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THE HEALTH OF BARNSLEY
1958



The Annual Report
of the
Medical Officer of Health


The Annual Report
of the
Principal School Medical
Officer

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Principal School Medical Officer



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FOREWORD

"If all the earth were paper white
And all the sea were ink
'Twere not enough for me to write
As my poor heart doth think."

"Poems, Early Autobiographical.

Lyly's Works, Vol. iii, p.452"

John Lyly 1554-1606.

This report like its immediate predecessors has been prepared with a view to giving maximum information regarding the health of the County Borough in a concise form. At the same time an attempt has again been made to ensure that there is sufficient explanation and comment to instill something of life and interest into the dry bones of the statistical tables which it must perforce contain.

The section devoted to vital statistics offers little of outstanding or unusual interest. The principal figures it contains show variations from previous years of the kind which are normally expected.

In the epidemiological field the principal incidents recorded are the prevalence of Sonné dysentery and the continued fall in the incidence of pulmonary tuberculosis. The dysentery proved to be more of a nuisance to all concerned with it than a serious threat to health. Unfortunately for reasons set out in the appropriate place it cannot be ignored. As to tuberculosis the figures in the pages which follow may be taken as one direct result of the building work done by the Council in respect of houses and schools.

In that section of the report devoted to social and personal health services has been included, at the Minister's request (Circular 22/58), a brief review of the first ten years of the Local Health Authority's work in the National Health Service. Following this comes the report on the year's work. In this reference is made to the difficulties experienced with regard to the recruitment of professional staff and attention is drawn to the need for examination of the position of industrial areas in attracting such staff. It could well merit attention at National level if a breakdown in the Preventive Health Service is to be avoided in those very areas where it would have the most serious effect.

The other matter worthy of note recorded in this section is the increase in the tempo in the campaign for Vaccination against poliomyelitis which took place towards the end of the year. The provision and development of services for the handicapped proceeds at a fairly satisfactory pace. The principal obstacle encountered has been and continues to be the lack of adequate accommodation in suitable buildings. This has led to an emphasis on social activity rather than on vocational rehabilitation and the effects of this are duly discussed.

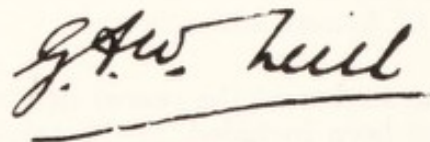
Improvements in environmental hygiene have been effected by continuation of the slum clearance programme combined with re-housing. Attention has also been paid to food hygiene and atmospheric pollution. It is also pleasing to note that a start has been made on the rebuilding of the Sewage Disposal Works and that thought has been given to improve the conditions under which food is to be sold in Barnsley Markets.

The School Health Service had an uneventful year, hampered as in the case of the Social and Personal Health Services, by shortages of professional staff.

Despite the difficulties the staff of the Health Department have worked extremely well during 1958 and are to be congratulated for all they have achieved. The untimely death of Dr. James Ross and the retirement due to ill-health of Dr. Clara L. M. Scally were most unfortunate events which are reflected not only in the figures for the work of the Department but also in the sentiments and feelings of their colleagues and friends in the Department.

This report has of course been prepared with due regard to the various instructions contained in statutes and circulars from the Ministers concerned and is presented in accordance with these.

It remains then only to thank the many people whose efforts and goodwill have contributed to a successful year's work. At the same time it is desired to express on behalf of all the staff appreciation of the many kindnesses and courtesies extended by the Mayor, Aldermen and Councillors.



Medical Officer of Health and
Principal School Medical Officer.

3rd September, 1959

PART I

SOCIAL AND STATISTICAL INFORMATION

"Let observation with extensive view,
Survey mankind, from China to Peru;
Remark each anxious toil, each eager strife,
And watch the busy scenes of crowded life."

"Vanity of Human Wishes," l.i.
Samuel Johnson 1709-1784

1. Geographical Situation : Latitude 53° 33" N.
Longititude 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 75,580
5. Density of Population : 9.67
6. No. of inhabited houses : 22,510
7. Rateable Value at 31st December, 1958 : £698,396
8. Sum represented by a penny rate £2,714

SOCIAL CONDITIONS

Full employment continues to render unnecessary the detailed comment on social conditions which it was customary to make in annual reports in the "Between the Wars" period. Continued prosperity is allowing of the making of a determined attack on the Housing problem, though there still seems to be little hope of a new home being available for all young couples on marriage for some years to come. This is of course a national rather than a local problem. There are few indeed, if any serious social problems which are peculiar to Barnsley. Nevertheless, from the point of view of health, it would be more satisfactory if it were unnecessary for a proportion of young girls to obtain remunerative employment by travelling long distances to the heavy woollen district daily. This underlines the need to attract to Barnsley more industry of a type that will utilize young female labour.

In referring to social conditions it has been the practice in this series of reports to give figures for employment at the beginning and end of the year, these are supplied by the Manager of the Barnsley Employment Exchange, and for 1958 are as follows :-

	Men 18 and over	Women 18 and over	Total
As at 1.1.58 :			
Wholly unemployed	271	75	346
Temporarily unemployed	7	1	8
As at 31.12.59 :			
Wholly unemployed	555	187	742
Temporarily unemployed	43	13	56

VITAL STATISTICS

The vital statistics for 1958 in the pages which follow, the usual explanatory notes and comments added in the appropriate places, and the simplified statistical tables introduced three years ago will be found in the appendix to this part of the report.

POPULATION

The Registrar General's estimation of the population at mid-year 1958 is 75,580. This is an increase over the estimates for the past years, but still falls short of the actual figures at the 1951 census. Again, without criticising the Registrar General, the comment must be recorded that for those who know the vital and progressive community that is Barnsley it is very difficult to believe that the population of the Borough is the same now as it was in 1951.

BIRTHS

There was a total of 1,311 live births to residents of the County Borough. The details are as follows:

Live Births

				Males	Females	Total
Legitimate	....	....	....	664	611	1,275
Illegitimate	....	....	....	20	16	36
				<hr/>	<hr/>	<hr/>
Total	....			684	627	1,311
				<hr/>	<hr/>	<hr/>

Birth Rate per 1,000 population = 17.34

Adjusted by application of comparability factor of 0.99 = 17.16

Reference to Table I will show that the birth rate for Barnsley continues to be above that for the country as a whole. This latter figure showed an increase over that for 1957. In Barnsley however, the 1958 Birth Rate showed a fractional decrease when compared with that for 1957.

Illegitimate live births were 2.74% of total live births.

Still Births

				Males	Females	Total
Legitimate	....	....	....	23	13	36
Illegitimate	....	....	....	2	—	2
				<hr/>	<hr/>	<hr/>
Total	....			25	13	38
				<hr/>	<hr/>	<hr/>

Rate per 1,000 total births (live and still) = 28.16

Rate per 1,000 population = 0.50

The Still Birth Rate for Barnsley again shows little material change. In 1958 there was one more still birth than in 1957. This gives an increase of just under one in the rate per 100 births. This rate remains above that of England and Wales as a whole. Detailed reference has been made in the past on this figure as an index to the efficiency of the obstetric services in the area. As no substantial change has taken place in these during the year it would indeed be unusual if this figure were to show any marked change.

PERINATAL MORTALITY

Neo-natal Deaths :

25 Infants failed to survive the first week of life and of these some 20 were born prematurely. In such cases the causes of death are closely related to those which resulted in Still Births. It is therefore convenient and illuminating to analyse together Still Births and Neo-natal Deaths under the heading of perinatal mortality.

	Stillbirths		Deaths 0-1 wk.		Perinatal Total	
	Prem.	F.T.	Prem.	F.T.	Prem.	F.T.
Foetal Deformities	7	2	4	3	11	5
Maternal Toxaemia	5	—	1	—	6	—
Ante partum Haemorrhage	2	2	3	—	5	2
Obstetric Casualties	—	10	—	2	—	12
Maternal Ill-health:						
Diabetes)						
Bronchitis)	1	—	5	—	6	—
General Ill-health and Twins)						
Placental Insufficiency	1	—	—	—	1	—
Rh. Incompatibility	1	1	—	—	1	1
Premature + hyaline membrane ...	—	—	2	—	2	—
Cause unknown	3	3	5	—	8	3
	20	18	20	5	40	23
	38		25		63	

INFANTILE MORTALITY

It is usual to prepare each year an infantile mortality figure which represents the number of children who died in under one year of life per 1,000 live births which for Barnsley for 1958 was 27.46 (Table I). In Barnsley in 1958 36 children died in their first year, reference to the analysis of Perinatal Mortality will show that 25 of these deaths occurred in the first week. The remaining 11 deaths which occurred between the ages of one week and one year may be analysed as follows:

Causes :	Deaths
	1 week—1 year
Congenital Abnormalities	3
Congenital Abnormality and acute respiratory infection	2
Acute respiratory infection	5
Whooping cough (and gastro enteritis)	1
Total	11

It is interesting, when examining these figures for comparative purposes (Table I), to observe that the Barnsley figure remains consistently above that for England. The 1958 figure shows a material increase on the 1957 figure, but when considered with figures for the past twenty years conforms to the general pattern which has resulted in an over all steady fall during this period. Finally it is pleasing to note that not a single death of a child under one year of age was attributed to gastro-enteritis alone. In the one case where the condition appeared as a cause of death it was associated with whooping cough—a notably serious illness in children under one year old.

The various causes of death in infants under one year of age as related to age at death are shown in Table II in the Appendix.

MATERNAL MORTALITY

One death was recorded in the County Borough during 1958 as being attributable to pregnancy and abortion, this produces a maternal mortality figure for Barnsley of 0.74 per 1,000 live and still births as compared with 0.43 for England and Wales. The value of computing annual figures of this kind for populations the size of Barnsley and of drawing conclusions from them has been discussed at some length in previous annual reports — study of the Maternal Mortality columns of Table I will show that the contention that in such population groups a 5 year Maternal Mortality figure would be a better one for comparison with the National average.

1 Maternal Death

Rate per 1,000 live births = 0.74

as compared with 0.43 for England and Wales.

DEATHS

Males 447 Females 365 Total 812

Crude death rate per 1,000 population = 10.74

(Adjusted by application of comparability factor of 1.24 = 13.31)

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

Comparison with 1957 shows an increase of 10 deaths over that year. As a result both the crude and adjusted death rates for the County Borough are fractionally higher than they were in the previous year. The adjusted figure is shown in Table I in the appendix.

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.

Pulmonary Tuberculosis accounted for 8 deaths, one more than the figure recorded in 1957.

The only death attributed to the common notifiable infectious diseases was one from whooping cough.

Influenza was not shown as the cause of a single death, whilst pneumonia and bronchitis were credited with 85 deaths — this compares with a total of 100 ascribed to these three causes in 1957.

Cancer deaths amounted to 128 an increase of nine over 1957.

The findings at inquests held by H.M. Coroner during 1958 on Barnsley residents were as follows:

	Male	Female
1. Deaths certified from natural causes	12	2
2. Deaths certified as Road Traffic Accidents	8	4
3. Deaths certified as Occupation Accidents	2	—
4. Deaths certified as Home and Other Accidents	8	3
5. Deaths certified as Suicide	5	2
6. Deaths certified as Homicide	—	—
	<hr/> 35	<hr/> 11
Total	<hr/> 46	<hr/>

PART I APPENDIX. TABLE 1.

Vital Statistics

Barnsley County Borough compared with those for England and Wales for Twenty Years

Year	BIRTHS				DEATHS				Deaths under 1 year of age				Maternal Mortality		Year
	Total (Est.) Popu-lation	Barnsley adjusted			Barnsley Adjusted			Barnsley			Barnsley		Rate for England & Wales		
		Num-ber	Rate per 1000 Pop.	Rate for England & Wales	Num-ber	Rate per 1000 Pop.	Rate for England & Wales	Num-ber	Rate per 1000 Live Births	Rate for England & Wales	Rate per 1000 Live Births				
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		
1957	75360	1324	17.39	16.1	802	13.19	11.5	33	24.92	23.0	0.75	0.47	1957		
1958	75580	1311	17.16	16.4	812	13.31	11.7	36	27.46	22.5	0.74	0.43	1958		

TABLE II
INFANT MORTALITY 1958
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 1958
	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		
Pneumonia	—	—	—	—	—	—	1	—	1	2	2
Bronchitis	—	—	—	—	—	—	2	—	—	2	2
Gastro Enteritis	—	—	—	—	—	—	2	1	—	3	3
Lumbar Meningocele	—	—	—	—	—	1	—	—	—	1	1
Congenital Heart	1	—	—	—	1	—	—	—	—	—	1
Congenital Oesophageal Atresia	—	—	—	—	—	1	—	—	—	1	1
Duodenal Atresia	—	1	—	—	1	—	—	—	—	—	1
Hydrocephalus	1	—	—	—	1	1	1	—	—	2	3
Prematurity	18	—	—	—	18	—	—	—	—	—	18
Neonatal Asphyxia Linida	1	—	—	—	1	—	—	—	—	—	1
Bilateral Polycystic disease of the kidneys	1	—	—	—	1	—	—	—	—	—	1
Pulmonary Atelectasis	1	—	—	—	1	—	—	—	—	—	1
Asphyxia	1	—	—	—	1	—	—	—	—	—	1
TOTALS	24	1	—	—	25	3	6	1	1	11	36

TABLE III
Causes of Deaths related to age and sex distribution, 1958

CAUSE OF DEATH	Sex	AGE GROUPS								TOTAL
		0-1 Years	1-5 Years	5-15 Years	15-25 Years	25-45 Years	45-65 Years	65-75 Years	75 years and over	
1 Tuberculosis, Respiratory ...	M	...	...	1	...	...	3	1	1	5
2 Tuberculosis, Other ...	F	...	...	...	...	...	1	...	...	3
3 Syphilitic Disease ...	F	...	...	...	...	...	...	1	...	1
4 Diphtheria ...	M	...	...	...	...	...	...	...	...	...
5 Whooping Cough ...	M	...	...	...	...	...	...	...	...	...
6 Meningococcal Infection ...	F	...	...	...	...	...	...	...	...	...
7 Acute Poliomyelitis ...	F	...	...	...	...	...	...	...	...	...
8 Measles ...	F	...	...	...	...	...	...	...	...	...
9 Other Infective and Parasitic Diseases ...	F	...	...	...	...	...	...	...	...	...
10 Malignant Neoplasm—Stomach ...	M	...	...	...	...	...	1	6	1	1
11 Malignant Neoplasm—Lung, Bronchus ...	M	...	...	...	...	...	3	5	4	12
12 Malignant Neoplasm—Breast ...	F	...	...	...	...	...	9	7	1	17
13 Malignant Neoplasm—Uterus ...	F	...	...	...	...	...	4	2	1	7
14 Other Malignant and Lymphatic Neoplasms ...	M	...	...	...	...	...	...	...	...	...
15 Leukemia, Aleukemia ...	M	...	...	...	...	...	...	...	...	...
16 Diabetes ...	M	...	...	...	...	...	...	...	...	...
17 Vascular Lesions of Nervous System ...	M	...	...	...	...	...	...	...	...	...
18 Coronary Disease, Angina ...	M	...	...	...	...	...	6	16	25	47
19 Hypertension with Heart Disease ...	M	...	...	...	...	...	7	14	38	61
20 Other Heart Disease ...	M	...	...	...	...	...	2	33	26	77
21 Other Circulatory Disease ...	M	...	...	...	...	...	2	8	9	18
22 Influenza ...	M	...	...	...	...	...	1	2	4	6
23 Pneumonia ...	M	...	...	...	...	...	...	...	...	...
24 Bronchitis ...	M	...	...	...	...	...	...	...	...	...
25 Other Respiratory Disease ...	M	...	...	...	...	...	...	...	...	...
26 Ulcer of Stomach ...	M	...	...	...	...	...	...	...	...	...
27 Gastritis, Enteritis and Diarrhoea ...	M	...	...	...	...	...	3	3	2	8
28 Nephritis and Nephrosis ...	M	...	...	...	...	...	...	...	...	...
29 Hyperplasia of Prostate ...	M	...	...	...	...	...	...	...	...	...
30 Pregnancy, Childbirth and Abortion ...	F	...	...	...	...	...	...	...	...	...
31 Congenital Malformations ...	F	...	...	...	...	...	...	...	...	...
32 Other Defined and Ill-Defined Disease ...	F	...	...	...	...	...	...	...	...	...
33 Motor Vehicle Accidents ...	F	...	...	...	...	...	...	...	...	...
34 All Other Accidents ...	F	...	...	...	...	...	...	...	...	...
35 Suicide ...	F	...	...	...	...	...	...	...	...	...
36 Homicide and Operations of War ...	F	...	...	...	...	...	...	...	...	...
		36	8	5	3	37	183	208	332	812

PART II

EPIDEMIOLOGY

"Every physician almost hath his favourite disease."

"Tom Jones," bk.ii, ch.9.
Henry Fielding 1707-1745.

During 1958 1,450 cases of notifiable infectious disease were reported in Barnsley. 1,819 cases were reported in 1957.

In interpreting the significance of these figures once again it is necessary to take into account the cyclical prevalence of measles. 1958 was not a "Measles Year", therefore a more realistic comparison would be obtained by examining the figures for 1956 rather than those for 1957. In 1956 the notifications amounted to 1,156. The number of cases of measles in that year was comparable with that for 1958. The prevalence of dysentery accounted for almost half the total notifications. This disease was therefore entirely responsible for the apparently unfavourable epidemiological statistics for 1958.

At this point it might be worthwhile to examine the epidemiological significance of dysentery of the type due to the *Shigella* Sonnei—the type to which all cases in Barnsley conformed.

This disease has become more and more prevalent in this country during the past decade. In the vast preponderance of cases in healthy adults it is very mild indeed, a few colicky pains and an attack of diarrhoea which in no way incapacitates. In children it can be much more severe and its severity increases as age at the time of attack decreases. There is little doubt that many cases pass entirely undetected in households where there are no children, it is usually the more severe illness in the younger members of the family which result in the calling in of medical advice and consequent notification. The question arises then is it really worthwhile regarding all mild cases which are notified as potentially dangerous infectious disease? The answer to this question for some time to come at any rate must necessarily be in the affirmative. The reasons for this are as follows:

1. The severity of the illness in children. From time to time severe illness in children (adults also) has occurred in Barnsley due to Sonnei dysentery. This has usually been manifest in a number of closely related cases and when it has happened a person handling food eaten by the group has been found to be carrying the organism. Although Laboratory evidence on the mechanism of the actual infection of food is not entirely conclusive it is felt that it is strong enough to make worth while a campaign to ensure that as far as possible all persons who are excreting the organism are known to the Health Department. Furthermore such persons are prevented from handling food to be eaten by others until such time as they are bacteriologically cleared.

2. The infectiousness of the disease amongst younger children. Recent work has shown how readily Sonn  dysentery in a mild form can spread amongst children at schools. It is therefore, worth while taking steps to reduce the rate of this spread in schools, even if it is not possible to stop it altogether. It would appear that in circumstances of massive general infection outbreaks of the kind thought to be spread by food handlers are more likely.
3. The impossibility without extensive bacteriological examination of differentiating between average attacks of Sonn  dysentery and an ambulatory attack of food poisoning due to one of the highly dangerous Salmonella Group of organisms. In control of food poisoning of this kind it is vitally important to know of potential carriers, this ensures that they receive appropriate treatment, and makes it possible to prevent them from handling food until bacteriologically cleared.

On account of the importance attributed to these three reasons for notification, all cases of diarrhoea which come to the notice of the Health Department are investigated—no matter how mild they are. One result is that perhaps a higher proportion of cases of Sonn  dysentery is confirmed and subsequently notified than is the case in areas where such is not the practice. Another result is that a surprising proportion of infected food handlers has been detected and by reason of the powers available under the Barnsley Corporation Act, 1949, Section 39, such individuals are prevented from handling food.

It is interesting to note—though it could well be a coincidence—that despite the prevalence of Sonn  dysentery, gastro-enteritis was mentioned only once in the analysis of infant deaths for the year and then only as a contributory cause. It may well be that the follow-up of dysentery is having its effect in ensuring the early and effective treatment of infantile diarrhoea due to other organisms and causes. If this is so it is still another reason for continuing the notification of this rather mild, annoying but potentially important condition.

Apart from the high notification rate for Sonn  dysentery there was little or no other epidemiological incident of importance in 1958.

Scarlet Fever

130 cases of scarlet fever were reported, 91 were treated in hospital. The disease continued to be mild and as usual many of the cases were associated with attacks of tonsilitis in close relatives or associates. The cases as will be seen from Table II were evenly distributed throughout the year and showed no special evidence of seasonal incidence.

Diphtheria

Again no case of diphtheria was reported during the year.

Pneumonia

135 cases of pneumonia were notified. This is a slight increase on 1957(120). Table II shows the seasonal distribution of the cases.

Meningococcal Infection

Six sporadic cases were reported none of these were fatal.

Measles

244 cases of measles were reported—this compares with 1,394 cases in 1957 and 220 in 1956 and demonstrates bi-annual cyclical prevalence of the disease. Little comment is called for here except to emphasise once again that measles is not a trifling complaint. It is regarded as a very serious illness in the young child and should be regarded as such by all parents. That more fatalities and disabling complications do not now result from measles is without doubt due to an increasing realisation of this fact amongst parents.

Whooping Cough

144 cases of whooping cough were notified in 1958, 32 were notified in 1957. This is a most disturbing situation. Whooping cough is a disease for which a reliable and proved immunisation is available. Attention has been repeatedly drawn to this. Nevertheless it seems quite impossible to rid parents of their apathy towards it.

It is not intended to wish misfortune on a no doubt most estimable group of public entertainers. Nevertheless, it would appear that really severe whooping cough attacking a well known exponent of skiffle, a footballer or even a film star would be the most effective way of drawing attention to the disease. If for example a Television Skiffle programme had to be interrupted whilst the victim suffered a paroxysm proceeding to the vomiting point, this might result in a rush for vaccination against the disease. Unfortunately experience suggests that it would probably be necessary for some such celebrity to be attacked every six months or so if public interest in the procedure were to be maintained at a satisfactory level, over a period sufficiently long to result in adequate and continued immunisation in the community.

Puerperal Pyrexia

The 30 cases reported, although an increase over previous years, must not be regarded with concern. It is likely that these represent a far truer picture of the prevalence of this condition (as defined by Regulations) than the more favourable ones recorded in some previous years.

Poliomyelitis

As in 1957 nine cases of poliomyelitis were reported, 8 paralytic and 1 non-paralytic. No death was recorded from the disease. 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. It would appear that 1958 was a year of lower than average incidence. Reference to Table II will show that the cases have been distributed fairly evenly through the year, whilst Table I shows their geographical distribution to the various wards of the County Borough—all the cases appeared to be sporadic.

Although immunisation against poliomyelitis has been available in the Borough on a limited scale since 1956 the number of individuals immunised by the end of the year and the circumscribed groups to which they belonged are such as to preclude the drawing of any conclusion from this figure—no case of poliomyelitis occurred in an immunised individual during 1958.

Food poisoning and dysentery

Reference has already been made to the practice in Barnsley of investigating all cases of gastro-enteritis reported by general practitioners. The final notification is usually made on the bacteriological findings. As a result of this arrangement 22 cases of food poisoning due to *Salmonella* organisms and 720 cases of Sonné dysentery were notified.

13 of the cases attributed to *Salmonella* infection were single cases and the remainder comprised 3 sets of 2 cases and in one instance 3 cases in the same household. These investigations during the year involved a vast amount of work. The routine part of the investigations, including the collection of specimens is carried out by Health Visitors and Nurses attached to the Health Visiting Service. The prevalence of dysentery certainly placed a strain on this Service with the result that it became necessary to modify and simplify considerably the routine scheme for investigation. In simplifying this scheme the original methods were retained where members of an infected family were engaged in the handling of food for sale. Such members were requested to desist from following their employment and were compensated under the provisions of the Barnsley Corporation Act, 1949, S.39. In addition to the 22 cases of food poisoning due to *Salmonella* organisms, there was a major outbreak of food poisoning affecting Holgate Grammar School and several other schools drawing school meals from the Grammar School kitchen.

This outbreak occurred on the 8th May, 1958, and was explosive in character. A report was received by the Medical Officer of Health that the number of teachers attending on the morning of 9th May was insufficient to staff the school and that the attendance of pupils was greatly depleted. Several pupils and masters in attendance were suffering from an acute form of gastro-enteritis and it appeared that in the vast majority of cases this had developed during the night and in the early hours of the morning. Investigation of the kitchens revealed that samples of all the food consumed on the previous day had been retained. These were forthwith forwarded to the Public Health Laboratory

together with specimens of vomit and faeces collected from those at the school who were exhibiting signs of gastro-enteritis. A strain of *Cl. welchii* was isolated from a sample of cold roast beef which had been served on the previous day and also from the specimens sent from the patients. Owing to the effect of the outbreak on the teaching staff the school had to be closed for several days. On re-opening all those affected returned without complication. In the circumstances it was quite impossible to ascertain accurately the exact number of persons affected. However, from estimates based on absences this appeared to be between 300 and 400.

Following this incident instructions were issued as to the cooking and storing of meat for school dinners. These were of course aimed at preventing an occurrence of such an outbreak in future.

Tuberculosis

The number of notifications of pulmonary tuberculosis received during 1958 was 38. In addition, in the Registrar's Returns of deaths pulmonary tuberculosis was mentioned in 4 cases in respect of whom no notification had been received. This figure which once again is the lowest on record underlines more than ever the fact that modern medical science is rapidly eliminating tuberculosis. Reference to Table III will show that the notifications in 1958 were less than the number of deaths from the disease in the first year recorded in that Table—1945.

There were 8 deaths attributed to pulmonary tuberculosis during the year, this is only 1 above last year's low record of 7.

Once again the only possible comment to be made on this highly satisfactory position is that it emphasises what can be done in the field of preventive medicine by team work. This achievement is without doubt the result of combined effort on the part of the three parts of the National Health Service, the Housing Department, the Sanitary Department, the National Assistance Board, the Ministry of Agriculture and Fisheries and the Educational Services.

As was the case last year only 6 cases of non pulmonary tuberculosis were notified, this figure has been achieved on 3 previous occasions, 1952, 1955 and 1957, and is the lowest recorded.

There was one death from acute miliary tuberculosis. The organs attacked by the disease were as follows:—

				Male	Female
Kidney	....	....	....	—	1
Knee	....	....	....	1	1
Spine	....	....	....	1	1
Spleen	....	....	....	—	1
Total				2	4
				6	

Table IV shows new notifications and deaths from tuberculosis, classified into age groups.

Venereal Diseases

For a number of years it has been possible to report a steady and continuing decrease in the incidence of venereal disease in Barnsley. Reports had been received of increasing number of cases of Gonorrhoea in other adjacent areas but until the end of 1957 this did not appear to have affected Barnsley.

It will be observed however, that for 1958 there is a significant increase over the previous year in the number of cases of Gonorrhoea treated at the Barnsley Special Treatment Centre. It should be emphasised that this is part of a national increase rather than the result of any change in local circumstances. The Health Department continues to do such social and follow-up work as is requested by the Medical Officer in Charge of the Centre.

The figures for new cases attending the Barnsley Special Treatment Centre are as follows:—

	Male	Female	Total
Syphilis	4	6	10
Gonorrhoea	39	6	45
Other Conditions	116	41	157
	<hr/> 159	<hr/> 53	<hr/> 212

The total number of new cases of Gonorrhoea which attended the Centre in 1957 was 26.

Scabies

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

Children:

Number treated	....	....	....	....	....	24
Number of treatments	....	....	....	....	....	44

Adults:

Number treated	....	....	....	....	....	7
Number of treatments	....	....	....	....	....	12

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

Number of cases notified in Barnsley during 1958												Total Cases in each Ward						Removed to Hospital			

TABLE II. Notifiable Infectious Diseases (excluding Tuberculosis)
Table shewing monthly prevalence during the year 1958

NOTIFIABLE DISEASES	JAN.	FEB.	MAR.	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Scarlet Fever	12	15	13	7	7	6	13	12	12	10	3	20	130
Whooping Cough	12	26	17	17	22	17	8	2	11	3	7	2	144
Measles	1	—	—	2	3	2	3	1	3	27	83	119	244
Pneumonia	23	19	18	16	9	6	4	5	6	8	11	10	135
Meningococcal Infection	—	1	—	—	—	1	1	—	—	—	1	2	6
Puerperal Pyrexia	—	1	5	1	1	5	1	2	1	3	6	4	30
Dysentery	68	46	65	58	89	135	137	25	25	9	12	51	720
Food Poisoning	—	—	2	—	—	2	1	7	3	5	—	2	22
Paralytic Poliomyelitis	—	—	—	1	1	—	—	1	2	2	—	1	8
Non-Paralytic Polio.	—	—	—	—	—	1	—	—	—	—	—	—	1
Erysipelas	1	—	1	2	2	—	—	1	—	1	—	1	9
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	1	—	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	117	108	121	104	134	175	168	56	64	68	123	212	1450

TABLE III
TUBERCULOSIS—NOTIFICATIONS AND DEATHS
For 14 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
1957	56	7	0.09	6	3	0.04	0.13
1958	38	8	0.10	6	1	0.01	0.11

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	1	—	—	—	—	—	—
5—10 . . .	—	—	—	—	—	1	—	—
10—15 . . .	1	1	—	—	—	—	—	—
15—20 . . .	1	—	—	1	—	—	—	—
20—25 . . .	2	7	1	—	—	—	—	—
25—35 . . .	2	6	—	2	—	—	—	—
35—45 . . .	1	—	—	1	1	—	—	—
45—55 . . .	5	2	—	—	—	—	—	—
55—65 . . .	2	2	—	—	3	1	—	—
65—75 . . .	3	—	1	—	1	—	1	—
75 and over	—	1	—	—	—	1	—	—
Total	18	20	2	4	5	3	1	—

PART III

SOCIAL AND PERSONAL HEALTH SERVICES

National Health Service Acts, 1946-52

National Assistance Acts, 1948 and 1951

"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 Browne, 1605-1682.

It is now ten years since the National Health Service Act came into force and the Minister has asked for the inclusion in this year's report of a brief review of the manner in which Local Health Services have functioned during that time in the wider setting of the National Health Service generally.

The services for the Care of Mothers and Young Children have to a very great extent followed the pattern laid down in the years between the wars. Attendances at ante-natal clinics are lower. This is a natural result of the introduction of the Maternity Medical Service, and it must be expected that these attendances will probably decrease still further. The post-natal clinics are not well attended despite encouragement given by midwives to their patients. General practitioners also experience difficulty in getting women to undergo post-natal examination. There are a few patients who accept this at the Local Authority's Clinic after refusing it from their family doctors. It is difficult to understand the reason for this behaviour, and it is understandably a fruitful cause of friction between the two Services. It would seem that there is need for a combined effort by both Services in popularising the post-natal check up.

