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THE HEALTH OF BARNLSLEY  
1960



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

THE HEALTH OF BARNSELY  
1880



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## FOREWORD

"If a man will begin with certainties, he shall end in doubts; but if he will be content to begin with doubts, he shall end in certainties."

"Advancement of Learning", bk.v.8.

Francis Bacon 1561-1626.

As year succeeds year and as the National pattern of the Health Services becomes more and more clearly defined so each succeeding report becomes, apart from the annual variations in figures, more and more like a transcript of its predecessors. This tendency takes away a very great deal from the pleasure and interest of preparing the report but there is little doubt that it has a virtue in simplifying the comparisons of the work done and the results achieved between the years.

The vital statistics and epidemiological records are not unsatisfactory. Certain figures do not perhaps reach the "record for the area" level that those for 1959 did. Nevertheless they appear to conform to the favourable trends which have been referred to on previous occasions. There is little doubt that if a quinquennial average method of assessment were to be adopted Barnsley would be found to be following the national trend at rather less of an interval than might be expected in a closely populated industrial area. Again the more personal services have flourished despite changes in medical personnel. The upward trend of attendances at Infant Welfare Centres is reassuring whilst the slight fall in numbers at Ante Natal clinics is not unexpected following the recommendations of the Cranbrook Report. This will probably continue until these recommendations are fully implemented by all parties participating in the National Health Service.

Considerable attention was given during the year to the various immunising procedures, an "age timetable" for these has been adopted. This will unavoidably reduce the figures this year for vaccination against smallpox. Steady progress was made with the scheme for vaccination against poliomyelitis whilst advantage was taken of the occurrence of diphtheria in nearby areas to increase the tempo of the scheme in Barnsley for immunisation against this disease.

Again it has been necessary to give consideration to some of the problems of that aspect of prevention of illness generally described as Health Education. This is a most frustrating part of the work of a Health Department, and once again the need for an entirely new approach has been emphasised.

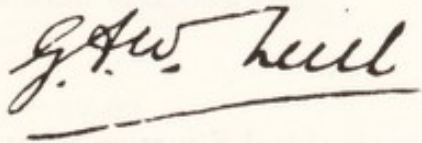
The year saw the implementation of the Mental Health Act, 1959, and the part of the Report dealing with Mental Health contains more statistical tables than it has in the past or is likely to do in the future as returns have been included under both the old and the new legislations. The New Legislation was in force for only the last two months of the year and with the relatively small numbers involved in a community group such as Barnsley it would be undesirable to attempt to make any comment of a conclusive kind for that time. Indeed a noticeable proportion of the Department's work in the Mental Health field during the whole year was concerned with the administrative changes brought about by the alteration in the Law. Some of the problems encountered are mentioned.

The services for the handicapped continued to expand but as in the two previous years progress in rehabilitation was retarded by lack of suitable premises.

The Environmental Health Service is described in Part VI and attention is drawn to the difficulties this service is experiencing from lack of trained staff. The School Health Service accounts for Part VII of the Report and the increase in the number of children subjected to periodic inspection is a satisfactory feature of this part.

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.

29th August, 1961.

# Part I

## SOCIAL AND STATISTICAL INFORMATION

"It is the common wonder of all men, how among so many millions of faces, there should be none alike."

"Religio Medici", pt.ii, s.2.  
Sir Thomas Browne 1605-1682.

1. Geographical Situation : Latitude 53° 33" N.  
Longitude 1° 29" W.
2. Elevation : 125 ft. to 575 ft.
3. Area of County Borough : 7,811 acres.
4. Population : (a) Census 1951 ... .. 75,625  
(b) Registrar General's estimate mid-year 75,450
5. Density of Population : 9.66
6. No. of inhabited houses : 22,748
7. Rateable Value at 31st December, 1960 : £780,067
8. Sum represented by a penny rate : £3,089

### SOCIAL CONDITIONS

The effects of the period of full employment following the Second World War are, as each year succeeds the last, more apparent in the general social conditions prevailing in Barnsley. No event took place during 1960 which had any radical effect on the industry of the County Borough. Coal, glass and engineering products are still the staple trades which sustain the community. The need for light industry to absorb female labour still exists, while the reported fall in the demand for certain kinds of coal has not yet had an appreciable effect on general social well-being. This view is supported by the figures for unemployment at the beginning and at the end of the year which have been received from the Manager of the Barnsley Employment Exchange. They are as follows :—

As at 1.1.60 :	Men 18 and over	Women 18 and over	Total
Wholly unemployed ...	818	271	1,089
Temporarily unemployed	23	5	28
 As at 31.12.60 :			
Wholly unemployed ...	607	335	942
Temporarily unemployed	7	1	8

## VITAL STATISTICS

### BIRTHS :

	Males	Females	Total
Legitimate ... ..	683	624	1,307
Illegitimate ... ..	23	28	51
	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>
Total ... ..	706	652	1,358
	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>

Birth Rate per 1,000 population = 17.99

Adjusted by application of comparability factor of 0.99 = 17.81

Illegitimate Live Births (percentage of total live births) = 0.26

### Stillbirths :

Legitimate ... ..	10	14	24
Illegitimate ... ..	—	1	1
	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>
Total ... ..	10	15	25
	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>

Rate per 1,000 total births (live and still) ... .. = 18.07

Total Live and Stillbirths ... .. = 1,383

### Infant Mortality :

Infant deaths under one year of age ... .. = 42

### Infant Mortality Rates :

Total Infant Deaths per 1,000 total live births ... = 30.92

Legitimate Infant deaths per 1,000 legitimate  
live births ... .. = 30.60

Illegitimate Infant deaths per 1,000 illegitimate  
live births ... .. = 39.21

### Neo-Natal Mortality Rate :

Deaths under 4 weeks, per 1,000 total live births ... = 20.61

### Early Neo-Natal Mortality Rate :

Deaths under 1 week per 1,000 total live births ... = 16.20

### Perinatal Mortality Rate :

Stillbirths and deaths under 1 week combined  
per 1,000 total live and stillbirths ... .. = 33.98



## ANALYSIS OF PERINATAL MORTALITY

	Premature		Full Time		Total	
	Still-born :	Born Alive	Still-born :	Born Alive	Still-born	Born Alive
Congenital Deformities ...	4	1	1	2	5	3
Maternal Toxaemia ...	2	3	2	—	4	3
Mechanical Stresses (Birth casualties) ...	3	1	1	1	4	2
Ante partum Haemorrhage	—	3	—	—	—	3
Maternal Ill-health (influenza, diabetes etc.)	1	1	2	—	3	1
Gross prematurity ... ..	2	3	—	—	2	3
Maternal Rh. Antibodies...	—	2	—	—	—	2
Pneumonia ... ..	—	1	—	1	—	2
Insufficient care of Premature Baby ... ..	—	1	—	—	—	1
Cause unknown ... ..	5	1	2	1	7	2
<b>Total ...</b>	<b>17</b>	<b>17</b>	<b>8</b>	<b>5</b>	<b>25</b>	<b>22</b>

## ANALYSIS OF INFANT DEATHS : 1 week - 1 year

	Premature	Full time	Total
Congenital Deformity ... ..	2	5	7
Congenital Deformity + Maternal Rh. Antibodies ... ..	1	—	1
Gross Prematurity (1 lb. 3 oz.) ... ..	1	—	1
Mechanical Stress (Birth Casualty) ...	—	1	1
Broncho-pneumonia ... ..	—	6	6
Acute bronchitis, gastro enteritis ... ..	—	1	1
Broncho-pneumonia, gastro enteritis ...	2	—	2
B. Coli meningitis ... ..	—	1	1
<b>Total ... ..</b>	<b>6</b>	<b>14</b>	<b>20</b>





## MATERNAL MORTALITY

No death occurred during 1960 which was attributable to pregnancy or abortion. The Maternal Mortality figure may, therefore, be expressed numerically as 0·00.

## DEATHS

Males = 452      Females = 373      Total = 825

Crude Death Rate per 1,000 population = 10·93.

Adjusted by application of comparability factor of 1·24 = 13·55.

Comparison with 1959 shows a decrease of 12 deaths over that year. As a result both the crude and adjusted death rates for the County Borough are slightly lower 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 I. The age group at death and the distribution of deaths between the sexes is also shown in this Table.

Pulmonary Tuberculosis accounted for 6 deaths, and no deaths were attributed to the common notifiable infectious diseases

Pneumonia and bronchitis were credited with 101 deaths—this compares with a total of 114 ascribed to these two causes in 1959.

Cancer deaths amounted to 141, a decrease of 6 compared with 1959.

The findings at inquests held by H.M. Coroner during 1960 on Barnsley residents were as follows :

	Male	Female
1. Deaths certified from natural causes ...	27	2
2. Deaths certified as Road Traffic Accidents ... ..	2	2
3. Deaths certified as Occupation Accidents	4	—
4. Deaths certified as Home and Other Accidents ... ..	10	7

5. Deaths certified as Suicide	...	...	...	9	5
6. Deaths certified as Homicide	...	...	...	—	—
				<hr/>	<hr/>
				52	16
				<hr/>	<hr/>
Total	...	...		68	
				<hr/>	

*Comment :*

The Vital Statistics for Barnsley for 1960 are satisfactory. The slight decrease in the death rate compared with the 1959 figure is of little significance and is counter-balanced by a decrease in the Birth Rate.

The stillbirth rate whilst not quite so low as that for 1959 is well below the level which for some years caused concern. It cannot, therefore, be regarded as entirely unsatisfactory.

Although the Infant Mortality figure for 1960 is higher than that for the previous four years this is not by any means a cause for anxiety. Reference to Table II will show that this figure is in fact following a pattern that seems to have become established in Barnsley. Comment has been made on this in the past to the effect that the ten year average for statistics of this kind is a much more reliable index in a community the size of Barnsley, than the study of a single year's figures by themselves.

At the same time it is disturbing to observe mention of Maternal Rhesus antibodies in 2 premature perinatal and one infant deaths. That this should occur in so small a group raises doubt as to whether all expectant mothers are in fact receiving ante natal care that measures up with modern standards. The high incidence of maternal toxæmia in the group tends to strengthen this doubt.

It is to be hoped, therefore, that the results of the recommendations in the Cranbrook Committee's Report will be apparent in these figures for the years which are to come.

Once again no maternal death has occurred in the County Borough.

Table I which shows the number of deaths attributed to various causes calls for little comment. Deaths from cancer for the first time for several years show a decrease in relation to the previous year.

PART I APPENDIX. TABLE II.  
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 (Ext.) Population	Num-ber Barnsley adjusted	Rate per 1000 Pop. Barnsley adjusted	Rate for England & Wales	Num-ber Barnsley Adjusted	Rate per 1000 Pop.	Rate for England & Wales	Num-ber Barnsley	Rate per 1000 Live Births	Rate for England & Wales	Rate per 1,000 Live Births		
													Rate for England & Wales
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
1959	75400	1382	18.15	16.5	837	13.65	11.6	32	23.15	22.0	0.00	0.38	1959
1960	75450	1358	17.81	17.1	825	13.55	11.5	42	30.92	21.7	0.00	0.39	1960

## Part II

# EPIDEMIOLOGY

"Ye can call it influenza if ye like ! said Mrs. Machin.  
'There was no influenza in my young days. We  
called a cold a cold !'"

"The Card," ch.8.

Enoch Arnold Bennett 1867-1931.

The total number of cases of infectious disease reported in Barnsley in 1960 amounted to 976, the ages of persons notified, and the geographical distribution of the cases in the County Borough are set out in Table I. The seasonal distribution is shown in Table II of the Appendix to this part of the Report.

Details relating to the various diseases notified are as follows :

**Scarlet Fever :** 127 cases.

After the increase in streptococcal infections experienced during 1959 it is pleasing to observe that the incidence of scarlet fever was during 1960 less than half that of the previous year.

**Diphtheria :**

Once again no case of diphtheria was notified during the year.

**Pneumonia :**

122 cases of pneumonia were notified. Table II indicates the seasonal distribution of the cases which approximated the number of those notified in the previous 2 years.

**Meningococcal Infection :**

2 notifications were received without fatality.

**Measles :**

217 cases were notified. Following the well established two yearly cycle the number of cases of measles was, as expected, relatively low.

### **Whooping Cough :**

264 notifications of this disease were received. This increase over the 2 previous years is most disappointing in the case of a disease for which a safe and reliable immunisation exists.

### **Puerperal Pyrexia :**

25 notifications were received. This compares with 34 in 1959.

### **Poliomyelitis :**

Five cases of paralytic poliomyelitis were reported in which two of the five cases had received immunising injections.

### **Dysentery and Food Poisoning :**

183 cases of dysentery were notified and 22 cases of food poisoning.

The arrangements which have existed in Barnsley over the past 6 years were continued whereby general practitioners advise the Health Department of cases of gastro-enteritis and the Department then carries out the detailed investigation of them reporting to the family doctor the results.

Thus all notifications are fully confirmed bacteriologically. This is most valuable and much is being learned regarding the significance of Sonné Dysentery in school children. Tribute must here and now be paid to those general practitioners who have so loyally stood by this arrangement despite the many difficulties it entails.

Attention has been drawn in previous reports to the possibility of a cyclical incidence of Sonné Dysentery. Although the increase of incidence for 1960 (a little more than twice as many cases as for 1959) it is not comparable with the kind of thing observed in the cyclical incidence of measles, comparison of figures is interesting.

The value of observation of cases of gastro-enteritis from the point of view of detecting the presence of the Salmonella Group of organisms in the community is borne out by the fact that 22 active infections were reported. It is interesting to note that *Salmonella typhi-murium* was the cause of 15 of these, *Salmonella stanley* of 4, *Salmonella heidelberg*, *Salmonella enteritidis*, and *Salmonella bispebjerg* of one each.



No major outbreak of food poisoning of bacteriological origin was reported during the year.

*Comment :*

The record of infectious disease in Barnsley during 1960 is a reasonably satisfactory one. The decrease in the number of cases of scarlet fever is a pleasing feature whilst the notifications of measles are more or less what is to be expected in the cyclical incidence of this disease.

The increase in the incidence of whooping cough on the other hand is disturbing, and can be attributed fairly and squarely to apathy and idleness on the part of the parents of the affected children. Every week in Barnsley parents have something like twenty separate and distinct opportunities to have their children immunised against the common preventable diseases. Every day Health Visitors and Medical Officers urge these parents to follow a simple programme for protection, and stand by ready to carry out the necessary procedures under the ideal conditions provided by the Authority. Despite all this it would appear that there are parents who are willing to submit their children to risk of disabling disease rather than take the trouble to pay 3 or 4 visits to the local clinic. This is particularly the case with whooping cough, an attack of which in infancy can lay the foundation of a lifelong "bad chest."

The occurrence of poliomyelitis in Barnsley in many ways followed the pattern set in 1959, in that there was a total of five cases, two of whom had received immunising injections. This further emphasises the need for a full virological investigation of every notified case and particularly where there is a history of immunisation. In a Medical Journal some months ago there was a report of Cocksackie A7 Virus as the cause of death, in a fatal case which had originally been labelled poliomyelitis, in an immunised subject. This is not readily forgotten. Recent work also emphasises the pitfalls of depending on a clinical diagnosis alone. It is, therefore, to be hoped that the necessary facilities will be available in the near future to ensure full virological investigation of all cases diagnosed as poliomyelitis and that the results of this will be available to the Medical Officer of Health.

The absence of smallpox and diphtheria from the list are indications that a similar absence for poliomyelitis and whooping cough might well have been recorded also.

## Tuberculosis :

Notifications of pulmonary tuberculosis amounted to 32 during the year. Three cases of non-pulmonary tuberculosis were notified. Six deaths were attributed to tuberculosis and all were of the pulmonary form. In one case no notification was received before death. The distribution of the non-pulmonary cases was as follows :—

	Male	Female
Spine ... ..	1	—
Meninges ... ..	1	—
Kidney ... ..	—	1
	—	—
	2	1
	—	—
Total ... ..	3	
	—	

Table III shows comparative figures relating to Tuberculosis for the past 15 years and mortality of the disease related to the various age groups.

### *Comment :*

Whilst the figures for 1960 in no way constitute a record, comparison with those for years gone by will show that as with other statistics the "5 year average" is a more reliable index to progress than the single good year, the figures for 1960 are a near enough approximation to such an average and it is therefore reasonable to regard them as satisfactory.

Once again attention must be drawn to the need for Mass X-ray of the older members of the family with the "smokers' cough" or "bronchitis". The diagnosis of tuberculosis in such cases is not a thing for the individual to fear and can well, by reason of modern methods of treatment, ease the so called "chronic cough and wheeze." Thus there can be no valid selfish motive for the chesty Grandpapa or Grandmama refusing mass X-ray. However, so long as they persist in doing so, so long will new cases of tuberculosis occur, including the disease in its most unpleasant form—Tuberculosis Meningitis.

### Venereal Diseases :

The figures for new cases attending the Barnsley Special Treatment Centre and giving addresses within the County Borough of Barnsley were :—

Syphilis	...	...	...	...	...	...	7
Gonorrhoea	...	...	...	...	...	...	48
Other conditions (including 80 not requiring treatment)	...	...	...	...	...	...	170

In the absence of any return from the Royal Hospital, Sheffield, it can be assumed that no Barnsley cases (giving a Barnsley address) attended that Hospital in 1960. New cases of gonorrhoea reported in 1958 amounted to 45 and in 1959 to 60.

It will be seen that the increase in the incidence of gonorrhoea reported during the last 2 years was not maintained during 1960 in Barnsley. It will also be noted that an increased number of patients suffering from non specific conditions sought advice at the Special Treatment Centre. This is a particularly satisfactory feature of these returns as it indicates that an increasing use is being made of early diagnosis and treatment as a means of combating Venereal Disease.

### Scabies :

Figures relating to Scabies in Barnsley in 1960 are as follows :—

#### Children

Number treated	...	...	...	...	...	43
Number of attendances	...	...	...	...	...	89

#### Adults

Number treated	...	...	...	...	...	29
Number of attendances	...	...	...	...	...	52

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

NOTIFIABLE DISEASES	Number of cases notified in Barnsley during 1960											Total cases in each ward							Removed to Hospital			
	At all ages	Under 1 Year	1 Year and under 3 Years	3 Years and under 5 Years	5 Years and under 10 Years	10 Years and under 15 Years	15 Years and under 25 Years	25 Years Plus	North Ward	South Ward	East Ward	West Ward	South East Ward	South West Ward	Central Ward	Ardsley Ward	Monk Bretton Ward	Carlton	Kendray Isolation Hospital	Home Cases	St. Helen Hospital	Pindar Oaks Mat. Home
Scarlet Fever	127	1	14	42	50	16	4	—	11	1	12	4	9	7	1	34	23	25	57	70	—	—
Whooping Cough	156	22	31	46	55	2	—	—	10	—	9	8	3	3	6	29	6	82	10	146	—	—
Measles	217	18	55	53	90	1	—	—	5	—	8	—	9	—	2	60	25	108	2	215	—	—
Pneumonia	122	9	11	16	9	10	6	61	5	2	6	4	9	6	2	48	13	27	36	81	5	—
Meningococcal Infection	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Paralytic Poliomyelitis	5	—	—	—	3	—	—	2	1	—	—	1	—	—	—	—	—	—	2	—	—	—
Dysentery	182	12	35	35	52	11	8	29	6	—	9	1	2	9	1	31	74	49	6	176	—	—
Puerperal Pyrexia	25	—	—	—	—	—	—	—	—	—	1	16	2	—	2	1	—	2	2	5	18	—
Food Poisoning	22	2	4	4	5	1	2	4	1	1	3	3	1	—	4	7	4	—	3	19	—	—
Erysipelas	10	—	—	—	—	—	—	10	1	1	1	1	2	—	1	3	1	—	1	9	—	—
<b>TOTALS</b>	<b>868</b>	<b>65</b>	<b>150</b>	<b>197</b>	<b>264</b>	<b>41</b>	<b>32</b>	<b>119</b>	<b>41</b>	<b>4</b>	<b>47</b>	<b>38</b>	<b>37</b>	<b>25</b>	<b>12</b>	<b>212</b>	<b>152</b>	<b>300</b>	<b>124</b>	<b>721</b>	<b>23</b>	<b>—</b>

**TABLE II.**  
**Notifiable Infectious Diseases (excluding Tuberculosis).**  
**Table Showing Monthly Prevalence During the Year 1960.**

Notifiable Diseases	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever .....	19	14	20	20	11	9	6	3	6	6	5	8	127
Whooping Cough .....	25	18	21	55	37	48	25	2	8	9	8	8	264
Measles .....	11	16	58	9	1	5	34	71	4	4	0	4	217
Pneumonia .....	16	25	12	9	10	10	5	3	6	4	7	15	122
Meningococcal Infection .....	0	0	0	0	0	0	0	1	0	0	0	1	2
Paralytic Poliomyelitis .....	1	1	1	0	2	0	0	0	0	0	0	0	5
Dysentery .....	2	3	19	32	40	37	16	5	10	3	7	8	182
Puerperal Pyrexia .....	2	3	6	2	2	1	0	3	2	2	1	1	25
Food Poisoning .....	0	0	0	3	3	4	1	3	2	2	4	0	22
Erysipelas .....	1	1	1	4	0	0	0	1	0	0	2	0	10
<b>TOTALS .....</b>	<b>77</b>	<b>81</b>	<b>138</b>	<b>134</b>	<b>106</b>	<b>114</b>	<b>87</b>	<b>92</b>	<b>38</b>	<b>30</b>	<b>34</b>	<b>45</b>	<b>976</b>

TABLE III.  
Tuberculosis—Notifications and Deaths.  
For 15 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	
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
1959	28	3	0·04	4	1	0·01	0·05
1960	32	6	0·08	3	—	0·00	0·08

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	3	—	1	—	—	—	—	—
10—15	—	—	—	—	—	—	—	—
15—20	1	1	—	1	—	—	—	—
20—25	1	—	—	—	—	—	—	—
25—35	3	—	—	—	—	—	—	—
35—45	5	2	1	—	—	—	—	—
45—55	6	1	—	—	1	1	—	—
55—65	3	—	—	—	1	—	—	—
65—75	3	1	—	—	2	—	—	—
75 & over	1	—	—	—	—	1	—	—
Total	27	5	2	1	4	2	—	—

## Part III

# SOCIAL AND PERSONAL HEALTH SERVICES

National Health Service Acts, 1946-52.

