/12/56)

*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. D.C.H.

## Health Visiting Service

*Superintendent Health Visitor and School Nurse :*

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

*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

(Retired 18/6/56)

Miss J. Young, do. (Deceased 27/12/56)

Miss J. Witty do.

Mrs. I. S. Harris do.

Miss H. Gough, do.

Miss E. M. Seabury, do.

Mrs. A. E. Jackson, do. (Resigned 31/12/56)

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

Miss J. M. Buckley, do.

Mrs. M. Wakeford, do. (Resigned 3/7/56)

Mrs. E. M. Page, do.

Miss J. A. F. Bauld, do.

Miss P. M. Green do. (Commenced 1/7/56)

Mrs. A. B. Payling, do. (Commenced 1/9/56)

*Student Health Visitor :*

Miss P. M. Green, S.R.N., S.C.M. (Terminated 30/6/56)

## Clinic Staff Nurses :

Miss E. A. Hazlehurst, S.R.N.,

Mrs. M. E. Edge, S.R.N.

Mrs. I. Higgins, S.R.N., S.C.M., (Full-time to 29/2/56.

Part-time from 1/3/56)

Mrs. Fijalkowski, S.R.N., S.C.M. (Pt. I) (Commenced 25/6/56)

Miss M. Pilling, S.R.N. (Commenced 5/11/56)

## Physiotherapy

Miss U. Hoyland, Physiotherapist

(Resigned 4/9/56)

## 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 A. M. McNiven, S.R.N., S.C.M., Q.I.D.N.S.

### *Domiciliary Midwives :*

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

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

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

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

Mrs. D. Parry, S.R.N., S.C.M., (Full-time to 8/1/56. Part-time  
from 9/1/56—31/5/56. Full-time from 1/6/56)

Mrs. B. Hartley, S.C.M. (Retired 30/4/56)

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

Mrs. M. Hawley, S.C.M.

Mrs. K. Tomlinson, S.R.N., S.C.M. (Commenced 1/5/56.  
Terminated 9/8/56)

Mrs. M. Owen, S.C.M. (Commenced 1/6/56)

Mrs. I. G. Harley, S.C.M. (Part-time—commenced 4/4/56)

## 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 A. M. McNiven, S.R.N., S.C.M. Q.I.D.N.S.

### *District Nurses :*

Mrs. D. M. DaSilva, S.R.N., S.C.M., Q.I.D.N.S.

Miss K. M. Hutchinson, S.R.N., S.C.M., (Part I) Q.I.D.N.S.

Mrs. J. Taylor, S.R.N., Q.I.D.N.S., (Temporarily terminated  
14/8/56. Re-commenced 1/12/56)

Mrs. G. A. Pollendine, S.R.N., Q.I.D.N.S.

Mrs. M. McConnell, S.R.N., S.C.M., Q.I.D.N.S. (Resigned 30/6/56)

Miss C. D. Lee, S.R.N., Q.I.D.N.S. (Resigned 30/6/56)

Mrs. L. Woodhead, S.R.N., Q.I.D.N.S.

Mr. J. Woodhead, S.R.N., Q.I.D.N.S.

Mrs. I. B. McGowan, S.R.N.

Mrs. E. Davies, 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.



Mr. P. McNulty, S.R.N., Q.I.D.N.S.	(Resigned 6/9/56)
Mr. E. J. Girling, S.R.N., Q.I.D.N.S.	(Commenced 3/10/56)
Miss B. Chapman, S.R.N., S.R.F.N.	(Commenced 1/6/56)
Mrs. H. Micklethwaite, S.R.N.	(Commenced 1/7/56)
Mrs. F. Turner, S.R.N.	(Commenced 1-7-56. Terminated 31/7/56)
Mrs. B. Harding, S.R.N., S.R.C.N.	(Commenced 1/8/56)
Miss M. Stott, S.R.N., Q.I.D.N.S.	(Temporary)
	(Commenced 3/10/56)
Mrs. D. C. Parr, S.R.N., S.C.M.	(Commenced 8/10/56)
Mrs. M. Jones, S.R.N.	(Commenced 10/12/56)