Infant and toddler clinics have suffered from certain fluctuations in attendance during the past 10 years. The extension of the general practitioner service to include all members of the family resulted at first in a fall. This without doubt represented a reduction in the number of those really sick children whose parents used the clinics to obtain free medical advice. In the past two years attendances have commenced to rise again and they now include more of the proper kind of "clinic baby"—the fit child whose parents are interested in receiving advice on maintaining and increasing this fitness.

The Health Visiting Service has undergone considerable changes in the past 10 years with the duties accruing to it under S.28 of the National Health Service Act. The Health Visitor as the principal medico-social worker of the Health Department now

stands in relationship to the whole family including the healthy aged. Ten years ago she was concerned with Mothers and Children only. In Barnsley for a number of reasons this service has experienced difficulties in recruitment, however, at the time of writing it would appear that the solution of these will be found in the not too distant future.

The Midwifery Service in Barnsley has also known difficulties during the past 10 years. The service has, however, been able to cope with all eventualities. Innovations have been the equipment of each midwife with gas and air and later with Trilene analgesia apparatus and the training of them in the use of these. A less satisfying aspect of midwifery in Barnsley is the domiciliary care of patients who have been confined in hospital and who have been discharged before the end of the officially defined puerperium. Such cases have increased in number, particularly in the past five years. In addition to its other activities the Barnsley Domiciliary Midwifery Service has performed the useful function of providing District Training for 53 pupil midwives in the 10 years.

The Home Nursing Service has seen very considerable development during the ten years. This has arisen largely on account of the inadequate provision of hospital beds for the aged and chronic sick in Barnsley. Consequent upon this a twenty-four hours service of visiting nurses (18 nurses 2 of whom are males are employed) is now available at the order of the family doctor. A very comprehensive selection of loans of sick room requisites, and invalid appliances, as well as a clean linen loan and exchange service for the incontinent and very ill patient is available. In addition all the nursing staff are provided with dry sterilized syringes for the administration of drugs by injection, also when requested, dry sterilized syringes are available on loan to general practitioners for their own use. In addition to attending patients at their own homes the nurses hold injection and dressing sessions in four of the Health Authority's Clinics.

This service perhaps as much as any other of those provided by the Local Authority has contributed to the development of the National Health Service in its wider setting in Barnsley. Latterly since becoming recognised as a "Training Authority" by the Queen's Institute of District Nursing the Barnsley Service has been able by training Home Nurses for neighbouring Authorities to widen the sphere of its influence beyond the boundaries of the County Borough. It is interesting to compare the 1958 report on home nursing with the statement in the annual report for 1948 "The number of nurses still remained at 5 on 31st December, 1948".

Fundamentally the Local Health Authority's arrangements for vaccination and immunisation have altered but little during the first ten years of the National Health Service. Protective immunisation against additional diseases such as tetanus and poliomyelitis is now offered, as well as those against smallpox, diphtheria and whooping cough which were available at the commencement of the service 10 years ago. It is unfortunate that it has not been

possible, at a national level, to dispel the apathy which besets those parents who are too idle and lacking in interest, to allow their children to benefit from the protection available for them. If a way of doing this were to be found much valuable effort on the part of the Local Authority staff would be available for direction into other channels.

The Ambulance Service in Barnsley has over the years proved its own efficiency, and is by and large a silent service always present when it is needed. There is little doubt that it is to some extent abused by the public, many of whom could well make their attendance to hospital outpatients by public transport without any discomfort whatsoever. Though of course an ambulance is probably a more convenient method of travel. Co-operation from hospitals and doctors has done a great deal to reduce this abuse and it is to be hoped that it will diminish still further in the years to come.

S.28 of the National Health Service Act conferred very wide powers on Local Health Authorities for the purposes of prevention of illness, care and after-care.

Prevention of Illness has been a traditional duty of Public Health Departments at all stages of their development but this section of the act has allowed the use for this purpose of some the facilities already available for other objectives. For example the Health Visiting Service can now obtain information about illness other than statutory notifiable diseases and the domiciliary services can tie up more closely with certain of the hospital services. A great deal has been achieved in this way in regard to tuberculosis, both in dealing with individual cases, and in the carrying out of Mass X-ray surveys. Similarly with Venereal Diseases the Local Health Authority provides a social service for the Special Treatment Centre. It is unfortunate that it has not been possible to extend this sort of co-operation further to other hospital departments.

Another of a Local Health Authority's activities aimed at prevention of illness sanctioned by this section of the Act is Health Education. Over the years a very great deal of critical thought has been given to this subject in Barnsley. Recent events in certain fields have, it is felt, emphasised the necessity for such thought. A very strong impression has been formed that the traditional conception of Health Education and the conventional methods employed in it do not achieve results to the extent desired or expected. It is not denied that some results are obtained. However the net value of these would appear to be altogether disproportionate to the amount of effort and money expended on them. It would seem that in the last ten years the Health Service has learned that the whole question of indoctrinating the mind of the community as to health and healthy living calls for an entirely new approach.

As to "Care and After-care", the Home Nursing and Health Visiting Services by reason of the inadequacy of provision of

hospital beds for the aged and chronic sick have between them developed a well co-ordinated machine to offer a substitute for hospital treatment in the patient's own home. In recent years this has been further extended by association with the services provided by the Corporation for the Handicapped under S.29 of the National Assistance Act 1948. So that now a very comprehensive scheme for Care and After-care on a long term basis is available in Barnsley. It is felt that perhaps more use could be made of these facilities when patients are discharged from hospital than is the case at present.

The Domestic Help Service of all those provided by the Health Authority has perhaps shown the greatest growth during the past 10 years. Four part-time helps attended 25 cases in 1948. In 1958 576 cases were attended by 118 home helps. This service plays an important part in the care of the mobile aged as an intelligent domestic help who is interested in her case provides an invaluable link between the aged person and the Health Department.

The Mental Health Service has also undergone considerable development during the decade. Impending alterations in the law governing this Service at the time of writing render comment on what has been achieved somewhat premature, particularly as a great deal of this is in the planning stage. It is, however, satisfying to look back and appreciate that since 1954 the Barnsley Health Committee has been planning on lines which will accelerate the provision of Welfare Services for its mentally handicapped as part and parcel of a wider scheme for Handicapped Persons generally, be they blind, deaf, crippled or backward. One serious problem throughout the whole of the ten years has been the paucity of institutional accommodation for low grade mental defectives in Barnsley. This has placed considerable obstacles in the way of building up a Mental Health Service which has the full confidence of the community.

So much for those Health Services provided by the Barnsley County Borough Council in the capacity of the Local Health Authority. Other services such as the School Health Service, Housing Services, Welfare of the Handicapped and those of the Children's Department are so closely associated with the National Health Service, that they exert their influence on the Health Authority's relations with the other partners in the National Health Service. This has been fully realised and the part they play must not be overlooked in any review such as this.

On the whole in the ten years it has been possible to provide services which fit into the general picture fairly well. Every worker feels that it would be possible for them to fit in better if a redistribution of powers and duties could only be made. No doubt the Central Government is continually being approached, canvassed and even attacked by various pressure groups with this in view. On the balance it is, however, probably a good thing for all concerned that the National Health Service has developed as it has—on the lines of uneasy compromise.

During 1958 little change took place in the relationships between the Local Authority's Services and those provided by the Regional Hospital Board and the Executive Council. The only alteration in the position prevailing at the beginning of the year is that the Medical Officer of Health and the Deputy Medical Officer of Health have become members of the No. 1 and No. 2 House Committees of the Barnsley Group of Hospitals respectively. This should promote appreciably better understanding between the Hospitals and the Local Authority Services.

1958 could not be said to be an easy year for the Authority's own Services. Shortages of Medical and Health Visiting Staff placed heavy burdens on those officers actually in post and provided many difficult problems in choosing priorities amongst the tasks awaiting to be done. However, by the end of the year consideration was being given to practical ways and means of solving these difficulties.

Industrial County Boroughs such as Barnsley will always be at a disadvantage in attracting suitable staff under the conditions prevailing at the present time. The expansion of the National Health Service throughout the country is demanding professional staff in all its branches at least as quickly as they can be trained. This gives candidates a very wide choice. Apart from the reduced entry due to segregating of those in the Local Government Service from their colleagues in negotiations, nationally agreed salaries and conditions of service make employment in Barnsley no more lucrative than in Bournemouth or Torquay or other places where the natural amenities are more attractive. The promotion structure is now such that in carving a career in public health there is little if any advantage in having the invaluable experience which can only be gained in an industrial area. Finally many workers prefer County areas in which a greater proportion of the working day is spent in travel and where by the nature of things the supervision and co-ordination of services tends to be less exact. It is appreciated that there is no single immediate general remedy for this problem. Its solution would appear only to be possible if first the existence of it is fully recognised. Then steps might be taken to give work in the Public Health Service of the industrial County Boroughs a group of material attractions which would be commensurate with the great professional satisfaction which derives from it. Thought on these lines must not be limited merely to terms of financial reward and hours of duty. Whilst these are of great importance they are by no means the only considerations that influence professional staff in selecting the appointments for which they make application.

It now remains to examine under the appropriate heading the work done by and the developments in each of the several services.

HEALTH CENTRES

National Health Service Act, 1946, S.21

The Health Authority's building at Laithes Lane, Athersley, has enabled the development during the year of a full range of services for the ever growing community on the Corporation's new housing estates.

Work was commenced towards the end of the year on the construction of a similar building at Lundwood. Completion of this will see the end of Clinic Sessions in rented buildings, and will allow all of the Local Authority's work to be carried out on premises in the ownership of the Corporation.

CARE OF MOTHERS AND YOUNG CHILDREN

National Health Service Act, 1946, S.22

The tendency for women to obtain their ante natal care through the Maternity Medical Service provided by the Executive Council rather than from Local Health Authority Clinics appears to have continued during 1958. 611 women obtained all or part of their ante natal supervision at the clinics compared with 665 in 1957 and 700 in 1956. In the case of post natal care 85 patients attended for this, 31 in 1957 and 57 in 1956.

It is unfortunate that comparable figures relating to Maternity Medical Services provided by the Executive Council are not provided for inclusion in this report. If they were it might then be possible to reach an assessment of the general appreciation of the value of ante natal care in the whole community. In the case of Infant Welfare Clinics there is an increase in the total number of children attending for the second succeeding year and an increase in the overall number of attendances. 2,469 individual children attended compared with 2,422 in 1957 and 2,236 in 1956. The total attendances at 14,921 show an increase over the 14,316 recorded in 1957.

Cases are encountered from time to time where early nutritional or developmental defects are suspected, and the Consultant Paediatrician attends at the Medical Services Clinic in New Street to advise on such cases. 74 cases were referred to him during the year, some 12 more than in 1957. 269 attendances were made at this clinic compared with 146 in the previous year. This clinic is especially valuable in preserving the preventive and educational approach in the minds of the parents.

The statistical data relating to clinics and centres during 1958 may be summarised in the following tabular form:—

ANTE-NATAL AND POST-NATAL CLINICS

Summary of Attendances in 1958

	Barnsley	Athersley	Ardsley	Lundwood	Carlton	Total
ANTE-NATAL CLINICS						
1. No. of sessions per month	8	4	4	4	2	22
2. No. of women who attended during the year	217	180	136	61	17	611
3. No. of New Cases included in the above	186	142	115	45	12	500
4. No. of attendances made during the year	1112	896	667	281	77	3033
POST-NATAL CLINICS						
1. No. of women who attended during the year	42	36	2	1	4	85
2. No. of New Cases included in the above	42	36	2	1	4	85
3. No. of attendances made during the year	50	44	2	1	5	102

Note:

Of Barnsley's

217 Ante-Natal Cases 17 were transferred to St. Helen Hospital.

Of Athersley's

180 Ante-Natal Cases 7 were transferred to St. Helen Hospital.

Of Ardsley's

136 Ante-Natal Cases 7 were transferred to St. Helen Hospital.

Of Lundwood's

61 Ante-Natal Cases 9 were transferred to St. Helen Hospital.

Of Carlton's

17 Ante-Natal Cases 1 was transferred to St. Helen Hospital.

4 Patients attended Barnsley Post-Natal Clinic, and 17 attended Athersley Post-Natal Clinic, to have Blood taken only.

INFANT WELFARE CENTRES

Summary of Attendances in 1958

INFANT WELFARE	Barns- ley	Ather- sley	Ards- ley	Lund- wood	Carl- ton	Monk Brettn	Total
1. No. of sessions held per month at centres	20	8	8	4	2	2	44
2. No. of children who first attended a centre during the year and at their first attendance were under 1 yr. of age	519	307	169	111	25	25	1156
3. No. of children who attended during the year and who were born:							
1958	485	254	148	88	22	23	1020
1957	410	217	110	88	27	24	876
1956-53	307	140	82	19	18	7	573
4. Total No. of children who attended during the year	1202	611	340	195	67	54	2469
5. No. of attendances during the year made by children who at the date of attendance were:							
0-1 yr.	5979	2913	1622	1153	499	279	12445
1-2 yrs.	852	365	212	93	45	23	1590
2-5 yrs.	415	218	162	41	32	18	886
6. Total attendances during the year	7246	3496	1996	1287	576	320	14921

Note:

Of Barnsley's 1,202 Infant Welfare Cases 74 attended the Paediatric Clinic at New Street and made 269 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 27, this compares with 32 in 1957 and 25 in 1956. Of the 27 premature babies born at home 18 were transferred to hospital. All who remained at home survived the first 28 days, as did sixteen who were 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 Young Children Nursing and Expectant Mothers:

The following report has been received from the Authority's Chief Dental Officer:

"The system of dental inspection and treatment of Nursing and Expectant Mothers by the Authority's Dental Officers during 1958 followed the pattern of previous years. However during 1958 the Laithes Lane Clinic was open on Wednesday afternoon for the dental benefit of mothers and "toddlers" and proved to be extremely popular among the Athersley Estate residents. In addition, the normal two sessions (Tuesday and Thursday afternoons) were held at New Street and because of this the "output pattern" mentioned in last year's report has been maintained. Although the number of patients inspected and treated is (by coincidence) the same as in 1957, the amount of treatment performed on these patients is much greater because each patient made more visits than in 1957. This is, of course, due to the convenient siting of the Laithes Lane Clinic: mothers and young children much prefer to visit the Clinic in the immediate vicinity of the Estate rather than make the journey (with its attendant expense and sometimes baby-sitter problems) to the New Street Clinic. The policy of the Authority in providing Health Services on the new estates is amply justified, and the new Clinic proposed for Lundwood should become a similar boon for the local residents.

The problem of dental staff was partly solved and for the first half of the year the services of one full-time Dental Officer and two part-time Assistants was available, but one of these Assistants changed to full-time working in the latter part of the year, and the other part-time Assistant resigned temporarily for private reasons. The Senior Dental Officer also went on one month's leave of absence in order to study dental health and the care of Mothers and Young Children in Norway, Sweden, Denmark and Holland. The generosity of the Health Committee and the Council in allowing the Senior Dental Officer to accept a World Health Organisation Fellowship to visit these countries on paid leave was greatly appreciated.

Towards the end of the year, a most up-to-date high speed air turbine drill was added to the already well-equipped Clinic—just one more step towards the Parnassus of painless dentistry.

It has become a feature of this report to include a table showing the current trend in the demand for dentures provided by the Authority to Nursing and Expectant Mothers on a no-cost basis.

Year	Patients Inspected at the Clinic	Dentures Provided			Number of Patients Provided with Dentures		Fillings
		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
1957	308	179	120	299	177	57.4%	179
1958	278	262	80	342	193	69.3%	252

It would be fair comment to say that one of the main attractions of the Dental Clinic for an expectant mother is the provision of artificial dentures on a no-cost basis. Of 278 patients examined at the Clinic, 193 were provided with dentures (as the table shows 69.3%). But one must also be cognisant of the fact that of the other 85 examined, 3 required no dental treatment at all, 82 patients were treated for conservation work, and 252 fillings were done on these patients; an average of 3 fillings per patient. This trend towards the saving of teeth is encouraging, and may mark the emancipation of the mother-to-be from the attitude of "for every child a tooth is lost"; one day perhaps the whole nation may become sufficiently educated in dental health matters that extractions will be as conspicuous by their absence as they are by their frequency today.

The psychological boost to the morale of an expectant mother should it be necessary for her to be fitted with artificial teeth is quite remarkable. No woman likes to be without teeth, and the difficult days of pregnancy are not made any easier when the mother-to-be has to eat soft food; she often stays indoors as much as possible to avoid the enquiring gaze of friends and neighbours. For these reasons—diet and personal appearance—immediate dentures are provided wherever possible. It has been the policy of the Senior Dental Officer to remind the mother-to-be that if artificial dentures have to be fitted, teeth do more than help to chew food—the dentures are also designed to restore lost beauty and facial contour and a gentle hint is given that perhaps a spot of lipstick on the lips and a new "hair do" would assist in reviving the pride in the personal appearance which some women are apt to lose whilst "carrying" the baby. The Greek saying that the three most beautiful things on earth "a ship in full sail, a field of corn and a pregnant woman" is quoted, and its aptness regarding the mother-to-be is in the opinion of the Senior Dental Officer greatly assisted by the combined effect of the artificial teeth provided, along with the cosmetic effect of lipstick and a "perm". The transformation is magical in some cases, and it is most heartening to see the glamour which is achieved by this simple subterfuge.

Children under five years of age:

The dental treatment of children under five is provided as in previous years—usually the first time a child is brought to the Clinic it is for the extraction of teeth. Only 38 children were found to be perfectly fit on examination. The other 211 required extractions (346 teeth extracted) and only 27 fillings done. In view of the time spent on propaganda, this is most unrewarding. However, one must pay a very warm tribute to the work of the Authority's Health Visitors who are excellent evangelists of the gospel of dental health, and their approach to parent and toddler on matters of dental health is a sound one, and their co-operation with the Dental Officers leaves nothing to be desired."

Summary of Dental Treatment of Expectant and Nursing Mothers and Children under School Age during 1958

(a) Numbers provided with Dental Care:

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	278	275	215	206
Children under Five	249	211	211	211

(b) Forms of Dental Treatment provided:

	Expectant and Nursing Mothers	Children Under Five
Scalings and Gum Treatment	160	—
Fillings	220	27
Silver Nitrate Treatment	—	1
Crowns or Inlays	5	—
Extractions	1535	346
General Anaesthetics	147	162
Dentures Provided:		
Full Upper or Lower	262	—
Partial Upper or Lower	80	—
Radiographs	38	8

Number of Dental Clinics in operation at end of year	2
Total number of sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients during the year	151
Number of patients inspected and treated	527
Number of visits made by patients	2360
Number of treatment sessions	151
Number of anaesthetic sessions	19
Number of fillings	252
Number of scalings	160
Number of extractions	1881
Number of other operations	992
Number of Dentures supplied	342
Number of patients provided with dentures	193
Number of prosthetic operations	1236

Orthopaedic Clinic:

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

Inspections at the Clinic:

Visits of Orthopaedic Surgeon 7 sessions

Number of New Cases Seen:

New Cases 27

Re-examinations 46

Exercises for postural and other defects were carried out at the Remedial Treatment Centre, Queens Road, Barnsley, which is maintained by the Barnsley Hospital Management Committee. Children requiring surgical appliances have obtained these through the Beckett Hospital. It has not been possible to fill the vacant appointment of Physiotherapist.

Ante-Natal and Post-Natal Relaxation Classes are carried out by the Midwives.

Ultra Violet Light

Owing to shortages of trained staff it was found necessary temporarily to suspend treatments at all clinics as from the end of June. Treatments were recommenced at the Central Clinic, New Street, at the beginning of December.

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

	Number Treated	Number of Attendances
Central Clinic, New Street		
Children 0-5 years	14	95
Athersley Clinic		
Children 0-5 years	3	11

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 three 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 1958 amounted to £3,966/7/8.

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.

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 ...	2219	1713	91	15659	528	4188	401	—	28	7
Athersley ...	1019	500	10	5257	212	1280	215	—	—	—
Ardsley ...	483	254	54	2808	8	172	35	—	—	—
Lundwood ...	399	122	—	2053	73	366	62	—	—	—
Carlton ...	110	33	1	332	3	50	—	—	—	—
Monk Bretton	62	25	—	404	1	81	20	—	—	—
	4292	2647	156	26513	825	6137	733	—	28	7

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 now appear to have resolved themselves to a very great extent. In the first place readjustment of staff has resulted in obtaining the services of an additional whole-time midwife. The position regarding absence from sickness has proved to be much better during the year and this has allowed of better off-duty

arrangements which in turn is reflected in better health amongst 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 the midwives have been issued with the "Tecota Mark 6 machine" for the administration of Trichloroethylene during labour. Gas and air analgesia was administered in 4 cases, in 1 of which the midwife was acting as a maternity nurse. This compares with 31 cases in 1957, 174 cases in 1956, and 410 cases in 1955. "Trilene" (Trichloroethylene) was administered in 373 cases, in 21 of which the midwife was acting as a maternity nurse.

Pethedine was administered in 181 cases, the comparable figure for 1957 was 309, in 4 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, 1948, 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 105

(ii) Other 5

(b) Institutional cases 80

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 1958 10 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 1958 in Barnsley—

18 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.

30 women who booked a doctor were attended by Municipal Midwives and a doctor was present at the time of delivery of the child.

- 456 women who booked a doctor were attended by Municipal Midwives and the doctor was not present at the time of delivery of the child.
- 1,696 confinements were attended by Midwives in Institutions either as Midwives or as Maternity Nurses.
- 424 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.
- 8,866 visits were paid by midwives during the puerperium (up to the 14th day) to patients delivered at home (compared with 9,105 in 1957).
- 192 post-natal visits were paid by Midwives (after the 14th day).
- 2,502 ante-natal visits were paid to women in their own homes by the Authority's Midwives (1,864 in 1957).
- 1,024 visits were paid by Midwives to women who were discharged from hospital before the 14th day (748 in 1957). *
- 512 other visits were paid by Midwives.
- 366 babies who were born at home were breast fed at the 14th day.
- 350 attendances at ante-natal clinics made by Midwives.
- 206 attendances were made by expectant mothers to ante-natal classes including relaxation exercises.
- 1,014 attendances were made by expectant mothers to ante-natal classes including relaxation exercises held by midwives.

Supervision of Midwives

Routine Supervision

Supervision visits of Midwives paid by Non-Medical Supervisor	28
Deliveries seen with Midwife	1
Cases in labour attended by Supervisor with Midwife	9
Ante-natal cases seen at home with Midwife	36
Puerperium visits seen at home with Midwife	40
St. Helen Hospital discharges seen at home with Midwife	19
Cases visited re Institutional Maternity accommodation	52
Attendances by Supervisor at Ante-natal Clinics	40
Attendances at Ante-natal Classes	24

Supervision of Training

Pupil Midwives	10
Cases in labour attended by Supervisor with Pupils	2
Deliveries seen with Pupils	1
Puerperium visits with Pupils	29
Ante-natal visits with Pupils	29

Post Graduate Courses

3 midwives attended a week's Post Graduate Course of lectures and visits arranged by the Royal College of Midwives.

2 Midwives attended a course of Ante-natal teaching and relaxation evercises.

All midwives attended lectures arranged by the Barnsley Branch of the Royal College of Midwives.

All midwives use analgesia as allowed under C.M.B. rules, Trichloroethylene, Pethedine, and Gas and Air (Nitrous Oxide).

HEALTH VISITING SERVICE

National Health Service Act, 1946, S.24

The figures showing the number of visits made by Health Visitors during 1958 as compared with those of the two previous years are as follows:—

	1956	1957	1958
Children under 5 years visited during the year	—	4,368	3,846
Children under 1 year:			
1st visit	1,343	1,274	1,243
Total visits	6,854	6,297	3,918
Children between 1 and 2 years:			
Total visits	2,061	1,858	1,462
Children between 2 and 5 years:			
Total visits	4,493	3,859	2,516
Expectant Mothers:			
1st visits	553	547	450
Total visits	1,303	658	565
Other Cases including Gastro enteritis:			
Investigations (9,901)	9,386	6,045	12,068
Tuberculosis Households	730	762	502
No. of Families—Households visited	4,422	6,620	4,359
Ineffectual Visits	—	1,391	1,340

It will be observed that there has been a net overall decrease in the number of visits paid by the Health Visiting Staff during 1958. Essentially the cause of this is shortage of trained staff to which is also coupled certain other contributory factors. Reference has already been made in this series of reports to the difficulty of attracting and retaining Health Service Officers in an industrial area when appointments, to which the same salaries and terms of service apply, are readily available in more salubrious areas. The effect of this situation is that the younger and more independent element and those whose ties with the neighbourhood are minimal tend to gravitate away from Barnsley and similar towns. The staff depletion consequential on this places an ever increasing burden on those members of the staff who remain. This burden sooner or later has an effect on their health, and the resulting high sickness rate in its turn reduces still further the amount of visiting done.

Added to this in 1958 two additional burdens were laid upon the Health Visiting Service. The first of these was the widespread increase of Sonne dysentery in the Borough. Investigation of reported cases of this disease involved the Service in 9,901 visits (included in "other visits" in the figures shown above). To solve this problem it was necessary to revise drastically the scheme of investigation of cases of Gastro-enteritis in such a way as to reduce follow-up visits to a minimum.

The increased tempo of the poliomyelitis vaccination scheme also contributed to reducing the number of Health Visitors available for normal duties. As has been noted elsewhere in this report a very high standard of sterilization and preparation for these sessions is observed in Barnsley. The work which arises from this must necessarily be done by nurses of the Health Visiting Service. To get over this difficulty it was decided to appoint several nurses without the Health Visiting Certificate. This was, however, done later in the year, and the effect on the visiting figures consequent upon the trained Health Visitors having more time to carry out these duties will, however, not be apparent until next year. Every effort is being made by direct recruitment through the Authority's Training Scheme to bring the number of trained Health Visitors available up to that appropriate for the population as recommended by the Working Party's Report. As soon as this can be done it will be possible to allocate to each Health Visitor an area and case load of reasonable size. This should result in a lessening of strain and tension on the staff and a consequent lowering of the sickness rate. Furthermore with more staff and smaller areas relief of sick staff will be easier and sickness will have less effect on the general efficiency of the service.

It is, therefore to be hoped that future negotiations on conditions of service for Health Visitors will make provision for some kind of "weighting" to attract staff to industrial areas. There is little doubt that once attracted by this, young and enthusiastic nurses would find medico-social work amongst the industrial community much more satisfying and rewarding than in quiet county backwaters.

During these difficult months the Health Visiting Service has been greatly indebted to the Hospital Almoners, the N.S.P.C.C. Inspector and Probation Officers for their help and assistance with many of the social problems encountered.

HOME NURSING SERVICE **National Health Service Act, 1946, S.25**

The demand on the Home Nursing Service showed a rise during 1958. Though the number of patients attended showed an increase, and the actual number of visits was lower than the previous year.

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

	1954	1955	1956	1957	1958
Cases	2,303	2,082	2,124	2,328	2,383
Visits	44,169	44,531	44,400	54,213	50,441
Whole-time Nurses	15	15	15	18	18

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

Types of Cases	Number of Individual Patients	Number of Visits paid to these Patients
Pneumonia	72	1,092
Skin Diseases	26	1,281
Miscarriage and Maternal Complications	17	107
Carcinoma and Neoplasms	89	2,259
Burns and Scalds	49	792
Diabetes	29	3,092
Post Operative	151	2,757
Arthritis, Rheumatism and Bone Conditions	134	2,714
Eye, Ear, Nose and Throat	265	1,586
Cerebral Haemorrhage	82	2,987
Cardiac	265	7,790
Anaemia	157	9,502
Chest Conditions	257	2,060
Infections (Influenza 18 167)		
(Erysipelas 4 20)	46	307
(Others 24 120)		
Tuberculosis	12	300
Others	732	11,815
	<hr/> 2,383	<hr/> 50,441

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

Cases 956 Visits 20,198
 Patients treated at clinics (included in above figures) 5,648

Night Service

Cases visited between 8 p.m.—6 a.m. (included in above figures)	401	2,464
Age Groups Nursed	Cases	Visits
Patients under 5 years of age at first visit	241	1,757
Patients 5—15 years of age	168	1,188
Patients 15—65 years of age	1,145	20,971
Patients over 65 years	829	26,525
	<hr/> 2,383	<hr/> 50,441

The Superintendent Nurse reports as follows:—

"The work of the Home Nurse shows little variation this year. There is a slight rise in the number of cases, and a decrease in the visits. Nursing of children in their own homes has been maintained, 11% of the total cases being in the under 5 years of age group.

The nursing of the aged group is still heavy, and many problems arise during the period of nurses' visits. Sometimes illness in this group is due to starvation—the patient is unable either mentally or physically to prepare a meal, sometimes illness is due to loneliness, or resentment of being dependent on relatives or neighbours.

These cases who have already been visited by the Home Nurse are liable to breakdown if not under constant supervision. The Health Visitor and Home Help play a large part in the prevention of illness in the aged person. In some cases it has been found necessary to continue to give frequent supervisory visits by the Home Nurse.

Night Visiting Service

There was a continual demand for the night service during the year, a large proportion of the cases are in the aged or carcinoma group. Most of the visits are paid 8 p.m. and 1 a.m. or 4 a.m. and 6 a.m., very few midnight visits were carried out. The 24 hour service is still necessary, particularly for the older patient living alone or with another elderly person. Also for the continuity of treatment during the 24 hours. It is this service which helps to keep the patient at home and free the hospital beds.

Home Nursing Loans Service

This is a service well appreciated by patients, relatives and the nursing staff. 181 visits were paid when Home Nursing loans were long standing, to ensure that the articles are in good condition and returned to the centre if not in use. In some cases articles are retained in the home for longer periods than necessary, but the loss of Home Nursing Loans is almost negligible.

Linen, Loan and Laundry Service

Now a well established, valuable service, and there has been a steady demand throughout the year, daily collection and delivery are still carried out. Practically all cases receiving the laundry service are aged.

Syringe Service

Autoclaved syringes are supplied for use in the Home Nursing Clinics, and to the staff for use in the patient's home. Each nurse is supplied with a special bag for carrying the syringes, both the container and the syringes being lightweight, as most of the Home Nurses have motorised transport, the carrying of nursing equipment is not a problem.

Home Nursing Clinics

3 Home Nursing Clinics :—Laithes Lane Clinic 11 a.m. to 12 mid-day daily. Ardsley Infant Welfare Centre 10 a.m.—11 a.m. daily, and the Home Nursing Centre 10 a.m. to 11 a.m. daily are becoming more popular with an increase of 2,000 visits.

Queen's Institute of District Nursing Training

January 1958 saw the commencement of the Queen's Institute of District Nurse Training in Barnsley. During the year seven Home Nurses undertook this training, sat for the practical and written examinations—all passed, one nurse receiving a credit in practical work.

The Superintendent and Assistant Superintendent have given lectures and discussions in the block training of one month's duration, which each class of students take.

During the year the Home Nurses have attended lectures, films and discussions.

Post Graduate Courses

One Queen's Nurse attended a course arranged by the Queen's Institute of District Nursing. These courses are of great value to the Home Nurse.