National Assistance Acts, 1948 and 1951.

"To each his suff'rings : all are men,  
Condemn'd alike to groan ;  
The tender for another's pain,  
Th' unfeeling for his own.  
Yet ah ! why should they know their fate ?  
Since sorrow never comes too late,  
And happiness too swiftly flies,  
Thought would destroy their paradise.  
No more ; where ignorance is bliss,  
'Tis folly to be wise."

"Ode on a Distant Prospect of Eton College" 1.91.

Thomas Gray 1716-1771.

The practice, found to be convenient in the past of considering these services under the heading of the Section of the Statute authorising their provision is continued in the pages which follow.

### HEALTH CENTRES

National Health Service Act, 1946, S.21.

Purpose designed buildings have been provided at Laithes Lane and at Littleworth Lane, Pontefract Road, to serve the Athersley and New Lodge and the Lundwood Housing Estates. At these premises those services which are the particular responsibility of the Local Health Authority are available to the community.

Plans were prepared during the year which will allow of the provision of similar premises to replace the accommodation at present used for Clinic purposes at Hunningley Lane.

### CARE OF MOTHERS AND YOUNG CHILDREN

National Health Service Act, 1946, S.22.

The services provided under this section were at the end of 1960 available at :—

1. The Medical Services Clinic, New Street.
2. Clinic, Laithes Lane, Athersley.



3. Clinic, Littleworth Lane, Lundwood.  
(the above are purpose designed buildings.)
4. Hunningley Villa, Stairfoot.
5. Carlton Clinic, Carlton.
6. The Old Council Offices, Monk Bretton.
7. The Limes, Gawber Road, Barnsley.

Acting on reports received through the Health Visiting Staff to the effect that there was a need for Clinic facilities in the Pogmoor area, an experimental clinic was initiated in premises offered by the Welfare Committee at The Limes Hostel. The attendances at this clinic endorse and emphasise the need for permanent provision in this area. However until the uncertainty regarding the future boundaries of the County Borough to the North West are determined, it would be inadvisable for the Health Committee to commit the Authority to the siting of permanent purposed designed premises in this area.

### ANTE-NATAL AND POST NATAL CLINICS

#### Summary of Attendances in 1960.

<b>Ante-Natal Clinics</b>	Barnsley	Athersley	Ardsley	Lundwood	Carlton	Total
1. No. of sessions held per month .....	4	4	4	4	2	18
2. No. of women who attended during the year	207	151	154	97	21	630
3. No. of New Cases included in the above .....	157	131	113	80	14	495
4. No. of attendances made during the year.....	1096	876	747	537	66	3322
<b>Post-Natal Clinics</b>						
1. No. of women who attended during the year	40	28	1	14	5	88
2. No. of New Cases included in above .....	39	28	1	14	5	87
3. No. of attendances made during the year	40	29	1	16	5	91

**Note :**

Of Barnsley's 207 Ante-Natal Cases 3 were transferred to St. Helen Hospital.  
Of Athersley's 151 Ante-Natal Cases 5 were transferred to St. Helen Hospital.  
Of Ardsley's 154 Ante-Natal Cases 1 was transferred to St. Helen Hospital.  
Of Lundwood's 97 Ante-Natal Cases 2 were transferred to St. Helen Hospital.  
8 Patients attended Athersley Post-Natal Clinic, to have Blood taken only.

In 1959 a total of 672 women made 3,576 attendances. It will be seen that the figures shown above represent a slight decrease in 1960 over the previous year.

**Summary of Attendance in 1960.**

**INFANT WELFARE CLINICS.**

<b>Infant Welfare Clinics</b>	Barnsley	Athersley	Ardsley	Lundwood	Carlton	Limes	Monk Bretton	Total
1. Number of sessions held per month at centres .....	16	8	8	4	2	4	4	46
2. No. of children who first attended a centre during the year, and at their first attendance were under 1 year of age .....	498	267	199	125	42	81	29	1241
3. No. of children who attended during the year and who were born in:—								
1960 .....	456	225	175	105	40	82	35	1118
1959 .....	395	201	146	81	30	64	20	937
1958-55 .....	264	138	119	35	29	67	10	662
4. Total number of children who attended during the year .....	1115	564	440	221	99	213	65	2717
5. No. of attendances during the year made by children who at the date of attendance were:—								
0·1 year .....	6001	2639	2073	1142	614	870	311	13650
1·2 years .....	1163	500	380	152	97	202	50	2544
2·5 years .....	496	321	215	98	69	124	28	1351
6. Total attendances during the year .....	7660	3460	2668	1392	780	1196	389	17545

**Note :**

Of Barnsley's 1,115 Infant Welfare Cases 65 attended the Paediatric Clinic at New Street, and made 125 attendances.

In 1959 a total of 2,511 children made 16,054 attendances, of these 1,213 were children who first attended a centre and were under 1 year of age. The figures quoted above represent slightly increased use of the centres during 1960.

**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 41, this compares with 34 in 1959 and 27 in 1958. Of the 41 premature babies born at home 19 were transferred to hospital. 21 of the 22 premature babies who were born at home, and nursed entirely at home survived the first 28 days of life, 17 of the 19 premature babies born at home and transferred to hospital were alive at the end of the first month of life.

**Dental Care of Mothers and Young Children**

**Nursing and Expectant Mothers :**

The Authority's part-time Orthodontist has undertaken the care of some priority cases amongst expectant and nursing mothers as well as orthodontics and other defects for young children. He reports as follows :—

1. It is perhaps a happy augury that the figures this year show an upward trend. At no time has there been a complete cessation of the dental services of this Authority, and the increase, although slight, is looked upon with hope for further development in the future. The Government's decision to allow nursing and expectant mothers to have denture work done on a no-cost basis as part of the General Dental Services was bound to come, but there remains ample scope for the Public Dental Officer in the treatment of this most important of all priority classes. The mother-to-be must be encouraged to attend for routine dental inspection and treatment, she must have impressed upon her the importance of diet during pregnancy and above all, when her baby is born, she must be fully aware of the importance of dental care in relation to the general health of her child. At present the General Dental Services are still trying to stem the spate of demand for dental treatment and

except in isolated areas, there is too little time devoted to the subject of Dental Health Education : this subject must form an integral part of the Local Authority Dental Service, and the dental health of the generation as yet unborn can be influenced tremendously for the better by the arduous evangelising of the Public Dental Officer.

2. As is customary in this report, a table is shown of the demand for dentures by the nursing and expectant mother :

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	54.37%	116
1957	308	179	120	299	177	57.4%	179
1958	278	262	80	342	193	69.3%	252
1959	92	100	18	118	66	71.7%	81
1960	134	107	33	140	78	50.87%	84

So the steady upward climb in the demand for free dentures has now been arrested : next year should show an even greater reduction in the demand.

3. The number of dentists available during 1960 showed an increase, again slight, but it was possible to increase the number of treatment sessions from  $43\frac{1}{2}$  in 1959 to  $70\frac{1}{2}$  in 1960.

#### Children under Five Years of Age :

The amount of dental treatment done during 1960 in the toddler class is very much below that of 1959 : the essence of the treatment given to the toddler is that he should be seen often, and a little done each time. With the shortage of dental officers, the toddler could not be seen too regularly, and it is a matter of regret that this priority service is somewhat neglected. Steps will be taken in 1961 to restore the balance : it should be possible to give more time to the toddler with the anticipated easing in the demand for dentures.

A summary of the work completed in the Authority's Dental Clinic is tabulated overleaf :—

**Summary of Dental Treatment of Expectant and Nursing Mothers  
and Children under School Age during 1960.**

**(a) Numbers provided with Dental Care :**

	Examined	Needing Treatment	Treated	Made Dentally Fit
Nursing and Expectant Mothers .....	134	132	96	85
Children under Five .....	51	38	38	38

**(b) Forms of Dental Treatment Provided :**

	Nursing and Expectant Mothers	Children under 5
Scalings and Gum Treatment ... ..	19	—
Fillings ... ..	84	4
Silver Nitrate treatment ... ..	—	2
Crowns or Inlays ... ..	—	—
Extractions ... ..	536	49
General anaesthetics ... ..	51	24
Dentures provided :		
Full upper or lower ... ..	107	—
Partial upper or lower ... ..	33	—
Radiographs ... ..	3	8
Number of Dental Clinics in operation at end of year ...		2
Total number of sessions (i.e. equivalent to complete half days) devoted to Maternity and Child Welfare patients during year ... ..		70½
Number of dental technicians employed in Local Health Authority's own laboratories at end of year... ..		None

**MATERNITY AND CHILD WELFARE PATIENTS**

Number of patients inspected and treated ... ..	185
Number of visits made by patients ... ..	760
Number of treatment sessions ... ..	70½

Number of fillings ... ..	88
Number of scalings ... ..	19
Number of extractions ... ..	585
Number of other operations ... ..	272
Number of dentures supplied ... ..	140
Number of patients supplied with dentures ... ..	78
Number of prosthetic operations ... ..	503
Number of anaesthetic sessions ... ..	—

### 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 ... .. 12 sessions

Number of New Cases Seen :

New cases ... .. 32

Re-examinations ... .. 62

The work of the Physiotherapist is as follows :—

Relaxation Classes :

	New Street	Athersley	Lundwood	All Clinics
Sessions ...	128	33	34	195
Cases seen ...	152	21	23	196
Attendances ...	735	93	90	918

Treatment of Children under 5 years of age :

Number of patients treated ... .. 10

Number of attendances made ... .. 112

Children requiring surgical appliances continued to obtain these through the Beckett Hospital, Barnsley.

### Ultra-Violet Light Treatments :

Medical Services Clinic, New Street, Barnsley :

a. Children 0-5 years :

Number treated ... .. 5

Number of attendances ... .. 67

b. Expectant or Nursing Mothers :

Number treated ... ..	1
Number of attendances ... ..	17

**Psychiatric Services :**

The Child Psychiatrist who conducts Child Guidance Clinics at the Education Authority's Centre is available to advise the Medical and Nursing Staff on general and individual problems of emotional development and behaviour. The Mental Health Officer who is allocated to work in the Child Guidance team is also responsible for all mental health work amongst handicapped children of all ages. This officer who is also a State Registered Nurse and holds the Health Visitor's Certificate works in close co-operation with the Child Welfare Clinics and is available at all times to advise and to assist.

This information is provided in compliance with the direction in paragraph 7 of Ministry of Health Circular 1/61.

**Other Specialist Services :**

The Consultant Ear, Nose and Throat Surgeon, the Ophthalmologist and the Paediatrician who hold Consultant Clinics for School Children are available for and see children under school age. The services of the Speech Therapist are available. 15 children under 5 years of age made 42 attendances for speech therapy. The services of the Audiology Technician may also be called upon for this group. 17 children under 5 years underwent a hearing test during the year.

**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 so far no satisfactory or suitable premises have presented themselves.

"Ad hoc" arrangements for expectant mothers were made in 13 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 1960 amounted to £4,094. 19s. 9d. (£4,173. 1s. 6d. in 1959).

The Health Authority 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	Vita- min Tab- lets	Orange Juice		National Dried Milk					
			Free	Paid	Full Cream			Half Cream		
					Free	Paid	Full Price	Free	Paid	Full Price
Barnsley .....	2,277	1,834	85	15,654	610	2,299	531	—	3	6
Athersley .....	731	458	12	5,299	162	712	97	—	—	—
Ardsley .....	513	303	16	2,959	62	294	14	—	—	—
Lundwood .....	322	218	—	1,836	138	346	55	—	—	—
Carlton .....	159	55	—	639	8	79	—	—	—	—
Monk Bretton .....	108	45	—	679	—	31	18	—	—	—
The Limes .....	159	120	—	1,175	—	29	5	—	—	—
	4,269	3,033	113	28,241	980	3,790	720	—	3	6

The figures refer to the standard package of each preparation.

#### Comment :

The statistics for the services for Mothers and Young Children show that there was an increase in the use made of the Infant Welfare Services during the year. The attendances at ante and post natal clinics, however, showed a slight decline, this latter is not entirely unexpected in view of the fact that increasing numbers of mothers are tending to depend entirely on the Maternity Medical Services provided by their family doctors. With the implementation of the Cranbrooke Report it is expected that this tendency will increase but at the same time it is hoped that future reports will contain figures to indicate that general practitioner obstetricians are making use of the facilities which are made available to them by the Local Health Authority.

Once again it is possible to report the availability of a full team of medical auxiliaries and also to show figures indicating the extent to which their services have been used by children under school age.

Once again the paucity of dental care which has been provided is to be deplored. There is, however, little object in reiterating all the points which have been made time and time again relating to the insufficiency of dental manpower available for preventive dentistry. In such circumstances it is inevitable that industrial areas such as Barnsley come off rather badly try as the Local Health Authority may to cushion the effects from their community. The facts are as shown and the solution must necessarily be found at a National level.

## MIDWIFERY

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

With the authorised establishment of Domiciliary Midwives increased to 12 during the 1960-61 financial year efforts at recruitment were also increased with the result that at the end of the year 10 midwives were in post. Whilst this has not yet allowed of the introduction of the full scheme for reduced hours of duty and relief originally envisaged it has eased the burdens on the staff to quite an appreciable degree. Efforts in recruitment continue and there is every reason to believe that a midwives' duty and relief roster in full accord with modern thought will be achieved in Barnsley. This cannot but be reflected in a continuing rise in the care available for mothers at the time of their confinement.

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 21 cases, in no case was the doctor present. This compares with 8 cases in 1959 and 8 in 1958. "Trilene" (Trichloroethylene) was administered in 355 cases, in 22 of which the midwife was with the doctor.

Pethedine was administered in 210 cases. In 10 of these the doctor was present with the midwife. The comparable figure in 1959 was 208, in 9 of which the doctor was present with the midwife.

#### 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 ... | 121 |
| (ii) Other ... ..  | 13  |

##### (b) Institutional cases ... .. 137

#### 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 1960 3 pupils received instruction from Teacher Midwives as well as a course of lectures at the Corporation Health Department. (All these were successful in the Central Midwives' Board examination).

#### Domiciliary Midwifery and Institutional Confinements :

During 1960 in Barnsley—

6 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.

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

4 women who did not book a doctor were attended by both doctor and Municipal Midwife at the time of delivery of the child.

- 448 women who booked a doctor were attended by Municipal Midwives and the doctor was not present at the time of delivery of the child.
- 1,678 confinements were attended by Midwives in Institutions either as Midwives or as Maternity Nurses.
- 491 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.
- 8,919 visits were paid by midwives during the puerperium (up to the 14th day) to patients delivered at home (compared with 8,569 in 1959).
- 136 post natal visits were paid by Midwives (after the 14th day).
- 2,011 ante-natal visits were paid to women in their own homes by the Authority's Midwives (2,324 in 1959).
- 1,482 visits were paid by Midwives to women who were discharged from hospital before the 14th day (1,592 in 1959).
- 580 other visits were paid by Midwives.
- 440 attendances at ante-natal clinics were made by Midwives.
- 587 attendances were made by expectant mothers to ante-natal classes including relaxation exercises (held by Midwives).
- Number of miscarriages attended — 6.

### Supervision of Midwives :

#### Routine Supervision :

Supervisory visits paid to Midwives by supervisors	21
Deliveries seen with Midwives ... ..	5
Cases in labour attended with Midwives ... ..	11
Ante-natal cases seen at home ... ..	26
Puerperium visits ... ..	21
Hospital discharges ... ..	29
Cases visited re maternity accommodation ... ..	29
Attendances by supervisors at Ante-natal Clinics ...	62
Attendances by supervisors at Ante-natal classes ...	26

### Supervision of Training :

Pupil Midwives who completed their training during year ... ..	3
Cases in labour attended with pupils ... ..	3
Deliveries seen with pupils ... ..	3
Puerperium visits with pupils ... ..	12
Ante-natal visits with pupils ... ..	6

### Post Graduate Courses :

The Assistant Supervisor attended 1 post-graduate course.

2 Midwives attended an Ante-natal training course for three days.

All Midwives attended lectures arranged by the Barnsley Branch of the Royal College of Midwives and the Public Health Department.

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

### Comment :

The figures for the Midwifery Service show little alteration from the previous years. The slight increase in the number of Midwives available means that this has been done somewhat more easily and with less strain at times when a number of confinements are taking place.

So far the acceptance of the Cranbrooke Report is hardly reflected at all in the year's work. It is perhaps too early for this, but the establishment of the Local Obstetric Liaison Committee with its co-opted Midwife Members augurs well for the future.

## HEALTH VISITING SERVICE

National Health Service Act, 1946, S.24.

The figures showing the number of visits made by Health Visitors during 1960 as compared with those of the two previous years are as follows :—

	1958	1959	1960
Children under 5 years visited during the year ... ..	3,846	4,268	4,921

Children under 1 year :	1958	1959	1960
	—	—	—
1st visit ... ..	1,243	1,414	1,397
Total visits ... ..	3,918	3,229	4,709
Children between 1 and 2 years :			
Total visits ... ..	1,462	1,412	1,925
Children between 2 and 5 years :			
Total visits ... ..	2,516	3,376	4,929
Expectant Mothers :			
First visits ... ..	450	303	488
Total visits ... ..	565	362	707
Other Cases including Gastro-			
enteritis investigations (902) ...	12,068	3,497	3,728
Tuberculous households ... ..	502	407	586
Number of households visited ... ..	4,359	4,870	5,275
Ineffectual visits ... ..	1,340	1,005	1,641

At the end of the year out of a total establishment of 24 the Health Visiting Service had in post in addition to the Superintendent Health Visitor :

- 11 State Registered Nurses holding the Health Visitors' Certificate (4 of these are designated as Senior Health Visitors).
- 4 Full time and one part time State Registered Nurses employed as Clinic and School Nurses.
- 1 Full time State Registered Fever Nurse employed as a Clinic Nurse.
- 4 State Registered Nurses sponsored by the Health Authority as Student Health Visitors.

There were 4 new appointments to the Service and three terminations of appointments (2 qualified Health Visitors left for personal reasons and one State Registered Nurse to take the Health Visitor's Certificate independently). Details are shown in the Staff List for the Health Department at the end of the Report.

Reference to the figures above will show that there has been one all round increase in visits made, the high level recorded in 1958 under the heading "Visits to other cases" has not been repeated. Certain measures of rearrangement of "Gastro-enteritis/Dysentery"

investigation have allowed the trained Health Visitors to devote their time to duties other than ensuring clearance from infection in cases of dysentery.

The Superintendent Health Visitor reports that "It would appear that there are more married parents in their teens than in previous years and many of them are not prepared for parental and home responsibilities and are inexperienced in child care. Frequent visiting is necessary to persuade the young mothers to attend the Clinic regularly."

In addition the Superintendent Health Visitor reports that tests for phenylketonuria have been carried out on all new babies visited by the staff and that so far no positive finding has resulted. She has also drawn attention to reports received from the staff to the effect that canned, frozen, pre-cooked meals as well as the products of the local fish and chip shops are tending, with many young mothers, to take the place of more wholesome home prepared fresh food. There is no doubt that these things contain protein, carbohydrate and fat but may well be lacking in those factors which play so important a part in growth be it in the young child or in the foetus. It is, therefore, to be hoped that in the not too distant future Barnsley will see a renaissance of true Yorkshire cooking amongst its younger housewives.

Points of this kind cause concern at the difficulty in recruiting an adequate staff of trained Health Visitors. What is needed to counteract the "pre-cooked tendency" is advice from a person who by training, manner and personality commands the respect and attention of the housewives and mothers in the area allocated to her. In the absence of such advice even the most intelligent of mothers must be in a dilemma when faced with making a choice from the many grossly over advertised food stuffs on the market. In the face of the many quasi scientific catch phrases which are used to brainwash potential purchasers it is most necessary that the housewife should have some knowledgeable and disinterested adviser available to her. It is in this capacity that the Health Visitor can be "worth her weight in gold."