*Orderly — Home Nursing Centre*

Miss F. A. Taylor

**Handicapped Services Department :**

Mr. J. Chambers, A.I.S.W., D.P.A., Welfare Officer.	
Miss E. I. Mitchell, Home Teacher for the Blind.	
Mr. J. Moore, Home Teacher for the Blind.	
Mr. H. V. Davis, Home Teacher for the Blind.	
Miss E. White, Home Teacher for the Blind.	
Mr. H. B. Haney, Welfare Officer for the Deaf	
	(Commenced 1/12/56)
Miss P. M. Richards, Craft Instructor	(Commenced 1/12/56)
Mrs. G. Tilsley, Blind Workshop Supervisor	
	(Resigned 30/9/56)
Miss M. Broadbent, Blind Workshop Supervisor	
	(Commenced 14/11/56)
Miss M. Broadbent, Clerk	(Terminated 13/11/56)
Miss M. J. Plowman, Shorthand Typist	(Commenced 25/6/56)
Miss D. C. Francis, Clerk	(Commenced 26/11/56)

**Mental Health Service :**

Miss S. A. Wain, Duly Authorised Officer.
Mr. W. H. T. Smith, Duly Authorised Officer.
Mr. S. Crossland, Duly Authorised Officer.
Miss A. Smith, Supervisor, Occupation Centre
Miss M. Outram, Assistant Supervisor (Unqualified)
Mrs. E. M. Molyneux, Assistant Supervisor (Unqualified)
Mrs. H. Gledhall, Assistant Supervisor (Unqualified)
Mrs. A. Ellis, Assistant Supervisor (Unqualified)
Miss H. Shaw, Assistant Supervisor (Unqualified)

**Domestic Help Service :**

Miss D. Smith, Domestic Help Organiser
Miss E. Darwood, Assistant Domestic Help Organiser
Mrs. I. Hackney, Assistant Domestic Help Organiser

### Dental Service :

Mr. J. Kilner, T.D., B.D.S., L.D.S., Principal School Dental Officer.  
Mrs. M. G. Baldwin, B.D.S., L.D.S., Temporary Part-time Dental  
Officer (Sessional basis. Temporarily Terminated 1/3/56  
Recommenced 3/9/56)  
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 L. I. Oldham, Clerk.  
Miss S. Jackson, Clerk, (Resigned 8/2/56)  
Miss M. Hirst, Clerk, (Resigned 8/1/56)  
Miss M. Fitzgerald, Clerk (Commenced 30/1/56)  
Miss A. D. Dansby, Clerk (Commenced 26/3/56)  
Miss J. Walker, Clerk, Care of Mothers and Young Children  
Miss B. Shorthouse, Clerk, do.  
Miss N. Wade, Clerk, do.  
Miss S. Wildsmith, Clerk, do.  
Mrs. E. Stephenson, Senior, Clerk, School Health Service  
Miss E. Carr, Clerk, School Health Service  
Miss A. Richmond, Clerk do.

### Sanitary Service :

Mr. W. H. Spalton, Chief Public Health Inspector  
Mr. A. Pemberton, Deputy Chief Public Health Inspector  
Mr. F. Midgley, Public Health Officer  
Mr. E. S. Hackney, Public Health Officer  
Mr. A. Smith, Public Health Officer.  
Mr. A. Milner, Public Health Officer (Resigned 11/3/56)  
Mr. L. Robinson, Public Health Officer  
Mr. A. Foster, Public Health Officer (Commenced 23/5/56)  
Mr. T. O. Powell, Meat Inspector.  
Mr. E. Forrester, Meat Inspector.  
Mr. D. R. Worrall, Senior Clerk.  
Mr. P. Walker, Clerk/Student Public Health Officer.  
Mr. P. Hunt, Clerk/ Student Public Health Officer.  
Mr. C. Elstone, Clerk/Student Public Health Officer.  
Miss H. Hunt, Clerk/Typist.  
Mrs. B. Outram, Shorthand Typist (Resigned 31/3/56)  
Miss M. Royston, Shorthand Typist (Commenced 7/5/56)  
Mr. G. Ridgway, Clerk