The following figures relating to the loan of sick room requisites to those nursed at home during 1958 are of some interest:—

Articles loaned										Number of times loaned to patients
Air rings and Sorbo rings	....	....	....	....	....	....	....	....	....	188
Air bed	....	....	....	....	....	....	....	....	....	1
Sorbo beds	....	....	....	....	....	....	....	....	....	72
Bedpans	....	....	....	....	....	....	....	....	....	366
Bed rests	....	....	....	....	....	....	....	....	....	225
Bed cradles	....	....	....	....	....	....	....	....	....	49
Bed tables	....	....	....	....	....	....	....	....	....	6
Bed steads	....	....	....	....	....	....	....	....	....	36
Crutches	....	....	....	....	....	....	....	....	....	20
Cots (with canvas)	....	....	....	....	....	....	....	....	....	5
Fracture boards	....	....	....	....	....	....	....	....	....	—
Feeding cups	....	....	....	....	....	....	....	....	....	42
Armbaths	....	....	....	....	....	....	....	....	....	1
Mackintosh sheets	....	....	....	....	....	....	....	....	....	298
Pulley and fittings	....	....	....	....	....	....	....	....	....	4
Urinals	....	....	....	....	....	....	....	....	....	199
Wheelchairs	....	....	....	....	....	....	....	....	....	67
Commodes	....	....	....	....	....	....	....	....	....	21
Draw sheets	....	....	....	....	....	....	....	....	....	12
Mackintosh pillow covers	....	....	....	....	....	....	....	....	....	2
Walking aids	....	....	....	....	....	....	....	....	....	3
Inflatable lavatory seats	....	....	....	....	....	....	....	....	....	2
Bath seats	....	....	....	....	....	....	....	....	....	3
Camp beds	....	....	....	....	....	....	....	....	....	2

Linen Loaned		Times Loaned	Times Laundered
Draw Sheets	....	168	1,945
Sheets	....	12	248
Gowns	....	31	500
Shirts	....	8	44
Pillow Slips	....	3	11

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 1958:—

Age at date of vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number vaccinated	556	19	10	18	22	625
Number re-vaccinated	47	—	1	1	5	54

It is pleasing to note that the increase in acceptance of this most important protection which was observed last year has been maintained with 625 primary vaccinations. This figure compares with 609 in 1957, 474 in 1956, 315 in 1955.

It seems unnecessary once again to emphasise the great importance of vaccination against smallpox in infancy. Recent researches suggest that the optimum time for this procedure is about the end of the first year of life. This would allow of fitting it conveniently into a comprehensive immunisation programme. It is to be hoped that any alteration of timing of vaccination to comply with such opinion will not result in a falling off of acceptance.

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
692	160	196	1,048

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

Under 1 year	1—4 years	5—14 years	Total
—	5	432	437

The immunisation state of children in the County Borough at 31st December, 1958 who have completed a course of immunisation at any time before this date is shown as follows:—

Age on 31/12/58 (i.e. born in year)	Under 1 1958	1—4 1954—1957	5—9 1949—1953	10—14 1944—1948	Under 15 Total
Last complete course of Injections (whether primary or booster)					
A. 1954-1958	307	2,683	5,447	3,263	11,700
B. 1953 or earlier	—	—	504	3,880	4,384
C. Estimated mid-year child population	1,300	4,900	13,500		19,700
Immunity Index 100 A/C	23.61	54.75	64.51		59.39

The figures for immunisation against Diphtheria are somewhat higher than those for the preceding year. It is hoped, however, that the present level of immunity will be maintained and increased in future.

Immunisation against Whooping Cough

790 children are known to have received a complete course of immunisation against Whooping Cough. 712 of these courses were carried out by the Medical Staff of the Health Authority and 78 by family doctors. This shows a decrease over 1957 when 896 completed the course.

Immunisation against Poliomyelitis

In the Annual Reports immediately preceding this one considerable attention has been paid to the Health Authority's arrangements for implementing the Minister's Scheme for immunisation against poliomyelitis. These arrangements are now stabilized so that as and when vaccination against poliomyelitis is offered nationally to another age group in the population they can be readily extended. This can be done in such a way that up to 2,000 injections per week can be given without lowering the high standards of technique adopted at the outset. Thus every injection given in Barnsley is administered from a syringe and needle which have been sterilized individually by high pressure steam.

The figures relating to the various community groups for 1958 are as follows:—

GROUP	Number given Two Injections	Number given One Injection	Number given "Booster"
Children born in the years 1943-1958	8,344	1,102	6
Young persons born in the years 1933-1942	72	22	—
Expectant Mothers	148	23	—
General Practitioners and their Families	42	—	—
Ambulance Staff and their Families	35	—	—
Hospital Staff	78	17	—
Public Health Department Medical and Nursing Staff etc.	51	2	17
Totals	8,770	1,166	23

AMBULANCE SERVICE National Health Service Act, 1946, S.27

Arrangements with Other Authorities West Riding County Council

This Authority continues to work most amicably with the West Riding County Council, and by arrangements 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.

A new financial agreement was entered into during the year, and this will come up for revision again at the end of March 1959.

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 on a monthly basis and is sub-divided into ordinary calls undertaken for patients within the County Borough and similarly for calls undertaken on behalf of other authorities. (See page 50).

Figures for 1957 are also given for comparison purposes.

Details of Patients conveyed

The figure of 22,881 ordinary patients for 1958 is an increase of 1,151 as compared with 1957.

In the overall figure of patients conveyed there is an increase compared with last year of 1,182 (37,119—35,937).

The number of patients conveyed on behalf of the West Riding County Council and other authorities shows a decrease this year of 107 as compared with last year.

To Hospitals etc. within the Borough

Beckett Hospital	....	....	....	....	....	....	5468
St. Helen's Hospital	....	....	....	....	....	....	1616
Pindar Oaks	....	....	....	....	....	....	135
Kendray Hospital	....	....	....	....	....	....	89
New Street Clinic	....	....	....	....	....	....	27
Limes Hostel	....	....	....	....	....	....	42
Queens Road Clinic	....	....	....	....	....	....	2083
Schools	....	....	....	....	....	....	205
Lundwood Hospital	....	....	....	....	....	....	26
Church Street Clinic	....	....	....	....	....	....	18

To Hospitals etc. out of the Borough

Penistone Annexe	....	....	....	....	....	....	190
Sheffield	....	....	....	....	....	....	1678
Leeds	....	....	....	....	....	....	34
Doncaster	....	....	....	....	....	....	24
Rotherham	....	....	....	....	....	....	27
Wath on Dearne	....	....	....	....	....	....	156
Wakefield	....	....	....	....	....	....	108
Kirkburton	....	....	....	....	....	....	76
Others	....	....	....	....	....	....	73

To Home Addresses within the Borough from:

Beckett Hospital	....	....	....	....	....	....	4744
St. Helen's Hospital	....	....	....	....	....	....	380
Kendray Hospital	....	....	....	....	....	....	300
New Street Clinic	....	....	....	....	....	....	59
Queens Road Clinic	....	....	....	....	....	....	1697
Penistone Annexe	....	....	....	....	....	....	38
Pindar Oaks	....	....	....	....	....	....	40

To Home Addresses out of the Borough

West Riding	....	....	....	....	....	....	1478
Others	....	....	....	....	....	....	29

House to House Removals (Borough) 49

Journeys made patients not conveyed 775

Journeys made by Ambulance at Kendray Hospital	1217
	<hr/>
	22881
Mentally Defective Children conveyed	13054
Midwives conveyed	1184
	<hr/>
	37119
	<hr/>

The total number of journeys undertaken to convey the 37,119 persons was 9,832, being an average of 3.8 patients per journey, as compared with the 3.7 for last year.

Mental Defectives

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

During the period under review the coaches made 1,077 journeys and carried 13,054 passengers, which shows a decrease of 79 journeys and 959 passengers as compared with the previous year.

Vehicles

One new ambulance was purchased during the year; the second Diesel engined ambulance.

All the ambulance vehicles are now post 1948 and of the same make, and we are now in a position to assess the merits of these vehicles and to see the results of 10 years of careful and thorough maintenance.

The ambulance fleet were involved in only minor accidents during the year, and once again there was an absence of major breakdowns.

At the 31st December 1958 the fleet consisted of:—

- 8 Morris Ambulances (1 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 129,971 miles on ambulance duties, made up as follows:—

Ambulances	59,219
Ambulance Coaches	54,092
Sitting Car	16,660

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

1953	149,501
1954	148,407
1955	137,637
1956	130,825
1957	122,701

The increase in the number of ambulance cases is reflected in the increased mileages.

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 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 parts of the day.

A further 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.

Short-Wave Radio

The short-wave radio has now become an integral part in the efficient running of the Ambulance organisation, and continues to play a major part in reducing unnecessary mileage and the speeding up of the Service.

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.

An Ambulance Garage is planned with the new Fire Brigade Headquarters at Broadway, and it is hoped to erect the two buildings together.

First Aid Training

As mentioned in the Fire Service report 63 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.

1,184 requests were received and responded to during the year, which is an increase of 990 on the figure for the previous year. This is accounted for by the fact that student nurses, taking a midwifery course, have been provided with the necessary transport to and from St. Helen's Hospital during the night.

Equipment

The Committee authorised the purchase of a 'Minuteman' Resuscitation Apparatus and already this equipment has more than proved its worth, being put to work on a number of occasions and in one case at least instrumental in helping to save a life.

Hearing Aids

When an ambulance has to take patients to any hospital in Sheffield, the driver is instructed, at the request of the Medical Officer of Health, to collect faulty hearing aids from the local Centre and take them to the Repair Depot at Sheffield.

During the period under review 216 hearing aids were taken to and brought back from the Sheffield Depot.

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 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 Department.

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. Both Mr. Nunn and Mr. Garrett continue to help in every way.

Both are conscious of the need to keep the Ambulance requirements at a minimum.

Civil Defence—Ambulance and Casualty Collection Section

The training of members of the Ambulance Section still continues and during the year 567 hours were devoted to training the personnel in all aspects of their duties.

MONTH	COUNTY BOROUGH						WEST RIDING AND OTHER AUTHORITIES						GRAND TOTALS	
	Ordinary		Emergency		Total		Ordinary		Emergency		Total		1957	1958
	1957	1958	1957	1958	1957	1958	1957	1958	1957	1958	1957	1958		
January	1590	1755	66	133	1656	1888	148	181	10	19	158	190	1814	2078
February	1534	1301	105	126	1639	1427	148	134	13	15	161	149	1800	1576
March	1733	1656	116	118	1849	1774	148	120	13	13	161	133	2010	1907
April	1597	1319	88	135	1685	1454	156	137	21	20	177	157	1862	1611
May	1673	1458	150	120	1823	1578	164	154	20	16	184	170	2007	1748
June	1446	1589	175	162	1621	1751	135	127	33	39	168	166	1789	1917
July	1643	1890	159	146	1802	2036	152	113	19	41	171	154	1973	2190
August	1247	1404	115	150	1362	1554	123	111	30	22	153	133	1515	1687
Sept.	1337	1612	148	121	1485	1733	164	100	35	25	199	125	1684	1858
October	1530	1894	128	120	1658	2014	138	142	30	25	168	167	1826	2181
November	1428	1688	109	110	1537	1798	140	163	21	26	161	189	1698	1987
December	1428	1813	132	125	1560	1938	141	173	51	30	192	203	1752	2141
	18186	19379	1491	1566	19677	20945	1757	1645	296	291	2053	1936	21730	22881

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

National Health Service Act, 1946, S.28

Little change took place in the Health Authority's arrangements for Prevention of Illness, Care and After-Care during the year. Co-ordination between the various services concerned as described in last year's report was maintained and developed. The ability to obtain sociological information through the Home Nursing, Home Help and Handicapped Persons' Services proved to be of the utmost value during the latter half of the year when the Health Visiting Service was experiencing acute staffing difficulties. Though this arrangement has been most helpful, information obtained in this way can not replace that obtained by a trained Health Visitor in dealing with many of the problems of the aged. At the same time much useful experience has been gained during this difficult period which in the future may well result in conserving effort and reducing the number of workers invading the privacy of the old person's home.

As has been emphasised in previous reports a very great deal of the work of care and after-care is described or reported in other sections, and that most of it is recorded in the figures included in these. At the same time it is felt, for purposes of reference, that a tabulated analysis of visits by health visitors 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 1956 and 1957 are also given.

	1958	1957	1956
Care of the Aged	657	665	1,003
Care of the Chronic Sick	189	359	372
Hospital After-care	427	465	632
Tuberculosis After-care	502	762	730
Venereal Disease	19	48	67
Miscellaneous	131	133	151

It will be noted that the decrease in the number of visits referred to in last year's report has continued. This has been due to the combination of better co-ordination between Services and the shortage of Health Visiting Staff. As was pointed out in last year's report where a nurse with Queen's Institute training is visiting a home she can do a very great deal in the way of social work in that home. She can thus save the Health Visitors many routine visits, leaving them free to follow up those cases who have no contact with the Health Department. This aspect of co-ordination is reflected particularly in the figures for the chronic sick. Though of course to a much more limited extent, it is also possible to maintain contact through the Domestic Help Service with a substantial proportion of the aged in the town. All this has proved to be of great value, as in providing for the aged and chronic sick the most important factor is the ability of the Health Department to become aware of needs as soon as they arise. So long, therefore, as the Department knows of the possibility of the existence of a need then the investigation of this possibility can be directed into the proper channel.

To assist in this the Superintendent Health Visitor maintains two registers, one of aged persons and one for the chronic sick. The

numbers on the registers at the end of the year were :

Aged	....	....	....	1,745
Chronic sick	....	....	....	340

The various aspect of Care and After-care may be examined as follows :

Care of the Aged

Exchange of information with the Hospitals, particularly in relation to those on the waiting list for admission, has proved to be of great value. The shortage of beds for this type of case in Barnsley has placed a very heavy burden on the Health Department for several years past. However, by careful co-ordination of the services available and through the enlightened policy of the Health Authority in providing their staff with adequate equipment and facilities it has been possible to provide a reasonably high standard of Home care. A very great deal more might be done with the resources available for the care of old folk if the acceptance of a higher degree of filial responsibility were more general. Reference has been made to this before and is made again in other parts of this report. Many families without doubt accept and assist their aged members in accordance with Biblical precept. Others however, reject theirs and in doing so expend community facilities which were intended to be available for that unfortunate element who attaining old age have long out-lived all their blood relations.

Chronic Sick

Mention of the value of co-ordination in relation to the chronic sick has already been made. Co-operation with Hospital Almoners has been effective in obtaining grants from the National Society for Cancer Relief, 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 19th September to 31st October, 1958. 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 the new Clinic premises at Athersley to serve the surrounding Housing Estates. The total attendances showed an increase over the previous year, 6,784 as compared with 6,579 in 1957. 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
Stairfoot Clinic :							
Public Session	....	....	....	....	142	105	247
School Children	....	....	....	....	96	103	199
Ante Natal Patients	....	....	....	....	—	2	2
Total					238	210	448
Athersley Clinic :							
Public Session	....	....	....	....	137	162	299
School Children	....	....	....	....	104	80	184
Ante Natal Patients	....	....	....	....	—	8	8
Total					241	250	491

Barnsley Town Hall :								
Public Session	....	....	....	....	....	1,644	1,541	3,185
School Children	....	....	....	....	....	544	819	1,363
Booked Groups	....	....	....	....	....	482	463	945
Doctors' Patients	....	....	....	....	....	15	5	20
Ante Natal Patients	....	....	....	....	....	—	1	1
Total						2,685	2,829	5,514
Total Attendances for Miniature Films						3,164	3,289	6,453
Large Film Recall						196	83	279
Clinical Interview with Medical Director						43	9	52
Total Attendances at the Unit						3,403	3,381	6,784

(c) Analysis of cases referred to Barnsley Chest Clinic :—								
Provisional Diagnosis						Male	Female	Total
Active Tuberculosis	....	....	....	....	....	6	3	9
Inactive Tuberculosis	....	....	....	....	....	2	3	5
Tuberculosis ? activity	....	....	....	....	....	—	3	3
Bronchiectasis	....	....	....	....	....	2	1	3
? Hodgkins, ? Sarcoid	....	....	....	....	....	—	1	1
Resolving Inflammatory Lesion	....	....	....	....	....	6	—	6
Pneumoconiosis with P.M.F.	....	....	....	....	....	6	—	6
Pneumoconiosis	....	....	....	....	....	8	—	8
Diaphragmatic Hernia	....	....	....	....	....	1	—	1
Neoplasm	....	....	....	....	....	1	—	1
Heart Disease	....	....	....	....	....	1	—	1
For Comparison	....	....	....	....	....	1	1	2
Total						34	12	46

(d) Analysis of other abnormalities detected during the Survey and referred to Family Doctor :								
Provisional Diagnosis						Male	Female	Total
Non-Malignant Neoplasm	....	....	....	....	....	1	—	1
Bronchiectasis	....	....	....	....	....	2	2	4
Pneumonitis	....	....	....	....	....	5	—	5
Bronchitis and Emphysema	....	....	....	....	....	5	—	5
Heart Disease	....	....	....	....	....	10	15	25
Pneumoconiosis	....	....	....	....	....	25	—	25
Pneumoconiosis with P.M.F.	....	....	....	....	....	1	—	1
Old Healed Tuberculosis	....	....	....	....	....	7	4	11
Total						56	21	77

The arrangement whereby all expectant mothers attending the Health Authority's clinics were offered Radiological examination of the Chest was continued during 1958.

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	407
Number of patients actually attending	318
Number of patients not attending	89 or 21%

Large Films :

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

Number of patients referred for a large X-ray film	11
Number of patients actually attending	10
Number of patients not attending	1 or 10%

Vaccination against Tuberculosis—B.C.G.

The arrangements described in last year's report for carrying out B.C.G. Vaccination in the schools were continued during 1958. This work was done under the direction of the Chest Physician and X-ray control has been applied to children who have been vaccinated. In addition to this, vaccination of Tuberculosis contacts, student nurses and others at special risk was continued as in the past.

The figures for the two schemes for the year were as follows :—

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

Number skin tested	134
Number found negative	111
Number vaccinated	107

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

Owing to Medical Staffing difficulties no work was done under this Scheme during the year.

Health Education

As in previous years personal contact between the Health Department Staff with individuals or small community groups appeared to be the most effective way of disseminating information on Health subjects. Practical experience continues to confirm that this method above all others implants in the mind an understanding and appreciation of the code for healthy living. Consequently as year succeeds year less and less reliance is placed upon the poster, the pamphlet and the exhortation on the wall of the public convenience. Despite the assertions of the publicity experts the impact of such forms of advice cannot be other than transitory, whereas the counsel of a trusted midwife, health visitor, doctor or school teacher will remain implanted in the mind for years if not for life.

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

During 1958, as in each previous year since 1948, the Domestic Help Service has expanded. Full details of the year's work is contained in the following report furnished by the Domestic Help Organiser.

Report of the Domestic Help Organiser

The Domestic Help Service again expanded during 1958, and continued to supply help to cases of temporary illness and maternity, and to the aged and chronic sick. Actual enquiries for Domestic Help, however, were less than last year, and numbered 225, as compared with 277 in 1957.

The demand for help was again heaviest from the aged and chronic sick. In such cases, a few hours regular help each week enables many old people to go on living in their own homes. There are still some good neighbours available who will "fill the gap" when an emergency arises, but with adult members of the family perhaps living away from their parents, it is frequently necessary to administer help from outside resources.

Many of these old people do not require specialist services, but practical help from women endowed with good common sense.

During the year, several dirty and neglected homes have been cleaned up. Two "problem families" have been given free help in an effort to rehabilitate them. These families are still receiving help. Some improvement has been made in one case; the other remains unchanged.

After visiting old people over the years, one cannot fail to notice the lack of a sense of moral duty amongst some families. Many old people are desperately lonely, frequently living alone and often confined to the house. They probably have several children living within a few miles radius of the County Borough and yet these old folks can be found struggling to do their own washing or attempting to do heavy household chores. When questioned about their families, they invariably reply, "They seldom visit me, love—they have enough to do", or "She's not well, you know". In many of these cases the question arises just how true these statements may be. With a little planning and initiative, it is felt that some form of help could be given. Admittedly, there is a limit to the demand these old folk should make on their children, but surely, if they were willing to co-operate with

the Domiciliary Services provided, some assistance could be given and thus relieve the pressure on the Domestic Help and Home Nursing Services.

Indeed, some daughters have been known to visit their aged parents, stay to tea and leave the dishes for the Domestic Help to wash! Needless to say, this does not happen very often. Perhaps if these people could be made aware of their duty, the old folk who have no near relatives would be able to have more frequent visits from the two services.

The Domestic Helps continued to show an amazing capacity for hard work and many acts of special kindness were carried out, quite apart from working hours.

Early in the year, The Superintendent Home Nurse gave a series of lectures to all the Domestic Helps. These proved to be of immense value in carrying out their duties in many troubled households. For economic reasons it has been necessary to discontinue these talks, this has been done with much regret. It would appear that there is a need for some form of training or instruction. The Domestic Help is an important part of the National Health Service and it is vital that she should appreciate this and also understand her relationship to other workers. Simple training and instruction not only strengthens the efficiency, but also gives status and prestige to the service.

Shown below are statistics which give some indication of the development of the service over the past few years.

	1952	1954	1956	1958
Aged and Infirm	229	382	451	521
Maternity	9	10	11	9
Illness	27	24	26	41
Tuberculosis	—	—	3	5
Totals ...	265	416	491	576
Number of Domestic Helps employed	74	91	96	118

Number of visits made by Organiser and Assistants during 1958	= 11,927
Number of Applications investigated from January to December, 1958 (including 4 brought forward from 1957)	229
Number of cases where help was provided from 1st January, 1958 (including 419 cases brought forward from 1957)	576
Number of cases where help was NOT provided	63
Number of cases on Waiting List	9

Cost of Service :

Financial Year ended	Gross Cost			Income (Fees)		
	£	s.	d.	£	s.	d.
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
31st March, 1958	25,898	3	7	1,223	17	0
31st March, 1959	29,256	7	6	1,370	13	4

The opportunity is taken here to record the appreciation of the help and co-operation received at all times from the Officers of the National Assistance Board.

MENTAL HEALTH SERVICE

National Health Service Act, 1946, S.51

The existing arrangements for dealing with the Mentally Ill and the Mentally Defective were continued during 1958. As in previous years the most serious problem arose from the shortage of institutional accommodation, a factor beyond the control of the Health Authority. This shortage is most serious as it affects the lower grade defective. Many of these prove to be an almost unendurable burden on their families, either by reason of helplessness or of uncontrollable activity. Many families have made valiant and determined efforts to shoulder the burden of a mentally defective member and have attempted to carry on refusing such assistance as the community has been able to offer. In a number of these families a time comes when assistance in the form of admission of the defective for a short or long term is urgently required. Unfortunately with the best will in the world the Health Authority is unable to obtain this, the only help that is of any practical value to that family. On this account the Health Authority has been greatly concerned, and has been in correspondence with the Sheffield Regional Hospital Board. As a result of correspondence it has transpired that though there were only 11 Barnsley cases urgently requiring admission out of the total of 410 for the whole of the Sheffield Region, the average time on the waiting list of an urgent Barnsley case was 5.2 years. Apart from this, one "urgent" case had been on the list since 1948. When this is viewed in the light of the distress caused to the families concerned it is difficult, if not quite impossible, to comment on this situation in a moderate strain. Such a situation is little short of an indictment on the whole of the arrangements for Mental Health under the National Health Service Act, 1946. It is difficult to imagine worse conditions of mental hygiene than those which prevail in a family constantly under the strain of caring for a mischievous low grade mental defective. To have such circumstances aggravated by the hope, unfulfilled for over 5 years, of a respite promised but not yet provided by the community must bring most of these parents close to breaking point. Until this anomaly is finally cleared up there seems to be little point in the Health Authority embarking on a programme of preventive mental health measures. To do so would be to ignore one of the outstanding causes of Mental Illness.

The problem of institutional treatment for mental confusion amongst the aged continues. The solution in this case is not so much a question of mental health as of geriatrics. Adequate provision of geriatric beds for the Barnsley area would go a long way to preventing many of the difficulties which arise when the aged enter upon their "second childhood".

The preventive work done by way of Child Guidance by the Regional Hospital Board's Child Psychiatrist aided by the officers of the Health and Education Authority is developing in a reasonably satisfactory manner though as stated in last year's report it will be several years before even the earliest effects of this work become apparent.

(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, two of whom are women. The Sub-Committee meets monthly.

- (b) Number and qualifications of the staff :—

The Medical Officer of Health.

The Senior Assistant Medical Officer of Health and two Assistant Medical Officers 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 female 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 1958. 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 Consultant Psychiatrist employed by the Regional Hospital Board holds an out-patient clinic at 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 Child Guidance Centre, Athersley, 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. 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 64. In addition to the work involved in arranging admission to mental hospitals the Duly Authorised Officers made visits to reported cases which were not removed to a mental hospital. They also made 158 visits to patients who had been discharged from mental hospitals.

- (c) Under the Mental Deficiency Act, 1913-1918.

- (i) Ascertainment and Certification. This 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 Authority maintains an Occupation Centre in Pitt Street.

The 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 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 in the West Riding area reach the Centre under arrangements made by their own Health Authority.

The Occupation Centre

The Supervisor reports as follows:—

The number of children and adults attending the Occupation Centre during 1958 has hardly varied from the number attending during 1957. The Centre is full to capacity, which means that the training facilities for mental defectives cannot be developed further in the existing premises. There is a waiting list of children for admission.

The Centre is approved by the National Association for Mental Health as a practical training centre for students taking the Diploma Course for Teachers of the Mentally Handicapped. Students from this Course attended the Centre during 1958 for periods of practical training.

One of the Assistant Supervisors attended a Refresher Course, arranged by the National Association for Mental Health in July. The Course was held at St. Gabriel's College, London, and was of one week's duration. Another Assistant Supervisor commenced training in September at the Manchester Diploma Course for Teachers of the Mentally Handicapped, arranged by the National Association for Mental Health. This course is of twelve months' duration. The Supervisor attended a week-end Study Course in Manchester in October, arranged by the Montessori Society.

Details of the Centre curriculum have been included in previous reports and no basic changes were made during 1958. The fundamental aims and purpose of an Occupation Centre are always kept in mind and these can be summarised as follows:—

- (1) To develop the children's minds and bodies within the limitations imposed by their defect, so that both at the Centre and in their own homes they may lead happy, interesting lives.
- (2) With this end in view, to help the children to form good habits, to acquire self-control and to develop a social sense as they learn to work and play with others.
- (3) To relieve the strain caused by the presence of an untrained defective in the family.

Definite progress, in all subjects on the time-table, was noted throughout the year.

The adult defectives (male and female) continued to attend the Centre for part-time training during 1958. They are taught a wide variety of handicrafts, to which Brushmaking has recently been added. £61/14/9d. was realised from the sale of handicraft products during the year.

Two day outings to Cleethorpes were organised in June, in which 70 children and adults took part. Parents were invited to a Harvest Festival Thanksgiving Service which was held in October. Gifts of fruit and vegetables were sent to the St. Helen Hospital. Two Open Days were held in December and were very well attended by parents and friends. Finished handwork was displayed and demonstrations of the various activities taught in the Centre were given by the children. In addition, four short plays were performed. £17/3/0d. was realised from the sale of handwork. Christmas parties were held in December.

The children are medically examined periodically by an Assistant School Medical Officer. Records, similar to the ones used in schools are kept.

Meetings of the Parent-Teacher Association were held bi-monthly throughout the year. Pets, suitable for keeping in the Centre, were bought by the Association, e.g. budgies, canaries, gold-fishes. The Association also provided the children with spending money for their outing to the seaside.