Mothers' Clubs are held fortnightly in three main Medical Services Clinics, where film shows and Health talks given by Medical, Nursing Staff, the Moral Welfare Worker, the Domestic Help Organiser and the Probation Officer have been appreciated by members.

It should be noted that in addition to the work carried out by the Health Visiting Service under this Section of the National Health Service Act, the Health Visitors in Barnsley do a large part of the social work involved in the Authority's Care and After-Care Schemes under S.28 of the Act, in addition they also act as school nurses for the Education Authority and provide the necessary supervision of families where children are liable to be neglected or ill-treated in their own homes.

*Comment :*

As in the past the Health Visiting Service has suffered from the shortage of recruits. There is however some slight indication that the position may improve in the not too distant future. In the meantime it is most necessary to all concerned to bear in mind that a Health Visitor, like anyone else, has only one pair of hands and one pair of feet, in other words there is a limit to the amount that can be done with the staff available. So long, therefore, as these circumstances remain, a heavy burden is placed on the shoulders of those who have to select priorities from amongst the many tasks which are waiting to be done thus to ensure that the most important job is done first. It is felt that this aspect of the work done cannot be over-emphasised in any consideration of the work relating to this Service.

## HOME NURSING SERVICE

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

For the first time for three years there was a decrease in the number of patients attended and the number of visits paid. This is largely accounted for by the fact that there was no prevalence of influenza or other upper respiratory infections and that the year was not a measles year.

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

	1956	1957	1958	1959	1960
Cases ... ..	2,124	2,328	2,383	2,598	2,277
Visits ... ..	44,531	54,213	50,441	50,947	47,370
Whole-time Nurses	15	18	18	18	18



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

Types of Cases	No. of Individual Patients	No. of Visits paid to these Patients
Influenza ... ..	2	7
Pneumonia ... ..	13	938
Skin Diseases ... ..	59	973
Tuberculosis ... ..	12	320
Maternal complications ... ..	74	720
Erysipelas ... ..	1	10
Infectious diseases ... ..	12	121
Miscarriage ... ..	7	78
Cancer and Neoplasms ... ..	88	2,965
Burns and Scalds ... ..	39	598
Diabetes ... ..	38	2,364
Post-operative ... ..	110	2,600
Bones and joints ... ..	59	1,913
Eye, Ear, Nose and Throat ... ..	246	2,229
Cerebral haemorrhage ... ..	189	3,788
Heart and Arteries ... ..	157	5,389
Circulatory ... ..	277	6,825
Respiratory (other than 2) ... ..	123	1,489
Others ... ..	771	14,043
	<hr/>	<hr/>
	2,277	47,370
	<hr/>	<hr/>

Patients in the above figures who were treated for injection therapy only ... ..

892 6,264

Types of Injections given

Insulin ... ..	29	1,888
Antibiotics ... ..	704	5,112
Diuretics ... ..	91	2,875
Sedatives ... ..	28	1,611
Streptomycin (T.B.) ... ..	19	306
Streptomycin (non T.B.) ... ..		
Haematopoietic ... ..	144	2,404
Others ... ..	250	6,486

Types of Cases	No. of Individual Patients	No. of Visits paid to these Patients
Patients who attended Clinics		
—Visits only ... ..		4,886
<b>Night Service :</b>		
Cases visited between 8.0 p.m. to 6.0 a.m. (included in above figures) ... ..	232	2,595
<b>Age groups nursed :</b>		
Patients under 5 years of age...	201	1,706
Patients 5-15 years of age ...	125	1,097
Patients 15-65 years of age ...	1,095	17,533
Patients 65 years and over ...	856	27,034

The Superintendent Nurse reports as follows :—

“The types of Home Nursing cases have altered during the year, the trend points to more of the extremely ill, heavy, incontinent cases being nursed in their own homes. More than half the visits paid during the year are to the over 65 age group, the Linen, Loan and Laundry Service and the Night Service are a great support in helping the aged sick to retain independence in their own homes, and also reduces the pressure on chronic sick hospital beds.

Cases visited for Injection Therapy only, have decreased, and this is more satisfying from a nursing point of view.

The number of children being nursed at home is still maintained, very few of these cases are in the infectious group, as only infectious cases where complications arise are cared for by the Home Nurse.

The rise in Maternal complications is due to ante-natal period treatments.

#### Night Visiting Service :

The demand for night visits is mostly from General Practitioners. The types of cases and the number of cases visited each night vary considerably, carcinoma, chronic sick, and children make up most of the work of the night staff.

### **Home Nursing Loans Service :**

This service has now become widely known throughout the Borough and is extensively used by relatives wishing to nurse their sick at home. There is an adequate supply of all types of loans to meet the demand, but it is still necessary to visit homes to ensure the return of loans when they are no longer in use, 239 visits were paid.

### **Linen, Loan and Laundry Service :**

There is an increased demand for this service due to the heavy, long term type of cases. Daily delivery and collection are maintained. This is a service most valued by patients, relatives and nurses.

### **Home Nursing Clinics :**

These Clinics are still maintained, and staffed for an hour or more as necessary each day.

### **Sterile Supply Service :**

All syringes and dressings used by the nursing staff are sterilised by steam under pressure at the Home Nursing Centre.

### **Chiropody Service :**

A Home Nurse is in attendance at each session.

### **Queen's Institute of District Nursing Training :**

Six students completed their training during the year, and were successful in obtaining a pass in both practical and written examinations. The training now consists of a three or four months period, and a three week block lecture course during the second month, one day of the block is spent in Barnsley ; lectures are given, and observation visits. More concentration on practical and theory is necessary.

### **Post-Graduate Courses :**

One Queen's Nurse attended a Post-graduate course arranged by the Queen's Institute of District Nursing. All Home Nurses attended lectures during the year.

### **Sheffield Area Nurse Training Committee :**

The Superintendent Nurse attended five meetings of the above in various parts of the region.

### Hospital Students :

Six lectures on Home Nursing and Midwifery were given to students during 1960."

The following figures relating to the loan of sick room requisites to those nursed at home during 1960 are of some interest :—

Articles loaned	Number of times loaned to Patients
Air and Sorbo rings ... ..	168
Sorbo beds ... ..	74
Bedpans ... ..	376
Bedrests ... ..	228
Bedcradles ... ..	55
Bedtables ... ..	6
Bedsteads ... ..	45
Crutches ... ..	32
Cots ... ..	8
Fracture boards ... ..	40
Feeding cups ... ..	50
Mackintosh sheets ... ..	439
Pulley and fittings ... ..	4
Urinals ... ..	363
Wheelchairs ... ..	66
Commodes ... ..	26
Draw sheets ... ..	61
Large sheets ... ..	8
Mackintosh pillow covers ... ..	8
Walking aids ... ..	10
Inflatable lavatory seats ... ..	1
Bath seats ... ..	11
Camp beds ... ..	3
Measure jugs ... ..	3
Sputum mugs ... ..	6
Walking sticks ... ..	5
Enamel bowls ... ..	6
Douche cans ... ..	—

Type of Linen Loaned : Large sheets, Draw sheets, Night gowns, Night shirts, Laundry bags, Pillow cases and Blankets.

Total number of all articles laundered including uniform, towels, bag linen, etc. : 14,145.

*Comment :*

It would appear that the demand for the Home Nursing Service has during the past two or three years become to some extent stabilised. This being so annual figures will vary from time to time in relation to the prevalence of the winter respiratory infections.

The shortage of Geriatric and Chronic Sick beds in Barnsley continues to place a burden on the Home Nursing Service which is thus required to care for many patients who can only receive effective treatment in hospital.

It is to be hoped that the opening of Mount Vernon Hospital promised for 1961 will result in this service being able to attain its proper function. Thus along with the new hospital it may be possible to achieve a rehabilitation of some of the geriatric patients whose cerebral disaster or other emergency of age deteriorates into a terminal illness for sheer want of early and expeditious admission to hospital.

## 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 1960 :—

Age at date of Vaccination	Under 1 year	1 year	2 to 4 years	5 to 14 years	15 years or over	Total
Number vaccinated	33	151	17	23	46	270
Number re-vaccinated .....	4	8	—	7	13	32

These figures represent a marked decrease when compared with past years. This is attributable to the new place taken by vaccination against Smallpox in the immunisation programme for infants. Immunisation against whooping cough and poliomyelitis now being done in the earlier months of life with vaccination being left to the end of the first year. 1960 as the first full year of "change over" shows a more marked alteration than it is hoped will occur in the future.

#### 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
991	238	975	2,204

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

Under 1 year	1-4 years	5-14 years	Total
—	1,265	4,043	5,308

The immunisation state of children in the County Borough at 31st December, 1960 who have completed a course of immunisation at any time before this date is shown as follows :—

Age on 31.12.60 (i.e. born in year)	Under 1 1960	1-4 1956- 1959	5-9 1951- 1955	10-14 1946- 1950	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1956-1960 .....	487	3,243	4,669	1,315	9,714
B. 1955 or earlier .....	—	—	774	5,452	6,226
C. Estimated mid-year child population	1,340	4,960	12,500		18,800
Immunity Index 100 A/C .....	36.34	65.38	47.87		51.67

The number of individuals immunised against Diphtheria is somewhat higher than those for the preceding year. It is hoped, however, that the present level of immunity will be increased in future.

Considerable work was put in during the last quarter of the year in offering immunisation or reinforcement to all school children under 11 years of age. The occurrence of cases of Diphtheria in the North of England was used as an illustration of the necessity for a high level of immunity, and the response from parents was on the whole more satisfactory than was originally expected.

#### **Immunisation against Whooping Cough :**

1,140 children are known to have received a complete course of immunisation against Whooping Cough. This shows an increase over 1959 when 1,022 completed the course.

#### **Immunisation against Poliomyelitis :**

In past reports attention has been paid to the Health Authority's arrangements for implementing the Minister's Scheme for immunisation against poliomyelitis. The arrangements have been stabilized and it is now possible to meet any demand the public may make. Not only to do this but at the same time to ensure that each injection is given with an individual steam sterilized syringe and needle.

Application for immunisation against poliomyelitis can be made at any time either at the Health Department or at any of the Authority's clinic premises. On receipt of the appropriate form of request or consent an appointment will be made at a time to suit the applicant. Special evening sessions are held when the demand justifies them. In addition to this any individual under 40 years of age may present himself or herself for immunisation, and have it done on demand at 9.30 a.m. any Saturday morning or from 5.0-6.0 p.m. any Monday evening at the Health Services Clinic at New Street.

The figures relating to the various community groups for 1960 are as follows :—

Group	Number of persons who during 1960 had been given			
	One Injection	Two Injections	Three Injections	Total
1. Children 6 months to 15 years of age	111	1380	2103	3594
2. Young persons 15 to 25 years of age	20	468	4443	4931
3. Adults 25 to 40 years of age .....	32	943	233	1208
Totals .....	163	2791	6779	9733

#### Immunisation against Tetanus :

Where requested by the parents immunisation against Tetanus is combined with immunisation against whooping cough and diphtheria or against diphtheria alone, and in some cases where it is specially requested immunisation against Tetanus alone is provided. During the year 2,192 individuals received a course of immunisation against Tetanus either combined with other antigens or against this condition alone.

#### Yellow Fever Vaccination :

Barnsley was designated as an approved vaccination centre as and from 1st July, 1960. The number of persons given this type of vaccination is as follows :

Adults	...	...	...	...	...	9
Children	...	...	...	...	...	1
						10
						Total ... 10

A fee of £1. 1s. 0d. is charged for this service per injection. The International Certificate of Yellow Fever Vaccination is supplied at the New Street Clinic, Vaccination Centre.



*Comment :*

There is little to be added to the comment made in last year's report to the effect that the study of immunisation figures is one of the most discouraging and depressing tasks in preventive medicine. It emphasises perhaps more simply than any study of Health Statistics the apathy and lack of responsibility of a sizeable proportion of the community to taking steps towards keeping themselves and their children fit and well, and towards avoidance of becoming a charge on their fellows. It ought to be a matter of concern that this proportion is so large. The only remedy offered to combat this apathy seems to be the so called "intensive campaign." In this a kind of mass hysteria is promoted and without doubt a number of immunisations get done as a result. They are done not because the community wants health but because the more feckless section "gets bitten" with a short lived desire to "conform" in that particular respect. Now experience has shown that most immunizing procedures require to be renewed from time to time if they are to be effective. It is quite impossible to maintain the fever heat of the intensive campaign permanently with the result that in quite a lot of these folk reinforcement does not take place. The subjects have insufficient interest to be bothered about it. Circumstances arise then when there is a number of people who are enjoying a false security and inevitably cases will occur of diseases in people who will assert that they have been immunised against them.

In Barnsley, therefore, it has always been the policy to make sure that those immunised or their parents understand as far as possible the implications of the procedure involved and that they are submitting to it with a serious desire to obtain the full benefit from it.

To this end immunisation has been made readily available at the Authority's Clinics rather than at football matches or dance halls. Every effort has also been strained to ensure that the work is approached as a scientific project to be done under the best conditions possible. In other words immunisation against any disease in Barnsley is a serious undertaking to be accepted in full understanding of its value both to the individual and the community. It is not a stunt to be tried just to be in the fashion or to keep up with the neighbours.

## AMBULANCE SERVICE

National Health Service Act, 1946, S.27.

The following report has been received from the Chief Fire and Ambulance Officer :

### Arrangements with Other Authorities.

#### West Riding County Council.

This Authority continues to work most amicably with the Ambulance Service of the West Riding County Council. By arrangement we undertake all infectious disease, emergency and maternity cases from certain parts of their territory to hospitals within the County Borough, and also effect a proportion of their discharges from hospitals within the County Borough back into the West Riding.

The financial arrangement arranged in 1959 was reviewed during the year and a slight adjustment made.

### Other Authorities.

With Authorities other than the West Riding County Council, an approved scale of charges for ambulance transport undertaken by one Authority on behalf of another is laid down. These charges are reviewed from time to time, but no change has been made during the period under review.

### Authority to Order Ambulances.

Requests for the Ambulance Service are not normally accepted from the general public but only from :—

Doctors.

Hospitals.

Institutions.

Other Authorised Persons.

Emergency cases, i.e. street or works accidents, and maternity cases are accepted from any source.

### Return of Ambulance Patients Conveyed.

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

Figures for 1959 are given for the purpose of comparison.

MONTH	COUNTY BOROUGH						WEST RIDING AND OTHER AUTHORITIES						GRAND TOTALS	
	Ordinary		Emergency		Totals		Ordinary		Emergency		Totals		1959	1960
	1959	1960	1959	1960	1959	1960	1959	1960	1959	1960	1959	1960	1959	1960
January	2006	1804	111	130	2117	1934	176	136	23	24	199	160	2316	2094
February	1585	1904	123	122	1708	2026	188	124	19	21	207	145	1915	2171
March	1495	2025	134	163	1629	2188	208	103	31	27	239	130	1868	2318
April	1778	1640	126	149	1904	1789	149	113	18	13	167	126	2071	1915
May	1622	1838	169	140	1791	1978	132	119	41	20	173	139	1964	2117
June	1704	1770	124	128	1828	1898	123	103	23	26	146	129	1974	2027
July	1572	1746	148	166	1720	1912	121	131	22	15	143	146	1863	2058
August	1502	1989	133	155	1635	2144	107	105	18	26	125	131	1760	2275
September	1403	1812	126	123	1529	1935	100	102	24	21	124	123	1653	2058
October	1752	1707	124	142	1876	1849	140	96	29	24	169	120	2045	1969
November	2066	1673	137	129	2203	1802	139	111	23	30	162	141	2365	1943
December	1767	1712	164	171	1931	1883	157	130	31	30	188	160	2119	2043
Totals	20252	21620	1619	1718	21871	23338	1740	1373	302	277	2042	1650	23913	24988

### Details of Patients Conveyed.

The figure of 24,988 ordinary patients is an increase of 1,075 as compared with 1959.

In the overall figure of patients conveyed there is an increase compared with last year of 4,439 (43,376—38,937) which is accounted for by the larger number of mental defective cases which were dealt with.

The number of patients conveyed on behalf of the West Riding County Council and other Authorities shows a decrease this year of 206 as compared with last year.

#### To Hospitals etc. within the Borough :

Beckett Hospital	...	...	...	...	...	6501
St. Helens Hospital	...	...	...	...	...	2151
Pindar Oaks	...	...	...	...	...	171
Kendray Hospital	...	...	...	...	...	135
New Street Clinic	...	...	...	...	...	237
Queens Road Clinic	...	...	...	...	...	2045
Limes Hostel	...	...	...	...	...	64
Schools	...	...	...	...	...	26
Church Street Clinic	...	...	...	...	...	7
Lundwood Hospital	...	...	...	...	...	18
Others	...	...	...	...	...	9

#### To Hospitals etc. out of the Borough :

Penistone Annexe	...	...	...	...	...	147
Sheffield	...	...	...	...	...	1515
Wath Wood Hospital	...	...	...	...	...	219
Kirkburton	...	...	...	...	...	75
Wakefield	...	...	...	...	...	49
Mexborough	...	...	...	...	...	25
Leeds	...	...	...	...	...	33
Doncaster	...	...	...	...	...	29
Rotherham	...	...	...	...	...	6
Others	...	...	...	...	...	37

carried forward : 13499

brought forward : 13499

**To Home Addresses within the Borough from :**

Beckett Hospital	...	...	...	...	...	5176
St. Helens Hospital	...	...	...	...	...	558
Pindar Oaks	...	...	...	...	...	19
Kendray Hospital	...	...	...	...	...	367
New Street Clinic	...	...	...	...	...	214
Queens Road Clinic	...	...	...	...	...	1682
Others	...	...	...	...	...	28

**To Home Addresses out of the Borough :**

West Riding	...	...	...	...	...	1282
Others	...	...	...	...	...	35

House to House Removals (Borough) ... .. 46

Journeys Made—Patients Not Conveyed ... .. 939

Journeys Made by Ambulance at Kendray Hospital 1143

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24988

Mentally Subnormal Children Conveyed ... .. 18205

Midwives Conveyed ... .. 183

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43376

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The total number of journeys undertaken to convey the 43,376 persons was 10,579, being an average of 4.1 patients per journey, as compared with the 4.2 for last year.

**The Mentally Subnormal.**

Mentally subnormal 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 1,716 journeys and carried 18,205 passengers, which shows an increase of 447 journeys and 4,539 passengers as compared with the previous year.

## Vehicles.

No new vehicles were acquired during the year and the fleet as at 31st December 1960 was :—

- 6 Morris Petrol Ambulances (1 stationed at Kendray Hospital).
- 2 Morris Diesel Ambulances.
- 1 Morris 18 Seater Coach.
- 2 Morris 10 Seater Coaches.
- 1 Morris 6 Seater Coach.
- 1 Morris Sitting Case Car.

I am happy to report that no major breakdowns or accidents occurred during the year, and the fleet were only involved in very few minor accidents, and so the Service was able to operate at full strength throughout practically the whole of the year.

The vehicles were again subjected to thorough maintenance service, and the care and attention given to this matter is reflected in the small number of breakdowns and the large amount of mileage undertaken during the year.

## Mileage.

During the year the fleet covered 136,835 miles on ambulance duties, made up as follows :—

Ambulances	...	...	...	...	...	71,383
Ambulance Coaches	...	...	...	...	...	52,258
Sitting Case Car	...	...	...	...	...	13,194

For comparison purposes the figures for previous years were as follows :—

1954	...	...	...	...	...	148,407
1955	...	...	...	...	...	137,637
1956	...	...	...	...	...	130,825
1957	...	...	...	...	...	122,701
1958	...	...	...	...	...	129,971
1959	...	...	...	...	...	132,278

## Communications.

Calls for the Ambulance Service by Doctors, members of the Public and other Authorised persons continue to be received chiefly on Barnsley 3366, or, in case of emergency, through the "999" system.

Direct lines are now established between the Control Room and the three Hospitals (Becketts, St. Helens and Kendray), and I feel that a great deal of time is saved by this method.

#### **Short-Wave Radio.**

Short-wave radio continues as an integral part in the efficient running of the Ambulance Service. With the exception of the Ambulance stationed at Kendray Hospital and the 18 seater coach, all vehicles are equipped with this form of communication, and I am sure that this is an economic success, as it tends to reduce mileage, petrol consumption and time.

#### **Accommodation.**

The Ambulance Station in Westgate housed the majority of the Ambulance Fleet during the period under review, and the provision of a direct line from there to the Control Room helped to reduce time if an urgent message required to be passed.

A new Ambulance Garage is being incorporated with the new Fire Brigade Headquarters at Broadway.

#### **First Aid Training.**

65 members of the Service are qualified to render First Aid to the injured, and only men so qualified are allowed to perform ambulance duties.

A large proportion of the personnel are so proficient in this work that they 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 the 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.

During the period under review 183 requests were dealt with, which is a decrease of 929 on the previous year, which is accounted for by the fact that the majority of midwives have now got their own cars.