No. of defectives on register :

	Males		Females		Total		Total
	Under	Over	Under	Over	Under	Over	
Barnsley	16	16	16	16	16	16	50
W.R.C.C.	10	15	8	17	18	32	25
	12	1	7	5	19	6	

Average full-time attendance of children :—

Boys under 16 years of age	16.59
Boys over 16 years of age	6.4
Girls under 16 years of age	10.53
Girls over 16 years of age	9

Average part-time attendance :—

Boys over 16 years of age	7.49
Girls over 16 years of age	7.42

Dinners :

No. of Children receiving and paying for dinners	48
No. of children receiving free dinners	8

Total number having dinners 56

No. of dinners provided for children—paid	8,180
No. of dinners provided for children—free	1,546
No. of dinners provided for staff—paid	91
No. of dinners provided for staff—free	441

Total number of dinners provided 10,258

No. of $\frac{1}{2}$ pint bottles of milk delivered for children	7,968
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Position regarding Patients in Mental Hospitals

Number of patients in Mental Hospitals on January 1st, 1958 :

	Males	Females
Storthes Hall Hospital	93	73
Stanley Royd	8	6
Menston Hospital	2	1
	<hr/> 103	<hr/> 80

Admissions during the 12 months ended December 31st 1958 :

	Males	Females
Storthes Hall Hospital	55	44
Stanley Royd Hospital	2	—
Menston Hospital	—	—
The Retreat	—	1
	<hr/> 57	<hr/> 45

Discharges during the 12 months ended December 31st, 1958 :

	Males	Females
Storthes Hall Hospital	36	32
Stanley Royd Hospital	2	—
Menston Hospital	—	—
The Retreat	—	1
	<hr/> 38	<hr/> 33

Deaths during the 12 months ended December 31st, 1958 :

	Males	Females
Storthes Hall Hospital	3	7
Stanley Royd Hospital	—	—
Menston Hospital	—	—
	<hr/> 3	<hr/> 7

Number of patients in Mental Hospitals on January 1st, 1959 :

	Males	Females
Storthes Hall Hospital	109	78
Stanley Royd Hospital	8	6
Menston Hospital	2	1
	<hr/> 119	<hr/> 85

Number of visits made to cases reported but not removed to a Mental Hospital	158
Number of visits made to patients discharged from Mental Hospitals	247

Analysis of Cases Investigated and dealt with by Duly Authorised Officers during 1958

	Males	Females	Total	Dealt with under S.21a (14 day order)				Death prior to further action		Discharge prior to further action		Certification under Section 16		Other Disposals			
								M	F	M	F	M	F	Section 1 Voluntary		Section 5 Temporary	
				M	F	M	F							M	F	M	F
(a) Lunacy Act, 1890																	
Order of Duly Authorised Officer																	
Section 20 (3 day order)	6	3	9	1	—	—	—	—	—	—	—	3	2	2	1	—	—
Order of Justice of the Peace																	
Section 21 (14 day order)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Summary Reception Order																	
Section 16 (Direct to a Mental Hospital)	19	20	39	—	—	—	—	—	—	—	—	19	20	—	—	—	—
Total. Lunacy Act	25	23	48	1	—	—	—	—	—	—	—	22	22	2	1	—	—
(b) Mental Treatment Act, 1930																	
Section 1. (Voluntary patients)	32	22	54	—	—	—	—	—	—	—	—	—	—	32	22	—	—
Section 5. (Temporary Patients)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total. Mental Treatment Act	32	22	54	—	—	—	—	—	—	—	—	—	—	32	22	—	—
Grand Total Lunacy and Mental Treatment Acts	57	45	102	1	—	—	—	—	—	—	—	22	22	34	23	—	—

Patients over 70 years of age (included in the above) who were admitted to Mental Hospitals during the year 1958:

	Male		Female		Total
Section 1 of the Mental Treatment Act (Voluntary patients)	1	1	1	1	2
Section 20 of the Lunacy Act (3 day order)	—	—	—	—	—
Section 16 of the Lunacy Act (Summary Reception Order)	1	3	1	3	4
	2	5	2	5	7

Mental Deficiency Acts, 1913 to 1938

						Under age 16		Aged 16 and over		
						M	F	M	F	
1.	Particulars of Cases reported during 1958 :									
	(a) Cases 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						—	2	—	—
	(2) On leaving special schools						—	—	2	1
	(3) On leaving ordinary schools						1	—	2	—
	(ii) Police or by Courts						—	—	—	—
	(iii) Other sources						—	—	—	1
	TOTAL of 1(a)						1	2	4	2
	(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground						—	—	1	3
	(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)						—	—	—	—
	(d) Cases reported in which action was incomplete at 31st December, 1957 and are thus excluded from (a) or (b)						—	—	—	—
	Total number of cases reported during the year						1	2	5	5
2.	Disposal of case reported during 1958 :									
	(a) Of the cases ascertained to be defectives "subject to be dealt with":									
	(i) Placed under Statutory Supervision						1	2	4	2
	(ii) Placed under Guardianship						—	—	—	—
	(iii) Taken to "places of safety"						—	—	—	—
	(iv) Admitted to hospitals						—	—	—	—
	TOTAL of 2(a)						1	2	4	2
	(b) Of the cases not ascertained to be defectives "subject to be dealt with":									
	(i) Placed under Voluntary supervision						—	—	1	3
	(ii) Action unnecessary						—	—	—	—
	TOTAL of 2(b)						—	—	1	3

(c) Cases reported who removed from the area or died before disposal was arranged	....	....	....	....	....	....	—	—	—	—
TOTAL of item 2							1	2	5	5
							Under age 16		Aged 16 and over	
							M	F	M	F
3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1958 and admitted to :										
(a) National Health Service Hospitals	....						2	1	—	1
(b) Elsewhere	....	....	....	....	....	....	—	—	—	—
TOTAL of item 3							2	1	—	1
4. Total cases on Authority's Register as at 31st December, 1958 :										
(i) Placed under Statutory Supervision	....						18	15	61	49
(ii) Placed under Guardianship	....	....					—	—	—	—
(iii) In "Places of Safety"	....	....	....	....	....	....	—	—	—	—
(iv) Admitted to Hospitals (including patients on licence)	....	....	....	....	....	....	3	1	39	39
							21	16	100	88
(v) Under Voluntary Supervision	....	....					20	15	15	25
TOTAL of item 4							41	31	115	113
5. Number of defectives under Guardianship on 31st December, 1958, 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, 1958 (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	....						1	—	—	1
(iii) medium grade cases	....	....					1	1	2	2
(iv) high grade cases	....	....	....				—	—	—	—
TOTAL urgent cases							4	1	2	4

(2) Not in urgent need of hospital care :								
(i)	"cot and chair" cases	....	....	1	—	—	—	
(ii)	ambulant low grade cases	....	....	—	1	1	—	
(iii)	medium grade cases	....	....	—	1	—	2	
(iv)	high grade cases	....	....	—	—	2	1	
TOTAL non-urgent cases				....	1	2	3 3	
TOTAL of urgent and non-urgent cases				....	5	3	5 7	
					Under age 16 M F		Aged 16 and over M F	
(b) Of the cases included in items 4(i), (ii) and (v) number considered suitable for :								
(i)	Occupation Centre	....	....	....	13	13	17	19
(ii)	Industrial Centre	....	....	....	—	—	25	22
(iii)	Home training	....	....	....	—	—	3	—
TOTAL of 6(b)				....	13	13	45	41
(c) Of the cases in 6(b), number receiving training on 31st December, 1958 :								
(i)	In Occupation Centre (including voluntary centres	....	....	....	10	8	15	17
(ii)	In Industrial Centre	....	....	....	—	—	—	—
(ii)	From a home teacher in groups				—	—	—	—
(iv)	From a home teacher at home (not in groups)	....	....	....	—	—	—	—
TOTAL of 6(c)				....	10	8	15	17

CARE OF THE AGED

National Health Service Act, 1946, S.28

National Assistance Act, 1948, S.21

In each of the whole of this series of annual reports covering the ten years since the inception of the National Health Service attention has been drawn forcefully to the inadequacy of hospital accommodation in Barnsley for the aged. Figures published by the Sheffield Regional Hospital Board in their planning proposals in 1955 confirm that this inadequacy exists.

The Local Group Management Committee are also aware of the position, and have taken what steps they can to ameliorate it. The former smallpox hospital at Lundwood has been opened for geriatric purposes as have certain blocks at Kendray Hospital. A scheme for the conversion of the former Sanatorium at Mount Vernon to a Geriatric Hospital is being put into effect. The Management Committee is very much alive to the needs of the aged—indeed next to the aged themselves the Committee are probably the greatest

sufferers from the situation. The Sheffield Regional Hospital Board have doubtless taken all appropriate action in regard to this situation within the financial limitations and orders of priorities imposed on the Board by the Central Government. The Local Health Authority in the Domiciliary Service field has extended its services to reduce the need for institutionalisation of the aged to a minimum. It would seem that all the bodies locally responsible have exerted themselves to the full in the use of constitutional means to ensure that adequate care is available for the aged, and that the position is no reflection on the local bodies. Having made that clear it now remains to examine the position from the point of view of the aged.

It is no unusual thing for a female aged person, urgently requiring hospital care, to be on the waiting list 3 or 4 months. Removal from the list in the case of females is at least as frequent by reason of death as by admission to hospital. The root of this problem seems to be that once the aged enter hospital they tend to remain there for the remainder of their lives, becoming permanent hospital residents. There seem to be two factors contributing to this.

The first of these appears to be the commencement of what might almost be described as a "vicious circle". The old person who with perhaps two or three weeks hospital treatment might return home to a useful life has to go on the waiting list, by the time admission is effected the patient's condition has deteriorated to such an extent as to render quick treatment and discharge impossible. So one more aged person settles down to occupy a bed for an indefinite period blocking the use of that bed in the rehabilitation of other aged patients.

The second factor is the reluctance of some relatives to accept care of an aged person once he or she has been in hospital. It is obvious that this attitude towards the hospital "you have got her now you can keep her, if you discharge her we won't be responsible for her" must place the hospital staff in serious difficulty. Apart from the complete unfilial disregard for the old person, it is highly anti-social to the community in that it prevents a proper turn over of the hospital beds available.

When reflecting on these things and reviewing the past ten years Health Service workers are at times tempted to regret the passing of some of the features of the Old Poor Law Regime. Of course such a temptation must be and is resisted. In doing so, however, there are two thoughts which prove most difficult to eradicate, and they are so obvious that little harm will be done by recording them here.

The first of these is that under the Poor Law local authorities were required to provide care and shelter for aged be they well or ill. This they did in a somewhat—by today's standards—rudimentary manner for all who would accept it. There was no waiting list and no arbitrary demarcation between those needing nursing care and those just accommodated.

The second thought is that the Poor Law seemed to have an ability to stimulate filial duty. By reason of its powers of recovery, admission of the aged relative to a Poor Law Hospital was not always so profitable to relatives as to a National Health Service one. Cases were, therefore, less frequent of anticipation of the patient's demise

and premature succession to property and savings. Furthermore it cannot be denied that the social sanction of allowing a relative to "die in the poor house" was not without effect.

Of course in expressing such thoughts the Health Service worker must bear in mind that modern care at home and in hospital once admission has been secured is far in advance of anything available in a Poor Law Institution. Furthermore that callous treatment of the aged is not encountered very often. Indeed there are an appreciable number of cases where emotional over indulgence in sentiment and affection on the part of relatives reaches the point where it prejudices the old persons' well being. Nevertheless cases of callousness and indifference towards an aged relative when they do occur are most disturbing, particularly when in the interests of the community it becomes necessary to undertake the unpleasant and thankless duty of pointing out to the individuals concerned how their attitude appears to others.

The Minister's Circular No. 14/57 on Co-ordination of the Services for the Aged, Sick and Infirm received careful consideration by the Local Health Authority. Resulting from this, steps were taken to ensure that weekly meetings take place between officer representatives of the Housing and Welfare Department and those of the Health Department. In addition the Health Authority's Welfare Officer for the Handicapped is present at these meetings also. In this way the Corporation's own services for the aged and infirm are considerably strengthened.

In accordance with the recommendation contained in the circular an approach was also made to the Sheffield Regional Hospital Board with the suggestion that the Corporation and the Board should join in the appointment of Geriatric Physician. The Regional Hospital Board rejected this suggestion stating it was contrary to the Board's policy to appoint physicians purely as geriatric physicians. The Board however, pointed out that they were appointing a General Physician who would have charge of a number of geriatric beds in Barnsley, and made certain suggestions to the Corporation with a view to improving co-ordination of services. Negotiations were still progressing on these suggestions at the end of the year.

It should be noted that the Medical Officer of Health was appointed to the Sheffield Regional Hospital Board's Geriatric Advisory Committee during the course of the year.

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

**National Assistance Act, 1948, S.47
National Assistance (Amendment) Act, 1951**

No case arose during the year in which it was found necessary to consider action under S.47 of the National Assistance Act, 1948. In fairness to all concerned it is felt that it should be recorded that this satisfactory position arose by the development of the Local Authority's Domiciliary Services rather than by any improvement in the provision in Barnsley for Geriatric patients by the Sheffield Regional Hospital Board.

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 1958. 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 (437 compared with 290 in 1957). The detail of the purposes of the examinations is as follows :—

Child Delinquents	....	....	....	....	....	....	....	....	90
Boarded-out Children	....	....	....	....	....	....	....	....	69
Candidates for Training Colleges	....	....	....	....	....	....	....	....	25
Superannuation, Fitness for Employment	....	....	....	....	....	....	....	....	194
Police Force Recruits	....	....	....	....	....	....	....	....	27
Fire Service Recruits	....	....	....	....	....	....	....	....	6
Retirements	....	....	....	....	....	....	....	....	24
Miscellaneous	....	....	....	....	....	....	....	....	2
									437

PART IV.

THE HANDICAPPED

"Sweet are the uses of adversity,
Which like the toad, ugly and venomous,
Wears yet a precious jewel in his head;
And this our life, exempt from public haunt,
Finds tongues in trees, books in the running brooks,
Sermons in stones, and good in everything."

"As You Like It," II.i.12.

William Shakespeare, 1564-1616.

For another year it is possible to report expansion in the work done by the Health Authority to promote the welfare of the Blind, Deaf and Physically Handicapped. The advances which have been made in the work amongst these categories are described in some considerable detail in the pages which follow. On reading them the amount of effort which has been expended to make contact with all these rather isolated groups will soon be appreciated particularly in regard to the promotion of social activities. It would, however, have been more satisfying to be able to report greater progress towards the provision of training in handicrafts, sheltered employment and pastime work. It would also have been pleasing to be able to report that some more headway had been made in bringing the groups of the handicapped together. Unfortunately until adequate and properly designed premises become available it will not be possible to make progress in either of these directions.

It is a very great pity that this has not been more fully appreciated by the Central Government Departments in their exhortations to Local Authorities on the care of the handicapped. If this need had been recognised and some financial support had been made available to progressive authorities, much that is now still in the planning stage might well be solid material achievement. In view of this it is extremely disturbing to find that this question of the need for accommodation of this kind is also being overlooked in advice and directions given to Local Authorities on the care of the Mentally Handicapped as well.

The Barnsley Health Authority has from the very beginning of planning for the handicapped had in mind two points, the need for specifically designed workshop buildings and the necessity for combining the occupation requirements of both the physically and the mentally handicapped. The need for training and employment facilities for the latter has always been foreseen, as has the pointlessness of providing two separate workshops, material buying and product disposal arrangements. As a consequence of this the Authority is now in a position to go ahead with a comprehensive and economic scheme for training and employment of the handicapped in body and mind. It seems, however, unfortunate that no encouragement of a practical financial nature has been offered to the Authority to carry out this project.

It is difficult to stress too strongly the importance of adequate premises in providing for the handicapped. The experience of the Authority's officers over the past three years with improvised premises scattered over the centre of the Borough might well be described as an "Odyssey of Frustration"—attempts to contact the various groups of the handicapped—a start made in a small way in a none too suitable room loaned from some of the other Health Services—hard work to promote interest—interest growing—then more and more demands for training and handicrafts—finally the problem of refusing help to new applicants or grossly overcrowding the only accommodation available.

The latter decision presents itself just at the time when the difficult work of gaining the confidence of a particular group is beginning to bear fruit. In these circumstances it is easy to see how the emphasis has tended towards social activities rather than towards rehabilitation.

It is to be hoped then that in the none too distant future the services for the handicapped in Barnsley will be provided with premises which will enable the job of giving those handicapped in body or in mind a full opportunity of taking a useful place in the community.

Reference to the staff list appended to this report will indicate the increases made by the authority during the year. Training for those dealing with the Blind and the Deaf is without doubt adequate. Reference was made in last year's report regarding the need for training those who look after the physically handicapped. It is appreciated that it will be some considerable time before a suitable course will be available. Nevertheless, it is felt that the need for it should once again be recorded.

Under the headings relative to the various handicaps will be found statistics as to the numbers registered and details of the various welfare facilities provided by the Authority.

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 a small Blind Workshop which at the present time keeps four female blind persons in employment. 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 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 blind persons in every way possible. Each Home Teacher is allocated his or her particular district and each Officer's case load of blind and partially sighted 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 1958 is shown as follows:—

	Barnsley Area			West Riding Area		
	Males	Females	Total	Males	Females	Total
Under 5	—	—	—	—	1	1
5—15	3	2	5	2	2	4
16—20	1	1	2	1	5	6
21—49	11	15	26	16	10	26
50—64	16	14	30	22	27	49
65 and over	46	62	108	82	112	194
	77	94	171	123	157	280

In the Barnsley area, 16 new cases were registered as blind and 4 new cases removed into the area. 19 deaths occurred, 1 person removed out of the area and one person was decertified following successful surgical treatment, making a net decrease of one for the year.

In the West Riding Area, subject to supervision by agency arrangements, 29 new cases were registered as blind and 4 persons removed into the area. 33 deaths occurred among those previously registered blind. There were 7 removals out of the area and 5 persons were decertified following successful surgical treatment making a net decrease of 12 for the year.

Prevention and Incidence of Blindness

During the year no children under 16 years of age were registered as blind in the Barnsley area and of the 16 new cases, no less than 12 were over the age of 65 years. In the West Riding Area there were no children under the age of 16 years registered blind during the year and out of a total of 29 new cases registered, no less than 25 were over the age of 65 years.

Close co-operation is maintained with the Ophthalmic Department of Beckett Hospital, Barnsley, especially with regard to the follow-up of patients under-going treatment and recommended for treatment or surgical operations. 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 register or the register of partially sighted persons, where hospital treatment is recommended on form B.D.8. by the Ophthalmic Surgeon. Attention is drawn to the fact that six blind persons were decertified as a result of successful surgical operations. It is, therefore, gratifying to report once again that these results measure the value of the tactful encouragement given by the Home Teacher of the Blind to blind persons recommended to undergo 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 substantially 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 in age groups of the partially sighted persons is given below.

	Barnsley Area			West Riding Area		
	Males	Females	Total	Males	Females	Total
Under 5	1	—	1	—	—	—
5—15	6	4	10	—	5	5
16—20	3	—	3	—	2	2
21—49	4	4	8	3	3	6
50—64	1	5	6	4	3	7
65 and over	16	20	36	12	15	27
	<hr/> 31	<hr/> 33	<hr/> 64	<hr/> 19	<hr/> 28	<hr/> 47

Causes of Blindness—Newly Registered Blind Persons

	Barnsley	West Riding
Congenital	—	—
Myopic Error	—	—
Cataract	5	13
Detachment of Retina	1	—
Infectious diseases	—	—
Trauma	—	—
General Diseases	10	11
Glaucoma	—	5
Retrolental Fibroplasia	—	—
	<hr/> 16	<hr/> 29

Follow-up up 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	—	—	11	14
(b) Treatment, medical, surgical or optical	9	3	—	6	18
Number of cases at (i) (b) which on follow-up action have received treatment	5	1	—	6	12
Note : Refusals	2				
Waiting	4				

West Riding County Council Area

	Cataract	Glaucoma	Causes of Disability Retrolental Fibroplasia	Others	Total
Number of new cases registered which Sec. F (i) of Form B.D. 8. recommends :					
(a) No treatment	6	—	—	7	13
(b) Treatment, medical, surgical or optical	14	3	2	8	27
Number of cases at (i) (b) which on follow-up action have received treatment					
	7	3	2	3	15
Note : Refusals	5				
Waiting	7				

Ophthalmia Neonatorum

One case of Ophthalmia Neonatorum was notified in 1958, vision was unimpaired and recovery complete.

Classification of the Blind

	Barnsley		West Riding	
	M.	F.	M.	F.
Unemployable	51	63	90	118
Unemployed but employable	6	—	5	2
Employed as wage earners	4	7	7	2
Not available for employment, household duties, etc.	2	14	10	23
Trained but unemployed	3	1	3	1
In training	—	1	—	2
At school	1	2	2	1
Not at school	2	—	—	2
In Blind Homes, Hospitals and Part III Accommodation	8	6	6	6
	<u>77</u>	<u>94</u>	<u>123</u>	<u>157</u>

Employment of the Blind

The Corporation has for many years provided employment for female hosiery workers 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. One West Riding blind person is employed in the Blind Workshop. Employment for further blind persons is restricted by the lack of suitable accommodation as the present Blind Workshop is overcrowded and there is no room for expansion. An application from a Barnsley female blind person was received at the end of the year for admission to the Blind Workshop. Admission to the Blind Workshop of further employees will require re-organisation of the present accommodation. The Workshop is supervised by a female supervisor

who also deals with the sale of socks, stockings and other blind workshop products. A small Blind Workshop of this size requires a great deal of overhead expenditure and from a commercial point of view, would not be an economical proposition. The earnings of the female workers are augmented by the Corporation to give them a weekly rate of wages in accordance with the scales laid down for Group II of the Joint Industrial Council of Manual Workers employed by local authorities. 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. Products of other Blind Workshops in Yorkshire have been obtained during the year and have met with a ready sale. Regular orders are despatched to the Sheffield Blind Workshop for basket work of all kinds and the Halifax, Dewsbury and Wakefield Workshops have also been given trade for cardigans and other machine knitted goods. Owing to publicity among local Football Clubs many regular orders are now received for the making of football stockings and this aspect of the Blind Workshop products has steadily increased in importance.

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, children's hosiery and football stockings including stockings for the Barnsley Football Club, are all produced to suit customers requirements.

"Chairs and stools are also re-caned in the Blind Workshop. The demand for hosiery has been maintained at a high level and during the year the total sales of goods produced was £739/8/0d.

					£	s.	d.
Stockings	....	....	....	....	308	9	3
Socks	....	....	....	....	376	9	9
Re-foots	....	....	....	....	29	2	6
Own wool	....	....	....	....	2	13	6
Chairs	....	....	....	....	22	13	0
					<hr/>		
					£739	8	0

"The Workshop is also used for ironing of finished goods, in addition to re-caning jobs, and is proving very cramped."

Placement of Blind Persons in Open Industry

Blind persons within the employable age groups are undoubtedly happier working in open industry. During the year, no blind persons in the Barnsley County Borough area were placed in open industry. A young male blind person was approved by the Ministry of Labour and National Service for training at the Sheffield Blind Workshop in basket making. He attended the Sheffield Workshops for a few months only, but owing to medical reasons, relinquished the course. The overall recession in industry and the rise in the number of unemployed among all workers has prejudiced still further the possibilities of placing blind persons in open industry.

Placement work in respect of Barnsley blind and partially sighted persons is carried out by the Welfare Officer. The placing of blind persons in employment in the West Riding area is carried out directly by a specially appointed Officer of the County Council.

Home Workers Scheme

One Barnsley blind person who was an approved Home Worker died during the year and no blind person is at present employed under the Home Workers Scheme.

One blind person is provided with facilities for boot and shoe repairing on a purely pastime basis in the basement of the Handicapped Services Department. The flow of work for this blind man is intermittent and a regular supply of boot and shoe repairs is required to keep him fully occupied.

Types of Employment of Blind Persons

	Barnsley		West Riding	
	Males	Females	Males	Females
Boot repairers	—	—	2	—
Brush makers	—	—	1	—
Clerks and Typists	—	1	—	—
Domestic Workers	—	1	—	—
Home Teachers	2	—	—	—
Machine Knitters	—	3	—	2
Masseur	1	—	—	—
Labourer	—	—	1	—
Piano Tuner	—	—	1	—
Porters and Packers	2	—	—	—
Telephone operator	—	1	—	—
Others employed	—	—	2	—
	5	6	7	2

Home Teaching Service

Four Home Teachers, two female sighted and two male registered blind persons are employed for the purpose of visiting blind persons in their own homes, to discover and ascertain the needs of new cases, teaching Braille and Moon, organising social activities and other activities, arranging and teaching pastime handicrafts and providing general welfare services for the blind. Similar welfare services are provided for partially sighted persons and as many partially sighted persons are subsequently certified blind, the Home Teacher is already well aware of the needs of these people. The registration of a person as blind within the meaning of the Act, involves additional financial assistance from the National Assistance Board. This immediate financial benefit does not, of course, apply to persons who are classified as 'partially sighted'. In many cases the needs of some partially sighted persons on the register are equally as great as many blind persons. This particular problem has been referred to the Barnsley and District Joint Blind Welfare Committee for consideration as to how partially sighted persons of Barnsley and district can be helped

through voluntary sources. The Barnsley and District Joint Blind Welfare Committee provide benefits annually for registered blind persons including Annual Outings, Sports Day, Christmas Re-unions, Bulb Growing Competition and Braille Reading Competition.

During the year, a total of 2,251 visits were made to individual homes in Barnsley and 3,437 visits in the West Riding Area. Details with regard to the number of visits paid by each Home Teacher is given below.

	Barnsley Area	West Riding Area
Miss E. I. Mitchell	327	775
Mr. J. Moore	567	878
Mr. H. V. Davis	752	890
Miss E. White	605	894

66 per cent of all registered blind persons are over the age of 65 years and the value of domiciliary visits paid by the Home Teachers to lonely blind persons cannot be over estimated.

During the year, two Home Teachers attended a week-end School organised by the North Regional Association for the Blind, held at Scarborough in May, 1958. The course covered an Exhibition of Handicrafts and lectures were also given on "Mental Health" and on "Sunshine Homes for blind children". During the year two Conferences were held for Home Teachers, which were attended on both occasions, by two Home Teachers of the Blind. The first Conference was held at Leeds in March and the second Conference was held in October at Manchester. These Conferences of Home Teachers are of tremendous benefit for bringing workers together from the various local authorities.

Social Activities

Social Centres for the blind are provided in Barnsley, Wombwell, Hoyland and Thurnscoe, where blind persons meet regularly for conversation, music, games and pastime occupations. Sessions are held twice weekly at Barnsley and weekly at Wombwell, Hoyland and Thurnscoe. The game of dominoes is very popular and each centre has a domino team which competes at the Annual Domino Tournament held in November of each year in Barnsley. In 1958, the Grocock Trophy for straight dominoes was won by the Hoyland Centre and the Chappel Trophy for Five's and Three's was won by the Barnsley Centre. The Domino Competition for the Alec Forbes Trophy was held on an home and away basis through 1958 by the domino teams from each centre. The shield was won for 1958 by the Wombwell Blind Social Centre. In addition, individual knock-out handicap for which substantial money prizes are generously provided by the Barnsley and District Joint Blind Welfare Committee. A total of ten guineas in cash was presented to the winners of this competition.

In the County Borough Area, bus passes are provided from the Yorkshire Traction Company at an agreed reduced rate and issued free of charge to each registered blind person in the Barnsley County Borough Area who desires to make use of this facility.

Outings to places of interest, sports, hiking parties and excursions to the seaside form the main part of the blind persons social activities. The Annual Blind Sports Day was held again at Wortley Hall, nr. Sheffield and good weather favoured the occasion and the blind thoroughly enjoyed the various games and sports which were organised for their benefit. During the winter months organised parties of blind persons attend concerts, plays and other entertainments and at Christmas time, members of each centre hold their own party and finally come together for a big party which is held in January at the Arcadian Restaurant, Barnsley. During the summer months each social centre arranges an outing to the seaside.

The Joint Blind Welfare Committee provide an Annual Outing to the seaside during the summer months and in 1958 the Annual Outing of blind persons went to Bridlington and thoroughly enjoyed the day at the seaside. Blind Re-unions are held near Christmas time when a cash grant of 10s. is made to each blind person in addition to an excellent meal, and suitable entertainment is provided by a concert party in the evening. Blind Persons who are unable to attend the Re-unions owing to infirmity are given a cash grant of £1/2/6d.

All blind persons are encouraged to take an annual holiday each year away from home and for this purpose, a grant of £2 is made by the Barnsley and District Joint Blind Welfare Committee to every blind person who takes a bona fide holiday away from home. The full maintenance cost of blind persons who are recommended by their Doctor for convalescence at holiday homes for the blind, is met by this Committee.

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 all blind persons possess either a new type Bush Mains Set or if no electricity is available in the home, an Ever Ready Sky King or 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.

Handicraft Classes

The Handicraft Centre in Barnsley is open for classes on Tuesday and Friday of each week and attendances of blind persons are extremely good. Blind persons attending are taught pastime handicrafts such as basket making, chair caning, rug making, hand-knitting, artificial flower making and lampshade making. The issues of handicraft materials are mainly for training purposes, but in some instances satisfactory results are obtained and a charge is made for the materials used. Many repairs are also carried out to broken basket handles and this aspect of a service for the public is increasing.

In May, 1958, an Exhibition was held in the Town Hall, Barnsley, of handicrafts made by blind and physically handicapped persons.

This exhibition was open to members of the public and the standard of work was extremely high. A similar exhibition together with a sale of work is contemplated for 1959.

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 tuition. For those blind persons who become 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 facilities for access to a wide range 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 the blind.

For blind persons who have become blind in later life and who are unwilling to learn either braille or moon type, but who still retain wide literary tastes, the talking book machine is of immense value. There are eleven electric talking book machines at present out on loan, but these numbers are quite insufficient to meet the needs of blind persons in the area supervised by the Department. An order has been placed for two electric talking book machines to be purchased by the Joint Blind Welfare Committee for use by blind persons needing this service.

The Annual Braille Reading Competition held in 1958 was a success in stimulating interest among those blind persons who could benefit by learning braille or moon type. The finals of the Competition were held on the occasion of the Annual Sports Day and prize money totalling 25 guineas was awarded to the winning competitors.

The Deaf Blind

The number of blind persons in the area who are also deaf is comparatively small. In the County Borough area there are 8 blind persons who are also hard of hearing and in the West Riding area there is one female blind person who is deaf with speech and 29 blind persons who are also hard of hearing. The Home Teachers of the Blind are trained to use the manual alphabet in the case of the totally deaf-blind persons.

The North Regional Association for the Blind arranged a week's holiday at Bridlington specially for deaf-blind persons and one deaf blind person together with a guide who was familiar with the deaf manual alphabet, were allowed to partake of the holiday at the expense of the Joint Blind Welfare Committee. The accommodation provided at Bridlington for these deaf-blind persons and guides was not entirely satisfactory but the holiday was enjoyed by those who attended.

Industrial and Social Rehabilitation

During the year, one Barnsley female blind person attended the Royal National Institute for the Blind Centre at Oldbury Grange, Bridgnorth, Shropshire, for a social rehabilitation course. An immense

improvement in the blind persons outlook and mobility was seen as a result of the course, but owing to deplorable home conditions and lack of co-operation from the family, the value of the course has been almost entirely lost.

A West Riding registered blind person attended the Torquay Rehabilitation Unit for industrial rehabilitation. He has not yet been placed in employment.

During the year a Barnsley blind person went to the Sheffield Blind Workshops for a training course in basket work, but owing to medical causes, was not able to continue his training.

Chiropody Service

At the beginning of 1958, the Barnsley and District Joint Blind Welfare Committee inaugurated a Chiropody Service for all blind persons in need of foot treatment. Two qualified Chiropodists were appointed by the Committee to cover the whole of the area and this service has been thoroughly appreciated by all blind persons who have benefitted by the service. The Chiropody Service is entirely domiciliary and at the end of 1958, the following details regarding the service are given

No. of persons who have received treatment	....	....	245
No. of persons treated by Mr. Rodwell	....	....	134
No. of treatment authorisations issued to Mr. Rodwell	....	....	728
No. of persons treated by Mrs. Molyneux	....	....	111
No. of authorisations issued to Mrs. Molyneux	....	....	447

1175 recommendations for treatment have been issued since the inauguration of the Service.

WELFARE OF THE DEAF

The Corporation's Scheme for the welfare of the deaf continued to be implemented during the year under review. The Corporation provide welfare services for the County Borough Area, and in addition, under agency arrangements with the County Council of the West Riding of Yorkshire, provide these services for the surrounding districts within an approximate radius of ten miles from the centre of the town. The day to day administration of the deaf welfare services forms part of the services administered by the Handicapped Services Department which is in the charge of the Welfare Officer. An Interpreter/Welfare Officer for the Deaf is employed to deal with the needs of deaf and hard of hearing persons in the area under the control of the Department, and in addition, a female Interpreter/Welfare Officer for the Deaf is also employed on a part-time basis.

The Interpreter/Welfare Officers for the Deaf are appointed for the purpose of assisting deaf persons in all aspects of their welfare, to provide interpretation and means of communication where deaf persons require these services on all possible occasions, to promote and assist social and sports activities among the deaf and to visit deaf and hard of hearing persons in their own homes. The duties of the Welfare Officers for the Deaf have been devoted to a great extent, to the registering of deaf and hard of hearing persons and the complete ascertainment of hard of hearing persons in the area covered by the Department is not yet complete particularly in the West Riding County Council area.

Registration of the Deaf

At the end of 1958 there were 62 deaf persons on the register of the County Borough Area and 76 deaf persons on the register in the West Riding County Council Area. In addition, 132 persons were registered in the County Borough area as hard of hearing and 124 persons were registered as hard of hearing in the West Riding area. It is a source of satisfaction that deaf and hard of hearing persons now visit the Offices of the Handicapped Services Department to discuss their problems with the Interpreters/Welfare Officers for the Deaf and in this way all handicapped persons, whatever their disability, meet on common ground. The inauguration during 1958, of the repair service for hearing aids stimulated interest among hard of hearing persons and resulted in a number of hard of hearing persons being registered for the first time by the Department. During 1958, additional office accommodation became available to the Handicapped Services Department as a result of the departure of the Child Guidance Centre and proper facilities were available for interviewing deaf and hard of hearing persons. Details regarding numbers on the register at the end of 1958, together with their categories are given below.

Deaf and Dumb—County Borough of Barnsley

Degree of Deafness			Cause of Deafness		Degree of Speech	
Total	....	39	Born Deaf	.... 29	Normal	.... 3
Severe	....	23	Deafness		Indistinct but	
Slight	....	—	acquired	.... 33	intelligible	.... 33
					Unintelligible	.... 26
		62		62		62

Deaf and Dumb—West Riding County Council

Degree of Deafness			Cause of Deafness		Degree of Speech	
Total	....	46	Born Deaf	.... 42	Normal	.... 7
Severe	....	30	Deafness		Indistinct but	
Slight	....	—	acquired	.... 34	intelligible	.... 42
					Unintelligible	.... 27
		76		76		76

Hard of Hearing—County Borough of Barnsley

Degree of Deafness			Cause of Deafness		Degree of Speech	
Total	....	4	Born Deaf	.... 3	Normal	.... 131
Severe	....	71	Deafness		Indistinct but	
Slight	....	59	acquired	.... 131	intelligible	.... 3
					Unintelligible —
		134		134		134

Hard of Hearing—West Riding County Council

Degree of Deafness				Cause of Deafness		Degree of Speech	
Total	....	....	4	Born Deaf	.... 3	Normal	.... 122
Severe	....	....	86	Deafness		Indistinct but	
Slight	....	....	34	acquired	.... 121	intelligible	.... 2
						Unintelligible —
			<hr/> 124		<hr/> 124		<hr/> 124

Employment of the Deaf

The employment position among the deaf during 1958, has been made difficult by the recession in industry and the scarcity of suitable employment. The increase in the number of unemployed has made the position very difficult for handicapped persons owing to the fact that many able-bodied persons are available for employment. Deaf persons of employable age are helped in their search for employment by the Interpreter/Welfare Officer for the Deaf, in collaboration with the Disablement Re-settlement Officer of the Ministry of Labour and National Service. Contacts made by the Officers with employers and managers of firms are always useful in the placement of deaf persons. During the year under review, the following number of visits in connection with placement were made by the Interpreters/Welfare Officers for the Deaf in Barnsley and the West Riding area.

		Barnsley Area		West Riding Area	
		Deaf	H.O.H.	Deaf	H.O.H.
Mr. T. James ....	....	51	3	49	Nil
Mrs. R. James .....	....	14	1	9	2
		<hr/>	<hr/>	<hr/>	<hr/>
		65	4	58	2

Types of Employment of Deaf Persons

					Males						
Skilled or Semi-skilled							Unskilled				
Painters	....	....	....	....	1	Colliery	Surface	Worker			2
Welders	....	....	....	....	1	Brewery	Bottling	Dept.	....		1
Tailor/Presser	....	....	....	....	1	Skin	Cleaner	....	....	....	1
Boot repairers	....	....	....	....	6	General	labourer	....	....	....	11
Plasterers	....	....	....	....	3	Builders	labourer	....	....	....	5
Bricklayers	....	....	....	....	3	Plasterers	labourer	....	....	....	1
Joiner/Motor	Body					Driver's	mate	....	....	....	1
Builder	....	....	....	....	1	Glass	works	labourer	....	....	4
Joiners	....	....	....	....	2	Dustman	....	....	....	....	1
Gardener	....	....	....	....	1	Roadsweeper	....	....	....	....	1
Optical Lens Maker	(Appr)				1	Remploy	....	....	....	....	1
Coremaker	....	....	....	....	1						
Blacksmith	....	....	....	....	1						
					22						29

Females

Skilled or Semi-skilled					Unskilled				
Machinists	....	....	....	6	Packer	....	....	....	1
Tailoress	....	....	....	2	Millhands	....	....	....	2
Typists	....	....	....	1	Glass works labourer	....	....	....	1
				<hr/>					<hr/>
				9					4

Interviews, Domiciliary visits and Interpretations

Statistics relating to the number of domiciliary, placement and interpretations visits made during the year are included on the monthly report submitted to the Handicapped Persons Sub-Committee each month.

Assistance is requested by deaf and hard of hearing persons in connection with many matters and interpretation is provided on occasions such as the following:— at doctors surgeries, at clinics and hospitals, at shops and schools, solicitors offices, government and local authority departments. The statistics for 1958 in relation to the number of interviews, domiciliary visits and interpretations made by the two Welfare Officers for the Deaf are as follows:—

				Barnsley		West Riding	
				Deaf	H.O.H.	Deaf	H.O.H.
Mr. T. James							
Interviews	....	....	....	39	23	14	27
Domiciliary visits	....	....	....	293	499	192	164
Placement	....	....	....	51	3	49	—
Interpretation	....	....	....	81	2	31	2
Mrs. R. James							
Interviews	....	....	....	9	—	17	1
Domiciliary visits	....	....	....	56	99	40	42
Placement	....	....	....	14	1	9	2
Interpretation	....	....	....	96	14	74	2
				639	641	426	240

Social Activities

Social activities for the deaf are centred at the Deaf Institute, St. Augustine's Hall, Dyson Street, Kingstone, Barnsley, and social evenings are held on Wednesday and Saturday evenings. Games of table tennis, billiards, snooker, whist drives, darts and cinema shows and other entertainments are held. The Annual Party for the deaf and hard of hearing children in Barnsley and district was provided by the Corporation in the Town Hall, Barnsley, in January, 1958. Following tea, to which parents of deaf and hard of hearing children were invited, toys were given to each child and afterwards party games and other entertainments were provided. The Annual Party for the deaf was held at the Institute on the 11th January, 1958, and the function was thoroughly enjoyed.

Handicrafts

A desire was expressed by some female members of the deaf community, for a dressmaking class to be organised for their benefit and towards the end of 1958, a special dressmaking class for 15 female deaf persons was organised through the Education Department at the Doncaster Road School, Barnsley. The dressmaking class is under the supervision of an Instructor in this handicraft and the female Interpreter/Welfare Officer for the Deaf attends for interpretation purposes. The female deaf who attend thoroughly enjoy the opportunity they have to meet together and enjoy each others company doing this pastime work.

Identity Card for the Deaf

In the event of an emergency, such as a road accident, deaf persons are unable to communicate with ordinary members of the public and a need arises for the Interpreter/Welfare Officer for the Deaf to be contacted on such occasions. In order that these difficulties may be satisfactorily overcome, all deaf persons on the register of the Department have been provided with a printed identity card which states that he or she is a registered deaf person and that in the case of accident or any other emergency, the Welfare Officer for the Deaf can be contacted by telephone and the telephone number is given. The provision of this identity card is regarded by deaf persons as a guarantee that their interests will be safeguarded by the Department.

Spiritual Welfare

The Interpreter/Welfare Officer for the Deaf conducts religious services for interested deaf persons on a non-denominational basis each Sunday afternoon at the Deaf Institute and once monthly a Communion Service is provided by a local clergyman.

On the 16th November, 1958, a special service was held at St. Peter's Church, Barnsley, by the Wakefield Diocesan Committee for the Deaf and Dumb and about 80 of the Barnsley deaf were present out of a congregation of 200, which included deaf persons from Dewsbury, Wakefield, Huddersfield, Halifax, Sheffield, Doncaster and Bradford.

Sports Activities

The deaf who attend St. Augustine's Deaf Institute are members of the Yorkshire Deaf Amateur Sports Association and teams have been entered in the snooker, billiards, darts and table tennis leagues, sponsored by this Association. In addition, the deaf have two teams entered in the local Barnsley and District Table Tennis League and play matches with other teams on a home and away basis.

Hard of Hearing

The Barnsley and District Hard of Hearing Fellowship continues to flourish and holds regular weekly meetings at the Occupational Centre, Pitt Street, Barnsley. Social activities include beetle drives, musical evenings, whist drives and the members of this Fellowship are extremely co-operative with the Department and enjoy their social activities. Special equipment in the way of a microphone and speaker together with additional speakers have been supplied and installed by

the Corporation in the Occupational Centre together with a cupboard for the storage of cutlery, crockery and other games.

During the year an amplifier was provided by the Corporation which gives satisfactory service with the microphone already supplied and amplification at the centre is now quite satisfactory.

The Hard of Hearing Fellowship is soundly established and has an enthusiastic committee and this organisation is completely distinct from the voluntary mission for the deaf.

During 1958, hard of hearing persons were able to bring their hearing aids for repair to the Handicapped Services Department and aids were then transported to Sheffield and returned duly repaired, by the Barnsley Ambulance Service. The co-operation of the Chief Fire and Ambulance Officer in making this excellent service possible for hard of hearing persons is much appreciated. The inconvenience and expense, particularly to elderly hard of hearing persons who previously had to travel to Sheffield for repairs to their hearing aids or send them by post, has now been obviated to the immense satisfaction of hard of hearing persons. Batteries for Medresco type hearing aids are obtainable on Wednesdays and Saturdays from the Beckett Hospital, Barnsley. A further hearing aid repair centre was opened during the year when facilities available at the West Riding Ambulance Depot at Hoyland were made available on similar lines to the one in Barnsley.

At the beginning of the year some elderly hard of hearing persons expressed a desire for an afternoon social centre and as a result of co-operation received from the Barnsley and District Hard of Hearing Fellowship, the Blind Social Centre was made available on Wednesday afternoons for elderly hard of hearing persons to use as a social centre. This centre is now established and is controlled by the Barnsley and District Hard of Hearing Fellowship in close collaboration with the Handicapped Services Department. Some of the elderly hard of hearing persons are infirm and feeble and unable to use public transport and have been provided with Health Department transport. This centre held their Annual Christmas Party in December, 1958, at the Occupational Centre, Pitt Street, Barnsley.

Barnsley and District Mission for the Deaf

The Chapel for the deaf at St. Augustine's Hall, Dyson Street, Barnsley, required redecoration, replacement of chapel furnishings and other additional items. The Mission have generously given financial assistance in securing for deaf persons who use the Chapel, a place of worship which is now in a most satisfactory state.

North Regional Association for the Deaf

The North Regional Association for the Deaf covers all the Northern Counties and County Boroughs and is responsible for the promotion of the welfare of the deaf through the local authorities and voluntary missions for the deaf in the northern area. Two half-yearly meetings were held at Preston and Middlesbrough during the year, and these meetings were attended by the representatives and other officers of the Corporation, and proved extremely worth-while and valuable as a point of contact with other persons in deaf welfare work.

CARE OF THE PHYSICALLY HANDICAPPED

During the year the welfare services for the physically handicapped steadily developed and many aspects of the approved scheme were implemented. The number of persons who applied for registration on the Physically Handicapped Register increased and during the year 36 disabled persons were newly registered, bringing the total on the register to 262.

During the year Miss P. M. Richards resigned her appointment as Craft Instructor for the physically handicapped and in August, 1958, Mr. P. McGraynor took up his duties as Craft Instructor. Miss D. C. Francis was promoted from her position as Trainee Craft Instructor to the post of Craft Instructor at the same time. Owing to the increase in the amount of work among handicapped persons in handicraft tuition, it was found necessary to implement the establishment vacancy of a Trainee Craft Instructor and Miss P. Bromwich was appointed to fill this vacancy in January, 1959. At the end of the year under review, the number of physically handicapped persons desiring to receive craft instruction was 122.

Registration

At the end of 1958, there were 262 registered physically handicapped persons as compared with 226 at the end of 1957. This shows an increase of 26 registrations. Applications from disabled persons residing in the County Borough area for placement on the Corporation's register are dealt with by the Welfare Officer who pays an initial visit and completes the necessary case record and provides assistance and guidance to 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.

Nearly 50% of all registered handicapped persons are housebound or otherwise incapable of work and require a full range of welfare services particularly pastime handicraft work and social centre facilities. 124 persons fall into this category and in their case, it is essential that regular domiciliary visits are maintained. Many of these persons require assistance, with regard to National Assistance Grants, clothing allowances, supply and maintenance of wheelchairs through the Ministry of Health, home nursing equipment, domestic help services, gadgets and adaptations and many other similar welfare services.

Included in the total number on the register, are 51 disabled children under the age of 16 years. Registration of these 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 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 evenings and the centre is well attended. The British Limbless Ex-Service Men's Association caters for the needs of limbless ex-service men of two world wars, and does a great deal of voluntary work to assist this category of the disabled. The Barnsley Branch of the National Spastics Society has been organised to meet the needs of spastics in Barnsley and district. The Barnsley and District Epileptics Association is another voluntary body of recent origin which provides outings and assistance to epileptics in Barnsley and district.

Liaison with Other Authorities

The welfare needs of disabled persons require close liaison with many and varied organisations. Appropriate problems of need are referred for investigation to the National Assistance Board and in certain cases suitable assistance can be provided through particular voluntary associations which cater for the needs of that particular category of the handicapped. The help and co-operation which has been received from the Officers of the two areas of the National Assistance Board in Barnsley in dealing with cases referred to that Department is gratefully acknowledged. In a district where coal mining is a staple industry, many severely disabled persons are registered with the Department as a result of industrial injuries in coal mines. The needs of paraplegic ex-miners and other severely disabled miners are the particular concern of the Coal Industry Social Welfare Organisation who provide for ex-miners a fortnights holiday for the disabled person and his family, a free television set and also the provision of a free supply of petrol, to those using a motor propelled wheelchair. Close liaison is maintained with this Organisation through the Medico-Social Workers who have their Headquarters at Wakefield and Firbeck. During the year one severely disabled person who is a spastic paraplegic was recommended for a convalescent holiday at Blackpool and the cost was generously met by the Barnsley Sick Poor Fund. The supply of invalid motor chairs, electrically propelled chairs, folding and transit chairs are dealt with by the Appliances Officer of the Ministry of Health, Handsworth, Sheffield. Liaison is maintained with the Appliances Officer and appreciation is expressed for the help and assistance given at all times in dealing with cases referred to him.

Close liaison is maintained with the other services provided by the Department, particularly domestic help and home nursing services.

Close co-operation is also maintained with the Officers of the local office of the Ministry of Labour and National Service in connection with the registration of physically handicapped persons under the provisions of the Disabled Persons (Employment) Act, 1944. In this connection many disabled persons have been interviewed by the Panel

of the Disablement Advisory Committee in connection with their registration under this Act and the Welfare Officer has accompanied disabled persons to speak on their behalf. Other assistance is provided by the Department in co-operation with the Ministry of Labour and National Service in securing suitable employment for disabled persons but it will be observed that 37 physically handicapped persons are considered incapable of work under ordinary industrial conditions and suitable only for work in sheltered workshops. Of this number 9 are already employed at the local Remploi Factory, leaving a balance of 28 severely disabled persons whose prospects of remunerative employment appear extremely slender until workshop facilities are available.

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	2	4	6
Cases in The Limes, Barnsley	1	4	5
	<hr/> 11	<hr/> 17	<hr/> 28

26 of the above are adults.

2 are children under 16 years.

Cases living in their own Homes :

Adults	23	19	42
Children under 15 years of age	9	11	20
	<hr/> 32	<hr/> 30	<hr/> 62
Total known to Local Authority			<hr/> 90

Analysis of Epileptics living in their own homes :

Males :

	Sheltered work unnecessary	Suitable for Sheltered Work
1. Working and leading a normal life	6	—
2. Usually working but with frequent changes of job owing to Epilepsy	—	4
3. (i) Not able to keep a job for more than a few days owing to fits, but physically capable of working	—	5
(ii) Mentally defective but could work under special conditions	—	2
4. Not capable of doing any kind of work owing to :		
(a) Physical condition	2	—
(b) Mental condition	1	—
(c) Mental Deficiency	3	—
	<hr/> 12	<hr/> 11
Total number of males	<hr/> 23	<hr/> —

Females :

	Sheltered work unnecessary	Suitable for Sheltered Work
1. Engaged in their own household duties	10	—
2. Suffering from senility under care at home	—	—
3. Mentally defective and unsuitable for work outside the home	4	—
4. Suitable for work under sheltered conditions (2 of these are mentally defective)	—	5
	<hr/> 14	<hr/> 5
Total number of females	<hr/> 19	<hr/> —

Children under 15 years of age :

	Male	Female
1. In Special Schools for Epileptics	1	2
2. Attending ordinary schools—fits controlled by medication	6	8
3. Ineducable	2	1
4. In Infancy	—	—
5. Awaiting admission to Special School	—	—
	<hr/> 9	<hr/> 11
Total number of children	<hr/> 20	<hr/> —

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 34, 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 : 16.	M.	F.
3 are working (1 is a Notified Mental Defective)	3	—
4 are unable to walk (2 are Notified Mental Defectives)	3	1
*7 walk with difficulty (3 are Notified Mental Defectives)	4	3
2 are in Institutions	2	—
Children of School Age : 16.		
2 are attending ordinary school (one awaiting Special School)	—	2
1 is at the Yorkshire Residential School for the Deaf	—	1
5 are unable to walk (3 are Notified Mental Defectives, 1 awaiting admission to Special School, 1 unfit for school at present)	4	1
7 are attending Special Schools	4	3
1 is attending the Convent School	1	—
Children under School Age : 2.		
2 are unable to walk	1	1
	<hr/> 22	<hr/> 12

Total : 34, of which 9 are Notified Mental Defectives.

*of these 14—6 are suitable for work under sheltered conditions.

8 are unsuitable for work of any kind.

Number of Persons on Register

Disability	Medical Classi- fication	Males	Females	Total
Amputation	A/E	33	4	37
Arthritis and Rheumatism	F	11	16	27
Congenital Malformations and Deformities	G	18	14	32
Diseases of the Digestive and Genito Urinary system, of the heart or circulatory system : of the Respiratory system (other than tuberculosis) and of the skin	H/L	22	8	30
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	18	7	25
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomye- litis, hemiplegia, sciatica, etc.	V	60	37	97
Neurosis, psychoses, and other nervous and mental disorders not included in V	U/W	4	1	5
Tuberculosis (respiratory)	X	2	1	3
Tuberculosis (non-respiratory)	Y	1	2	3
Diseases and injuries not specified above	Z	2	1	3
		<hr/> 171	<hr/> 91	<hr/> 262

Grouping of Persons on Register

Group	Males	Females	Total
Capable of work under ordinary industrial conditions	45	3	48
Incapable of work under ordinary industrial conditions and insufficiently mobile for work in sheltered workshops	30	7	37
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	66	58	124
Children 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	30	21	51
	<hr/> 171	<hr/> 91	<hr/> 262

Social Activities

The Disabled Persons Social centre situated in the Home Nursing Centre, New Street, Barnsley, was extremely well attended during 1958. A social evening is held for epileptics twice weekly on Monday and Friday evenings from 7 to 9 p.m. and on Thursday evenings from 6.30 to 9.0 p.m. for all other disabled persons. Games and amenities are provided for the use of the epileptics and physically handicapped. The attendance at the Thursday evening centre filled the accommodation available and then the Committee decided that a further evening social centre would be necessary to accommodate disabled persons who could not be admitted on Thursday evenings owing to overcrowding.

In order that severely disabled persons could attend the centre, the Corporation provided transport by a Minibus to and from the social centre weekly. At the end of the year, transport was provided for 26 severely disabled persons and this service is much appreciated. Bus fares expended by mobile disabled persons who attend the centre are reimbursed monthly in arrears by the Corporation. Regular weekly social activities now include domino tournaments, whist drives, darts tournaments, etc. and at both the epileptics and disabled social centres, a small weekly prize is provided by the Corporation. Light refreshments in the form of tea and biscuits are provided free of charge for all who attend the centre and voluntary help is provided by ladies who have been approved for this purpose by the Committee.

During the year the epileptics paid a visit to the Sheffield epileptics club and entertained the epileptics from Sheffield on their return visit. A special outing was arranged for the disabled to visit a cinema in Barnsley to see the film "The Ten Commandments". Additional special functions for both epileptics and disabled have included concerts, pea and pie suppers. The Annual Outing for disabled and epileptics was arranged in August, 1958, when two bus loads of physically handicapped persons were taken for a days outing to Cleethorpes. The outing was thoroughly enjoyed by all who participated.

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 needed a wireless set. This service has grown during the year and defective wireless sets belonging to all disabled persons which required repair, have been repaired free of cost. The necessary tools and testing apparatus, and other equipment have been provided for the disabled person to repair the sets and he has been granted a small quarterly payment to cover the use of electricity and other financial expenses.

At Christmas Annual Parties for both adult disabled and epileptics were held in the Arcadian Restaurant, Barnsley. A party for registered physically handicapped children was held in the Reception Room, Town Hall, Barnsley. All the parties were much appreciated by the physically handicapped persons and at the children's party each child was given a small toy, sweets, minerals and ices.

Handicrafts

The number of registered disabled persons who desired to receive handicraft instruction increased during the year and the two Craft Instructors were fully occupied in providing domiciliary tuition to the numbers involved and attending the various handicraft classes. At the end of the year the Committee appointed Miss P. Bromwich as Trainee Craft Instructor to assist in the clerical work caused by the tremendous amount of handicraft materials now being purchased and issued to disabled persons. Handicraft classes are held on each Monday afternoon from 2 to 5 p.m. for epileptics and every Thursday afternoon from 2 to 5 p.m. for registered disabled persons. An additional handicraft class is now being held on Tuesday afternoons from 2 to 5 p.m. to cope with the additional numbers of disabled persons requiring tuition. The value of handicraft classes in providing an outlet for the creative capacity of disabled persons cannot be over-estimated and attendances at the various handicraft classes have continued to increase. The preparatory work necessary by the Craft Instructors in preparing handicraft classes and the clerical work necessary in the issue of stocks, taking payments and issuing receipts make the three handicraft classes extremely busy sessions for the Craft Instructors. The maintenance of records of receipts and issues of materials and the checking of receipt books is carried out by the Trainee Craft Instructor.

In May, 1958, a Public Exhibition of the pastime handicraft work of physically handicapped persons was held in the Recreation Room of the Town Hall. The exhibition was a great success and was well attended by members of the public. The disposal of finished goods made by disabled persons has normally been effected by the disabled persons themselves, selling completed articles to relatives and friends. In some cases the marketing of finished goods has proved difficult for the disabled to undertake individually and such goods have been displayed in the Blind Sales Shop and sales effected in this way.

A registered disabled person who wished to carry on pastime work in boot and shoe repairing was provided with a suitable work bench and all necessary repairing equipment in the basement of the Handicapped Services Department. Assistance is given in providing boot and shoe repairs and this disabled person now works in the basement workshop which is also occupied by the blind boot and shoe repairer. Another registered disabled person repairs wireless sets as a pastime pursuit and has been provided with all necessary tools and equipment to carry on this pastime pursuit. Disabled persons who have trouble with their wireless sets can have free servicing as a result of the arrangements made with this disabled person.

High tension batteries are issued free of charge to disabled persons who require these.

Out-Workers Scheme

Arrangements with a local rug firm to provide out work for disabled persons who are capable of completing rug shade boxes continued satisfactorily during the year. This work entails the cutting out of strips of different shades of rug and pasting these into a shade box. The Committee agreed to administer the out-workers scheme

and assist disabled persons in obtaining remunerative out work subject to supervision of the scheme by the Welfare Officer and Craft Instructors. Supplies of boxes and materials are delivered by the Corporation transport and this extension of the pastime handicraft scheme has proved a regular source of remuneration to some disabled persons.

Birthday Card Service

The Health Committee's scheme in relation to the issue of birthday greeting cards to each registered blind, partially sighted, deaf, hard of hearing and physically handicapped person on the registers continued during the year. The birthday card is specially designed and bears the Borough Coat of Arms and for the benefit of blind braille readers, the words "Birthday Wishes" are embossed in braille at the bottom of the card. 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 and the fact that every registered handicapped person on the registers of the Department has 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 Ministry of Labour and it is found that many disabled persons have allowed their registration under the provisions of the Disabled Persons (Employment) Act, 1944, to lapse. The difficulties of placing a severely disabled person in employment in open industry are great and in 37 cases the disabled persons concerned are now assessed as suitable only for sheltered employment. The Workshop facilities which are proposed for the Handicapped Persons Centre will fill a desperate need for those who are now unemployed. A Remploy Factory for severely disabled persons engaged in the making of furniture is sited in the County Borough Area and 9 disabled persons who are registered as physically handicapped on the Corporation's register are employed there.

During the year one disabled youth who suffers from spina bifida was assisted in obtaining employment at Ellis Son & Paramore, Ltd. Sheffield, as a trainee surgical boot repairer and maker. He has settled down very well in his employment and has already been taken on in a permanent capacity. A young epileptic was also found employment with a local butcher, but once again his disability proved too much and his employment was terminated. The difficulties in regard to epileptic persons obtaining and retaining employment in open industry cannot be over emphasised. Many epileptics change employment time after time owing to the fact that their employers are not sufficiently understanding of their disability and consequently terminate their employment.

Needs of the Physically Handicapped

At the end of 1958, there were 262 persons on the physically handicapped register and scrutiny of the numbers in the various categories of disability shown, emphasises that the general classes of the physically handicapped provide a vast welfare problem as each category has different needs which require a different approach. Employment in open industry for the mobile disabled is a satisfactory solution to many of their welfare problems and 48 such cases are included in the total number on the register. Of the 37 disabled persons who are deemed incapable of work under ordinary industrial conditions but sufficiently mobile for work in sheltered workshops, 9 are already in employment at the Remploy Factory. Until sheltered workshop facilities can be provided by the local authority, it is inevitable that the remaining persons cannot be assimilated for work under sheltered conditions for a long time.

The vast majority of disabled persons on the local authority's register are incapable of or not available for any work and it is for this large number that the services of the local authority in providing social and handicraft centres are particularly welcome.

PART V.

ENVIRONMENTAL HYGIENE

"After me cometh a Builder. Tell him, I too have known".

"The Palace"

Rudyard Kipling 1865-1936.

The general pattern of the Local Authority's work in the field of environmental hygiene during 1958 followed fairly closely that of the previous year. The principal emphasis fell upon the improvement of the dwelling places of the community, and upon attempting to reduce atmospheric pollution. At the same time efforts were continued to maintain and improve the standards of hygiene in premises preparing and selling food for human consumption. In addition a whole host of other matters which affect the health and well-being of the community from the cleanliness of Barbers' shops to the control of rodents received the usual painstaking attention which of latter years has tended to be so much taken for granted. Whilst this is most regrettable, it is very difficult to avoid, as these subjects only become spectacular and therefore interesting when they have been neglected.

The year undoubtedly saw considerable progress in the improvement of housing conditions in the County Borough. Comparison with last year's figures will show that the number of houses demolished and the number of new houses built is somewhat smaller than in 1957. However, when the question of improvement grants is examined it will be noted that there was a marked increase in the number granted. Considerable housing improvements were also secured by the procedure involved in the issue of certificates of disrepair. These last two methods of securing the bringing of sound old property into line with modern standards do not attract the attention to the work of the Authority that comes from a public enquiry into the declaration of a Clearance Area. Nevertheless they perform a most useful purpose and it would be a very great pity if the painstaking labour expended by the Council's officers in this direction were to be overlooked.

The problem of atmospheric pollution has been most energetically attacked during the year from several angles. Unfortunately little has transpired which will assist in dealing with the domestic fireplace which is often the worst offender. In a mining area where many of these grates are fed with "concessionary coal" little can be achieved until some scheme for "concessionary smokeless fuel" is evolved.

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 1958 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 | .... | .... | .... | .... | .... | .... | .... | 469 |
| (b) Council | .... | .... | .... | .... | .... | .... | .... | 4,069 |
- (2) Number of houses built during 1958:—
- | | | | | | | | | |
|---------------------|------|------|------|------|------|------|------|-----|
| (a) Privately owned | .... | .... | .... | .... | .... | .... | .... | 35 |
| (b) Council | .... | .... | .... | .... | .... | .... | .... | 264 |

IMPROVEMENTS TO PRIVATE STREETS

Grenville Place	....	....	....	....	....	90 yards
Southgate	....	....	....	....	....	183 yards
Queensway	....	....	....	....	....	230 yards
Stanhope Gardens	....	....	....	....	....	116 yards
Gawber Road (Service Road)	....	....	....	....	....	153 yards

The following streets were also adopted, the work being carried out by private contractors:—

Warner Road (part of)	....	....	....	....	....	36 yards
Pennine Way	....	....	....	....	....	226 yards
Downs Close	....	....	....	....	....	40 yards

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 satisfactory throughout 1958.
- (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.

	Number of Samples examined	Number of Samples showing a Positive Coliform Count	Highest Coliform Count per 100 ml. during year
Midhope Reservoir Raw Water	51	30	45
Ingbirchworth Reservoir Raw Water	51	45	180
Royd Moor Reservoir Raw Water	51	34	160
Hunshelf Borehole Raw Water	42	Nil	Nil
Coffin Field Borehole Raw Water	37	1	1
Coffin Field and Green Lane Boreholes Raw Water	11	Nil	Nil
Treated Water—all sources	204	2	3
Treated Water—City Analyst's Analyses	53	2	18

These results may be considered 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 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) All premises in the County Borough are now provided with a piped water supply.

During 1958 rainfall was recorded as follows:—

Jordan Hill, Barnsley	Midhope Reservoir
33.27 inches.	49.62 inches.

SEWAGE DISPOSAL WORKS

Reconstruction work was commenced during the year on the Lundwood Sewage Disposal Works which for many years have been grossly overloaded, a circumstance which has been aggravated by the effects of mining subsidence. Reconstruction is to be extensive and will ultimately ensure that the effluents discharged will conform effectively to modern standards. It is hoped that this work will be completed within two years. In the meantime the building operations which entail the wholesale disorganisation and partial destruction of existing plant will cause further deterioration in the effluents. These must be accepted, therefore, for a time to be frankly bad until the new work is not only complete but in operation for some little time.

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 114 to 127.

In the part of this report devoted to epidemiology full reference has been made to the 22 notifications of "food poisoning" received. Attention is paid also to the only significant outbreak, that reported at the Holgate Grammar School. The measures taken to deal with the latter were also described. The difficulties arising from the prevalence of Sonné Dysentery were particularly troublesome during 1958 and considerable comment has already been made on this.

The arrangement 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	....	....	....	10227
Total number of Re-inspections made	....	....	....	8150
Total number of Defects found	....	....	....	4526
Total number of Defects remedied	....	....	....	4452
Total number of Informal Notices Served	....	....		969
Total number of Formal Notices Served	....	....		335
Total number of Informal Notices complied with				872
Total number of Formal Notices complied with				241

TABLE II
SUMMARY OF INSPECTIONS MADE

Date from: 1st January, 1958; Date to: 31st December, 1958.