### **Hearing Aids.**

At the request of the Medical Officer of Health hearing aids are taken to Sheffield for repair and then returned to the local centre. Special journeys are not organised for this purpose and the hearing aids are taken with the daily journeys to Sheffield Hospitals.

During 1960, 274 hearing aids were taken for repair.

### **Medical Officer of Health—Mental Health and Home Nursing.**

The arrangements continue with the Medical Officer of Health whereby when the services of the Medical Officer of Health, a Mental Welfare Officer, or the superintendent Home Nurse are required by a medical practitioner at those times when their office is closed, i.e. week-ends, Public and Bank Holidays, the call is accepted in the Control Room and passed to the appropriate officer with the minimum of delay.

### **Infectious Diseases.**

One ambulance continues to operate from Kendray Hospital, manned by the porter/drivers from that hospital. When an attendant is required in case of holiday or sickness, the necessary personnel are deployed from my 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 down to the minimum.

### **Equipment.**

Ambulances are equipped with Novox Resuscitation Apparatus which can be used with Artificial Respiration when a patient is suffering from a lack of respiratory ability. The Ambulance detailed for Emergency Duties carries a "minuteman" resuscitation set which performs the same function without the use of artificial respiration. This is a new piece of equipment which has already proved its worth, by being concerned on more than one occasion in the saving of life.



## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

National Health Service Act, 1946, S.28.

Little change took place during the year in the Authority's arrangements under this Section of the Act. The most noteworthy development was the inception of the Chiropody Service for the aged and other priority classes in May, 1960.

As in previous years the Health Visiting, Home Nursing, Domestic Help, Handicapped Persons' Welfare, Mental Health and Housing and Welfare Services have co-operated in collecting information in regard to those in need of help of a medico social kind. This leaves the Health Visitors free to do the important task of finding cases whose needs without field work would probably be unknown to those who are in a position to help.

### Care of Geriatric Patients and the Chronic Sick :

As in previous years registers have been maintained by the Superintendent Health Visitor. The state of the registers and the visits done are as follows :—

	Total Numbers		Additions during year		Visits by Health Visitors	
	1959	1960	1959	1960	1959	1960
Geriatric Register	1,694	1,980	367	480	561	1,271
Chronic Sick ...	401	553	66	127	118	387

Social work in this field is increasing. Financial help has been sought from the National Assistance Board, the British Red Cross, the W.V.S., the Barnsley Ladies' Circle, and the National Society for Cancer Relief. At Christmas time the Barnsley Women's Standing Conference gave 100 bags of coal to the aged sick. The Hospital Almoner gave grants through the Barnsley Sick Poor Fund. The help from all these sources was greatly appreciated by the needy sick-aged.

### Hospital After Care :

Number of visits to homes by Health Visitors ...	144
Number of visits to Hospitals ... ..	190

The Superintendent Health Visitor reports as follows :

During the year the Barnsley Hospitals were visited by the staff of the Health Visiting Service to discuss with the Almoner and the Nursing Staffs the needs of the newly admitted and discharged

patients. The Health Visitor ensures that the necessary help is supplied. Grants from various charities have been obtained through the Almoner, and help from the Home Nursing and Domestic Help Services have facilitated domiciliary care of the discharged hospital patients.

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

The number of visits made was :—

To households	...	...	...	...	586
To Wathwood Chest Hospital	...				38
To Chest Clinic	...	...	...	...	47

In participation with the family doctor and the staffs of the Chest Clinic and Wathwood Hospital arrangements for the care and after-care of the tuberculous patient and his family, and the following up of contacts proceeded as in previous years.

#### **Venereal Disease :**

The number of families visited was 44.

The number of visits made to the Special Treatment Centre was 47.

Patients who default clinic attendances are visited by the Superintendent Health Visitor and Area Health Visitors. Persistent visiting is essential to ensure that the patient attends for treatment. The help and co-operation of the Clinic Staff continues to be good.

#### **Prevention of Illness—Tuberculosis :**

Comment has already been made in Part II of this Report on the continuing satisfactory statistics relating to tuberculosis in Barnsley. Some time must however elapse before the disease is finally eliminated. Much of the success which has been achieved to date is attributable to the effect of improved living conditions and the availability of suitable foods on the resistance of the normal individual. Improved and more effective methods of treatment of infected individuals have greatly reduced their potential for spreading the disease. Probably the most important single factor in the spread of tuberculosis at the present time is the existence in the community of unsuspected carriers of the disease. These people are usually of the middle or older age groups and suffer from what is called by them either "Bronchial Catarrh" or "Smokers' Cough."

What they have in fact is the condition known to the medical profession as "chronic fibroid phthisis." Most of these individuals suffer a minimum of inconvenience from this condition and would not consider it necessary to seek medical advice for it. However every time they cough at home, at work or in the bus they distribute to those around them varying doses of virulent tubercle bacilli. That they do not cause more active illness is due entirely to the rising tide of resistance to infection in the individuals who are subject to this dosage. However even this sometimes fails to protect their relatives from the effects of constant and unremitting bombardment with infective material, with the result that active disease transfers itself to a young person. The notification of such a case usually starts the search for a contact, but it is then too late and the damage has already been done. The real answer to this problem is X-ray examination of the chest of everyone over 40 years of age who has had chronic catarrh or smokers' cough or indeed any sustained throat or chest irritation. Mass X-ray offers the ideal opportunity for this.

It is known that in the past some such individuals have shrunk from Mass X-ray examination. They have feared the consequences (in discomfort and disturbance of their way of living) should their own suppressed suspicions as to the cause of the "cough" be confirmed. It cannot be too widely understood that modern methods of treatment of chronic fibroid phthisis do not now involve long periods in hospital, and that they result in great improvements in the patient's general comfort.

It would seem then that the immediate assault on tuberculosis in Barnsley would consist of an effort to get as many as possible "over 40's" to present themselves for mass X-ray when next the Unit visits the town. Every citizen can play his part by presenting himself for examination.

In 1960 the Mass X-ray Unit belonging to the Sheffield Regional Hospital Board visited Barnsley from the 17th October till the 11th November to carry out the Annual Survey.

As in 1959 the whole of the survey was held at the Town Hall. The decision to do this was based on the view held by the Director of the Mass X-ray Unit that people in Barnsley were more ready to attend at the Town Hall than at outlying centres. The survey got off to a slow start. It was found necessary to draw the attention

of the public to it by means of a mobile loud speaker van touring the town. This method seemed to be effective and it is proposed to use it again on future surveys.

The results of the survey may be summarised as follows :

Miniature Films :

	Male	Female	Total
General Public ... ..	1,519	1,135	2,654
Booked Groups ... ..	525	586	1,111
Doctors' Patients ... ..	49	16	65
School Children ... ..	260	136	396
<hr/>			
Total Initial Examinations	2,353	1,873	4,226
Large Film Recall ... ..	178	48	226
<hr/>			
Total Attendances at Unit	2,531	1,921	4,452

	Male	Female	Total
Patients Referred to :			
Chest Clinic ... ..	50	6	56
Re-check in one year ...	5	4	9
Patient's Own Doctor ...	81	17	98

Abnormalities discovered other than Tuberculosis :

	Male	Female
Inactive Tuberculosis ...	2	5
Heart Disease ... ..	6	5
Pneumoconiosis ... ..	39	—
Bronchitis and Emphysema	25	4
Inflammatory Disease ...	3	2
Hiatus Hernia ... ..	1	—
Thyroid Enlargement ...	1	—
Eventration of Diaphragm	1	—

The Director reported that the incidence of pulmonary disease, particularly in men, continued "to be high" and that more cases were referred to the Chest Clinic than in the previous year, these included 15 cases of suspected active tuberculosis, 10 of inactive disease requiring supervision, 13 men with pneumoconiosis and 2 with suspected bronchial carcinoma. Other cases not requiring Chest Clinic investigation were referred to their family doctors.

The arrangement whereby all expectant mothers are offered Radiological Examination of the chest to exclude unsuspected tuberculosis was continued during 1960. All the examinations were carried out at St. Helen Hospital, Barnsley. Large films were used to reduce Radiological Hazards to a minimum, the numbers referred were 334 of whom 285 actually attended.

**Vaccination against Tuberculosis—B.C.G. :**

The arrangements already in existence for vaccination against Tuberculosis were continued during 1960. The work is done under the supervision of the Chest Physician, and X-ray control is applied to those children who have been vaccinated.

The figures for vaccination during the year are as follows :

A. Contact Scheme (Ministry of Health Circular 72/49)								
Number skin tested	...	...	...	...	...	...	...	102
Number found positive	...	...	...	...	...	...	...	8
Number found negative	...	...	...	...	...	...	...	94
Number vaccinated	...	...	...	...	...	...	...	93
B. School Children Scheme (Ministry of Health Circulars 22/53 and 7/59)								
Number skin tested	...	...	...	...	...	...	...	838
Number found positive	...	...	...	...	...	...	...	81
Number found negative	...	...	...	...	...	...	...	737
Number vaccinated	...	...	...	...	...	...	...	737
C. Students attending Further Education Establishments (Ministry of Health Circular 7/59)								

No work was done under this heading during 1960.

**Health Education :**

Considerable attention has been paid over the years in Annual Reports on the Health of Barnsley to the problem of inducing the individual members of the community to expend effort in preserving their health. It seems unnecessary to reiterate the views previously expressed namely that in an over exhorted society it is neither practical nor becoming for a Statutory Authority to attempt to sell health in the same way as a chain store sells soap powder. In the

first place the public gets immediately something material which can be seen to take away when they buy soap powder. In the second place instead of getting "3d. off a large size packet" there is the mistaken feeling that they always get the worst of the bargain when dealing with a Statutory Authority. This thesis could be expanded to consider the selling of health in relation to the desire currently prevalent to avoid responsibility at all costs. It could also be examined in relation to the present day reaction to anything of a stoic nature which might savour of discipline of any kind particularly self discipline. As a result of such studies relatively little in the nature of mass exhortation is done in Barnsley. On the other hand every effort is made to ensure that any individual or group who is seriously in search of information and who appears to have the slightest vestige of desire to learn about health matters receive personal attention from that member of the Department staff best suited to offer it. At the same time discreet efforts are made to stimulate interest and desire to learn. Thus Health Visitors, Midwives, Home Nurses, Mental Health Officers and the medical staff are engaged whenever possible in advising individuals and in talking to groups on matters relating to health. It is submitted that information imparted to an individual in this way will almost certainly make a more lasting impression than a slogan on a lavatory wall or a parrot cry blared from a peripatetic loud speaker.

The Minister in his circular 1/61 has enquired as to the steps taken by the Authority to bring to the notice of the public the connection between tobacco smoking and lung cancer. The policy followed in Barnsley here has been in line with the general one of Health Education. Where possible talks are given to groups and individuals who have expressed an interest in health. When a talk is given on this subject special care is taken to ensure that the member of the staff giving the talk is in fact a non-smoker.

The question of propaganda on lung cancer and smoking in the schools has been very carefully reviewed and it was felt that any definite campaign by the School Health Service could well lose sympathy for the cause of Health Education amongst the older children. Between the younger generation and authority there has long been a conflict on the subject of smoking. It could well be in face of a parental attitude towards smoking which does not disapprove (and indeed in some cases even supplies cigarettes) that an active campaign by officers of a Health and Education Authority could actually stimulate smoking by way of bravado.

In formulating this policy of personal advice and individual communication it has been borne in mind that for some 350 years Authority has been combating tobacco. There is a quotation from "A Counterblast to Tobacco" by King James I of England and VI of Scotland written in 1604 which is particularly apposite:

"A custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black, stinking fume thereof, nearest resembling the horrible Stygian smoke of the pit that is bottomless."

At no time however has Authority been able to take any really effective measure to curb smoking other than placing an ever increasing customs duty on tobacco. In this there is something of justice. It would be most interesting to know how much the cost to the country of treating persons suffering from lung cancer caused by smoking is set off by the money collected from the tobacco duty.

In conclusion it is desired to emphasise once again how difficult it is for a Local Authority to take any action which might be interpreted as disapproval of any popular practice. Any excess of zeal in this direction will inevitably damage relations with the public. Furthermore any question of becoming involved in a propaganda battle with the manufacturing tobacconists calls for very careful consideration, if only on financial grounds. As these words were being written no less than eight brand new brightly painted motor vans each advertising cigarettes and each carrying a trained team of salesmen were drawn up in line at the side of the Town Hall. Apparently their task was to launch a campaign to popularise a certain brand of cigarettes in Barnsley. This situation could provoke many comments cynical and sarcastic. The only professional one that may be recorded here is a prayer of thanks that the cigarette in question has an absorbent tip!!!

Having regard to all this it is submitted with the greatest respect that if action is to be taken to reduce tobacco smoking with a view to reducing lung cancer it must consist of something more than mere exhortation. As such it is a task to be undertaken at a national rather than at a local level. The thought must occur to the many who are interested in the problem that the power to increase the customs duty and thus control the price of tobacco and ultimately its consumption lies in the hands of the Chancellor of the Exchequer and not in those of the Local Authority.

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.

### Chiropody :

In January the Minister approved proposals for the inclusion of a Chiropody Service in the Authority's arrangements for Care and After-Care.

Mr. Aldam, the Chiropodist commenced duty on the 19th May, 1960. At first two sessions per week were devoted to treatments. The growing waiting list necessitated a further session and three sessions per week were in operation as and from the 21st October, 1960. The treatments are carried out at the Medical Services Clinic, New Street, Barnsley, on Monday and Thursday mornings and Friday afternoons.

The Ambulance Service is available to convey approved cases to and from the Clinic.

The Chiropody Service is available for Old Age Pensioners, Expectant Mothers and Physically Handicapped Persons. School Medical Officers have referred a child from time to time.

A medical certificate is required from the patient's General Practitioner before treatment can begin. The General Practitioner also requests the provision of transport for appropriate cases.

Treatments carried out are summarised as follows :—

19th May to 31st December, 1960.

Category	First Visits	Other Attendances	Totals
Old Age Pensioners ...	119	249	368
Expectant Mothers ... ..	—	—	—
School Children ... ..	3	10	13
Handicapped—Deaf ...	1	2	3
Blind ...	16	19	35
Physically..	4	11	15
<b>Totals ...</b>	<b>143</b>	<b>291</b>	<b>434</b>

Number of treatment sessions ... 74



## DOMESTIC HELP SERVICE

National Health Service Act, 1946, S.29.

During 1960, as in each previous year since 1948, the Domestic Help Service has expanded. Full details of the year's work are contained in the following report furnished by the Domestic Help Organiser.

### Report of the Domestic Help Organiser :

1960 revealed a further expansion in the work of the Home Help Service and help was given to cases of temporary illness, maternity and to the aged and chronically ill, neglected homes and problem families. Actual applications for home help numbered 275 as compared with 241 in 1959.

Demands for the service continued to increase amongst the old and infirm and it was this particular section of the community which received most help. The Home Help Service should be regarded mainly as a preventive one and a few hours help given at the right time can often enable old people to continue living in their own homes and indeed, that is where they should be. Ultimately of course, these old people must deteriorate and it is then, when they become housebound and frequently confined to bed that the Home Help Service can be of immense value. This can often mean two daily visits to prepare food etc., but even so, one feels that this kind of help is much more satisfactory than occupying a hospital bed which must essentially be reserved for treatment and heavy nursing cases.

Many aged people were admitted to hospital for several weeks and discharged much improved both mentally and physically. This improvement was in many cases retained by the good team work of the home nurse and the home help. One does feel, however, that in many cases undue pressure is brought to bear on the domiciliary services simply because some relatives will not accept responsibility for their parents. It is a deplorable state of affairs when sons and daughters living in the vicinity are quite unconcerned about the care and attention which so many aged people require. It would appear that in many cases, they are quite contented to put the onus on the Local Authority's health services.

Several cases dealing with the temporary illness of the mother were dealt with and these cannot fail to give much satisfaction. Where a young family are deprived of their mother through illness,

a good home help not only keeps the family together but can also allay the mother's fears of leaving her offspring which is of the utmost importance during her convalescence.

The number of maternity cases attended was again very small and it is felt that perhaps the cost of the service is the main reason for this. On more than one occasion, where the applicant has been informed of the scale charge, the husband has suggested that he would be as well off to "go sick" for two weeks and look after his family himself. It is in these circumstances that one can sympathise with both the family doctor and the husband's employers. In such cases the question arises as to whether the public are fully aware of the services provided by the Local Authority to enable the head of the household to continue his employment.

Barnsley are still endeavouring to rehabilitate problem families and help has been continued over an extended period. This type of household is probably one of the most difficult to deal with and once the help is withdrawn, the family invariably slips back into its old ways. Success is very limited and general improvement can only be achieved when help is given on a long term basis. Very rarely can improvement be found in the parents but only in the children. The Health Visitor is an important ally in dealing with the problem family and she can generally give all the case history necessary when the Home Help Service is asked to help.

Several cases where old people have been found to be living in neglected homes have been cleaned up by a small group of specially selected home helps. In such cases, the cost to the Local Authority is a heavy one, yet, if these homes were not dealt with by the Home Help Service, institutional care would become necessary. It would seem to be an anomaly for local ratepayers that the Home Help Service is only "aided" by a block grant from the National Exchequer, and not wholly financed by the State as are the hospitals. The small army of women who tackle these neglected homes deserve special praise.

Once again a tribute is paid to the many fine qualities of the women employed in the Home Help Service. Their kindness, efficiency and tact have been much appreciated by those in need.

Finally, 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.

Shown below are statistics which give some indication of the development of the service since the introduction of the National Health Service Act, 1948.

	1949	1950	1952	1954	1956	1958	1960
Aged and Infirm...		124	229	382	451	521	585
Maternity ... ..		14	9	10	11	9	13
Illness ... ..		37	27	24	26	41	44
Tuberculous ...		1	—	—	3	5	5
	71	176	265	416	491	576	647
No. of Home Helps employed ...	22	50	74	91	96	118	131

Number of visits made by Organiser and Assistants during  
1960 ... .. 13,148

Number of applications investigated from 1st January to 31st  
December, 1960 (including 5 brought forward from 1959) 280

Number of cases where help was provided from 1st January,  
1960 (including 452 cases brought forward from 1959)... 647

Number of cases where help was not provided ... .. 78

Number of cases on waiting list carried forward ... .. 7

#### Cost of Service :

Financial Year ended	Gross Cost			Income		
	£	s.	d.	£	s.	d.
31st March, 1949 ... ..	383	12	10	188	2	11
31st March, 1952 ... ..	8,129	1	11	418	4	3
31st March, 1955 ... ..	16,850	14	1	501	16	10
31st March, 1958 ... ..	25,898	3	7	1,223	17	0
31st March, 1960 ... ..	30,013	19	0	3,092	19	0

## CARE OF THE AGED.

National Health Service Act, 1946, S.28.

National Assistance Act, 1948, S.21.

1960 saw little change in the arrangements for the care of the aged in Barnsley. Co-operation between the Local Authority and the Hospitals continued to improve. However until many more geriatric beds are available all the good will in the world will not be able to ameliorate the lot of old people living alone who require care and attention. The greatest need is to have immediately available hospital beds into which can be admitted those old people who are likely to respond to treatment and thus become mobile and independent once more. When this is the case very much greater use will become possible of the facilities a local health authority has to offer. As it is co-ordination of the Home Nursing Service and its wide range of sick room loans, incontinent linen exchange and night visiting arrangements with the constant watch kept by the Health Visitors and the Domestic Help Service ensures that everything possible of a practical nature is done for those aged for whom a hospital bed is not immediately available. The arrangement whereby the hospital geriatric waiting list is examined each week and an up-to-date report is sent to the Consultant concerned has been supplemented by the provision of domiciliary reports on each new case added. These are sent to the Hospital Almoner. Co-ordination in this way ensures that good use is made of the limited accommodation available and that in addition an offer of "Part III Accommodation" is made in those cases where it is appropriate.

## 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 as contained in Circular 48/50 were continued throughout the year. Meetings were held at appropriate intervals at which interested bodies and Corporation Departments were represented. Information relating to all known individual problem families was circulated prior to the meetings and a full discussion took place on each case.

The preparation of this information, and the greater part of the routine supervision of families in need of it is carried out by the Health Visiting Staff who paid a total of 234 special visits for this purpose to 54 families who from time to time have come to the notice of the co-ordinating officer.

The opportunity is taken here of acknowledging the assistance and co-operation in this work which is afforded by the Probation Officers and various voluntary bodies notably the N.S.P.C.C. and the Salvation Army.

### MEDICAL EXAMINATIONS

As in previous years Medical Examinations for various purposes were carried out by the Corporation's Medical Officers (465 compared with 517 in 1959). The detail of the purposes of the examinations is as follows :—

Child Delinquents ... ..	99
Boarded-out Children ... ..	48
Candidates for Training Colleges ... ..	36
Superannuation, Fitness for Employment, etc.	229
Police Force Recruits ... ..	22
Fire Service Recruits ... ..	21
Retirements ... ..	4
Miscellaneous ... ..	6
	465

## LIAISON ARRANGEMENTS

As directed by the Minister in Circular 1/61 the reference has been made in the appropriate places of those arrangements with hospitals and general practitioners which are designed to avoid unnecessary hospital admissions and attendances. They are, however, for convenience, enumerated again here.