Dwellinghouses										Inspections	Re-Inspections
No. Inspected:											
Re Filthy Condition	...	...	...	...	...					31	16
Re Verminous Condition	...	...	...	...	...					141	85
Re Other Conditions	...	...	...	...	...					3667	7485
Houses-let-in-lodgings	...	...	...	...	...					3	1
Common Lodging Houses						...	...	...	...	14	—
Tents, Vans and Sheds	...	...	...	...	...					802	8
No. of Drains Tested	...	...	...	...	...					346	77
Inspection of:											
Dairy	...	...	...	...	...	...	...	...	...	35	4
Ice-cream premises	...	...	...	...	...	...	...	...	...	434	4
Slaughterhouse	...	...	...	...	...	...	...	...	...	17	1
Knackers Yard	...	...	...	...	...	...	...	...	...	16	—
Food Preparing Premises	...	...	...	...	...	...	...	...	...	490	2
Pet Animals Shops	...	...	...	...	...	...	...	...	...	51	—
Markets	...	...	...	...	...	...	...	...	...	519	1
Food Shops	...	...	...	...	...	...	...	...	...	1030	4
Licensed Premises	...	...	...	...	...	...	...	...	...	21	2
Factories with Power	...	...	...	...	...	...	...	...	...	211	29
Factories without Power	...	...	...	...	...	...	...	...	...	15	—
Workplaces	...	...	...	...	...	...	...	...	...	6	—
Outworkers Premises	...	...	...	...	...	...	...	...	...	13	—
Bakehouses	...	...	...	...	...	...	...	...	...	96	1
Hawkers Premises	...	...	...	...	...	...	...	...	...	131	—
Hairdressers Premises	...	...	...	...	...	...	...	...	...	58	2
Shops re sanitary conditions	...	...	...	...	...	...	...	...	...	22	—
Cinemas and Theatres	...	...	...	...	...	...	...	...	...	46	21
Premises re Rats	...	...	...	...	...	...	...	...	...	113	17
Offensive Trades	...	...	...	...	...	...	...	...	...	31	1
Smoke Observations	...	...	...	...	...	...	...	...	...	207	—
Smoke visits to Plant	...	...	...	...	...	...	...	...	...	129	7
Smoke Control Area—visits	...	...	...	...	...	...	...	...	...	158	—
Other Premises—visits and interviews	...	...	...	...	...	...	...	...	...	1137	35
Total number of Defects found	...	...	...	...	...	...	...	...	...	4385	141
Total number of houses affected	...	...	...	...	...	...	...	...	...	1887	61
Total number of other premises affected	...	...	...	...	...	...	...	...	...	114	—

TABLE III
**SUMMARY OF NUISANCES ABATED AND
IMPROVEMENTS EFFECTED**

Date from: 1st January, 1958; Date to: 31st December, 1958

Dwellinghouses:									
Internal:									
Floors repaired or renewed	....	....	....	....	....	....	....	....	126
Walls	....	....	....	....	....	....	....	....	256

Ceilings	145
Fireplaces	97
Flues	24
Windows	259
Doors	52
Staircases	11
Sinks	46
Waste Pipes	50
Coppers	31
Foodstores provided or improved	4
Coal Stores provided or improved	18
Cleansed or limewashed	5
Freed from Vermin	32
Damp conditions abated	230
External:	
Roofs repaired	117
Eaves spouts repaired or provided	171
Eaves spouts cleansed	14
Downspouts repaired or provided	79
Downspouts disconnected from drain	34
Downspouts cleansed	4
Walls repaired or re-pointed	182
Chimney Stacks repaired or re-pointed	17
Doors repaired or renewed	51
Steps repaired or renewed	13
Yard paving repaired	63
Common Lodging Houses:	
Nuisances abated	6
Limewashed	2
Drains:	
Cleansed	182
Repaired	101
Reconstructed	30
New provided	10
Disconnected from sewer	2
Selfcleansing gullies provided	64
Tents, Vans, Sheds:	
Removed	3
Sites licensed	2
Dwellings licensed	4
Inspection Chambers:	
Built	28
Repaired or improved	15
Water Closets:	
Provided for houses—additional	22
Provided in substitution of waste water closets	36
Limewashed and cleansed	3
Structure repaired or improved	157
Fittings repaired or improved	139
Lighting or ventilation improved	1

Waste Water Closets:

Repaired	....	....	....	....	....	....	....	....	....	50
Cleansed or limewashed	....	....	....	....	....	....	....	....	....	5
Converted to water closets	....	....	....	....	....	....	....	....	....	36

Ashpits:

Repaired	....	....	....	....	....	....	....	....	....	1
Abolished (dry)	....	....	....	....	....	....	....	....	....	3
Abolished (wet)	....	....	....	....	....	....	....	....	....	1
Converted to ashbin shelters	....	....	....	....	....	....	....	....	....	1

Ashbins:

Provided in substitution of ashpits	....	....	....	....	....	....	....	....	....	—
Renewed for houses	....	....	....	....	....	....	....	....	....	797
Renewed for other premises	21
Additional provided	1

Midden Privies:

Repaired	1
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Bakehouses:

Cleansed or limewashed	23
Premises improved	13

Hairdressing Premises:

Premises cleansed	....	....	....	....	....	....	....	....	....	58
Premises improved	....	....	....	....	....	....	....	....	....	1
Equipment cleansed	2
Personal clothing cleansed	1

Hawkers Premises:

Vehicles improved	1
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Dairies:

Cleansed or limewashed	4
------------------------	------	------	------	------	------	------	------	------	------	---

Ice-Cream Premises:

Cleansed and limewashed	217
Premises improved	....	....	....	....	....	....	....	....	....	4

Slaughterhouses or Knackers Yard:

Cleansed and limewashed	4
-------------------------	------	------	------	------	------	------	------	------	------	---

Offensive Trades:

Premises cleansed and limewashed	....	....	....	....	....	....	....	....	....	8
Premises improved	....	....	....	....	....	....	....	....	....	2

Food Preparing Premises:

Cleansed and limewashed	....	....	....	....	....	....	....	....	....	20
Premises improved	94
Discontinued	4

Catering Establishments:

Improved	20
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Food Shops:

Improved	111
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Offensive Accumulations:

Removed	2
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Factories:

Cleansed and limewashed	1
Sanitary Conveniences —cleansed and limewashed	10
Sanitary Conveniences —additional provided	2
Notice of indication provided	2
Artificial light provided	2
Doors and fasteners repaired or renewed	2
Fittings repaired or renewed	13

Cinemas and Theatres:

Defects remedied	7
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Stable Premises:

Cleansed or limewashed	—
Accumulations removed	1

Other Premises:

Nuisances abated	15
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Total Defects remedied 4452

Total houses affected 2082

Total other premises affected 144

TABLE IIIA
HOUSING INSPECTIONS

Date from: 1st January, 1958; Date to: 31st December, 1958

Individual Houses:	Inspections	Re-Inspections
No. inspected and recorded	47	58
Clearance Areas:		
No. of houses inspected and recorded	100	182
No. of other buildings inspected	—	8
Overcrowding:		
No. of houses inspected	24	1
Improvement Grant:	118	25
Certificates of Disrepair:	114	150

Common Lodging Houses

The one common lodging house in the district, 26 Doncaster Road continues to be conducted in a satisfactory manner.

During the year the floors of two kitchens were repaired, the window in the ablution room was repaired, in two bedrooms the ceiling plaster was repaired and a door to an external water closet was re-hung.

Tents, Vans and Sheds

The number of licensed sites and vans has been reduced owing to the voluntary removal of vans. At the end of the year there were two licensed sites on which there were four licensed vans.

Three applications for licences in respect of sites and five applications for licences in respect of vans, received during the year, were all refused.

The number of vans on the Council's Grange Lane Caravan Site has been reduced so that at the end of the year there were only 15 on the site. This reduction has come about by the removal of several caravans, the owners having left the district.

Factories

More attention has been given to Factories during the year, three hundred and seventy-one inspections having been made compared with two hundred and thirty in 1957.

The details as required by the Ministry of Labour and National Service are set out in Table IV.

TABLE IV
Factories Acts 1937 and 1948

1. Inspections:

PREMISES	Number on Register	Number of		
		Inspections	Written Notices	Occupier Prosecuted
1. Factories in which sections 1, 2, 3, 4, 6 are to be enforced by Local Authority	39	34	—	—
2. Factories not included in (1) in which Section 7 is enforced by Local Authority	246	337	8	—
Total ...	285	371	8	—

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.	From H.M.I.	
Want of Cleanliness S.1		1			
Overcrowding S.2					
Unreasonable temperature S.3					
Inadequate ventilation S.4					
Ineffective drainage of floors S.6					
Sanitary conveniences S.7					
(a) Insufficient	1	1			
(b) Unsuitable or defective	7	8		4	
(c) not separate for sexes					
Other offences against the Act					
	8	10		4	

Cinemas and Theatres

Under this heading is included those premises such as schools, church halls and similar buildings, where occasional stage plays are held.

The following improvements were made during the year:—

St. Barnabas' Church Institute

Fallpipe gully renewed.

Urinal drain cleansed.

St. Peter's Church Institute

Male and female water closet walls replastered.

St. Luke's Church Institute

Hall redecorated.

Alhambra Cinema

Notices of indication provided on male and female sanitary conveniences.

Offensive Trades

At the end of the year the following Offensive Trades were operating:—

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

Improvements were effected in one Tripe Boiler's premises by the renewal of two floors.

All these premises were conducted in a satisfactory manner, bearing in mind the nature of the trades carried on.

Smoke Abatement

The problem of smoke abatement continues to receive serious attention and further steps were taken to implement the provisions of the Clean Air Act, 1956, firstly by the appointment of a public health inspector experienced in smoke abatement work who would devote the whole of his time to this problem, and secondly, by the commencement, following this appointment, of a survey of an area in the centre of the town with a view to it eventually being declared a "smoke control area". Further more, a Clean Air Campaign was held during November in which the following Councils took part—the Urban District Councils of Darton, Hoyland Nether, Royston and Worsbrough, and the Rural District Council of Wortley. Representatives of each authority, including Barnsley, formed a committee known as The Barnsley and District Clean Air Campaign Committee, and much hard work was put in before the Campaign was officially opened on the 18th November, 1958 by The Worshipful The Mayor, Councillor G. Skelly, J.P. The Campaign included a main exhibition in the Public Hall, Barnsley, and smaller static exhibitions and mobile exhibitions in the districts of the other participating local authorities. The general consensus of opinion was that the effort had been worth while as considerable interest was shown by the public as evidenced by the number visiting the exhibitions and the enquiries which

were received. There is, however, one very important factor which emerged from the enquiries in relation to the promotion of smoke control areas in mining districts like Barnsley and the immediate neighbourhood. This factor is the question of substituting smokeless fuels for miners' concessionary coal. So far no solution, acceptable to both mine-workers and the National Coal Board, has been found and until this problem has been overcome, there is bound to be strong opposition to the establishment of any smoke control area which includes the homes of mineworkers. This opposition does not in any way imply that those engaged in the mining industry, are not as appreciative of the need for clean air as other sections of the community, it is simply that, as already stated, no acceptable formula for the exchange of smokeless fuel for coal has been arrived at.

The thanks of the Campaign Committee are due to local firms who displayed posters in their shop windows, to the managers of cinemas who put slides on their screens, to the Yorkshire Traction Company who displayed posters in the buses and to the many other people who assisted in various ways.

The total cost of the Campaign was £94/9/4½, this amount being shared amongst the local authorities who took part.

This Campaign was part of a larger campaign inaugurated by the West Riding Clean Air Advisory Council in which most of the big towns in the Riding were included. It commenced in September, 1958, and finished in April, 1959.

In last year's report mention was made of the damage to and subsequent removal of the recording apparatus sited at Mount Vernon Sanatorium. During 1958 a new site was found at the Open Air School, Mount Vernon Road, where new apparatus was set up in August, and at the same time apparatus was set up at three other stations—(a) The High School for Girls, Huddersfield Road; (b) at the rear of 147 Lindhurst Road; and (c) at Carlton Green. Therefore, including the existing Kendray Hospital and Public Abattoir sites, six stations were in operation at the end of the year.

Estimation of Sulphur Dioxide by Lead Peroxide Method

	Average Daily Figure	
Kendray Hospital	3.04)	
Public Abattoir, Bunkers Hill	2.8)	Milligrams
Girls' High School, Huddersfield Road	2.1)	per square
Open Air School, Mount Vernon Road	2.3)	centimetre
Rear 147 Lindhurst Road, Carlton	2.7)	
Carlton Depot	1.7)	

In addition, instruments for continuously recording the amount of sulphur dioxide and suspended solid matter in the air, were set up at Athersley and Stairfoot Clinics towards the end of the year, but have not been in operation long enough for any useful results to be obtained.

Hairdressers and Barbers

In last year's report reference was made to an instance where legal proceedings were taken against one hairdresser for certain offences against the Barnsley Corporation Act, 1949 and the Council's Byelaws, and although some attempt was made to clean the premises and fittings, they eventually got back to their original dirty condition, with the result that the hairdresser was again taken to Court and charged with the same offences as previously. At the first hearing the case was adjourned and at the subsequent hearing it was adjourned sine die in view of the fact that the defendant was an old man over 80 years of age, and that he was ill and not likely to live very long—he has since died and the business has been closed.

At the end of the year, allowing for two new registrations of persons and premises and for a number of businesses discontinued, the number of persons registered under the provisions of the Barnsley Corporation Act, 1949, was seventy-four and the number of registered premises was seventy-one.

Disinfestation

The following disinfestations were done during the year:—

23 Council owned houses for bugs.

12 Privately owned houses for bugs.

The furniture and effects from 18 houses before removal to Council owned houses—for bugs.

20 Houses treated for cockroach infestation.

Disinfection

In connection with cases of infectious disease the following disinfections were done:—

292 Bedrooms and 197 livingrooms in 151 houses.

6 Hospital Wards.

163 Articles of bedding and clothing.

Rodent Control

During the year, 2798 sewer manholes were baited for rats by the two full-time rodent operators, in addition, a number of surface infestation of rats were dealt with, and in this connection 130 visits were made by the District Public Health Inspectors.

The following table is a copy of the information required by the Ministry of Agriculture, Fisheries and Food in relation to rodent infestations.

TABLE V
Prevention of Damage by Pests Act, 1949
Report for the twelve months ending 31st March, 1959

	Type of Property				Agri-cultural
	(1) Local Authority	(2) Dwelling houses	(3) All other including Business	(4) Total	
I. Number of Properties in Local Authority's District	170	22599	3468	26237	30
II. Number of Properties inspected as a result of notification	40	203	43	286	
III. Total inspections and re-inspections carried out	136	741	2618	3495	
IV. Number of properties inspected which were found to be infested by:—					
(a) Rats (Major		2	1	3	
(Minor	29	157	22	208	
(b) Mice (Major					
(Minor	11	44	20	75	
V. Number of infested properties treated by the Local Authority	35	200	43	278	
VI. Total treatments carried out including re-treatments	35	200	43	278	

Swimming Baths

The standard for determining whether or not a sample is satisfactory is that a satisfactory sample should not contain any B.Coli. in 100 millilitres of water, and the plate count should not be more than 10 colonies per millilitres of water.

Public Baths Race Street—

Fifteen samples of water from the large bath were examined, eight were satisfactory, the remaining seven were unsatisfactory.

Details of the unsatisfactory samples are given below:—

	Plate Count per ml.	Coli organisms per ml.
Sample No. 1	Uncountable	18
Sample No. 2		16
Sample No. 3	35	
Sample No. 4	Uncountable	3
Sample No. 5	25	
Sample No. 6	50	
Sample No. 7	Uncountable	

Thirty-three samples were taken from the small bath, twenty-two were satisfactory and eleven were unsatisfactory.

Details of the unsatisfactory samples are as follows:—

	Plate Count per ml.	Coli organisms per ml.
Sample No. 1	Uncountable	
Sample No. 2	Uncountable	1
Sample No. 3	Uncountable	
Sample No. 4	Uncountable	5
Sample No. 5	Uncountable	5
Sample No. 6	25	
Sample No. 7	56	
Sample No. 8	18	
Sample No. 9	160	
Sample No. 10	15	
Sample No. 11	Uncountable	18

Raley School Bath—

Of twenty-six samples taken, sixteen were satisfactory and ten unsatisfactory.

Details of the unsatisfactory samples are as follows:—

	Plate Count per ml.	Coli organisms per ml.
Sample No. 1	70	
Sample No. 2	Uncountable	
Sample No. 3	Uncountable	
Sample No. 4	Uncountable	
Sample No. 5	Uncountable	
Sample No. 6	60	
Sample No. 7	Uncountable	4
Sample No. 8	Uncountable	1
Sample No. 9	150	
Sample No. 10	Uncountable	16

Copies of the laboratory reports on the samples are supplied to the Baths Superintendent and the Director of Education so that they are aware of the results obtained.

Fertilisers and Feeding Stuffs

One sample of Basic Slag was taken and submitted for analysis which proved to be satisfactory.

Pet Animals Act, 1951

Fifty-one inspections were made of premises where pet animals are sold—these premises are one shop and two market stalls. The inspections showed that the premises were conducted in a satisfactory manner.

Closet and Refuse Accommodation

The following improvements were carried out during the year:—

- 22 Additional water closets were provided for houses where closet accommodation was previously shared.
- 36 Waste water closets were converted to water closets.
- 3 Dry ashpits were abolished.

Licensed Premises (Hotels, Inns, etc.)

There were twenty-three inspections of licensed premises during the year and the following improvements were made—a defective drain at the Bridge Inn, Burton Road, was repaired and two defective water closet flushing cisterns at the Wellington Hotel, May Day Green, were repaired.

Housing

The work of clearing sub-standard houses has been proceeded with as fast as possible and during the year, ten Clearance Areas were declared involving one hundred houses. Details are as follows:—

Ardley Clearance Area No. 134	20 houses
Ardley Clearance Area No. 135	11 houses
Ardley Clearance Area No. 136	3 houses
Ardley Clearance Area No. 137	6 houses
Ardley Clearance Area No. 138	16 houses
Ardley Clearance Area No. 139	11 houses
Quarry Street Clearance Area No. 140	6 houses
Somerset Street Clearance Area No. 141	10 houses
Heelis Street Clearance Area No. 142	8 houses
Burton Road Clearance Area No. 143	9 houses
Total	<u>100 houses</u>

In addition, 21 individual houses were represented as being unfit for human habitation, making a total of 121 houses.

The number of unfit houses demolished during the year was one hundred and fifty-one, and four houses were closed, details will be found in the following tables.

Enquiries by the Ministry of Housing and Local Government were held in respect of the Keresforth Hill Road Compulsory Purchase Order 1957.

(Clearance Areas Nos. 127, 128, 129, 130 and 131)	75 houses
Peel Place Clearance Order No. 101, 1957.	
(Clearance Area No. 133)	25 houses

Total	<u>100 houses</u>
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Both the Orders were subsequently confirmed.

Individual Houses

Representations made with a view to closing or demolition	21
Closing Orders made	10
Demolition Orders made	20
Undertakings given	none

Unfit Houses Demolished in Clearance Areas

Clearance Area No. 8

2, 4, Court 15 Shambles Street	2 houses
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Clearance Area No. 44	
(62, 64), 64a, 66, 68, 70, 72, 74 Pontefract Road.	
2, 4, Court 4 Pontefract Road	9 houses :
Clearance Area No. 45	
17 and 1 Court 5 Pontefract Road	2 houses :
Clearance Area No. 53	
43, 45, Providence Street	2 houses :
Clearance Area No. 98	
1, 2, 3, 4, 13, 14, 15, 16, Wellington Row	8 houses :
Clearance Area No. 99	
19, (20 & 21), 22, 23, 24, 25, 26, 27, 28, 5, 12, 28,	
29, 30, 31, 32, 33, High Street, Monk Bretton	
1, 2, Wainscott Yard, Monk Bretton.	
1, 2, 3, 4, 5, 6, Garrison Houses, Monk Bretton.	
1, 2, 3, 4, Judy Row, Monk Bretton.	
1, 2, 3, 6, 7, 8, 9, 22, Crookes Street, Monk Bretton.	
1, 2, 3, 4, 5, 6, Elm Cottages, East Square, Monk	
Bretton	44 houses :
Clearance Area No. 108	
13, 14, 15, 16, 17, 18, Littleworth Lane, Monk Bretton	6 houses :
Clearance Area No. 111	
1, 2, 3, 4, Dearne Terrace	4 houses :
Clearance Area No. 116	
11 Willey Row, Carlton	1 house
Clearance Area No. 117	
67, 69, 71, 73, Keresforth Hill Road	4 houses :
Clearance Area No. 120	
1, 3, 5, 7, 9, 11, 1 Court 3, 3 Court 3, Waltham Street	8 houses :
Clearance Area No. 121	
18, 20, 22, 24, 26, 1 Court 2, 3 Court 2, Waltham	
Street	7 houses :
Clearance Area No. 122	
2 Court 4, 4 Court 4, 6 Court 4, Waltham Street	3 houses :
Clearance Area No. 123	
1, 2, 3, 4, 5, Quarry Street, Smithies	
1, 2, 3, 4, 5, South View, Smithies.	
1, 7a, 8, 9, 10, 11, Old Road Smithies	16 houses :
	<hr/>
	116 houses :
	<hr/>
Unfit Houses Demolished by Agreement with Owners	
12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 25, 26, 27,	
28, Smithies Green	15 houses :
Manor Farm Cottage, Fish Dam Lane, Carlton	1 house
Prospect Cottage, Warren Quarry Lane	1 house
662, 664, 666, Doncaster Road, Ardsley	3 houses :
15, 16, Burton Grange, Monk Bretton	2 houses :

Individually Unfit Houses Demolished

4, 5, 6, Wood View, Wakefield Road	....	....	....	3 houses
9, Moxon Square, Ardsley	....	....	....	1 house
10, 12, Britannia Street	....	....	....	2 houses
1, 3, Armin Street	....	....	....	2 houses
46 Thomas Street	....	....	....	1 house
4, 5, Crown Street	....	....	....	2 houses
21, Smithies Green	....	....	....	1 house
41, Queens Road	....	....	....	1 house

Individual Unfit Houses Closed

Colley Croft Cottage, Birk Avenue, Kendray	....	1 house
15, 17, Church Street, Carlton	....	2 houses
9, Little Hill, Ardsley	....	1 house
Total houses demolished	....	35
Total houses closed	....	4

Improvement Grants

The number of applications for grant has increased from seventy-three in 1957, to one hundred and two in 1958, the latter figure referring to one hundred and eleven houses. By the end of the year, sixty-eight applications had been dealt with and grants authorised in respect of eighty-four houses, these figures include some applications which were made but not dealt with during 1957.

The total value of the work authorised was £30,910/1/2 of which sum the Corporation's contribution amounted to £15,345/10/7.

Certificates of Disrepair—Rent Act, 1957

One hundred and four applications for Certificates of Disrepair were received during the year and ninety-three Certificates were issued. A considerable amount of repair work and painting of property has resulted from the operation of the Rent Act, but some property owners appear to think that if the major items on a Certificate of Disrepair are attended to, the minor matters can be left. This, of course, is not so, all the items of disrepair included on the Certificate must be dealt with before the Certificate can be cancelled. Forty-three applications for cancellation of Certificates of Disrepair were received but only twenty-two were granted, the remainder could not be granted for the reason stated above.

Prosecutions

Although on several occasions it has been necessary to warn property owners that if the requirements of statutory notices were not complied with, action would be taken in a Court of Summary Jurisdiction, in only two instances has this action been necessary, the details are set out below:—

Case A. Non-compliance with notice under Section 93 of the Public Health Act, 1936, with respect to a defective cooking range.

Nuisance Order made—to be complied with in 28 days. As the Order was not complied with the owner was again taken to Court and a fine of 40/- imposed, and subsequently the work required was done.

Case B. Non-compliance with notice under Sections 39 and 45 of the Public Health Act, 1936.

The notices referred to a defective joint between the water closet pedestal and drain, a defective water closet pedestal, and a defective water closet flushing cistern. The case was withdrawn as the work required had been done by the day of the Court hearing.

Supervision of Food Premises and Inspection of Food

The supervision of food supplies and the premises where food is manufactured, stored and sold, continues to take up a considerable amount of time of the inspectorial staff. During September, one of the inspectors engaged on full time meat inspection at the Public Abattoir resigned to enter a Theological College and it has not yet been possible to replace him. In October, one of the district inspectors resigned on taking up an appointment with the Colne Valley Urban District Council, and at the end of the year, he had not been replaced. This shortage of a meat inspector meant that for the latter part of the year the remaining District Inspectors and the specialist food hygiene inspector had to take spells of duty at the Public Abattoir to enable the standard of 100% inspection of all animals killed at the Abattoir, to be carried out, with consequent neglect of their own particular duties. It is to be noted that the number of animals killed and inspected at the Abattoir has increased over the 1957 figure by 10,930, the figure for 1958 being 63,538.

With regard to the standard of hygiene in food premises, it is true that speaking generally, a considerable improvement has occurred during the last few years but there is still a need for further improvement and the education of food handlers. Far too often do food handlers fail to appreciate that it is necessary to protect food against contamination; even when glass screens have been put up as a protection to food on counters, the flat top of the screen is often used as an additional display shelf for unwrapped food, thus exposing it to a greater risk of contamination

from the mouths of customers than it would have been if left on an unprotected counter.

Whilst it has been said that an improvement has taken place in the standard of food hygiene, it is disturbing to note the number of instances where foreign bodies are found in food, and one is inclined to wonder how many such instances there were before all this attention was given to cleaner food.

The following table gives details of the various types of food premises known to the Department.

Food Premises	Number
Food Preparing Premises	59
Fried Fish Shops	52
Butchers Shops	85
Breweries	1
Bakehouses	24
Tripe Boilers	4
Wholesale Grocers Warehouses	5
Hawkers Food Storage Premises	70
Ice-cream Manufacturers	6
Ice-cream Retailers	253
Milk, depots	3
Premises from which designated milk is sold	97
Grocers and provision dealers	227
School Kitchens	18
Mineral Water Manufacturers	5
Fruit and Vegetable Wholesalers	5
Fruit and Vegetable Retailers	29
Wet Fish Shops	10
Sugar Confectionery Shops	65
Flour Confectionery Shops	28
Catering Establishments	31
Works Canteens	21
Hotels and Public Houses	103
Off Licence Premises	81
Flour Mill	1
Slaughterhouses	2

Improvements in food premises are shown in the table given below:—

IMPROVEMENTS IN FOOD PREMISES 1958

PREMISES	Wash Basins Provided	Sinks Provided	Hot water supply Provided	Premises Cleansed	Fixtures and Fittings Improved	Walls Repaired	Floors Repaired	Ceilings Repaired	Water Closets Provided or Improved	New Premises Provided	Premises Discontinued
Food Preparing Premises	3	1	3	2	2	1	2			1	
Food Shops 	22	19	22	10	18		3	1	19	5	2
Catering Establishments	10		11	4	5	1				1	1
Hawkers Premises and Vehicles 	1		1		1						1
Fried Fish Shops 	10	6	14	8	17	11	5	2	1	2	2
Bakehouses 	4		5	3	3	1	1				
Ice-cream Premises 			1		1						
Dairies 				1			1				

Registration of Hawkers of Food and their Storage Premises

Ten applications under the provisions of Section 47 of the Barnsley Corporation Act, 1949, were received for the registration of hawkers, there were no applications for the registration of premises. All the applications were granted and at the end of the year there were seventy-five hawkers and seventy premises on the register.

Milk Supply

All milk sold in Barnsley is sold under a special designation which requires the seller to be licensed and in this connection, the following licences were issued to the ninety-eight registered distributors.

- 1 Dealers (Pasteurisers) Licence.
- 10 Dealers licences to use the designation "Pasteurised".
- 1 Supplementary licence to use the designation "Pasteurised".
- 3 Dealers licences to use the designation "Tuberculin Tested".
- 93 Dealers licences to use the designation "Sterilised".
- 1 Supplementary licence to use the designation "Sterilised".

Bacteriological examination of the various grades of milk is regularly performed, one hundred and thirty-six samples being so examined during the year. All were found to satisfy the prescribed tests, details are as follows:—

Methylene Blue Test

22 Samples of Tuberculin Tested Milk	22 Satisfactory
31 Samples of Pasteurised Milk	31 Satisfactory
20 Samples of T.T. Pasteurised Milk	20 Satisfactory

Phosphatase Test

31 Samples of Pasteurised Milk	31 Satisfactory
20 Samples of T.T. Pasteurised Milk	20 Satisfactory

Turbidity Test

12 Samples of Sterilised Milk	12 Satisfactory
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Ice-Cream

The popularity of this commodity appears to be maintained judging by the number of shops from which it is sold. There were 253 on the register at the end of the year. The manufacture of ice-cream by innumerable producers selling their own products has given way to production on factory lines by a small number of large firms who supply the distributors with a standardised, pre-wrapped article, there are only six manufacturers now left in Barnsley.

The examination by the Methylene Blue Test of two hundred and twenty-one samples gave the following results.

Grade I	....	192
Grade II	....	21
Grade III	....	7
Grade IV	....	1

The results of the examinations are sent to the distributors in every instance and where the samples are placed in Grades III or IV, attention is drawn to the unsatisfactory result with a view to preventing any repetition.

Eleven samples of ice cream were submitted for chemical analysis, all conformed to the Food Standards (Ice-Cream) Order, 1953.

Two samples contained between 7 and 8 per cent of fat.

Two samples contained between 8 and 9 per cent of fat.

Two samples contained between 9 and 10 per cent of fat.

One sample contained between 10 and 11 per cent of fat.

Three samples contained between 11 and 12 per cent of fat.

One sample contained between 13 and 14 per cent of fat.

Four iced lollies were taken for bacteriological examination, all were found to be satisfactory, no coliform organisms being isolated.

Meat and Other Foods

As previously stated the inspection of every carcase and organs of all animals slaughtered at the Public Abattoir, has been maintained and the subsequent tables give the result of those inspections although they cannot adequately convey the physical work and unremitting care which is taken to ensure that all meat leaving the Abattoir is fit for human consumption.

In the reports for the years 1955 and 1956 reference was made to an appeal against the Council's refusal to grant a Slaughterhouse Licence, and the matter was in abeyance at the end of 1956 pending the submission of a satisfactory scheme embodying the repairs and alterations considered by your officers to be necessary to bring the premises up to the required standard. After considerable correspondence between the Corporation and the appellant and his advisors, a scheme was finally agreed and the matter again came before the magistrates in 1958 who upheld the appeal subject to the scheme being completed within twelve months, ending on the 4th February, 1959.

Animals Slaughtered and Inspected

Beasts	....	....	....	....	14,235
Sheep	....	....	....	....	33,875
Calves	....	....	....	....	901
Pigs	....	....	....	....	14,527
					<hr/> 63,538 <hr/>

Fresh Meat Condemned

Beef	....	....	....	46,375 lbs.
Beef Offal	....	....	....	113,303 lbs.
Mutton	....	....	....	1,041 lbs.
Mutton Offal	....	....	....	1,799 lbs.
Veal	....	....	....	810 lbs.
Veal Offal	....	....	....	236 lbs.
Pork	....	....	....	7,276 lbs.
Pork Offal	....	....	....	3,109 lbs.
Total	....	77 tons	13 cwts.	13 lbs.

TABLE VI
Carcases and all Organs Condemned

Animal	Tuber- culosis	Accident	Inflam- matory Diseases	Parasitic Diseases	Other Bacterial Diseases
Bullocks	5				
Heifers	7		2		
Cows	32		7		4
Calves			7		12
Sheep		7	13		1
Pigs	4	3	5		8

TABLE VII
Carcases Partially Condemned

Animal	Tuber- culosis	Accident	Inflam- matory Diseases	Parasitic Diseases	Other Bacterial Diseases
Bullocks	28	1			
Heifers	13				
Cows	53				

TABLE VIII

Various Organs Condemned as Unfit for Human Consumption

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines
Tuberculosis											
Bulls	3	3	3	1			1				
Bullocks	306	306	379	150	11	9	127	7		176	176
Heifers	111	111	188	36	12	10	37	6		66	66
Cows	433	433	904	188	39	18	328	17	38	264	264
Calves			1								
Pigs	313	313	56	43	119		50	5		119	119
Inflammatory Diseases:											
Bullocks			28	10	1	22	38			4	4
Heifers			12	9		10	7	1		2	2
Cows			26	60	12	34	14	2	433	33	33
Calves				1	1	2				1	1
Sheep			4	3				4		1	1
Pigs			177	114	33	12	177			34	34
Parasitic Diseases:											
Bullocks	33	33	34	838			12			1	1
Heifers	13	13	8	189			6				
Cows	7	7	10	243			3			1	1
Sheep				782							
Pigs				98							
Other Bacterial Diseases:											
Bulls				1							
Bullocks	34	34	14	182	2	8	2			8	8
Heifers	14	14	8	52	3	6				4	4
Cows	15	15	9	172	10	7	2	1	1	14	14
Calves	4	4	5	6	5	4	5	4		5	5
Sheep			17	11	2		17			2	2
Pigs	4	4	4	5	4	5	4	4		4	4

TABLE IX
Analysis of Inspection of Meat

	Cattle (exclud- ing Cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	10109	4126	901	33875	14527	2
Number inspected	10109	4126	901	33875	14527	2
All Diseases except Tuberculosis and Cysticerci						
Whole carcasses condemned	2	11	19	21	16	
Carcasses of which some part or organ was condemned	1365	584	3	828	337	1
% affected with disease	13.5	14.4	2.4	2.5	2.4	50
Tuberculosis only						
Whole carcasses condemned	12	32			4	
Carcasses of which some part or organ was condemned	898	1064	1		385	
% affected with disease	9	26.5	0.1		2.6	
Cysticercosis						
Carcasses of which some part or organ was condemned	43	8				
Carcasses submitted to treat- ment by refrigeration	16	3				
Generalised and totally condemned						

Other Foodstuffs Condemned and Voluntarily Surrendered

Fresh Meat From Shops

Pork	10 lbs.
Liver	1 lb.

Fish

Fresh Fish	23 lbs.
Mussels	224 lbs.

Fruit and Vegetables

Pears	3298 lbs.
Peaches	510 lbs.
Haricot Beans	12 lbs.

Bread and Cereals

Puff Pastry	2 lbs.
Cake	12½ lbs.

Other Foods

Bacon and Ham	289½ lbs.
Margarine	20 lbs.
Cheese	135½ lbs.
Sultanas	60 lbs.

Prepared Foods

Cooked Meats	131½ lbs.
Sausages	57 lbs.
Roast Pork	90 lbs.
Pork Pies	12 lbs.
Sausage Rolls	1½ lbs.

Preserved Foods

9505 tins	11411½ lbs.
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Cysticercus Bovis

It has been necessary to send the carcasses of nineteen animals (eleven bullocks, five heifers and three cows) for refrigeration following the finding of live cysts in the carcasses or organs. In fifty-one other animals (twenty-nine bullocks, fourteen heifers and eight cows) degenerate cysts were found and the affected organ condemned. From these figures it will be seen that seventy animals were found to be affected with the cyst, this gives a percentage of 0.49 of bovine animals slaughtered, a figure slightly below the 1957 figure of 0.74.

Horse Flesh

The sale of horse flesh for human consumption has practically died out, only two horses being slaughtered during the year. From one carcass forty pounds of meat was condemned on account of its dropsical condition.

Summary of Food Condemned

	Tons	Cwts.	Qrs.	lbs.
Fresh Meat from Abattoir	77	13	—	13
Fresh Meat from Shops				11
Fish		2	—	23
Fruit and Vegetables	1	14	—	12
Bread and Cereals				14 $\frac{3}{4}$
Other Foods		4	2	1 $\frac{1}{4}$
Prepared Foods		2	2	12 $\frac{1}{2}$
Preserved Foods	5	1	3	15 $\frac{1}{2}$
Horseflesh			1	12
	84	19	0	3

Special Examination of Foodstuffs

12 Samples of Cake.	In connection with an outbreak of dysentery.	No pathogenic organisms isolated.
2 Samples of White Bread.	Containing a brownish substance.	Found to be due to use of whole wheat flour.
2 Blocks of Chocolate.	Containing a gritty substance.	Undesirable but not a danger to health.

Food and Drugs

Three hundred and thirty-five samples of food and drugs were taken and submitted to the Public Analyst during the year, details will be found in the following pages.

Milk

All the forty-six samples taken were found to be genuine, the average composition being Milk-fat 3.69% and Milk Solids other than Milk-fat 8.88%.

Samples of Food and Drugs (Other than Milk)
sent to the Public Analyst during 1958

Article	Genuine	Adult-erated	Total	Formal		Informal	
				Gen-uine	Adult-erated	Gen-uine	Adult-erated
Angelica	1		1			1	
Apple & Strawberry Jam	1		1			1	
Beef Casserole	1		1			1	
Beef and Kidney Pie	1		1			1	
Baking Powder	1		1			1	
Biskoids	1		1			1	
Butter	10		10			10	
Butter Drops	1		1			1	
Buttered Ginger	1		1			1	
Bicarbonate of Soda	1		1			1	
Bisk-o-Lait	1		1			1	
Bloater Fish Paste	1		1			1	
Brown Flour	1		1			1	
Butter Crunch	1		1			1	
Buttered Cheese Spread	2		2			2	
Banana Curd	1		1			1	
Blackcurrant Juice Syrup	1		1			1	
Buttered Brazils	1		1			1	
Butter Mints		2	2		1		1
Buttered Assortment	1		1			1	
Currant Pudding	1		1			1	
Currants	1		1			1	
Curry Powder	1		1			1	
Cayenne Pepper	1		1			1	
Charabs	1		1			1	
Chicken Noodle Soup	1		1			1	
China Tea	1		1			1	
Crab	1		1			1	
Cream	7		7			7	
Cambridge Steaks	1		1			1	
Cascara Sagrada	1		1			1	
Chicklettes	2		2			2	
Cream Cake	1		1			1	
Custard Powder	1		1			1	
Cake Mixture	2		2			2	
Coffee & Chicory Essence	2		2			2	
Chop Sauce	1		1			1	
Christmas Pudding	4		4			4	
Citroze	1		1			1	
Condensed Milk	1		1			1	
Dandelion Coffee	1		1			1	
Dried Yeast	1		1			1	
Delax	1		1			1	
Diabetic Chocolate	1		1			1	
Dressed Crab	1		1			1	
Desiccated Coconut	2		2			2	
Epsom Salts	1		1			1	
Evaporated Milk	1		1			1	
Fish Paste	4		4			4	
Ferguzade	1		1			1	
Fine Oatmeal	1		1			1	
Fish Cakes	4		4			4	
Food Colouring	1		1			1	
Flour	6		6			6	
Grapefruit Juice	1		1			1	
Greengage Jelly	1		1			1	

Samples of Food and Drugs (Other than Milk)
sent to the Public Analyst during 1958

Article	Formal		Total	Informal	
	Genuine	Adult-erated		Genuine	Adult-erated
Ground Almonds	1		1		1
Ground Nutmeg	3		3		3
Glucose	1		1		1
Ground Rice	2		2		2
Gelatine	1		1		1
Golden Cake Covering	1		1		1
Honey	3		3		3
Invalid Toffee	2		2		2
Ice Cream	11		11		11
Instant Icing	1		1		1
Jersey Cream	1		1		1
Jelly	3		3		3
Jelly Cream	1		1		1
Jam	2		2		2
Lemon Curd	3		3		3
Liquorice&ButterLumps	1		1		1
Lard	1		1		1
Lemon Flavour	1		1		1
Lemon Juice	1	2	3	1	1
Lentils	3		3		3
Liquid Paraffin	1		1		1
Lamb Chops	1		1		1
Mincemeat	4		4		4
Mixaroon	1		1		1
Marmite	1		1		1
Macaroni	2		2		2
Malt Vinegar	2		2		2
Marmalade	2		2		2
Meatless Steaks	1		1		1
Meat Paste	2		2		2
Minced Pork	1		1		1
Mixed Herbs	1		1		1
Mushroom Soup	1		1		1
Milk Shake Cordial	1		1		1
Mixed Fruit	3		3		3
Mixed Spice	2		2		2
Medium Oatmeal	1		1		1
Minced Turkey	1		1		1
Mix-a-Shake	1		1		1
Morfat Whipping	1		1		1
Mace	1		1		1
Mac Throat Sweets	1		1		1
Margarine	1		1		1
Orange Juice	1		1		1
Olive Oil	4		4		4
Orange Drink	2		2		2
Pineapple Juice	2		2		2
Potted Beef	2		2		2
Puff Pastry	1		1		1
Pearl Barley	1		1		1
Potted Meat	2	2	4	1	2
Potted Salmon	2		2		2
Piccalilli	1		1		1
Pork Roll	1		1		1
Rice Pudding	1		1		1
Rowan Jelly	1		1		1

**Samples of Food and Drugs (Other than Milk)
sent to the Public Analyst during 1958**

Article	Genuine	Adult- erated	Total	Formal		Informal	
				Gen- uine	Adult- erated	Gen- uine	Adult- erated
Raspberry Jam	2		2			2	
Rice	2		2			2	
Rice Creamola	1		1			1	
Raisins	2		2			2	
Sage & Onion Stuffing	1		1			1	
Self Raising Flour	7		7			7	
Semolina	2		2			2	
Salad Cream	2		2			2	
Sausage Meat	1		1			1	
Salmon Paste	2		2			2	
Salmon (Tinned)	1		1			1	
Sandwich Spread	1		1			1	
Scotch Butter Mints	1		1			1	
Sleeping Tablets	1		1			1	
Slimming Tablets	1		1			1	
Sultanas	1		1			1	
Saccharin	1		1			1	
Saxin Tablets	1		1			1	
Shredded Suet	1		1			1	
Sultana Pudding	1		1			1	
Stewed Steak	3		3			3	
Tapioca	1		1			1	
Tea	6		6			6	
Tomato Juice Cocktail	1		1			1	
Treacle	1		1			1	
Tea Bags	1		1			1	
Tuna Fish	1		1			1	
Table Jelly	1		1			1	
Tonic Water	1		1			1	
Vinegar		1	1				1
White Pepper	1		1			1	
Yeast Tablets	1		1			1	
	282	7	289		3	282	4

PARTICULARS OF OTHER FOODS

Adulterated Samples

Sample No.	Article	Adulteration or Offence	Remarks
6995 Informal	Potted Meat	Contained 83.4% meat and 16.6% excess water. Should not have been described as Potted Meat.	Warned by letter.
6998 Informal	Butter Mints	Deficient in Butter fat 83.2%	Warned by letter.
7028 Formal	Butter Mints	Deficient in Butter fat 83.2%	Refers to 6998.
7027 Formal	Potted Meat	Contained 84.8% of meat and 15.2% excess water. Should not have been described as Potted Meat.	Refers to 6995.
7012 Informal	Vinegar	Contained 4.83% acetic acid. Was artificial vinegar. Should have been described as non-brewed condiment.	To take formal sample.
7099 Informal	Lemon Juice	Was not Lemon Juice but an artificial preparation made from Citric Acid and contained not more than 10.5% of lemon juice.	Case withdrawn. Warranty plea accepted.
7111 Formal	Lemon Juice	Was not Lemon Juice but an artificial preparation made from Citric Acid and contained not more than 13.5% of lemon juice.	Refers to 7099.

Prosecutions for Various Food Offences

All these cases were taken under the provisions of the Food and Drugs Act, 1955.

Case A was referred to in last year's Annual Report, the circumstances being the seizure of 24 lbs. of pork delivered to the Town Hall Canteen, which was found to be unfit for human consumption.

Case A.—Sale of Pork unfit for human consumption.
Discharged on payment of costs.

Case B.—Sale of sausage containing a nail.
First hearing—Bench could not agree.
Second hearing—Case dismissed.

Case C.—Sale of toast with cheese and tomato containing a larval object.
Vendor fined £10.

Case D.—Sale of bread containing a piece of glass.
Vendor fined £10.

Case E.—Sale of mouldy Cornish pasty.
Vendor fined £5.

Case F.—Sale of lettuce and tomato sandwich containing a garden slug.
Vendor fined £10.

Case G.—Sale of fried fish containing a piece of metal.
Vendor fined £3 and costs.

Case H.—Sale of mouldy bread rolls.
Vendor fined £3.

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.

"By education most have been misled;
So they believe, because they so were bred.
The priest continues what the nurse began,
And thus the child imposes on the man".

"The Hind and the Panther"—pt.iii,1389.
John Dryden 1631-1701

The year under review has been a difficult one from the point of view of the School Health Service. The cause of this is simple—shortage of professional staff. First of all, in the case of the Medical Staff there was early in the year a high sickness absence rate and following this considerable difficulty was experienced in recruiting suitable Medical Officers to the vacancies which subsequently occurred. On the School Nursing side resignations and retirements amongst the Health Visitor-School Nurses left a depleted staff, this in turn put a serious strain on those remaining, with a resulting high sickness rate. The position was further complicated by the demands on both medical and nursing staffs of the poliomyelitis vaccination programme, which in the latter part of the year claimed priority over other School Health activities.

The net result of these difficulties has been an overall decrease in the number of routine inspections carried out by the medical staff in the schools, and a reduction in the cleanliness inspections, and follow-up visits carried out by the school nurses. Though the resignation of the Principal School Dental Officer was received in the last quarter of the year it did not become effective during the period under review, and the results of this event are not apparent in the statistics for 1958. The whole regrettable situation has been met by ensuring that the staff available at any given time has been employed with a due regard to priorities. In other words that attention has been given to "first things, first".

Having this in mind first priority accorded by the medical staff was to the ascertainment of handicaps and the work of the Open Air School, then attention was paid to ensuring that as many entrants as possible received a routine examination and that some medical supervision was given to those leavers entering industry. Similarly on the School Nursing side follow-up work was concentrated on those children known to belong to "problem" or "near problem" families. Great assistance in this was obtained from the School Welfare Officers.

Despite the reduced amount of field work which it was possible to carry out amongst the school children sufficient figures are available to be able to make comparison with past years, and to arrive at a satisfactory overall estimate of the general health of the school child in Barnsley in 1958.

During recent years a steady improvement has been reported so frequently that it is now taken for granted. It is, therefore, pleasing to be able to say that during the year under review this satisfactory position has been maintained. The tiny fractional increases when compared with 1957 in the number of children found to require treatment and of unsatisfactory physique may be totally disregarded. It must, however, be borne in mind that as the general level of physical development rises, so also do the standards of the observers who apply them to the children. Thus a proportion at least of children who are classified as of unsatisfactory physique today would not by comparison with the average have earned this classification say ten or fifteen years ago.

It is necessary also to recognise that much of the striking improvement in the general well-being of the children reported in past years has been directly attributable to improvements in Environmental Hygiene and teaching. As a higher proportion of the population is moved into up-to-date housing and modern schools, so will the proportion of defects due to unsatisfactory environment disappear. Consequently, as more and more children each succeeding year have the benefit of spending their infancy and toddler years in hygienic surroundings, so fewer children will enter school with defects, thus less and less improvement will be noticed in the figures of each succeeding year as compared with those immediately preceding it.

Improved environmental conditions would also appear to be having their effect on cleanliness. Despite difficulties in carrying out cleanliness inspections and the obvious tendency to devote such time as was available for this to those schools where the need was felt to be greatest, there was a fractional decrease in the proportion of children inspected who were found to be infested with head lice. This again is a matter for some satisfaction.

As already noted priority has been given to the examination and ascertainment of handicapped pupils. Placement of all except a very few difficult cases was not a serious problem during the year. Nevertheless the need for an assessment centre for children with multiple handicaps is still pressing. Indeed with easier placement it is perhaps even more pressing than ever. The existence of such a centre would mitigate the hardship which arises to those children who are found unsuitable after a trial period at one school. They inevitably find their way to another and if unsuitable here they go on their travels once again. It is possible that easy placement encourages this trial and error method which should be replaced by proper assessment as quickly as possible in the interests of this very unfortunate group.

The relationship with other branches of the Health Services continued to improve throughout the year. Between General Practitioners and the School Health Service relations are much

better than in the past. 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 previously. These problems are always difficult ones and tend to emphasise the difference 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 re-housed 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 re-settlement 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 continued to be maintained.

MEDICAL INSPECTION

The total number of children examined at routine medical inspection was 2,983; of these 1,007 were born in 1952 or later and may be regarded as having been subject to entrant examinations. Details of the age groups examined and the finding as to physical condition are set out in Table I of the appendix to this part of the report.

The decrease in the number of inspections carried out when compared with those done in 1957 (4,865) is 1,882. Reference has already been made to the circumstances from which this decrease resulted. A total of 6,715 special inspections including re-inspections was carried out. This shows only a decrease of 268 when compared with 1957 (6,983).

FINDINGS AT MEDICAL INSPECTION

The statistical summary of the physical condition as assessed at medical inspection is shown in Table IA.

It will be noted that the form of this Table differs from that employed in previous years, as in fact do a number of others in

the appendix to this part of the report. These alterations have been effected in order that these tables should conform as closely as possible with the prescribed form of returns as required by the Ministry of Education.

Reference to physique has already been made and there is little ground for comment on these figures. Similarly in Table IB the return of pupils requiring treatment there is material for comment. It is, however, interesting to note by comparison between these two tables the relatively high proportion of Entrants who require treatment for defects.

Uncleanliness

The improvement noted last year in the general overall cleanliness of Barnsley school children was maintained. The number of children examined (Table ID) as has already been noted is materially lower, however the proportion of these children found to be infested was also lower. At the same time it was unnecessary to issue a Cleansing Order or to use the powers available under S.49 of the Barnsley Corporation Act 1956.

In view of the shortage of School Nursing Staff it would seem that these findings are not unsatisfactory. Depletion in staff results in less frequent inspections being carried out in the schools. This in time allows the members of those few families who are habitual reservoirs of the head louse a longer period to spread the parasites they harbour amongst their fellows. The question of cleanliness inspection has been one of great concern during this period of staff shortage. It is therefore, most pleasing to find that instead of an increased proportion of infestation there has in fact been a fractional decrease in the number of children found to be infested.

Eye Defects

The number of children requiring treatment for defective vision (excluding squint) was 193 as compared with 231 in the previous year and 234 in 1956.

Squint called for reference for treatment in a total of 23 cases, this compares with 22 in 1957. A further 12 children were referred for observation on account of squint. Other eye conditions accounted for a total of 7 cases requiring treatment, in 1957 the number was the same.

Reference to Table IIA shows the figures set out as to whether defects were present in "entrants" (the first three age groups shown in Table IB), "leavers" or others.

Ear, Nose and Throat Defects

Reference to Table IIA will show that 32 children were referred for treatment on account of defective hearing, this figure is lower than the 37 reported in 1957. Otitis media and other ear conditions show an increase of 3 cases. Nose and throat defects with a total of 49 requiring treatment compare with 90 detected in 1957.

Orthopaedic Defects

The number of these remains fairly constant. Fewer children required treatment for faulty posture than in 1957, 2 as against 18, but more, 26 as against 15 required treatment for other orthopaedic defect.

Other Defects

A detailed analysis of all defects and the action taken regarding them is shown in Tables II and 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 has already been noted that these statistical tables vary considerably in form when compared with those for some previous years, this alteration has been made to ensure that they conform to the returns required by the Ministry of Education.

Arrangements for Treatment in 1958

Consultation Clinics:

Medical Services Clinic, New Street

Ear, Nose and Throat Clinic

Tuesday 3.30 p.m.

Thursday 9.30 a.m.—12 noon

Eye Clinic

Thursday 2.0—4.0 p.m.

Friday 2.0—4.0 p.m.

Skin Clinic

Tuesday 2.0 p.m.

Orthopaedic

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

School Medical Officer's Consultation Clinics

Saturday 9.0 a.m.—12 noon*

Dental Consultant Clinic

Saturday 9.30 a.m.—12.0 noon

*cases may be seen by the Doctor in conjunction with the Ante-natal Clinics on Wednesday mornings.

Minor Ailments Clinics

Barnsley: Medical Services Clinic, New Street

Monday to Saturday 9.0 a.m.—11.30 a.m.

Athersley: The Clinic, Laithes Lane

Monday 9.30 a.m.

Ardsley: Hunningley Villa, Hunningley Lane

Monday 9.30 a.m.*

Carlton: Old Highways Depot, Spring Lane

Thursday 10.30 a.m.*

Lundwood: Littleworth Infant School

Monday 9.30 a.m.*

Monk Bretton: Old Council Offices, High Street

Friday 10.30 a.m.*

*cases may be seen in conjunction with the Infant Welfare Clinics.

Ultra-Violet Light Clinics

Medical Services Clinic, New Street

Monday and Thursday mornings 9.15 a.m. to 10.15 a.m.

Note: Again, owing to the acute shortage of Nursing Staff treatments at the various clinics were suspended during the year as follows:—

Medical Services Clinic, New Street 11.6.58 to 11.12.58

Athersley Clinic, Laithes Lane 30.6.58. to 31.12.58

Littleworth Clinic, Lundwood No clinics held during the year.

Malnutrition

The continued increase in the standard of living makes undernourishment, in its classical form, a relatively rare condition. Cases do, however, occur from time to time of malnutrition which arise from parental inability to ensure that the best use is made of dietary materials available. This may be due either to ignorance or to "spoiling" by providing articles demanded rather than a properly balanced diet which is not so acceptable to the individual child. School meals and School milk have proved almost as valuable in dealing with this problem as with frank undernourishment. There is one type of case, however, where they fail, this is where the parents of the spoiled child hold the view that there is something inferior about articles of diet provided by the Education Authority. Fortunately, this outlook is not frequently encountered, but when it does occur the treatment of the children involved proves extremely difficult.

Some 2,134,718 bottles of school milk were supplied to children in schools. This number is 75,913 more than in the previous year.

School Meals	1957	1958
Provided free	131,556	144,751
Provided at $\frac{1}{3}$ of full charge	6,353	5,477
Provided at $\frac{1}{2}$ of full charge	—	—
Provided at $\frac{2}{3}$ of full charge	1,667	1,886
Provided at full charge	876,067	902,464

It will be observed that there has been a small increase in the overall demand for school meals. This is a most satisfactory position. It is to be regretted, however, that this increase is not greater, and it is to be hoped that it will be maintained in future years.

Time and time again in this series of reports emphasis has been laid on the value of school meals. No single factor has contributed so much to the present high state of nutrition of the English School Child. This is the natural and normal way to ensure adequate and proper nutrition of the community. Thus a well organised School Meals Service providing a well balanced diet attractively served can and does more to promote positive health in its truest sense than all the vitamin concentrates, tonics and "pick-me-ups" with which man has at any time ever desecrated his inside. With a properly balanced diet such things are not only unnecessary but may even be harmful. Well cooked fresh food

provides in a natural form everything required by the human organism. Thus school meals not only ensure that children receive these things but a properly managed service educates them to accept and like them in their natural form.

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 Clinic Time Tables shows that the existing arrangements were continued during 1958.

Eye Diseases—Defective Vision and Squint

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

The Consulting Clinic is held twice weekly at the New Street premises by Mr. McNeill, 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 the Appendix to this part of the Report.

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 a decrease over the previous year.

Orthopaedic and Postural Defects

The existing arrangements for orthopaedic examination and treatment have been continued throughout the year. Mr. Lawson, the Orthopaedic Surgeon, paid 7 visits.

The figures for children treated are shown in the Appendix and an analysis of these is contained in Table V.

Child Guidance

Considerable improvements were effected in the administrative arrangements for the provision of a Child Guidance Service in the County Borough during the year. The Service may, therefore, be said to measure up in most respects to the recommendations contained in the Report of the Committee on Maladjusted Children. The Annual Report of the Consultant Child Psychiatrist Dr. J. Orme, who is appointed by the Sheffield Regional Hospital Board and who carries out 3 sessions weekly on the Education Authority's premises is as follows:

The work of the Child Guidance Clinic in 1958 has been divided into two periods. During the first six months the work was carried out, as in 1957, at the Medical Services Clinic, New Street, and in the second half at the specially built Child Guidance Centre on the Athersley South Estate. This building has facilities which would be quite suitable in a large clinic with training responsibilities, and it is hoped that full use can be made of them. It is important to remember, however, that the main factor in this work is impact of the personalities of the staff on the patients. With the improved facilities for play therapy it is hoped that quicker results will be obtained and more seriously disturbed children can be treated.

During the first half of the year the clinic team was strengthened by the arrival of the educational psychologist, who has done valuable work in obtaining greater integration between the clinic and schools. His observations on the results of tests have added greatly to the diagnostic facilities of the team, and his presence has enabled simultaneous treatment of child and parent to be carried out as necessary.

The type of cases seen has been on much the same lines as set out in last year's report. It is gratifying to find an increasing number of cases being referred from General Practitioners and of pre-school children referred from the Child Welfare Clinics. As the seeds of disturbance in emotional, educational and social spheres are sown primarily during the early years of life it is reasonable that treatment should start during those years. Little enough is known, however, about the early signs of such disturbances, and it is only by careful observation of the children that such understanding can be improved. For example, it is believed that most delinquents are set on their course by the age of 7 (though the delinquent acts may not occur until 10 years later). Prevention should be much easier if it were possible to influence these children from a much younger age.

Contact has been kept with the various children who are in residential establishments. Most are progressing satisfactorily, but there are some whose homes are so disturbed that their influence on the children is still malign, despite the distance and the better environment in which the children live. It is thus fully demonstrated that the work of the clinic does not cease with the recommendation for residential treatment or even with the child entering such an establishment, but must continue until the child is fit to return to a home which is fit to receive him.

New cases seen in 1958	....	....	....	46
Waiting List—31.12.1958	....	....	....	14
Number taken on for treatment	....			26
Number discharged	....	....	....	38

The Annual Report of the Educational Psychologist, Mr. D. Young, B.Sc., Dip.Ed.Psych., to the Education Authority is as follows:—

"General—There was no educational psychologist in service with the Authority during the first five months of 1958. Mr. D. Young, B.Sc., Dip.Ed.Psych., began service in this capacity in June and this report, therefore, covers the period from the 1st June to the 31st December.

Pending the opening of the new Child Guidance Centre at Athersley in July, temporary accommodation was provided in Eastgate at the Youth Service premises. As these first weeks were used for making first visits to schools the arrangement was quite satisfactory. This time was also used to survey resources more closely and to order tests and apparatus which would be needed.

Other needs such as furniture needs had, of course, been anticipated by the Education staff so that when the Centre became available on the 17th July there was no unnecessary delay in beginning work.

Various procedures were arranged with other members of the staff and, thanks to the goodwill of all concerned, increasingly smooth and efficient service is being given.

The building, which might well serve as a model for other authorities, is proving attractive to all our visitors and is helpfully convenient and comfortable for the staff to work in.

The School Psychological Service

No matter how expert the specialists may be, the limitations of time are such that they can affect only a relatively small group of children. For the vast majority of children the teachers must remain the most active agents in applying psychological principles to learning and to mental health. The educational psychologist's part is not only to give specialised help to the few but to aid the general advance in techniques and methods within schools. A number of meetings have been held in schools to provoke discussion and the psychologist has also taken part in school testing programmes. It is hoped that such programmes, while being an aid to good teaching, will also contribute effectively to the conduct of the special services for dull and retarded children in the coming years. A store of reliable knowledge of the abilities and the progress of children for whom special help has to be considered will be available.

The other work in schools was in response either to the requests of heads for investigation of special problems or as liaison work as a member of the Child Guidance team.

Child Guidance Service

The consultant child psychiatrist, Dr. Orme, has continued his work with the maladjusted on three sessions per week and the educational psychologist has co-operated in the work of diagnosis and maintained contact with the schools.

Miss Wain, of the Medical Department, has assisted by visiting homes when necessary.

The number of children treated in the year 1958 was 101.

Finally, I should like to record my appreciation of the co-operation from medical and other officers, the administrative help from my own colleagues and the enthusiastic work of Miss Jones during the year".

These two reports are self-explanatory and it is felt call for no further comment. The statistics relating to child guidance are shown in Table IIIE.

Speech Therapy

The very unsatisfactory position described in some detail in last year's report continued throughout 1958. The appointment of Speech Therapist to the Authority has remained vacant throughout the whole of the period under report, and has been advertised on several occasions. No enquiries regarding the post were received from duly qualified applicants.

During the period a reference to tables IIA and B will show that 21 children with speech defects were encountered in the course of medical inspection. Two cases of severe speech defect were treated during the year by arrangement with the Sheffield Regional Hospital Board by the Board's Speech Therapists (Table IIIF).

Ultra Violet Light Therapy

The arrangements previously in force for this continued during 1958. The attendances at the various centres for artificial sunlight treatment were as follows:—

Medical Services Clinic, New Street

Number of children treated	30
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Number of attendances made	224
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Athersley Clinic, Laithes Lane

Number of children treated	11
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Number of attendances made	72
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Owing to shortage of trained staff it was found necessary to discontinue treatment between the following dates:

Medical Services Clinic, New Street	11.6.1958—11.12.1958
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Athersley Clinic, Laithes Lane	30.6.1958—31.12.1958
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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.

During 1958, however, considerable constructional alterations took place at the school. These provide a large assembly hall and improved facilities for medical and nursing staff. As a consequence of this and of the fall in the number of children subjected to routine medical inspection during the year, there was a reduction in the number of children in attendance at the Open Air School at the end of the year.

In view of the intention in the future to make the fullest possible use of the Open Air School it is desirable to reaffirm that this school is not primarily for children suspected of being tuberculous. Children who offer special health and nutritional problems are often assessed as "Delicate" and recommended for admission to the Open Air School for observation as well as for the special teaching and diatetic facilities which are available there. When this recommendation is made in respect of any particular child, in the majority of cases it is made 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 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 1958 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 number 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 :—

"The figures showing the work done by the Authority's Dental Service during 1958 may be said to follow the familiar "output pattern" referred to in the report of last year. It would be misleading to say that the pattern will be maintained when at the time of compilation of the report, it is known that the post of Principal School Dental Officer is vacant, and the Assistant School Dental Officer is about to leave also. However, one gratifying feature is again the increase in the number of fillings inserted in both permanent and deciduous teeth, without any disproportionate increase in the number of extractions.

The ebb and flow of Dental Officers during 1958 was such that there were the equivalent of two full time officers available to cope with a school population of over 14,000—a Gargantuan task which allowed of no routine inspections on school premises. It was long since decided to discontinue these inspections when the earliest appointment for conservation treatment would be some eight months ahead, and three months for extractions. One Dental Officer to 7,000 children compares very unfavourably with the General Dental Service figure of one dentist per 1,700 people in Eastbourne (and of course the added incentive of the better remuneration in the General Dental Service).