### **Infectious Disease :**

Arrangements with general practitioners whereby suspected cases of food poisoning and dysentery are investigated.

### **Paediatrics :**

1. Consultant Paediatrician holds session at Local Authority's Clinics.
2. Members of Medical and Health Visiting Staffs attend at Hospital Paediatric Out-patients.
3. Paediatrician sends the Medical Officer of Health copy of letters sent to general practitioners regarding patients.
4. Home Nursing Service is equipped with range of children's appliances for loan and keeps in touch with general practitioners in cases where children are nursed at home.
5. Other Consultants, Ophthalmic, Ear, Nose and Throat, Orthopaedic, hold special sessions at the Authority's Clinics for children.

### **Aged and Chronic Sick :**

1. Review of waiting list carried out weekly by Medical Officer of Health and results together with environmental reports on all residents of the County Borough appearing on the list are sent to the appropriate Consultant.
2. Records of patients discharged from hospital are sent by Almoners to the Medical Officer of Health who arranges for visits and reports where necessary by Health Visitors.
3. Special reports provided on request by the Medical Officer of Health for Hospital Consultants or Almoners.
4. Provision of physiotherapy and speech therapy for the rehabilitation of selected geriatric cases in consultation with the general practitioner and the consultant.

**Tuberculosis :**

Visits by Health Visitors to patients' homes and to patients in Chest Hospitals before discharge.

**Venereal Diseases :**

Attendance of Health Visitors at Special Treatment Centre and follow-up and report on cases as requested by Consultant Venereologists.

**Other arrangements :**

The Medical Officer of Health is a member of the Local Medical Committee, the Barnsley Hospital Group Medical Advisory Committee, No. 1 House Committee of the Barnsley Group Management Committee and the Sheffield Regional Hospital Board's Geriatric Advisory Committee. He is also Secretary to the Sheffield Regional Hospital Board's Local Health Authority's Liaison Committee.

## Part IV

# MENTAL HEALTH

The Mental Health Act, 1959.

The National Health Service Act, 1948, S.57.

"That darksome cave they enter, where they find  
That cursed man, low sitting on the ground,  
Musing full sadly in his sullen mind."

"The Faerie Queene," bk.I. c.IX. xxxv.

Edmund Spenser 1552-1599.

The formal implementation of the Mental Health Act, 1959, in November 1960 brought about many alterations in the administration of the Services for the Mentally Ill and Subnormal. By the end of the year, however, it was rather too early to report any noticeable impact on the community.

As forecast in the annual report for 1959 the Act has not in any appreciable way lessened the problems of finding accommodation for the severely mentally subnormal in Barnsley, nor has it as yet resulted in the provision of hospital accommodation for the mentally disordered other than at "Storthes Hall," a hospital outside the Sheffield Regional Hospital Board's territory. These matters have been dealt with in previous annual reports and little purpose would be served in reiterating them again on this occasion.

In accordance with the requirements of the Act the Local Health Authority formulated proposals for the discharge of obligations arising from it. These were submitted to the Minister of Health and formal approval was received from him in a letter dated 29th July, 1960.

The proposals follow the usual pattern. They empower the Authority to employ the necessary staff, and to operate such establishments as Training Centres, Junior and Adult, provide residential accommodation, Day Centres and Social Clubs, to undertake Guardianship and social work such as home visiting and home training.

So far progress has been made principally towards recruiting and training the necessary staff. The position regarding medical staff has, by reason of the Authority's enlightened approach to the



question of medical staffing as a whole, presented no difficulty. One Senior Assistant Medical Officer was assigned to Mental Health duties when he was appointed towards the end of the year. This includes attendance at psychiatric out-patient clinics at Beckett Hospital. In addition to this steps have been taken to ensure that in due course each doctor on the staff will be approved for the purposes of S.28(2) of the Act and also that an adequate panel of practitioners and psychiatrists so approved with the necessary qualification and experience is available in the County Borough.

The situation in the case of non-medical staff has, however, been much less easy. This was largely due to the retirement, by reason of age, of one of the Authority's experienced Duly Authorised Officers (appointed Mental Welfare Officer under the 1959 Act) early in 1961, coupled with the resignation for personal reasons of a most promising trainee. Despite the approach advocated by the Younghusband Report to the training of Welfare Workers for the Mental Health field there is an immediate overriding need for experienced officers with a knowledge of mental illness and a bias towards treatment and handling of the individual patient, rather than those with one towards the remedy of underlying social causes. Until the medical profession and indeed the community as a whole effects a reorientation towards mental illness, such workers will be essential. Without them any transition to a more preventive approach will be difficult if not impossible. It is most unfortunate therefore for Authorities, who now at this critical point, are in need of such officers that this position is not more widely recognised. Such authorities find themselves to be precluded by reason of National Salary agreements from attracting individuals who possess just the experience and knowledge they require. This not only hinders smooth day to day working of the Mental Health Service, but it results to some extent in the training available to trainees lacking in balance.

A very great deal of work was also done during the year on the planning of the various premises which are required for the development of the Mental Health Service. It is the policy of the Barnsley Health Authority that such premises should be purpose designed rather than adapted. It is felt that not only is a better service possible from such premises but that they can provide that better service more economically than one operated from makeshift buildings. It was, therefore, pleasing to note that the Minister recognised the need for extensions of premises in paragraph 17 of

Circular 9/59. It is therefore confidently expected that the Authority will receive sympathetic treatment when in due course application for Loan Sanction for these new buildings is made. If this should be the case there is little reason why the Mental Health Services should not progress rapidly in Barnsley.

The arrangement whereby one of the Mental Health Officers attends the Child Guidance Centre and works with the Child Psychiatrist was continued throughout the year with satisfactory results.

The information contained in the pages which follow is given in relation to the various statutes in force during 1960. Those related to the older statutes from 1st January till 31st October and those related to the Mental Health Act, 1959.

#### **(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 qualification of the staff :

The Medical Officer of Health.

The Deputy Medical Officer of Health.

Two Senior Clinical Medical Officers of Health and one Assistant Medical Officer of Health are approved for the purposes of S.28 of the Mental Health Act, 1959.

The Authority has an establishment of 3 Mental Health Officers and 2 Mental Welfare Assistants.

3 Mental Health Officers and one Assistant were in post at the end of the year. One Mental Health Officer is a State Registered Nurse and holds the Health Visitors' Certificate.

The Junior Training Centre was available for Children and young persons suffering from mental subnormality as a whole time Centre throughout 1960. 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. The Mental Health 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.

After care of patients discharged from Mental Hospitals or institutions is carried out when required by the Medical Officers of these institutions and by Mental Health Officers.

- (d) No duties are delegated to Voluntary Associations.
- (e) Two of the Mental Health Officers have within the last ten years received a course of training in Mental Health.

## 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 Mental Health Officers and also by the Authority's Health Visitors. By this means efforts are made to persuade patients to attend the Psychiatric Out-patients' Clinic held by the Regional Hospital Board. The Mental Health 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.

- (b) Under the Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officers (until 31st October, 1960).

The number of cases dealt with by the Duly Authorised Officers is shown in tabular form on page 78. In addition to the work involved in arranging admission to mental hospitals the Duly Authorised Officers made visits to reported cases which were not removed to a mental hospital. They also made 199 visits to patients who had been discharged from mental hospitals.

(c) Under the Mental Deficiency Act, 1913-1918 (until 31st October, 1960).

- (i) Ascertainment and Certification. This proceeded the period 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 was followed-up by the Mental Health Visitor (Female Duly Authorised Officer) and the two male Duly Authorised Officers. The four 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 a Junior Training 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 in the Barnsley Education Authority's Schools. In addition the children receive one-third 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 subnormal patients from that Authority's area was continued. This was reduced to 12 places during the year consequent upon the opening of a Centre by the County Council in Wombwell. Sitting-case coaches belonging to the Ambulance Service bring patients resident in outlying places in the Borough to the Centre each morning and take them home again in the afternoon. Patients in the West Riding area reach the Centre under arrangements made by their own Health Authority.

(d) Under the Mental Health Act, 1959.

From the appointed day the Mental Health Officers undertook work in the community in accordance with the forms and procedures laid down in the Act and in Statutory Instruments made under the Authority of the Act. The results of this work are shown in tabular form on pages 81 and 82.

### **The Junior Training Centre.**

The Supervisor reports as follows :—

"Early in 1960 the 12 places at the Centre which had been vacated at the end of 1959 by West Riding County Council Area children, were filled by Barnsley children. The Centre is now, once again, full to capacity.

A new sink unit and electric hot water system was installed in the Centre in 1960. A small wood store was also built, adjoining the coal store.

During 1960 the Centre continued to serve as a practical training centre for students taking the Diploma Course for Teachers of the Mentally Handicapped, organised by the National Association for Mental Health.

The Supervisor attended a course on Art and Craft in April which was held in Leeds and organised by the Association of Teachers of the Mentally Handicapped. The Supervisor and 2 Assistant Supervisors attended a One-day Refresher Course in Manchester on April 30th and the remaining 3 Assistant Supervisors attended a similar course in York on May 14th. These courses were organised by the National Association for Mental Health.

No basic changes were made in the Centre curriculum during 1960. Slow but definite progress was noted throughout the year.

The adults (male and female) continued to attend the Centre on alternate afternoons for part-time training and received instruction in a wide variety of handicrafts. £49. 16s. 0d. was realised from the sale of handicraft articles made during the year.

Two day outings to Cleethorpes were organised in June, in which 70 children and adults took part. An Open Day was held at the Centre, to mark Mental Health Week. The Centre was

open to the general public from 10.0 a.m. to 8.0 p.m. on Friday, July 15th. It is felt that this innovation was highly successful and very worthwhile. The number attending throughout the day was in the region of 150. Considerable interest was shown by the visitors. Members of the staff showed them round the various classrooms, where work done by the children and adults was displayed and the visitors were also shown demonstrations of the various teaching methods employed. Parents joined the children and staff for a Harvest Festival Thanksgiving Service in October. Gifts of fruit, flowers and vegetables were sent to the aged sick in their own homes by way of the District Nursing Service.

An Open Day was held in December and was well supported by parents and friends. A display of handwork was arranged and demonstrations of activities in the Centre curriculum were given by the children. Three short plays were also performed. £27. 11s. 6d. was realised from the sale of handwork on that day. Christmas parties were also held in December.

The children are kept under close medical supervision by one of the School Medical Officers and records similar to the ones used in schools are kept.

Meetings of the Parent-Teacher Association were held each term throughout the year. The Association provided the children with spending money for their outing to the seaside.

The staff of the Centre consists of the Supervisor and five Assistants.

**No. of persons on register :**

	Males		Females		Total		Total
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	
Barnsley ...	12	22	11	22	23	44	67
W.R.C.C. ...	5	2	1	4	6	6	12

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

Boys under 16 years of age ... ..	11.89
Boys over 16 years of age ... ..	11.28
Girls under 16 years of age ... ..	9.97
Girls over 16 years of age ... ..	11.98

Average part-time attendance :—

Boys over 16 years of age ... ..	7.84
Girls over 16 years of age ... ..	7.92

Dinners :—

No. of children receiving and paying for dinners ...	42
No. of children receiving free dinners ... ..	13
Total number having dinners ... ..	55
No. of dinners provided for children—paid ... ..	7,760
No. of dinners provided for children—free ... ..	2,142
No. of dinners provided for staff—paid ... ..	181
No. of dinners provided for staff—free ... ..	442
Total number of dinners provided ...	10,525
No. of $\frac{1}{3}$ rd pint bottles of milk delivered for children...	7,956

**Position regarding Patients in Psychiatric Hospitals.**

Number of patients in psychiatric hospitals on 1st January, 1960 :

	Males	Females
Storthes Hall Hospital ... ..	99	83
Stanley Royd Hospital ... ..	7	6
Menston Hospital ... ..	2	1
	<hr/>	<hr/>
	108	90
	<hr/>	<hr/>

Admissions during the 12 months ended 31st December, 1960 :

	Males	Females
Storthes Hall Hospital ... ..	37	55
Stanley Royd Hospital ... ..	—	—
Menston Hospital ... ..	—	—
	<hr/>	<hr/>
	37	55
	<hr/>	<hr/>

Discharges during the 12 months ended 31st December, 1960 :

	Males	Females
Storthes Hall Hospital ... ..	27	49
Stanley Royd Hospital ... ..	1	—
Menston Hospital ... ..	—	—
	<hr/>	<hr/>
	28	49
	<hr/>	<hr/>

Deaths during the 12 months ended 31st December, 1960 :

	Males	Females
Storthes Hall Hospital ... ..	8	3
Stanley Royd Hospital ... ..	—	—
Menston Hospital ... ..	—	—
	<hr/>	<hr/>
	8	3
	<hr/>	<hr/>

Number of patients in psychiatric hospitals on 1st January, 1961 :

	Males	Females
Storthes Hall Hospital ... ..	101	86
Stanley Royd Hospital ... ..	6	6
Menston Hospital ... ..	2	1
	<hr/>	<hr/>
	109	93
	<hr/>	<hr/>

Number of visits made to cases reported but not removed to a psychiatric hospital ... .. 120

Number of visits made to patients discharged from psychiatric hospitals ... .. 199



Analysis of Cases Investigated and dealt with by Mental Health Officers during 1960.

	Males	Females	Total	Certification under Section 16 of the Lunacy Act 1890		Compulsory under Section 26 of the Mental Health Act, 1959		Voluntary under Section 1 of the Mental Treatment Act, 1930		Informal under Section 5 of the Mental Health Act, 1959	
				M	F	M	F	M	F	M	F
(a) Lunacy Act, 1890											
Order of Duly Authorised Officer Section 20 (3 day order) .....	1	2	3	—	1	—	—	1	—	—	—
Summary Reception Order. Section 16 (Direct to a Mental Hospital) .....	8	19	27	8	19	—	—	—	—	—	—
Total. Lunacy Act .....	9	21	30	8	20	—	—	1	—	—	—
(b) Mental Treatment Act, 1930											
Section 1 (Voluntary patients) .....	18	25	43	—	—	—	—	18	25	—	—
(c) Mental Health Act, 1959											
Section 26 (Compulsory for treatment) .....	1	6	7	—	—	1	6	—	—	—	—
Section 5 (Informal patients) .....	9	3	12	—	—	—	—	—	—	9	3
Total. Mental Health Act .....	10	9	19	—	—	1	6	—	—	9	3
Grand Total. Lunacy, Mental Treatment and Mental Health Acts .....	37	55	92	8	20	1	6	19	26	9	3

Patients over 70 years of age (included in the above) who were admitted to Psychiatric Hospitals during the year 1960:

	Males	Females	Total
Section 20 of the Lunacy Act, 1890 (3 day order) .....	—	1	1
Section 16 of the Lunacy Act, 1890 (Summary Reception Order) .....	—	3	3
Section 1 of the Mental Treatment Act, 1930 (Voluntary patients) .....	—	1	1
Section 5 of the Mental Health Act, 1959 (Informal patients) .....	—	2	2
<b>Total</b> .....	<b>—</b>	<b>7</b>	<b>7</b>

## Mental Deficiency Acts, 1913 to 1938.

		Under age 16		Aged 16 and over	
		M.	F.	M.	F.
1.	Particulars of Cases reported during 1960 :				
	(a) Cases ascertained to be defectives "subject to be dealt with" :				
	Action taken on Reports by :				
	(1) Local Education Authorities on children :				
	(i) While at school or liable to attend schools ... ..	3	—	—	—
	(ii) On leaving special schools...	—	—	3	1
	(iii) On leaving ordinary schools	2	—	1	—
	(2) Police or by Courts ... ..	—	—	—	—
	(3) Other sources ... ..	—	—	—	—
	Total of 1(a) ... ..	5	—	4	1
	(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground ... ..	4	4	1	—
	(c) Cases reported who were not regard- ed as defectives and are thus excluded from (a) or (b) ... ..	2	—	—	—
	(d) Cases reported in which action was incomplete at 31st October, 1960, and are thus excluded from (a) or (b) ...	—	—	—	—
	Total of 1(a)—(d) inc....	11	4	5	1
2.	Disposal of cases reported during the period 1.1.60 to 31.10.60.				
	(a) Of the cases ascertained to be defec- tives "subject to be dealt with" :				
	(i) Placed under Statutory Super- vision ... ..	5	—	4	1

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(ii) Placed under Guardianship ...	—	—	—	—
(iii) Taken to "Places of Safety" ...	—	—	—	—
(iv) Admitted to Hospitals ...	—	—	—	—
<b>Total of 2(a) ...</b>	<b>5</b>	<b>—</b>	<b>4</b>	<b>1</b>

(b) Of the cases not ascertained to be defectives "subject to be dealt with":				
(i) Placed under Voluntary Supervision ...	3	2	1	—
(ii) Action unnecessary ...	1	2	—	—
<b>Total of 2(b) ...</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>—</b>

(c) Cases reported at 1(a) or (b) above who removed from the area or died before disposal was arranged ...	—	—	—	—
<b>Total of 2(a)—(c) inc...</b>	<b>9</b>	<b>4</b>	<b>5</b>	<b>1</b>

Mental Health Act, 1959.

	Mentally Ill				Psychopath				Sub-normal				Severely Sub-normal				Totals			
	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1.	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Admissions to Guardianship of L.H.A. or other Guardian during period 1.11.60 to 31.12.60 .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total number under Guardianship at 31.12.60 .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Number of Patients under L.H.A. care at 31.12.60	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Receiving training or occupation in day centre .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting training or occupation in day centre .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Receiving training or occupation in Residential Centre .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting training or occupation in residential centre .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Receiving home training .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting home training .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Resident in L.A. home/hostel .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence in above .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident at L.A. expense in private residential home .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

MENTAL HEALTH ACT, 1959 (continued)

	Mentally Ill						Psychopath						Sub-normal						Severely Sub-normal						Totals					
	Under Age 16			16 and over			Under Age 16			16 and over			Under Age 16			16 and over			Under Age 16			16 and over			Under Age 16			16 and over		
	M	F	( )	M	F	( )	M	F	( )	M	F	( )	M	F	( )	M	F	( )	M	F	( )	M	F	( )	M	F	( )			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)		
(f) Resident at L.A. expense by boarding out in private home .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(g) Receiving home visits and not included under (a) to (f) .....	—	—	17	26	—	—	—	18	22	19	21	4	1	53	43	22	23	89	90	—	—	—	—	—	—	—	—	—		
(h) Others (including not yet visited)	—	—	2	3	—	—	—	1	2	—	—	—	—	1	—	2	2	3	3	—	—	—	—	—	—	—	—	—		
(i) Number of Patients involved at (a) to (h) .....	—	—	19	29	—	—	—	19	24	19	24	18	12	76	62	37	36	114	115	—	—	—	—	—	—	—	—	—		
4. Number of Patients in L.H.A. area on waiting list for admission to hospital at 31.12.60 .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(b) Not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Number of Patients admitted temporarily for residential care during 1960	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(a) to N.H.S. Hospitals .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(b) Elsewhere .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		

**Waiting List of Mental Defectives by Grades as at  
31st December, 1960.**

	URGENT				NON-URGENT				Total	
	Under 16 years		16 years and over		Under 16 years		16 years and over			
	M	F	M	F	M	F	M	F		
Severely sub-normal:— "Cot and chair" .....	—	—	—	1	1	—	—	—	—	2
"Ambulant" .....	1	1	4	3	—	1	1	2	13	
Sub-normal .....	—	—	—	—	—	—	2	1	3	
<b>Total .....</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>18</b>	

## Part V

# THE HANDICAPPED

"Seneca thinks he takes delight in seeing thee. The gods are well pleased when they see great men contending with adversity."

"Anatomy of Melancholy. Democritus to the Reader."

pt.ii, §3, memb.I. subsect.I.

Robert Burton 1577-1640.

The story of the year's work amongst the handicapped is one of a mixture of satisfaction and frustration. Satisfaction in that the demand for services particularly in respect of those of an instructional or occupational nature continued to increase. Frustration in that the shortage of accommodation precluded the provision of those services which are most urgently needed.

Still another year was spent in seeking to co-ordinate the effort of the Council, the Ministry of Health and the Ministry of Labour with the aim of bringing the work done for the handicapped into an integrated scheme operating from one Centre and under one roof. There would seem to be little purpose in relating once again the vicissitudes through which the Barnsley Scheme has passed. Since it was originally conceived and adopted by the Health Committee in 1954 this history has been told in serial form in the reports for the past five years. A complete edition will be more appropriate when it is possible to describe the materialisation of at least the first part of the project.

The urgency of the need for purpose designed accommodation is appreciated by all who are in contact with the handicapped. Their enthusiasm in learning to do something creative is most heartening to all those who have worked to stimulate it. It is essential if this is to be preserved that the handicapped should appreciate what is being done both by the Council and the Central Government for them. It is important also that this support should take the form of material assistance generously given. A policy of adapted redundant buildings for example could well have a disastrous effect (on the assumption that anything is good enough for the blind and crippled). On the other hand a modern airy building in pleasant surroundings specially planned for this part of the community would give the necessary indication of understanding of the efforts which are being made to these people to help them-

selves. However, if it is to be effective such encouragement must be given promptly and in full measure. For this reason it is unfortunate that so many delays have already taken place.

In reporting on work amongst the handicapped it is very easy to overlook the enthusiasm, unselfishness and unremitting kindness which are expended by that part of the staff whose day to day duties bring them into close contact with the various groups. A true assessment of what is involved is more nearly reached when it is realised that a proportion of the handicapped could hardly be described as the easiest people in the world to get along with. Furthermore in a society where emotions are increasingly exploited for diverse purposes sympathy for the handicapped tends more and more to result in the work done for them being taken for granted. It is with these factors in mind that it is desired to record appreciation of the dedicated and selfless work which has been put into the Services for the Handicapped by the Health Authority's Staff.

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 five 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 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 as at the end of 1960, 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	1	6	7
21—49 ...	14	13	27	15	8	23
50—64 ...	15	16	31	20	26	46
65 and over...	40	68	108	79	127	206
	—	—	—	—	—	—
	72	100	172	117	170	287
	—	—	—	—	—	—

In the Barnsley area, 22 new cases were registered as blind and 1 case removed into the area. 22 deaths occurred, 3 persons removed out of the area thus making a decrease of two for the year.

In the West Riding area, subject to supervision by agency arrangements, 40 new cases were registered as blind and 4 persons removed into the area. 31 deaths occurred among those previously registered blind. There were 4 removals out of the area and 2 persons were decertified. The number on the blind register therefore shows a net increase of 7.

### 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 22 new cases, no less than 15 were over the age of 65. 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 40 new cases registered, no less than 35 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 two 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 in 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	—	—	—	—	—	—
5—15	7	5	12	—	6	6
16—20	1	1	2	—	1	1
21—49	5	4	9	2	3	5
50—64	3	5	8	3	2	5
65 and over...	9	18	27	12	22	34
	25	33	58	17	34	51

#### Cause of Blindness—New Registered Blind Persons.

	Barnsley	West Riding
Congenital	—	—
Myopic Error	—	1
Cataract	5	13
Detachment of Retina	—	1
Infectious Diseases	—	—
Trauma	1	—

	Barnsley	West Riding
General Diseases ... ..	15	20
Glaucoma ... ..	1	5
Retrolental Fibroplasia ... ..	—	—
	<hr/>	<hr/>
	22	40
	<hr/>	<hr/>

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

	Barnsley Area Causes of Disability				Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	
Number of new cases registered which Sec. F.(i) of Form B.D.8. recommends					
(a) No treatment ...	3	1	—	11	15
(b) Treatment, medical, surgical or optical...	8	1	—	14	23
Number of cases (i)(b) which on follow-up action have received treatment ...	5	1	—	12	18
Note : Refusals ...	—				
Waiting ...	5				
Cancelled ...	—				

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

	West Riding County Council 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 ...	4	—	—	11	15
(b) Treatment, medical, surgical or optical...	19	4	—	20	43
Number of cases at (i)(b) which on follow-up action have received treatment ...	5	4	—	19	28
Note : Refusals ...	3				
Waiting ...	11				
Deferred ...	1				

## Ophthalmia Neonatorum.

No case of Ophthalmia Neonatorum was notified in 1960.

## Classification of the Blind.

	Barnsley		West Riding	
	M.	F.	M.	F.
Unemployable ... ..	47	66	84	131
Unemployed but employable ... ..	6	—	5	2
Employed as wage earners ... ..	6	7	7	2
Not available for employment, household duties, etc. ... ..	3	17	11	22
Trained but unemployed ... ..	2	—	1	1
In training ... ..	—	1	1	2
At school ... ..	1	2	2	3
Not at school ... ..	2	—	—	—
In Blind Homes, Hospitals and Part III accommodation ... ..	5	7	6	7
	<hr/>	<hr/>	<hr/>	<hr/>
	72	100	117	170
	<hr/>	<hr/>	<hr/>	<hr/>

## Employment of the Blind.

The Corporation has for many years provided employment for female hosiery knitters in a small workshop. The number of knitters now totals 5 and includes one registered blind person from the West Riding Area.

The provision of regular employment for five blind female knitters forms an important part of the blind welfare service of the Corporation. 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. Admission to the Blind Workshop of further employees will require re-organization of the present accommodation.

The demand for flat machine knitted goods which have previously been purchased from other Blind Workshops, justifies the extension of the present Blind Workshop to accommodate a flat knitting machine and it is hoped to implement this during 1961.

The Blind Workshop requires regular contract work in order that regular work can be provided for the employees and in this connection, it is hoped that Corporation Departments who have need for knitted hosiery, will place contracts with the Department.

At the end of March, 1960, following training in the Basket Department at the Sheffield Workshops, a Barnsley blind person was admitted on a full-time basis to the Barnsley Blind Workshop as basket maker. Excellent quality goods have been manufactured and the majority of the goods produced have been disposed of to wholesale shops. Regular contract work with the local hospitals in the manufacture of laundry hampers together with a steady flow of orders from local wholesale shops, have contributed to keep the basket maker fully employed during the year. The earnings of the basket maker are subject to incentive bonus payments for earnings above the amount of the qualifying entry rate for basket makers plus an additional ten per cent. The fact that an incentive bonus payment is in operation for the basket maker, has helped a great deal to ensure that the productive capacity of the blind worker is maintained to the full and has also reduced the need for close supervision of his work. The basket maker is accommodated in cramped and unsatisfactory conditions in the basement workshop of the Department and it is hoped that more satisfactory accommodation will be available in the not too distant future.

The Workshop is supervised by a female workshop 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 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. The Bradford, Halifax, Dewsbury and Wakefield Workshops have 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.

An accumulation of hosiery occurred during the latter end of the year and the matter was referred to the Barnsley and District Joint Blind Welfare Committee who generously agreed to issue vouchers to blind persons for exchange at the shop for hosiery produced in the Blind Workshop. The effect of the voucher scheme on the surplus stocks of hosiery was to reduce the stocks very considerably, and the stock position at the end of the year was excellent. A short report on the Blind Workshop is given by the Workshop Supervisor.

"The Blind Workshop employs five female hosiery knitters, one of whom is a West Riding County Council employee. Round machine knitting on Foster's Circular knitting 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.

"The Blind Workshop now employs one male basket maker who produces baskets of various kinds. Many orders are received from local pet shops and fishing equipment shops for dog baskets and fishing baskets, etc. Since the employment of the basket maker, the clerical work for the Blind Workshop has increased considerably, i.e. the ordering of materials, the making out of job sheets for each basket produced, the wage sheet and the ledger work involved in keeping records of baskets and materials correct. In particular, there is no storage facilities available for finished goods and the present situation is unsatisfactory. Details of the total sales for the year are as follows :—

	£	s.	d.
Stockings ... ..	296	0	4
Socks ... ..	593	7	9
Re-foots ... ..	25	13	6
Own Wool ... ..	3	10	0
Chairs ... ..	21	3	0
Bradford goods ... ..	74	7	0
Mats ... ..	29	5	7
Baskets ... ..	264	5	9
	<hr/>		
	£1,307	12	11
	<hr/>		

"On Wednesday of each week, a stall in the Barnsley Corporation Market Place is rented and all blind workshop products are available for sale to the public. The sales have been maintained at a satisfactory level from this source."

### **Training and Rehabilitation.**

During the year, four male blind persons attended the Industrial Rehabilitation Centre at Torquay. One young male blind person was successfully placed in open industry, one was sent to the Sheffield Blind Workshops for training in basket work and the remaining two blind persons applied to the Corporation for admission to the Corporation's Workshops after training in the trade which they had specified. It was not possible to accommodate these blind persons in the Blind Workshops owing to accommodation difficulties and their applications for training are at the moment deferred.

Two young female blind persons have for the past few years been training at the Yorkshire School for the Blind, York, in flat machine knitting and it is expected that their training will be successfully completed during 1961, when accommodation will be required for them in the knitting department of the Barnsley Blind Workshops.

### **Placement of Blind Persons in Open Industry.**

Blind persons within the employable age groups are undoubtedly happier working in open industry. During the year one blind person in the County Borough Area, was successfully placed in open industry as a surface worker at a local colliery. He appears to have settled down extremely well and is doing work well within his compass owing to the fact that he has an excellent degree of residual vision. Also during the year a partially sighted girl of 15 years from the County Borough area, was successfully placed 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 blind person is provided with facilities for boot and shoe repairing in the basement workshop, but the flow of work for this

blind man is intermittent and as no regular supply of boot and shoe repairs, preferably on a contract basis, have been forthcoming, he has been reluctantly compelled to cease attendance in this capacity.

### Types of Employment of Blind Persons.

	Barnsley		West Riding	
	M.	F.	M.	F.
Basket maker ... ..	1	—	—	—
Boot repairer ... ..	—	—	1	—
Clerks and typists ... ..	—	1	—	—
Home Teachers ... ..	2	—	—	—
Machine knitters ... ..	—	4	—	2
Masseur ... ..	1	—	—	—
Labourer ... ..	1	—	1	—
Piano tuner ... ..	—	—	1	—
Porters and Packers ... ..	1	1	—	—
Telephone operator ... ..	—	1	—	—
Mat maker ... ..	—	—	1	—
Others employed ... ..	—	—	2	—
Brush makers ... ..	—	—	1	—
	6	7	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 in 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 Days, Christmas Re-unions, Bulb Growing Competitions and Braille Reading Competitions.

During the year, a total of 2,291 visits were made to individual homes in Barnsley and 3,408 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	341	844
Miss E. White	699	1,185
Mr. J. Moore	680	886
Mr. H. V. Davis	571	493

68% 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 held at Scarborough and lectures were given on the Welfare Services provided for Partially Sighted Persons. During the year two Conferences were held for Home Teachers and were attended on both occasions by Officers of the Department.

During the year, the North Regional Association for the Blind again attached a Student Home Teacher to the Department to gain practical knowledge of the Blind Welfare Services.

### 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 1960 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 Thurnscoe Centre. The Domino Competition for the Alec Forbes Domino Trophy was held on a home and away basis through 1960 by the domino teams from each Centre. The Shield was won for 1960 by the Wombwell Blind Social Centre. In addition, an individual knock-out handicap was held 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. The Competition for 1960 was divided into two categories to allow two separate competitions for those who are totally blind and play by touch and those who are partially blind and play by sight.

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 desire 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, near 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 attended 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 Barnsley and District Joint Blind Welfare Committee provided an Annual Outing for blind and partially sighted children during 1960 when they went to Cleethorpes.

All blind persons are encouraged to take an annual holiday each year away from home and for this purpose a grant of £4 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 organised holiday scheme for

all handicapped persons including the blind, catered for handicapped persons at the Sea Crest Hotel, Scarborough, and at other Hotels in Bridlington and Blackpool, and during 1960, parties of 337 handicapped persons and guides went for a week's organised holiday at these seaside resorts.

Blind Re-unions are held near Christmas when a 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 or illness are given a grant of £1. 2s. 6d.

The provision of wireless sets for blind persons is of major importance and these sets are provided free of charge 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 is provided. 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. A census of wireless sets on loan to all blind persons was held towards the end of 1960.

The Annual Bulb Growing Competition was held again in March, 1960 when 198 blind persons submitted hyacinth bulbs in the Competition. A total of £21 in prize money was generously given by the Barnsley and District Joint Blind Welfare Committee and the Competition was a great success. The Competition was held in the Public Hall, Barnsley.

### **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.

The Annual Handicraft Exhibition for all handicapped persons including the blind could not be held during 1960, owing to the unavailability of the Public Hall, Barnsley, but it is hoped that this Competition will be held during 1961.

#### **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 18 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. Orders for additional talking book machines have been placed but unfortunately there is a long waiting list for these machines.

During the year, the Northern Library Braille Reading Competition was held and three entrants from the Barnsley district attended the Competition and one prize was won.

#### **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 12 blind persons who are also hard of hearing and 1 female blind person who is deaf with speech and in the West Riding area, there are 33 blind persons who are also hard of hearing and 2 female blind persons who are deaf with speech. The Home Teachers of the Blind are trained to use the manual alphabet in the case of the totally deaf persons.

The Barnsley and District Joint Blind Welfare Committee normally grant full maintenance costs and travelling expenses to any deaf-blind person who applies for assistance towards holiday expenses.

### **Social Rehabilitation.**

No cases were admitted for social rehabilitation to the Rehabilitation Centre at Oldbury Grange, Bridgnorth, during 1960.

### **Chiropody Service.**

The Chiropody Service administered by the Barnsley and District Joint Blind Welfare Committee terminated in October, 1959, and during 1960, a Chiropody Service for the priority classes including the blind, was inaugurated by the Barnsley Corporation.

## **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 seven 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 now employed on a full-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. Registration of deaf persons in the area covered by the Department is now fully completed but the ascertainment and registration of further hard of hearing persons, particularly in the West Riding County Council area, is still not completed and during the year further registrations were effected.

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

At the end of 1960, there were 62 deaf persons on the register of the County Borough Area and 82 deaf persons on the register in the West Riding County Council Area. In addition, 245 persons

were registered in the County Borough Area as hard of hearing and 201 persons were registered as hard of hearing in the West Riding area. As compared with 1959, the number of registered deaf persons increased by 7, and the number of hard of hearing persons increased by 86. 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 repair service for hearing aids used by hard of hearing persons has grown tremendously during 1960 and it has no doubt, contributed a great deal to the numbers of new registrations which have been effected. Full details regarding the numbers on the registers at the end of 1960 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	32
				Unintelligible	27
	<hr/> 62 <hr/>		<hr/> 62 <hr/>		<hr/> 62 <hr/>

#### Deaf and Dumb—West Riding County Council.

Degree of Deafness :		Cause of Deafness :		Degree of Speech :	
Total	... 44	Born Deaf...	42	Normal	... —
Severe	... 38	Deafness		Indistinct but	
Slight	... —	acquired ...	40	intelligible	45
				Unintelligible	28
	<hr/> 82 <hr/>		<hr/> 82 <hr/>		<hr/> 82 <hr/>

### Hard of Hearing—County Borough of Barnsley.

Degree of Deafness :		Cause of Deafness :		Degree of Speech :	
Total	... 3	Born Deaf...	8	Normal	... 242
Severe	... 170	Deafness		Indistinct but	
Slight	... 72	acquired	... 237	intelligible	3
				Unintelligible	—
	—		—		—
	245		245		245
	—		—		—

### Hard of Hearing—West Riding County Council.

Degree of Deafness :		Cause of Deafness :		Degree of Speech :	
Total	... 5	Born Deaf...	3	Normal	... 200
Severe	... 159	Deafness		Indistinct but	
Slight	... 37	acquired	... 198	intelligible	1
				Unintelligible	—
	—		—		—
	201		201		201
	—		—		—

### Employment of the Deaf.

The employment position among the deaf during 1960, remained good and few deaf persons in the employable age groups were unemployed. 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 Resettlement Officer of the Ministry of Labour. Contacts made by the Officers with employers and managers of firms are always useful in the future placement of deaf persons. During the year the following number of visits in connection with placement were made by the Interpreter/Welfare Officers for the Deaf in Barnsley and the West Riding.

	Barnsley Area		West Riding Area	
	Deaf	H.O.H.	Deaf	H.O.H.
Mr. T. James ...	29	1	30	—
Mrs. R. James...	11	—	7	—
	—	—	—	—
	40	1	37	Nil
	—	—	—	—

## Types of Employment of Deaf Persons.

### Males.

Skilled or Semi-Skilled :				Unskilled :			
Painters	...	...	1	Plasterer's labourer	...	...	2
Boot repairers	...	...	6	Driver's mate	...	...	1
Welder	...	...	1	Builder's labourer	...	...	8
Joiner	...	...	2	Glassworks labourer	...	...	2
Optical Lens Maker				Dustman	...	...	1
(Apprentice)	...	...	3	General labourer	...	...	9
Gardener	...	...	1	Skin cleaner	...	...	1
Bricklayer	...	...	3	Remploy	...	...	1
Body Builder (Appr.)	...	...	1	Boilerman	...	...	1
Body Builder	...	...	1	Brewery	...	...	1
Plasterer	...	...	2	Colliery Surface worker..	...	...	2
Presser	...	...	1	Roadsweeper	...	...	1
Core Maker	...	...	1	Millhand	...	...	1
Steel plate polisher	...	...	1	Chrome works labourer...	...	...	1

### Females.

Skilled or Semi-Skilled :				Unskilled :			
Machinists	...	...	12	Glass works labourer	...	...	1
Tailoress	...	...	1	Packer	...	...	1
Seamstress	...	...	1	Dinner helper	...	...	1
Copy Typist	...	...	1				
Presser	...	...	1				
Under-clothing finisher...			1				

## Interviews, Domiciliary Visits and Interpretations.

Statistics relating to the number of domiciliary, placement and interpretation 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 1960 in relation to the number of interviews, domiciliary visits and interpretations made by the two Welfare Officers for the Deaf are as follows :—

Mr. T. James.

	Barnsley		West Riding	
	Deaf	H.O.H.	Deaf	H.O.H.
Interviews ... ..	15	35	17	16
Domiciliary visits ...	434	285	198	342
Placement ... ..	29	1	30	—
Interpretation ...	129	12	16	9

Mrs. R. James.

Interviews ... ..	40	22	22	61
Domiciliary visits ...	190	326	18	130
Placement ... ..	11	—	7	—
Interpretation ...	99	10	27	3

### 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 Friday 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 Arcadian Hall in December, 1960, as part of the party for all handicapped children. Following tea to which parents of deaf and hard of hearing children were invited, toys were given to each child and afterwards party games were provided. The Annual Party for the adult deaf was held at the St. Edward's Parish Hall on the 14th January, 1961, and the function was thoroughly enjoyed. On the occasion of the Annual Party it was necessary to obtain more ample accommodation.

### Handicrafts.

The special Dressmaking Class for female deaf persons was again organised through the Education Department at the Doncaster Road School, Barnsley. The Dressmaking Class is under the supervision of an Instructor in this particular handicraft and the female Interpreter/Welfare Officer for the Deaf attends for interpretation

purposes. There are 15 female deaf persons who attend and thoroughly enjoy the opportunity to meet together and enjoy each other's company doing this pastime work. The fees charged by the Education Department for this special class are met by the Health Committee.

#### **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 at the Deaf Institute and once monthly a Communion Service is provided by a local clergyman. On the 28th September, 1960, the Annual Harvest Festival was held at the Institute and the service was well attended by many of the deaf community and hearing friends including members of the Barnsley Council.

#### **Sports Activities.**

The deaf who attend the Deaf Institute are members of the Yorkshire Deaf Amateur Sports Association and teams have been entered in the different leagues sponsored by this Association. In addition, the deaf have teams entered in the Barnsley Indoor Games League and regularly play matches on a home and away basis, including snooker, darts, whist, crib and dominoes.

The Barnsley deaf are also members of the Barnsley Table Tennis League and regular matches are enjoyed on a home and away basis with other members of the league. The deaf have also joined the Barnsley cricket league and the necessary fees have been

paid by the local authority. It has been necessary for some items of cricket gear to be purchased by the local authority to bring the standard of equipment used by the deaf cricket team up to requirements. Some difficulty has been experienced in obtaining a permanent cricket pitch for the use of the deaf when holding their fixtures. It is hoped that a suitable and satisfactory solution to this problem will be found during 1961 when the deaf will again be taking part in the local cricket league.

### **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 games. The Grampian amplifier continues to give satisfactory service and amplification at the Centre is now quite satisfactory for all purposes.

During 1960, 603 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 intense satisfaction of hard of hearing persons. Batteries for Medresco hearing aids are obtainable on Wednesdays and Saturdays from the Beckett Hospital, Barnsley. A further hearing aid repair centre is available at the West Riding Ambulance Depot at Hoyland, similar to the one in Barnsley. The extent of the repair to hearing aid service is revealed by the following figure which shows the number of hearing aids which have been dealt with in the Department since the date of inception in September, 1958.

1,352 hearing aids have been transported to Sheffield since the service was inaugurated.

The Annual Party of the Barnsley and District Hard of Hearing Fellowship was held in the Occupational Centre, Pitt Street, Barnsley on the 14th January, 1961, when the function was honoured by the attendance of His Worship the Mayor Alderman W. Gill, J.P., and the Mayoress Mrs. Gill.

The Afternoon Circle for elderly hard of hearing who do not go out at night, continues to flourish, and towards the end of the year, the Centre was becoming overcrowded. This Centre is specifically intended for infirm and elderly hard of hearing persons who cannot participate in the evening hard of hearing social centre activities. Transport is provided by the Department for these elderly hard of hearing who cannot use public transport services and the facilities made available by the Corporation to this Centre, include free refreshments. The supervision of the Afternoon Centre is left entirely to the Barnsley and District Hard of Hearing Fellowship Committee and close liaison is maintained with the Officers of the Department. The Afternoon Centre held their Annual Christmas Party in December, 1960, at the Y.M.C.A., Eldon Street, Barnsley.