The Athersley (Laithes Lane) Dental Clinic functioned most efficiently throughout the year and its modern equipment and facilities were widely admired by the public and professions at the official opening in June. The farsightedness of the Authority in including the dental service in the initial phase of the planning for the Athersley community was amply justified as is evident by the popularity of the Athersley Dental Clinic. Perhaps the term "popular" would not be chosen by the hordes of youngsters with raging toothache who wait each morning for the Dental Officer to relieve the pain in the time honoured radical way.

Much publicity was given last year to the observations of the Principal School Dental Officer on lay remedies for toothache. There is no evidence that this publicity caused an increase in the sales of whiskey, but it occasioned a most definite influx to the Clinic of parents who wanted professional advice on the dental health of their children. Television is an unrivalled propaganda machine and tooth paste and tooth brush manufacturers might well include the method of using their products instead of showing always the wonderful results. Indeed a nightly (say 7 p.m.) sub-liminal nudge to little Johnnie's elbow to tell him to swallow his milk and biscuits and then clean his teeth ready for the night would be an advantage not only to the sponsor but to the dental health of the country.

The Director of Education had an excellent method of ensuring the co-operation of head teachers with the Dental Officers—any request from the dental side on any point was quickly disseminated to these heads via the Director's monthly directive to them. In an overworked

service such as the School Dental Service, any means of obtaining the co-operation of teachers and parents was invaluable; the Health Visitors were again disciples of this doctrine of dental health, and their hygiene courses always included a lecture by the Principal School Dental Officer.

Orthodontic treatment is still an essential part of the Authority's Services, although the number of new cases commenced during 1958 was of necessity reduced. The aim at present is to complete as many current cases as possible before starting new ones.

41 children were provided with artificial teeth—mostly because of rampant caries—some because of accidents. The dentures were provided free, as opposed to a charge being made in the General Dental Service.

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

HANDICAPPED PUPILS

A total of 30 children was 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 a decrease of 20 over the previous year. This decrease is more apparent than real. 15 children fell into the category of Delicate Pupils requiring special educational treatment at the Open Air School. The number of such children in 1957 was 31.

The handicapped pupils ascertained as falling into categories other than delicate amounted to 18, this number in 1957 was 19.

Blind Children

No child was ascertained as partially sighted and as requiring special educational facilities. Three partially sighted children were placed in a Special Boarding School. At the end of the year 2 partially sighted children were awaiting places in Special Schools.

Deaf Children

No child was ascertained as deaf or partially deaf. One partially deaf child was placed in a Special Boarding School.

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 or pre-school children are referred to him. A modern audiometer has been provided. An 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.

Four pupils were ascertained during 1958 as requiring special education 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 four. 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

Seven children were ascertained to be educationally sub-normal to a degree calling for education in a special school. Two children were ascertained as requiring special educational treatment by reason of being maladjusted.

Two children were reported to the Health Authority under the provisions of the Education Act, 1944, Section 57(3), and six under Section 57(5). This compares with 9 and 3 respectively in 1957.

Epileptic Children

Two children were ascertained as epileptic pupils during the year and both were placed in special schools. Statistics relating to the ascertainment of handicapped pupils are set out in Table VII in the Appendix.

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 1958 are as follows:—

Disease	No. notified
Scarlet Fever	88
Diphtheria	—
Pneumonia	15
Meningococcal Infection	2
Measles	127
Whooping Cough	47
Poliomyelitis (paralytic)	3
Poliomyelitis (non-paralytic)	1
Dysentery	270
Food Poisoning	6
	<hr/> 559 <hr/>

In addition to the above notifiable infectious diseases an explosive outbreak of food poisoning occurred on the 8th May, 1958, affecting those consuming school dinners prepared in the Holgate Grammar School Kitchen. Full details of this outbreak are described in the

section of this report devoted to Epidemiology. That it was possible to deal effectively and expeditiously with this unpleasant occurrence was largely due to the foresight and co-operation of the School Meals' Supervisor. As in the case in most outbreaks of food poisoning due to *Cl. welchii* the illness, though disabling, was of short duration and was unaccompanied by any serious or lasting after effects. That the school was closed as a result of the outbreak was entirely fortuitous. The closure simply arose from the fact that so many of the teaching staff were affected, insufficient masters were available to keep the work of the school going. In an outbreak of this sort it is quite impossible to give exact figures of the number of individuals affected. The nature of the illness with its rapid recovery militates against any but a very small percentage of those affected calling in medical aid. Even when this is done unless the practitioners called see a number of related cases, the illness is not notified as food poisoning being quite naturally labelled "gastric 'flu" or simply "tummy upset". Estimates made, however, suggest that between 300 and 400 individuals were affected.

Immunisation against Diphtheria

During the year 196 children of school age received a primary course of injections of anti-Diphtheria antigen. 432 received reinforcing or booster doses.

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. 6,549 school children received a full course of two injections under this scheme in 1958.

RECIPROCITY WITH OTHER AUTHORITIES

The results of medical inspection by Medical Officers of the Barnsley Education Authority of pupils domiciled in the West Riding of Yorkshire who attend schools in the County Borough are shown in the Appendix, Table VIII. The results of medical inspection of pupils domiciled in Barnsley by School Medical Officers of the West Riding County Council Area (Division 25) are shown in the Appendix, Table IX.

PHYSICAL EDUCATION — SWIMMING

Totals for Winter and Summer Swimming (September, 1957
to July, 1958) at the Raley and Corporation Baths.

	Winter Sept. 57-Mar. 58	Summer Apr.-July 58
Number of children sent to baths	3,164	3,760
Number of attendances made	46,568	25,374
Number of children who could swim at least 10 yds. at the end of the session	1,748	1,973
Number of children who gained Education Committee Certificates :—		
1st Class	5	1
2nd Class	107	83
3rd Class	369	153
Number of Royal Life Saving Certificates :—		
Elementary	33	30
Intermediate	33	30
Bronze Medallion	36	29
Bronze Bar	12	9
Bronze Cross	—	1
Bar to Bronze Cross	—	—
Award of Merit	—	—
Total number of individual children sent to Baths in 12 months ended August, 1958		3,885

MEDICAL INSPECTION AND TREATMENT

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(Including Nursery and Special Schools)

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	135	135	100	—	—
1953	431	426	98.8	5	1.1
1952	441	434	98.4	7	1.5
1951	43	43	100	—	—
1950	351	328	93.4	23	6.5
1949	186	182	97.8	4	2.1
1948	17	17	100	—	—
1947	97	97	100	—	—
1946	368	362	98.3	6	1.6
1945	197	192	97.4	5	2.5
1944	44	44	100	—	—
1943 and earlier	673	669	99.4	4	0.5
TOTAL	2,983	2,929	98.1	54	1.8

B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)			
Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded in Part II	Total Individual Pupils
(1)	(2)	(3)	(4)
1954 and later	2	13	13
1953	20	46	63
1952	25	43	60
1951	2	2	4
1950	15	23	34
1949	8	17	25
1948	2	3	4
1947	13	4	17
1946	31	28	54
1945	21	18	36
1944	5	4	9
1943 and earlier	49	47	77
TOTAL	193	248	395

C.—OTHER INSPECTIONS

Number of Special Inspections 1,827
Number of Re-inspections 4,888

TOTAL 6,715

D.—INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 22,650
- (b) Total number of individual pupils found to be infested 867
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) 7
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) Nil

TABLE II
DEFECTS FOUND BY MEDICAL INSPECTIONS
DURING THE YEAR

A.—PERIODIC INSPECTIONS

Defect or Disease	Entrants		Periodic Inspections				Total	
	Treat- ment	Obser- vation	Leavers Treat- ment	Obser- vation	Others Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin	19	22	15	5	5	2	39	29
Eyes—								
a. Vision	114	35	54	18	25	16	193	69
b. Squint	20	9	—	1	3	2	23	12
c. Other	4	6	1	—	2	1	7	7
Ears—								
a. Hearing	23	19	6	—	3	3	32	22
b. Otitis Media	10	13	9	3	2	5	21	21
c. Other	6	3	2	—	1	—	9	3
Nose and Throat	35	109	2	6	12	18	49	133
Speech	1	13	—	—	—	2	1	15
Lymphatic Glands	3	22	—	—	—	—	3	22
Heart	—	20	—	—	1	6	1	26
Lungs	5	33	—	1	2	4	7	38
Developmental—								
a. Hernia	1	2	—	—	1	2	2	4
b. Other	—	13	—	—	—	—	—	13
Orthopaedic—								
a. Posture	1	5	—	6	1	2	2	13
b. Feet	17	20	3	2	4	4	24	26
c. Other	1	13	3	1	—	2	4	16
Nervous System—								
a. Epilepsy	—	2	—	—	—	1	—	3
b. Other	—	2	—	1	—	2	—	5
Psychological—								
a. Development	1	4	—	—	—	2	1	6
b. Stability	5	16	—	1	1	11	7	28
Abdomen	2	2	—	—	—	—	2	2
Other	2	15	1	—	1	1	4	16

TABLE II—continued

B.—SPECIAL INSPECTIONS

Defect or Disease	SPECIAL INSPECTIONS	
	Pupils requiring Treatment	Pupils requiring Observation
Skin	3	2
Eyes—		
a. Vision	9	3
b. Squint	4	2
c. Other	5	—
Ears—		
a. Hearing	10	7
b. Otitis Media	3	1
c. Other	2	—
Nose and Throat	32	17
Speech	—	5
Lymphatic Glands	—	6
Heart	—	4
Lungs	2	13
Developmental—		
a. Hernia	—	—
b. Other	—	—
Orthopaedic—		
a. Posture	—	—
b. Feet	3	2
c. Other	3	2
Nervous System—		
a. Epilepsy	—	1
b. Other	1	1
Psychological—		
a. Development	1	2
b. Stability	5	18
Abdomen	—	—
Other	—	35

TABLE III

**TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS**
(Including Nursery and Special Schools)

A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	117
Errors of refraction (including squint)	1,654
Total	1,771
Number of pupils for whom spectacles were prescribed	1,096

B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated
Received operative treatment	
(a) for diseases of the ear	15
(b) for adenoids and chronic tonsilitis	105
(c) for other nose and throat conditions	25
Received other forms of treatment	649
Total	794

Total number of pupils in schools who are known
to have been provided with hearing aids :—

* (a) in 1958	9
(b) in previous years	19

* A pupil recorded under (a) above should not be recorded at (b)
in respect of the supply of a hearing aid in a previous year.

C.—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	44

D.—DISEASES OF THE SKIN

	Number of cases known to have been treated
Ringworm :	
(a) Scalp	—
(b) Body	2
Scabies	11
Impetigo	41
Other skin diseases	285
Total	339

E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	101

F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	2

G.—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	346
(b) Pupils who received convalescent treatment under school health service arrangements	1
Total	347

TABLE IV DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of pupils inspected by Authority's Dental Officers :—	
Routine	Nil
Specials	1,671
Total	1,671
Number found to require treatment	1,590
Number referred for Treatment	1,576
Number actually treated	2,652
Attendances made by pupils for treatment	6,318

Half-days devoted to :—

Inspections	Nil
Treatments	555

Total 555

Fillings :—

Permanent Teeth	1,655
Temporary Teeth	138

Total 1,793

Number of Teeth filled :—

Permanent teeth	1,602
Temporary teeth	133

Total 1,735

Extractions :—

Permanent teeth	1,278
Temporary teeth	2,264

Total 3,542

Administration of General Anaesthetics for Extractions 1,636

Orthodontics :—

Cases commenced during the year	36
Cases carried forward from previous year	177
Cases completed during the year	82
Cases discontinued during the year	18
Pupils treated with appliances	100
Removable appliances fitted	88
Fixed appliances fitted	Nil
Total attendances	987

Number of pupils supplied with artificial teeth 41

Other operations :—

Permanent teeth	1,550
Temporary teeth	213

Total 1,763

TABLE V
ORTHOPÆDIC TREATMENT

Inspections at the Clinic :

Visits of the Orthopædic Surgeon 7 sessions

Number of Cases seen :

Tubercular—

New Cases —

Re-examinations —

Non-Tubercular—

New Cases 44

Re-examinations 73

Exercises for Postural and other defects were carried out at the Remedial Treatment Centre, Queen's Road, Barnsley.

Children requiring surgical appliances have obtained these through the Beckett Hospital, Barnsley.

TABLE VI
MOUNT VERNON OPEN AIR SCHOOL

Statistical Summary of Children in Attendance during 1958

Medical Category	Number in School 1st Jan. 58	Number admitted in 1958	Number discharged in 1958	Number remaining in School 31.12.58
Healed Tuberculosis Disease :				
Healed Primary T.B.	1	—	1	—
Contacts	1	1	—	2
Post T.B. Hip	—	—	—	—
Post T.B. Meningitis	2	—	1	1
T.B. Spine	1	—	—	1
Non-Tuberculous				
Chest Conditions :				
Asthma	7	1	1	7
Bronchiectasis	3	1	1	3
Chronic Bronchitis	1	1	—	2
Collapsed Lung	1	—	—	1
Cystic Disease of the Lungs	2	—	—	2
Delicate Pupils	50	10	35	25
Upper Respiratory Infections	3	—	1	2
Chronic Otorrhoea	1	—	1	—
Congenital Heart	1	—	—	1
Miscellaneous :				
Nervous Instability	—	—	—	—
Post Poliomyelitis	1	—	—	1
Interstitial Keratitis	1	—	—	1
Total	76	14	41	49

TABLE VII

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) Epi- leptic	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	—	3	—	—	15	4	7	2	2	33
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	—	—	—	1	14	4	7	2	2	30

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total (1)-(9)
On or about 1st Dec.:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
C. Number of Handicapped pupils from the area:										
(i) were on Register of Special Schools as										
(a) Day Pupils	—	—	—	—	56	1	6	—	1	64
(b) Boarding Pupils	3	5	11	5	2	14	12	4	2	58
(ii) were on Register of independent schools under arrangements made by the Authority	1	—	—	—	—	—	2	—	1	4
(iii) Boarded in Homes	—	—	—	—	—	—	—	1	—	1
Total	4	5	11	5	58	15	20	5	4	127

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total (1)-(9)
D. Number of Handicapped pupils being educated under arrangements made under Section 56 of the Education Act, 1944:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(i) in hospitals	—	—	—	—	—	4	—	—	—	4
(ii) elsewhere	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	—	1	—	—	—	1

TABLE VII—continued

	(1) Blind		(3) Deaf		(5) Delicate		(7) Educa- tionally sub-normal		(9) Epi- leptic	Total (1)-(9)
	(2) Partially sighted	(4) Partially Deaf	(6) Physically Handicapped	(8) Mal- adjusted	(1) (9)	(2) (10)	(3) (11)	(4) (12)	(5) (13)	(6) (14)
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)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(a) day	—	—	—	—	1	—	—	—	—	1
(b) boarding	—	2	—	1	—	4	6	2	—	15
F. Were on the registers of Hospital Special Schools	—	—	—	—	—	—	—	—	—	15
G. Number of children reported during the Calendar Year under:										
Section 57(3) (excluding any return under (b))	—	—	—	—	—	—	—	—	—	2
Section 57(3) (relying on Section 57(4))	—	—	—	—	—	—	—	—	—	—
Section 57(5)	—	—	—	—	—	—	—	—	—	6
of the Education Act, 1944.										
H. 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 31.3.58	—	—	—	—	—	—	—	—	—	£777 13 5

TABLE VIII

**West Riding Pupils attending Barnsley Schools examined by the
Barnsley School Medical Officers, during the year 1958**

IA Periodic Medical Inspections

Age Groups Inspected	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory Number	%	Unsatisfactory Number	%
1953	5	5	100	—	—
1950	2	2	100	—	—
1949	4	4	100	—	—
1946	7	7	100	—	—
1945	7	7	100	—	—
1944	1	1	100	—	—
1943 and earlier	69	69	100	—	—

IB Pupils found to require Treatment

Age Groups Inspected	For Defective Vision (excluding Squint)	For any Other Conditions	Total Individual Pupils
1953	—	1	1
1950	—	—	—
1949	1	1	2
1946	1	1	2
1945	1	2	3
1944	—	—	—
1943 and earlier	10	1	11
Total	13	6	19

IIA Defects found by Medical Inspection during the year

Defect or Disease	Periodic Inspections							
	Entrants		Leavers		Others		Total	
	T	O	T	O	T	O	T	O
Eyes:								
(a) Vision	1	—	11	—	1	—	13	—
(b) Squint	1	—	—	—	—	—	1	—
Ears:								
(b) Otitis Media	—	—	1	—	—	—	1	—
Nose and Throat	1	1	—	—	—	—	1	1
Speech	—	1	—	—	—	—	—	1
Heart	1	—	—	—	—	—	1	—
Orthopaedic:								
(a) Feet	1	—	—	—	—	—	1	—
(c) Other	—	1	—	—	1	—	1	1
Other	1	1	—	—	—	—	1	1
Total	6	4	12	—	2	—	20	4

Number of pupils who have undergone tonsillectomy as
ascertained at the Medical Inspections 3

TABLE IX

**Barnsley County Borough Pupils attending Barnsley High School
and examined by the West Riding School Medical Officer during
the year 1958**

PART I—TABLE A Periodic Medical Inspections

Age Groups Inspected	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	%	Number	%
1939	1	1	100	—	—
1940	11	11	100	—	—
1941	22	22	100	—	—
1942	38	38	100	—	—
1943	35	35	100	—	—
1944	61	61	100	—	—
1945	2	2	100	—	—
1946	2	2	100	—	—
1947	2	2	100	—	—
Total	174	174	100	—	—

IB Pupils found to require Treatment

Age Groups Inspected	For Defective Vision (excluding Squint)	For any Other Conditions	Total Individual Pupils
1939	—	—	—
1940	1	2	2
1941	3	2	5
1942	6	4	9
1943	3	3	6
1944	2	1	3
1945	—	—	—
1946	—	—	—
1947	—	—	—
Total	15	12	25

PART II

IIA Defects found by Medical Inspection during the year

Defect or Disease	Periodic Inspections					
	Entrants		Leavers		Others	
	T	O	T	O	T	O
Skin	—	—	1	1	—	—
Eyes:						
(a) Vision	—	—	7	9	7	16
(b) Squint	—	—	—	—	1	7
(c) Other	—	—	—	—	—	1
Ears:						
(a) Hearing	—	—	—	—	1	1
(b) Otitis Media	—	—	—	—	—	1
(c) Other	—	1	—	—	—	—
Nose or Throat	—	—	—	1	—	2
Speech	—	—	—	—	—	—
Lymphatic Glands	—	—	—	—	—	—
Heart and Circulation ..	—	—	1	—	—	2
Lungs	—	—	—	1	—	4
Developmental:						
(a) Hernia	—	2	—	—	—	—
(b) Other	—	—	—	1	—	14
Orthopaedic:						
(a) Posture	—	—	1	—	—	2
(b) Feet	—	—	—	—	—	—
(c) Other	—	—	—	—	2	1
Nervous System:						
(a) Epilepsy	—	—	—	—	—	—
(b) Other	—	—	—	1	—	—
Psychological:						
(a) Developmental	—	—	—	—	—	—
(b) Stability	—	—	—	—	—	—
Abdomen	—	—	—	1	—	—
Other Defects	2	—	—	—	3	1
Total	2	3	10	15	14	52
						26 70

HEALTH COMMITTEE

(as at 31/12/58)

Chairman : Councillor H. I. Addy

Vice-Chairman : Councillor A. Williams

The Worshipful the Mayor : Councillor G. Skelly, J.P.

Alderman Mrs. M. Brannan	Councillor W. R. Gundry
Alderman L. Briggs, J.P.	Councillor A. Lowery
Alderman W. Gill, J.P.	Councillor F. Lunn
Councillor Miss M. Ryan	Councillor R. Newman
Councillor Mrs. W. Gillispie, J.P.	Councillor R. Skelly
Councillor T. R. Brown, B.E.M.	Councillor W. Wagstaff
Councillor A. Butler	Councillor G. Whyke

Co-opted Members :

Dr. L. V. Broadhead

Dr. N. Pick

SANITARY COMMITTEE

(as at 31/12/58)

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

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

The Worshipful the Mayor : Councillor G. Skelly, J.P.

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

EDUCATION COMMITTEE

(as at 31/12/58)

Chairman : Alderman A. E. McVie, J.P.

Vice-Chairman : Alderman Mrs. M. Brannan

The Worshipful the Mayor : Councillor G. Skelly, J.P.

Alderman C. Bentley	Councillor W. R. Gundry
Alderman L. Briggs, J.P.	Councillor J. A. Halton, M.M.
Alderman A. Dunk, M.M., J.P.	Councillor T. Hinchcliffe
Alderman W. Gill, J.P.	Councillor F. Lockwood
Councillor H. Burgin, M.B.E.	Councillor F. Lunn
Councillor A. Butler	Councillor S. Trueman
Councillor F. B. Crow	Councillor B. Varley
Councillor H. Dancer	Councillor J. Wood, B.E.M.
Councillor F. Elliott	

Co-opted Members :

Miss E. Hepworth	Very Rev. Canon C. O'Flaherty
Mr. W. H. Bedford	Rev. Canon A. P. Morley, M.A.
Mr. G. E. Green	Rev. J. W. Thompson, B.A., B.D.

STAFF OF THE PUBLIC HEALTH DEPARTMENT (as at 31/12/58)

Medical Officer of Health, Principal School Medical Officer and Superintendent of the Welfare Services for the Handicapped :

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., CH.B., D.P.H.

(Terminated 16/2/58)

Allan Withnell, B.Sc., M.D., D.P.H.,

(Commenced 17/2/58)

Assistant Medical Officers of Health and School Medical Officers :

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

(Commenced 17/2/58)

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.

(Deceased 21/9/58)

Mary Shephard, M.B., CH.B.

Temporary Part-time

(Terminated 31/1/58)

(Commenced 22/7/58)

Temporary Whole-time

29/9/58-31/10/58

Temporary Part-time

1/11/58)

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 :

Miss J. Witty, S.R.N., S.C.M., H.V. Certificate.

Mrs. I. S. Harris do.

Mrs. H. Gough do.

Miss E. M. Seabury do.

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

(Terminated 31/8/58)

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

Miss I. M. Buckley do.

Mrs. E. M. Page do.

Miss J. A. F. Bauld do.

(Terminated 9/11/58)

Mrs. A. B. Payling do.

(Terminated 31/5/58)

Miss M. E. Pilling, S.R.N., S.C.M. (Part I), H.V. Certificate

(Commenced 12/7/58)

Miss E. E. A. Srigley, S.R.N., S.C.M., H.V. Certificate, Q.I.D.N.S.

(Commenced 7/7/58)

Student Health Visitors :

Miss M. E. Pilling, S.R.N., S.C.M. (Part I) (Terminated 11/7/58)

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

(Commenced 6/10/58)

Mrs. A. T. Saunders, S.R.N., S.C.M. (Part I)

(Commenced 6/10/58)

Clinic Nurses :

Miss E. A. Hazlehurst, S.R.N.	
Mrs. M. E. Edge, S.R.N.	(Terminated 24/10/58)
Mrs. I. Higgins, S.R.N., S.C.M.	
Mrs. Fijalkowski, S.R.N., S.C.M. (Part I)	(Terminated 31/8/58)
Mrs. K. Tomlinson, S.R.N., S.C.M.	(Commenced 2/1/58)
	(Terminated 5/10/58)
Mrs. A. T. Saunders, S.R.N.	(Commenced 1/2/58)
	(Terminated 22/2/58)
Mrs. A. T. Saunders, S.R.N., S.C.M. (Part I)	
	(Commenced 22/9/58)
	(Terminated 5/10/58)
Mrs. E. M. Evans	(Commenced 1/10/58)
Mrs. F. J. Garner	(Commenced 3/11/58)
Mrs. M. Sagar	(Commenced 3/11/58)
Miss J. Rockliffe	(Commenced 3/11/58)

Midwifery Service:

Non-Medical Supervisor of Midwives :

Miss M. M. Moore, S.R.N., S.C.M., R.S.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.	
	(Terminated 30/9/58)
Miss E. S. Simpson, S.R.N., S.C.M., R.F.N., H.V. Certificate, Q.I.D.N.S.	
	(Commenced 1/11/58)

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.
Miss I. Reilly, S.R.N., S.C.M.
Mrs. A. Horne, S.C.M.
Mrs. M. Hawley, S.C.M.
Mrs. M. Owen, S.C.M.

Home Nursing Service:

Superintendent of District Nurses :

Miss M. M. Moore, S.R.N., S.C.M., R.S.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.	
	(Terminated 30/9/58)
Miss E. S. Simpson, S.R.N., S.C.M., R.F.N., H.V. Certificate, Q.I.D.N.S.	
	(Commenced 1/11/58)

District Nurses :

Mrs. D. M. DaSilva, S.R.N., S.C.M., Q.I.D.N.S.	
	(Terminated 31/7/58)
Mrs. J. Taylor, S.R.N., Q.I.D.N.S.	(Terminated 31/3/58)
	(Re-commenced 17/11/58)
Mrs. G. A. Pollendine, S.R.N., Q.I.D.N.S.	
Mrs. L. Woodhead, S.R.N., Q.I.D.N.S.	
Mr. J. Woodhead, S.R.N., Q.I.D.N.S.	

Miss N. Corrigan, S.R.N., S.C.M., S.R.F.N., Q.I.D.N.S.

Mrs. I. B. McGowan, S.R.N., Q.I.D.N.S.

Mrs. E. Davies, S.R.N., Q.I.D.N.S.

Mr. E. J. Girling, S.R.N., Q.I.D.N.S.

Miss B. Chapman, S.R.N., S.R.F.N., Q.I.D.N.S.

Mrs. E. M. Micklethwaite, S.R.N., Q.I.D.N.S.

Mrs. B. Harding, S.R.N., S.R.F.N., Q.I.D.N.S.

Mrs. M. Bexon, S.R.N., S.C.M. (Pt. I), Q.I.D.N.S.

Mrs. D. C. Parr, S.R.N., S.C.M.

Mrs. M. Jones, S.R.N. (Terminated 31/8/58)

Mrs. J. Shield, 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.

Miss P. Field, S.R.N. (Commenced 22/10/58)

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.

Miss P. M. Richards, Craft Instructor. (Terminated 31/5/58)

Mr. P. McGraynor, Craft Instructor (Commenced 18/8/58)

Miss D. Francis, Craft Instructor (Commenced 1/7/58)

Miss D. Francis, Trainee Craft Instructor (Commenced 5/2/58)

(Terminated 30/6/58)

Mr. T. H. H. James, Welfare Officer for the Deaf.

Mrs. R. James, Part-time Welfare Officer for the Deaf.

Mrs. M. Arrandale, Blind Workshop Supervisor.

Miss J. M. Plowman, Shorthand Typist

Miss D. C. Francis, Clerk (Terminated 4/2/58)

Miss J. Slater, Clerk (Commenced 5/2/58)

Mental Health Service:

Miss S. A. Wain, Duly Authorised Officer.

Mr. H. W. T. Smith, Duly Authorised Officer.

Mr. S. Crossland, Duly Authorised Officer.

Miss A. Smith, Supervisor, Occupation Centre.

Miss M. Outram, Assistant Supervisor (Unqualified).

Mrs. E. M. Molyneux, Assistant Supervisor (Unqualified).

Mrs. H. Gledhall, Assistant Supervisor (Unqualified)
(Terminated 30/4/58)

Mrs. A. Ellis, Assistant Supervisor (Unqualified).

Miss H. Shaw, Assistant Supervisor (Unqualified).

Mrs. M. L. Beardsley, Assistant Supervisor (Unqualified)
(Commenced 28/4/58)

Mrs. S. Helliwell, Temporary Assistant Supervisor (Unqualified)
(Commenced 10/9/58)

Domestic Help Service:

Miss D. Smith, Domestic Help Organiser.
Miss E. Darwood, Assistant Domestic Help Organiser.
Mrs. I. Hackney, Assistant Domestic Help Organiser.

Audiology Technician:

Miss D. E. Robinson.

Dental Service:

Mr. J. Kilner, T.D., B.D.S., L.D.S., Senior Dental Officer and
Principal School Dental Officer (Terminated 31/12/58)
Mrs. M. G. Baldwin, B.D.S., L.D.S., Temporary Part-time Dental
Officer (Sessional basis) (Terminated 11/10/58)
Mr. P. Townend, Temporary Part-time Dental Officer
(Sessional basis) (Terminated 11/1/58)
Mr. I. Stonehouse, L.D.S. Temporary Part-time Dental Officer
(Sessional basis) (Commenced 6/1/58
Terminated 8/8/58)
Mr. I. Stonehouse, L.D.S. Dental Officer (Commenced 18/8/58)
Mrs. M. V. Howard, Dental Attendant (Terminated 2/5/58)
Mrs. A. E. Swann, 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.
Mrs. L. I. Cooper, Clerk.
Miss M. Fitzgerald, Clerk.
Miss A. Dansby, Clerk.
Miss J. Walker, Clerk, Care of Mothers and Young Children.
Miss B. Shorthouse, Clerk, Care of Mothers and Young Children.
Miss N. Wade, Clerk, Care of Mothers and Young Children.
Miss S. Wildsmith, Clerk, Care of Mothers and Young Children.
Mrs. E. Stephenson, Senior Clerk, School Health Service.
Miss A. Richmond, Clerk, School Health Service.
Mrs. D. Richards, Clerk, School Health Service.

Sanitary Service:

Mr. W. H. Spalton, Chief Public Health Inspector.
Mr. A. Pemberton, Deputy Chief Public Health Inspector.
Mr. F. Midgley, Public Health Inspector.
Mr. E. S. Hackney, Public Health Inspector.
Mr. A. Smith, Public Health Inspector (Terminated 12/10/58)
Mr. L. Robinson, Public Health Inspector.
Mr. P. Walker, Public Health Inspector.
Mr. A. Foster, Public Health Inspector.
Mr. T. O. Powell, Public Health Inspector (for meat inspection
duties).

Mr. E. Forrester, Public Health Inspector (for meat inspection duties) (Terminated 30/9/58)
 Mr. H. Wilson, Public Health Inspector (for smoke inspection duties) (Commenced 15/9/58)
 Mr. D. R. Worrall, Senior Clerk.
 Mr. P. R. Hunt, Clerk/Student Public Health Inspector
 Mr. C. Elstone, Clerk/Student Public Health Inspector (H.M. Forces)
 Mr. G. Ridgway, Clerk/Student Public Health Inspector (Terminated 31/8/58)
 Mr. R. Oates, Temporary Clerk/Student Public Health Inspector (Commenced 1/12/58)
 Mr. J. Bradley, Clerk (Commenced 10/2/58)
 Miss H. Hunt, Clerk/Typist.
 Miss M. Royston, Shorthand Typist.
 Miss P. Edwards, Shorthand Typist (Commenced 7/7/58)