The Hoyland and District Hard of Hearing Fellowship continues to flourish and hold their weekly meetings in the St. Andrew's Parish Hall, Hoyland each Friday evening. The numbers of hard of hearing persons in the Hoyland district who became members of the Fellowship, steadily increased and this Organisation appears to be on a sound basis. During 1960, the Fellowship held their first Annual Outing to Bridlington and this was thoroughly enjoyed by all the members. The Health Committee of the Corporation pay the rental of the premises used as a social centre. Once a month, the Welfare Officer for the Deaf attends this centre to replenish stocks of batteries for issue to those hard of hearing persons who require this service. The Annual Party for this Fellowship was held on the 7th January, 1961, at the St. Andrew's Parish Hall. The party was attended by the Chairman of the Hoyland Nether Urban District Council and other guests.

The most important event in the world of the hard of hearing during 1960, was the National Day for the Hard of Hearing which was held on the 8th October, 1960, and the Barnsley and Hoyland Fellowships joined together and celebrated the event at the Regent Street Congregational Church and schoolroom. A service was held and other events took place during the day.

During the year, the change over from the Medresco battery hearing aids to the transistor hearing aids took place in accordance with the priorities prescribed by the Ministry of Health. The following priorities were recommended for the issue of the new and lighter transistor aids and the Department has given assistance to obtain the new aids for hard of hearing persons who were covered by these priorities.

- (a) First priority. Those adults who received a transistor aid as children and require a replacement.
- (b) Second priority. The deaf-blind.
- (c) Third priority. Those who are dependent on a hearing aid for employment and are severely handicapped in their work by a valve aid.
- (d) Fourth priority.
  - (i) Mothers with young children.
  - (ii) Those who because of physical disability cannot make full use of a valve aid.

#### **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 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.

#### **Courses for Staff.**

The female Welfare Officer for the Deaf attended a course for Trainee Welfare Officers for the Deaf organised by the National Institute for the Deaf at Scarborough during March, 1960. The Female Deaf Welfare Officer also attended a Lecture Course organised by the National Institute for the Deaf in October, 1960. Mr. James, Welfare Officer for the Deaf, attended a Lecture Course organised by the National College of Teachers of the Deaf, which was held at Scarborough during 1960.

### **Barnsley and District Deaf Children's Association.**

Following representations from the parents of deaf and hard of hearing children who wished to promote activities for their handicapped children, support was given by the Department which resulted in the formation of the Barnsley and District Deaf Children's Association.

The Health Committee of the Corporation granted the Association accommodation for their meetings at the Deaf Institute, Kingstone, and towards the end of 1960, this Association held their first outing for the children to the Belle Vue Circus, Manchester.

### **Organised Holiday Scheme.**

The organised holiday scheme for all handicapped persons including the deaf and hard of hearing, catered for handicapped persons at Hotels in Blackpool, Bridlington and Scarborough and during 1960 many deaf and hard of hearing persons took part in the scheme.

## **CARE OF THE PHYSICALLY HANDICAPPED**

The Welfare Services for the physically handicapped continued on more or less similar lines to the previous year and the lack of suitable accommodation for the holding of handicraft and social centres for the physically handicapped proved a stumbling block to expanding the service. The numbers of physically handicapped persons on the register at the end of 1960, was 318, which shows a net increase of 34 from the previous year.

The staff position remained the same during the year and handicraft tuition continued to be provided by one male and one female Craft Instructor together with an additional female trainee Craft Instructor. At the end of the year, there were 146 registered handicapped persons who wished to avail themselves of craft instruction.

Many attempts were made during 1960, to secure other accommodation for the use of the physically handicapped but none were successful. During the year, a specially adapted vehicle hired from the Yorkshire Traction Company, was brought into operation for the first time and proved to meet the real need for transport for the severely handicapped.

## Registration.

At the end of 1960, there were 318 registered physically handicapped persons as compared with 284 at the end of 1959. This shows an increase of 34 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.

More than 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. 173 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 48 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.

In accordance with Ministry of Health circular 15/60, the Council's scheme for the provision of welfare services given under Sections 29 and 30 of the National Assistance Act, 1948, was amended so as to include mentally disordered persons of any description. Some mentally disordered persons already enjoy the facilities available at the Corporation's Handicraft and Social Centre provided for the use of physically handicapped persons.

### **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 areas. 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. This voluntary organisation has been particularly active during the year, raising funds for a proposed day centre for spastic children, which at the end of 1960 was nearly completed.

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 problems confronting disabled persons in ordinary day to day living are many and varied and many differing welfare services are required. Close liaison therefore, with many organisations is essential. 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 such ex-miners, a fortnight's 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 in Barnsley.

During the year, one disabled ex-service man who has suffered amputation of both legs, was granted £20 by the Nash Charity for the provision of new clothing. The Barnsley Sick-Poor Fund have again helped a severely disabled person by making a grant towards the cost of a week's holiday at the seaside.

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 the cases referred to him.

During the year assistance was given to war disabled pensioners in their applications to the Ministry of Pensions for a small car to replace their invalid tricycles. During 1960, three such cases were pleased to receive their cars under the Government Scheme to supply 100% war disabled pensioners with these facilities. The availability of a car so that a war disabled pensioner can take his family with him is of tremendous psychological value and these disabled persons were ready to appreciate the value of this service.

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 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 in securing suitable employment for disabled persons but it will be observed that 39 physically handicapped persons are considered incapable of work under ordinary industrial conditions and considered suitable only for work in sheltered workshops. Of this number 10 are already employed at the local Remploy Factory.

leaving a balance of 29 severely disabled persons whose prospects of remunerative employment appear extremely slender until workshop facilities are available.

### Number of Persons on Register.

	Medical Classifi- cation	Males	Females	Total
Amputation ... ..	A/E	29	6	35
Arthritis and Rheumatism ... ..	F	15	22	37
Congenital Malformations and Deformities ... ..	G	18	13	31
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	29	7	36
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	29	11	40
Organic nervous diseases, epil- epsey, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ... ..	V	69	50	119
Neurosis, psychoses, and other nervous and mental disorders not included in V ... ..	U/W	7	4	11
Tuberculosis (respiratory) ...	X	2	1	3
Tuberculosis (non-respiratory)...	Y	1	2	3
Diseases and injuries not specified above ... ..	Z	2	1	3
		201	117	318

### Grouping of Persons on Register.

Group	Males	Females	Total
Capable of work under ordinary industrial conditions ... ..	54	3	57
Incapable of work under ordinary industrial conditions and sufficiently mobile for work in sheltered workshops ...	30	9	39
Incapable of work under ordinary conditions and insufficiently mobile for work in sheltered workshops but capable of work at home ... ..	—	1	1
Incapable or not available for work ...	91	82	173
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 ... ..	26	22	48
	201	117	318

### Epilepsy.

#### Social Activities.

The Disabled Persons Social Centre situated in the Home Nursing Centre, New Street, Barnsley, was extremely well attended during 1960. A social evening is held for epileptics twice weekly on Monday and Friday evenings from 7 to 9 p.m. and on Tuesday and Thursday evenings from 6.30 to 9 p.m. for all other disabled persons. Games and amenities are provided for the use of the epileptics and physically handicapped.

In order that severely disabled persons could attend the centre, the Corporation provided transport by a Minibus to and from the social centre weekly, until the end of August, 1960.

At the beginning of September, 1960, the specially adapted single deck bus on hire from the Yorkshire Traction Company was brought into operation for the first time. This bus has had all the seats removed at one side to allow for wheelchairs to be strapped to the side and have a safe journey. A specially constructed ramp

which folds and slides underneath the chassis, has also been made available for wheeling chairs up into the rear of the bus. At the end of the year transport was provided for 51 severely disabled persons and this service is much appreciated. Bus fares 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.

Additional special functions for both epileptics and disabled have included concerts, pea and pie suppers, etc. The Annual Outing for disabled and epileptics was arranged in September, 1960, when three bus loads of physically handicapped persons were taken for a coach tour of Derbyshire and tea was provided at Wortley Hall. The outing was thoroughly enjoyed by all who attended. For the first time, the specially adapted vehicle was used on the occasion of this outing and proved extremely useful.

On the 6th January, 1960, the Christmas Party for the adult disabled and epileptics was held at the Arcadian Restaurant and this function was thoroughly enjoyed.

Attendances at the Tuesday evening centre have increased and the accommodation available for both the Tuesday and Thursday evening social centres is now fully occupied and it is not possible to admit any further disabled persons owing to possible overcrowding.

The Organised Holiday Scheme for 1960 for all categories of the handicapped, again included many of the physically handicapped and parties under the supervision of Officers of the Department went to various holiday centres at Scarborough, Bridlington and Blackpool. A flat rate charge of £5 per handicapped person is made by the Corporation and this charge includes board and lodging and transport costs. Any balance of costs over £5 are met by the Corporation in respect of all handicapped persons.

During the year, the disabled person who had repaired wireless sets issued to other disabled persons, was unable to carry on these duties owing to ill health and this excellent service ceased. During the year several applications were made to the Wireless for the

Bedridden Society to seek assistance in the provision of sets for homebound disabled persons and 9 disabled persons have now been provided with these facilities for which they are very appreciative. High tension batteries are issued free of cost to disabled persons who require these for their battery wireless sets.

A combined party for all handicapped children, whether blind, deaf or physically handicapped was held in the New Arcadian Hall, Barnsley, and the parents of the children were also invited. Each handicapped child received a small toy, minerals and ices.

### **Handicrafts.**

The number of registered disabled persons who desired to receive craft instruction increased to 146 during the year and the two Craft Instructors together with the Trainee Craft Instructor were fully occupied in providing domiciliary tuition to the numbers involved and in attending the various disabled and epileptic handicraft classes. The increase in the amount of work in this Section can be gauged from the fact that the sum of £1,248. 13s. 1d. was spent during the year on the purchase of handicraft materials, equipment and tools.

Handicraft classes are held on each Monday and Friday afternoon from 2 to 5 p.m. for epileptics and each Tuesday and Thursday afternoon from 2 to 5 p.m. for registered disabled persons. Attendances at the handicraft classes have increased considerably and 64 disabled and epileptic persons attend the various classes. The value of these classes in providing an outlet for the creative capacity of disabled persons cannot be over emphasised and the articles which are now made cover an enormous range. The marketing of goods made at the classes is proving a problem. Disabled persons normally dispose of articles which are initially made at the Handicraft classes, to near relatives and friends but subsequently the finished goods are passed to the Department for sale at the market stall or through the sales shop.

The preparatory work necessary by the Craft Instructors in preparing handicraft classes and the clerical work necessary in the issue of stocks, taking payments for materials issued and the issuing of receipts make the 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. The clerical work involved in the accounting of handicraft materials was simplified during the year and so far has proved very successful.

The room used in the Home Nursing Centre for both handicraft and social centre activities has proved to be far too small for disabled persons to carry out handicraft activities in an efficient manner. The Craft Instructors have also found considerable difficulty in giving tuition at the class owing to the cramped conditions and the lack of space for equipment and storage. Many of the male disabled are anxious to start woodwork classes and separate accommodation for benches, electrical tools and equipment is urgently required. Many disabled and epileptic persons are exceptionally keen on handicraft work and attend all the classes in order to finish the various articles which they are making. There is little doubt that if suitable and spacious accommodation were available to meet the needs of this service, a regular flow of finished goods would be made available for marketing by the Department.

A statistical summary of the work of the Craft Instructors is given below :—

No. of visits made during year

Mr. McGraynor .....	699
Miss Francis .....	764
Miss Bromwich .....	233
	————— 1,696

No. of physically handicapped persons desirous of receiving craft instruction	146
---	-----

No. of persons under home instruction	79
---------------------------------------	----

No. of persons under class instruction...	64
---	----

Total payments made by disabled persons to Craft Instructors for materials .....	£781. 14s. 3d.
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#### Out-Workers Scheme.

During the year, the arrangements made with a local rug firm for the completing of rug shade boxes ceased owing to the fact that the firm no longer required these to be made.

The dishcloths made by disabled persons were tendered for Corporation contract and the Corporation agreed that Departments could order dishcloths from the Handicapped Services Department.

### **Birthday Card Service.**

The Health Committee's Scheme in relation to the issue of birthday greeting cards to each registered blind, partially sighted, deaf and 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 have been received from handicapped persons following the receipt of a birthday card and emphasise 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.

### **Employment of the Disabled.**

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 Resettlement 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 in placing a severely disabled person in employment in open industry are great and 39 disabled persons are now assessed as suitable only for sheltered workshop employment. In some of these cases, it is felt that the disabled person may have been unemployed for such a long time and his physical condition may have deteriorated that he could not even undertake sheltered employment even if it were available. 10 disabled persons are already in employment at the Remploy Factory and are catered for from the employment angle. The remaining disabled persons concerned urgently require workshop facilities which are proposed for the handicapped persons centre and these workshops will fill a desperate need for those who are now unemployed.

Consultations continued during the year with representatives of the Regional Officer of the Ministry of Labour with regard to the provision of sheltered workshop facilities. Realistic figures of the numbers of male and female disabled persons suitable for sheltered

workshops were agreed at the end of 1960 and plans and estimates had been forwarded to the Headquarters of the Ministry of Labour for consideration of the scheme.

During the year, one physically handicapped male person was sent for training in wireless and television repairing by the Ministry of Labour to the Portland Training College, Mansfield. It is hoped that this disabled person will be sufficiently well trained to cope with the repairs necessary for the wireless sets which are issued to blind persons on loan and also with the repairs of disabled persons' wireless sets.

In order that some of the female disabled persons who were considered suitable for sheltered workshop employment, could have some experience on flat knitting machines, one such machine was purchased during the year as part of the pastime handicraft scheme, and the female disabled persons concerned have been given instruction in its use. An electric sewing machine was also purchased for the pastime handicraft section and here again this machine proved extremely useful.

#### Adaptations.

Under Article 5(5) of the Scheme for the provision of welfare services for physically handicapped persons, the Corporation may assist handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of any additional facilities designed to secure the greater comfort or convenience of such persons and if the Council so determine, defray any expense incurred in the carrying out of any such works or in the provision of any such facilities. Works of adaptation for those persons in Municipal houses had previously been carried out by the Housing and Welfare Services Committee. During the year, the Health Committee agreed to assume responsibility for such works and at the end of the year, authority had been given for adaptations to be carried out as listed below.

Additional stair rail. Stirrup chain over bath and handgrips, handrails in downstairs toilet	£20. 0s. 0d.
Handrail at side of bath. Bathroom door and toilet door removed and large single door fitted	£25. 0s. 0d.



Concrete drive from pavement to garage to widen present path to permit easy access of chair ... ..	£19. 0s. 0d.
Handrail at side of bath ... ..	£3. 10s. 0d.
Concrete path extended to entrance to garage, fitting of handrail at side of bath ... ..	£9 10s. 0d.
Step at rear door levelled to facilitate use of wheelchair ... ..	£5. 10s. 0d.
5 ft. access crossing of pavement to facilitate access to drive of house of invalid tricycle ...	£9. 0s. 0d.
Level runway from outside rear door to roadway to facilitate easy access of wheelchair...	£14. 0s. 0d.
Handrail fitted to staircase and handrail from outside rear door to adjoining coal place ...	£5. 0s. 0d.
Removal of existing two doors to bathroom and toilet, construction of one large door to allow access of wheelchair. Provision of overhead handgrip over bath. Handrail at side of toilet. Levelling of outside rear steps and making ramp with sloping drive for wheelchair to be wheeled in and out. Concreting of drive to proposed garage for motor chair	£68. 10s. 0d.
Two handrails outside rear door and handrail from end of house to end of garden path ...	£15. 0s. 0d.
Supply and fixing posts and gates for concrete drive. Access crossing over pavement for invalid tricycle ... ..	£20. 0s. 0d.
Access crossing over pavement for invalid tricycle ... ..	£10. 0s. 0d.
Additional handrail to staircase ... ..	£2. 10s. 0d.
Handrail at side of bath and handrail on wall at side of toilet ... ..	£7. 10s. 0d.
Handrail at rear door of house ... ..	£5. 10s. 0d.
Handrail at side of bath ... ..	£7. 0s. 0d.

## Needs of the Physically Handicapped.

At the end of 1960, there were 318 persons on the Physically Handicapped Register and scrutiny of the numbers in the various categories of disability show that the general classes of the physically handicapped provide a vast welfare problem, as each category has different needs which require a different approach. Owing to the inadequate accommodation available for pastime handicraft activities, this aspect of the service has shown little or no change during the year. The provision of pastime handicrafts and the teaching of handicapped persons to make useful articles for subsequent sale is of immense value in rehabilitating them and emphasise the fact that they have a useful part to play in the economic life of the community. Successful participation in pastime handicrafts, can with encouragement, lead to admission to sheltered workshops if such facilities are available.

The social services for the physically handicapped have followed the general pattern for previous years and as these activities and functions are normally held outside the present social centre, they have tended to flourish and grow far more than the handicraft services.

During the year, many activities such as the Organised Holiday Scheme, sports and social activities all tended to bring the handicapped closer together and achieve the integration which is the aim of the Department. It has been most encouraging to witness the help and assistance which handicapped persons of different and varying categories have offered to their fellow handicapped on these occasions.

## Part VI

### ENVIRONMENTAL HYGIENE

"The condition upon which God hath given liberty to man is eternal vigilance ; which condition if he break, servitude is at once the consequence of his crime, and the punishment of his guilt."

"Speech on the Right of Election of Lord Mayor of Dublin, 10 July 1790."

John Philpot Curran 1750-1817.

The quotation heading this part is often paraphrased to the effect that "Eternal vigilance is the price of freedom." In no aspect of life is this so true as when freedom from disease is purchased by eternal vigilance in matters related to Environmental Hygiene. As the years succeed each other this freedom from the widespread plagues and pestilence of the past comes more and more to be taken for granted by the community at large. Perhaps only that very small number of individuals whose vocation it is to provide this vigilance understand the amount of effort that is being expended continuously and unobtrusively to achieve our present standards of health. They also realise only too well how serious might be the results of even a minor breakdown of vigilance. It ought therefore, to be profitable to reflect on how our standards have been achieved. Since the appointment of the first inspectors of nuisances they and in succession to them the Sanitary Inspectors and now the Public Health Inspectors have spent their working lives looking for, and abating nuisances and other circumstances prejudicial to the health of the community. As knowledge of health and of illness has increased so have the fields of their activities. As relations between various community groups and between individuals have altered so have their methods of effecting their purpose, the protection of the public health. It is therefore to say the least disturbing to receive from the Chief Public Health Inspector as preface to the figures he supplies for this part of the report the following paragraph :

"The year 1960 has been a trying one owing to resignations of public health inspectors and the difficulty of obtaining replacements. The year commenced with a shortage of one inspector for full time meat inspection, the remaining full time meat inspector left in February and two district inspectors left, one in January and the

other in March, so that for the greater part of the year, the Department was very much understaffed, nevertheless a perusal of the following pages will show that much useful work was accomplished."

It is most tempting to comment at length on this statement. It would, however, be most difficult to do so without trespassing on territory dedicated to the relativity of abstract and material values of services to the community and to the rewards for such services. This report by its nature must be factual and such comment as appears in it must be by way of professional opinion interpreting those facts. In these circumstances it would appear to be sufficient to emphasise the obvious that a reduction in the number of persons practising vigilance reduces the overall amount of vigilance and it also increases proportionately the likelihood of a break down. It is fully appreciated that the solution to this problem does not lie with any one authority. It is a national problem of which Barnsley provides a single example. Looked at in this way the prospect it reveals may well be even more unpleasant suggesting a general rather than a local diminution in vigilance. It is to be hoped therefore that the National Bodies concerned will continue to review the situation, and will place in the hands of those whose task it is to preserve environmental hygiene an adequate supply of the principal instruments of their profession—trained public health inspectors.

Despite the difficulties which have been experienced from staffing shortages the statistics and figures in the pages which follow testify to steady progress having been made throughout the year. Again it will be observed that Clean Air and Slum Clearance have had at least a fair share of attention whilst the claims of food hygiene have not been overlooked.

### PROVISION OF NEW HOUSES AND STREETS

(1) Number of houses built since re-building commenced at the end of the War :—		
(a) Privately owned	... ..	583
(b) Council	... ..	4,712
(2) Number of houses built during 1960 :—		
(a) Privately owned	... ..	35
(b) Council	... ..	354

The following private streets have been made up, but have not yet been declared highways repairable at public expense :—

Bramah Street  
Dyson Street  
Carr Street  
Greenwood Terrace (part).

The following street has been declared a highway repairable at public expense :—

Aldham Crescent.

The following street has been completed by the owner and has been declared a highway repairable at public expense :—

Reasbeck Terrace.

The following housing roads have been officially declared highways repairable at public expense :—

Farm Road  
Cypress Road (part)  
Yews Lane (part)  
Swanee Road  
Masons Way  
Pine Close  
Larch Place  
The Firs  
Croft Walk  
Worsley Close  
Ravenfield Drive  
Rye Croft  
Edgecliffe Place  
(Service Road) Ravenfield Drive.

## 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 of the area and of its several parts has been satisfactory (a) in quality ; and (b) in quantity.

(ii) Bacteriological examinations :

Raw Water—ex three impounding reservoirs.

162 samples were analysed. Presumptive B.Coli was present in 109 of these.

Treated Water—ex reservoirs.

212 samples were analysed in the Water Department Laboratory.

1 sample showed a presumptive B.Coli count of 3 (non-faecal). This was found to be due to a dirty service pipe.

48 check samples were examined by the City Analyst. All were clear.

ex boreholes.

177 samples were analysed in the Water Department Laboratory and 24 check samples by the City Analyst. These were all found to be all clear.

ex springs (1 source).

53 samples were examined in the Water Department Laboratory.

1 sample showed a presumptive B.Coli (non-faecal) count. This was due to a chlorination failure.

12 check samples analysed by the City Analyst were found to be all clear.

(iii) Post-filtration lime dosing is adopted for the prevention of plumbo-solvency. Analyses show no lead present.

(iv) All water is chlorinated and a residual maintained. New and repaired mains are sterilised before being brought into use.

(v) All houses in the County Borough are supplied direct.

During 1960 rainfall was recorded as follows :—

Jordan Hill, Barnsley.

36.82 inches

Midhope Reservoir.

55.25 inches

## SEWAGE DISPOSAL WORKS

Progress on the Lundwood Reconstruction has been slower than was hoped, but it is certain now that the plant will be commissioned early in 1961.

The small sewage works at Monk Bretton has been demolished and a new pumping station transfers crude sewage from this district to the main works. This cleans up an unsightly corner in Monk Bretton although the works itself was quite efficient.

## 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 143 to 157.

In the part of this report devoted to epidemiology full reference has been made to the 22 notifications of "food poisoning" received.

The arrangements 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.

## INSPECTION OF THE AREA

In accordance with the Public Health Officers' Regulations, 1959, Article 25(20) (S.R. & O. 1959, No. 962), the following tables and information have been submitted by the Chief Public Health Inspector.

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

Total number of Inspections made ... ..	6,450
Total number of Re-inspections made ... ..	2,591
Total number of Defects found ... ..	1,223
Total number of Defects remedied ... ..	1,583
Total number of Informal Notices served ... ..	550
Total number of Formal Notices served ... ..	105
Total number of Informal Notices complied with ... ..	426
Total number of Formal Notices complied with ... ..	61

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

Date from : 1st January, 1960.      To : 31st December, 1960.

**DWELLINGHOUSES :**

No. Inspected :	Inspections	Re-Inspections
Re Filthy Condition ... ..	7	2
Re Verminous Condition ... ..	130	17
Re Other Conditions ... ..	2130	2372
Houses-let-in-lodgings ... ..	1	
Common Lodging Houses ... ..	1	
Tents, Vans and Sheds ... ..	119	8
No. of Drains Tested ... ..	94	16
<b>Inspection of :</b>		
Dairy ... ..	31	
Ice Cream Premises ... ..	135	
Slaughterhouse ... ..	234	
Knackers Yard ... ..	10	
Food Preparing Premises ... ..	181	1
Licensed Premises ... ..	11	
Markets ... ..	211	
Food Shops ... ..	431	3
Pet Animals Premises ... ..	25	



	Inspections	Re-Inspections
Factories with Power ... ..	65	11
Factories without Power ... ..	6	
Bakehouses ... ..	45	1
Hawkers Premises ... ..	71	
Hairdressers Premises ... ..	26	4
Shops re Sanitary Conditions ... ..	1	
Cinemas and Theatres ... ..	12	
Premises re Rats ... ..	27	5
Offensive Trades ... ..	34	
Smoke Observations ... ..	198	
Smoke, visits to Plant ... ..	99	
Smoke Control Area visits ... ..	1377	137
Other Premises—Visits to Plant ... ..	461	15
Total Number of Defects Found ... ..	1220	3
Total Number of Houses Affected ... ..	979	39
Total Number of Other Premises Affected	32	18

TABLE III.

From : 1st January, 1960.

To : 31st December, 1960.

SUMMARY OF NUISANCES ABATED AND  
IMPROVEMENTS EFFECTED

Dwellinghouses :

Internal

Floors repaired or renewed ... ..	17
Walls repaired or renewed ... ..	51
Ceilings repaired or renewed ... ..	29
Fireplaces repaired or renewed ... ..	38
Flues repaired or renewed ... ..	12
Windows repaired or renewed ... ..	46
Doors repaired or renewed ... ..	5
Staircases repaired or renewed ... ..	2
Sinks repaired or renewed ... ..	15

Waste pipes repaired or renewed	...	...	...	...	...	...	...	...	...	11
Foodstores provided or improved	...	...	...	...	...	...	...	...	...	1
Coal Stores provided or improved	...	...	...	...	...	...	...	...	...	2
Cleansed or limewashed	...	...	...	...	...	...	...	...	...	1
Freed from vermin	...	...	...	...	...	...	...	...	...	4
Damp conditions abated	...	...	...	...	...	...	...	...	...	56
<b>External</b>										
Roofs repaired	...	...	...	...	...	...	...	...	...	46
Eaves spouts repaired or provided	...	...	...	...	...	...	...	...	...	31
Eaves spouts cleansed	...	...	...	...	...	...	...	...	...	3
Downspouts repaired or provided	...	...	...	...	...	...	...	...	...	22
Downspouts disconnected from drain	...	...	...	...	...	...	...	...	...	4
Walls repointed or repaired	...	...	...	...	...	...	...	...	...	23
Chimney stacks repaired or repointed...	...	...	...	...	...	...	...	...	...	6
Doors repaired or renewed	...	...	...	...	...	...	...	...	...	13
Steps repaired or renewed	...	...	...	...	...	...	...	...	...	8
Yard paved	...	...	...	...	...	...	...	...	...	3
Yard paving repaired	...	...	...	...	...	...	...	...	...	8
<b>Common Lodging Houses</b>										
Limewashed	...	...	...	...	...	...	...	...	...	2
<b>Drains</b>										
Cleansed	...	...	...	...	...	...	...	...	...	93
Repaired	...	...	...	...	...	...	...	...	...	37
Reconstructed	...	...	...	...	...	...	...	...	...	2
New provided	...	...	...	...	...	...	...	...	...	16
Self cleansing gullies provided	...	...	...	...	...	...	...	...	...	13
<b>Tents, Vans, Sheds</b>										
Removed	...	...	...	...	...	...	...	...	...	17
Sites licensed	...	...	...	...	...	...	...	...	...	2
Sites discontinued	...	...	...	...	...	...	...	...	...	1
<b>Inspection Chambers</b>										
Built	...	...	...	...	...	...	...	...	...	26
Repaired or improved	...	...	...	...	...	...	...	...	...	10

### Water Closets

Provided for houses—additional	...	...	...	...	...	...	...	...	17
Provided in substitution of privies	...	...	...	...	...	...	...	...	6
Provided in substitution of pail closets	...	...	...	...	...	...	...	...	1
Provided in substitution of waste water closets	...	...	...	...	...	...	...	...	31
Structure repaired or improved	...	...	...	...	...	...	...	...	14
Fittings repaired or improved	...	...	...	...	...	...	...	...	34

### Waste Water Closets

Repaired	...	...	...	...	...	...	...	...	4
Cleansed or limewashed	...	...	...	...	...	...	...	...	1
Converted to water closets	...	...	...	...	...	...	...	...	31

### Pail Closets

Converted to water closets	...	...	...	...	...	...	...	...	1
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### Ashpits

Abolished (wet)	...	...	...	...	...	...	...	...	2
Converted to ashbin shelters	...	...	...	...	...	...	...	...	2

### Ashbins

Provided in substitution of ashpits	...	...	...	...	...	...	...	...	8
Renewed for houses	...	...	...	...	...	...	...	...	425
Renewed for other premises	...	...	...	...	...	...	...	...	10
Shelters repaired	...	...	...	...	...	...	...	...	1

### Midden Privies

Converted to water closets	...	...	...	...	...	...	...	...	6
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### Bakehouses

Cleansed or limewashed	...	...	...	...	...	...	...	...	23
Discontinued	...	...	...	...	...	...	...	...	1

### Hairdressing Premises

Premises cleansed	...	...	...	...	...	...	...	...	26
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### Hawkers Premises

Premises improved	...	...	...	...	...	...	...	...	1
Discontinued	...	...	...	...	...	...	...	...	1

<b>Dairies</b>	
Cleansed or limewashed ... ..	4
<b>Ice Cream Premises</b>	
Cleansed and limewashed ... ..	220
<b>Slaughterhouses or Knackers Yard</b>	
Cleansed and limewashed ... ..	12
<b>Offensive Trades</b>	
Premises cleansed and limewashed ... ..	8
<b>Food Preparing Premises</b>	
Cleansed and limewashed ... ..	6
Premises improved ... ..	8
Discontinued ... ..	2
<b>Food Shops</b>	
Improved ... ..	37
<b>Offensive Accumulations</b>	
Removed ... ..	1
<b>Factories</b>	
Cleansed and limewashed ... ..	1
Intervening ventilated space provided ... ..	1
Fittings repaired or renewed ... ..	2
<b>Total Defects Remedied ... ..</b>	<b>1,583</b>
<b>Total Houses Affected ... ..</b>	<b>965</b>
<b>Total Other Premises Affected ...</b>	<b>359</b>

TABLE IIIA.

HOUSING INSPECTIONS

Date from : 1st January, 1960.      Date to : 31st December, 1960.

<b>Individual Houses :</b>	Inspections	Re-Inspections
Number inspected and recorded ... ..	86	

	Inspections	Re-Inspections
<b>Clearance Areas :</b>		
Number of houses inspected and recorded ... ..	93	
<b>Overcrowding :</b>		
Number of houses inspected ... ..	2	
Improvement Grants ... ..	180	9
Certificates of Disrepair ... ..	10	6

#### **Common Lodging Houses.**

The common lodging house at 26 Doncaster Road continues to operate for the use of 117 persons, and does not call for any comment.

#### **Tents, Vans and Sheds**

It is gratifying to be able to report that the Grange Lane Caravan Site has been closed down and thus one potential danger to health has been removed. Closure of the site and consequent dispersal of the caravan dwellers has been brought about by the letting of the site to a Sheffield firm for the erection of a steel rolling mill.

The coming into operation on the 29th August 1960, of the Caravan Sites and Control of Development Act 1960, will, it is hoped, give a greater measure of control over the establishment of caravan sites, than has existed in the past. At the end of the year there were two authorised sites for the use of four caravans, but the problem of the gypsy type of van dweller who comes into the district and occupies some piece of vacant land for a few days, at the same time using the plot as storage ground for rags and scrap iron, is still with us.

#### **Factories.**

The following table, set out in the prescribed form, shows the number of factories and defects remedied.

**TABLE IV.**  
**FACTORIES ACTS, 1937 to 1959**

**1. Inspections.**

Premises	Number on Register	Number of		
		In-spections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	35	6		
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority .....	255	122		
3. Other premises in which Section 7 is enforced by the Local Authority .....	—	—		
Total .....	290	128		

**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.	
Sanitary Conveniences Section 7					
(a) Insufficient .....					
(b) Unsuitable or defective .....		3			
(b) Not separate for sexes .....					
Total .....		3			

### **Cinemas and Theatres.**

During the year twelve inspections were made of premises coming under the heading of cinemas and theatres.

### **Offensive Trades.**

The same offensive trades were in operation this year as in 1959, i.e. four tripe boilers, one fellmonger, one bone boiler, one fat extractor, one fat melter.

Towards the end of the year complaints were received regarding the offensive odour emanating from premises where the trades of fat extracting and bone boiling are carried on. Investigation showed that the complaint was due to a combination of circumstances in connection with the digester plant which were not entirely under the control of the management. These circumstances are briefly as follows (a) due to heavy rain, the river, from which water is taken for the condensers was in flood and bringing down a considerable quantity of debris with the result that the water intake pipe to the condensers was frequently choked, (b) difficulty in obtaining labour. This is quite understandable as the work of handling dead and diseased animal carcasses and offal is not one likely to appeal but to very few men. (c) Some of the men employed did not appreciate the need to immediately replace defective packings to charging doors. These matters were dealt with as quickly as possible and in addition a firm of specialists in the control of odours, was brought in, who carried out an experiment consisting of the introduction of a fluid into the digester which would give off an odour to mask the offensive smell from the processed meat and offal, the result of the experiment was satisfactory.

### **Smoke Abatement.**

The first Smoke Control Order in Barnsley came into operation on the 1st August, 1960 and the change over to authorised fuels was accomplished with surprisingly little difficulty and with the active co-operation of the people concerned. A second order was submitted, to the Minister of Housing and Local Government for confirmation but this had not been received by the end of the year. The survey of properties in other proposed smoke control areas is being proceeded with as quickly as possible.

The Barnsley and District Clean Air Committee continued to function and five meetings were held in 1960, three in Barnsley and one each in Darton and Wombwell. At each meeting, in addition

to domestic business, talks were given by a speaker with special knowledge, on a subject of particular interest to members of the Committee. The following is a list of subjects dealt with, and illustrate the desire of the Committee members to be kept up to date on matters relating to atmospheric pollution.

The ignition of solid smokeless fuel.

The availability of solid smokeless fuel.

The installation of gas appliances in domestic premises.

The installation of electrical appliances.

The use of coal in smoke control areas.

At the beginning of the year arrangements were made for a mobile exhibition belonging to the Coal Utilisation Council to visit the area covered by the Clean Air Committee. This exhibition was opened in Barnsley by His Worship, The Mayor, Councillor G. Whyke, on the 1st February and it subsequently visited Dodworth, Royston, Wombwell, Darfield, Worsbrough, Hoyland Nether, Dearne and Wath. The general opinion was that the visit was a success, many people attended and many questions were put to the C.U.C. representative.

In the report for 1959 reference was made to a tarmacadam manufacturing works from which dust was being discharged into the atmosphere to such an extent that it had been necessary to take legal proceedings against the firm, who were given until the beginning of April, 1960 to carry out remedial works. Unfortunately these works were not done and the firm were again taken before the magistrates for failure to comply with a Nuisance Order for which they were fined £2. Subsequently the works were completed and these, together with better attention to maintenance, resulted in a very considerable reduction in dust emission.

Under the provision of Sub-section 3 of Section 3 of the Clean Air Act 1956 eleven notices of "intention to install a furnace" were received during the year and in eight of these cases "prior approval" was asked for and given.

The following tables give the results obtained by the operation of "sulphur candles" and daily volumetric smoke and S.O.<sub>2</sub> recording instruments. An additional smoke and S.O.<sub>2</sub> recording instrument was obtained during the year and was sited in the Monk Bretton Clinic in High Street, Monk Bretton, with the permission of the Medical Officer of Health.



Estimation of Sulphur Dioxide by Lead Peroxide Method.

Station	Average daily figure. Milligrams per sq. centimetre	Station	Average daily figure. Milligrams per sq. centimetre
Kendray Hospital ... ..	2.77	Open Air School, Mount Vernon Road	2.37
Public Abattoir, Bunkers Hill ... ..	2.40	Rear 147 Lindhurst Road, Athersley North ... ..	2.07
Girls' High School, Huddersfield Road	1.84	Carlton Depot ... ..	1.62

Daily Volumetric Smoke and S.O.<sub>2</sub> Instrument - Smoke Filter Records

Athersley			Stairfoot			Monk Bretton		
Smoke Milligrams per 100 cubic metres of air	S.O. <sub>2</sub> per 100 million parts of air	Smoke Milligrams per 100 cubic metres of air	S.O. <sub>2</sub> per 100 million parts of air	Smoke Milligrams per 100 cubic metres of air	S.O. <sub>2</sub> per 100 million parts of air	Smoke Milligrams per 100 cubic metres of air	S.O. <sub>2</sub> per 100 million parts of air	Smoke Milligrams per 100 cubic metres of air
Monthly Average	Monthly Average	Monthly Average	Monthly Average	Monthly Average	Monthly Average	Monthly Average	Monthly Average	Monthly Average
Highest Daily Average	Highest Daily Average	Highest Daily Average	Highest Daily Average	Highest Daily Average	Highest Daily Average	Highest Daily Average	Highest Daily Average	Highest Daily Average
23	6	25	5	14	71	4	18	18
100	23	100	20	100	100	100	100	100

### **Hairdressers and Barbers.**

New registrations during the year were eight persons and five premises, the total number of registered persons at the end of the year was 79 in connection with 72 premises. A high standard of cleanliness is maintained in the majority of the premises and in no instance was official action necessary.

### **Disinfestation.**

The following table shows the number of vermin infested premises which were dealt with during the year, spraying with an appropriate insecticide being the method of treating premises whilst fumigation by hydrogen cyanide gas was applied to the furniture and similar effects.

44	Local Authority owned houses	—for bugs.
10	„ „ „ „	—for cockroaches.
10	„ „ „ „	—for crickets.
7	„ „ „ „	—for clover mite.
33	Lots of furniture from Local Authority owned houses	—for bugs.
11	Privately owned houses	—for bugs.

### **Disinfection.**

The spraying of rooms with formalin and the steam disinfection of articles of clothing and bedding during the year was as follows :—

- 194 livingrooms and 268 bedrooms in 121 houses.
- 10 Hospital Wards.
- 126 Articles of clothing and bedding.

### **Rodent Control.**

Of the 26,908 properties in the district, 415 were inspected in connection with infestation of rats or mice, involving 2,667 visits. On 277 properties some degree of rat infestation was found and mice were found on 138 properties. All the infestations were dealt with by two rodent operatives who also baited 2,919 sewer manholes during the year.

### **Swimming Baths.**

A brief description of the Public Swimming Baths in Race Street was given in the Report for 1959, therefore it is not proposed to again set out the details as reference can be made to the 1959 Report if required.

Six samples of swimming bath water were taken from the Raley School Baths and all were found to be satisfactory.

Eleven samples were obtained from the Public Baths, all from the small bath, six of which did not comply with the prescribed standard, details are as follows :

Date Taken 1960	Plate Count 24 hrs. 37°C per millilitre	Probable No. of Coliform Bacilli 2 days 37°C per 100 millilitre	Probable No. of Bact. coli (Type 1) per 100 millilitre	Chlorine Content Parts per Million
January 4th	75	0	0	0.7
.. 11th	215	0	0	0.8
.. 25th	117	2	2	0.2
February 8th	118	0	0	0.85
.. 22nd	964	0	0	0.4
April 4th	Uncountable	0	0	0.3

Copies of all the reports are sent to the Director of Education in respect of Raley School Baths, and to the Baths Superintendent in respect of the Public Baths so that they may be aware of the condition of the bath water and can take appropriate action where the results are not satisfactory.

#### Rag Flock and Other Filling Materials.

During the year eight samples of the following materials were taken from the one premises registered in the Borough under the provisions of the Rag Flock and other Filling Materials Act 1951.

- 1 sample of Woollen Felt.
- 1 .. .. Loose Kapok.
- 2 .. .. Woollen Flock.
- 1 .. .. Curled Feathers.
- 1 .. .. Wool Mixture Felt.
- 1 .. .. Feather and Down Mixture.
- 1 .. .. Curled Poultry Feathers.

The sample of Woollen Felt was found on analysis to be a Woollen Mixture Felt as it contained only 60.7% of animal fibre and not a minimum of 85% as required for Woollen Felt. The firm concerned were informed of the result of the analysis. The sample of Wool Mixture Felt was found to contain an excessive amount of

chlorine 74 parts per 100,000 against 30 parts allowed by Regulation. When the attention of the manufacturers was drawn to this matter they stated that the material analysed was in fact unused Woollen Flock to which the Chlorine Test does not apply.

Discussion with the prescribed analyst revealed difficulties in arriving at a correct description of a particular material without knowing its origin, it appears however that the manufacturer knows its origin and it is the opinion of the Chief Public Health Inspector, that the manufacturer should market the material under a description included in the Rag Flock and Other Filling Materials Regulations and not under a more attractive name which is not a true description of the material.

### Fertilisers and Feeding Stuffs.

Under the provisions of the Fertilisers and Feeding Stuffs Act 1926 twelve samples of fertilisers and four samples of feeding stuffs were taken and submitted for analysis—all were found to be genuine. Description of samples taken is as follows :—

#### Fertilisers.

Bone Meal	1 Sample
Sulphate of Potash	2 ..
Growmore Fertiliser	1 ..
Super Phosphate	1 ..
Dried Blood	1 ..
Sulphate of Ammonia	1 ..
Sulphate of Iron	1 ..
Liquid Green Fertiliser	1 ..
Hop Manure	1 ..
Hoof and Horn Meal	1 ..
Liquid Tomato Fertiliser	1 ..

#### Feeding Stuffs.

Poultry Grain Balance	1 Sample
Pig Food No. 2	1 ..
Laying Pelletts	1 ..
Hens Battery Deep Litter	1 ..

## **Pet Animals Act 1951.**

At the end of the year one shop and four stalls in the market were licensed for the sale of pet animals. Inspections of these premises at various times during the year showed them to conform to the conditions of licensing.

## **Closet and Refuse Accommodation.**

During the year the Sanitary Committee decided upon a scheme which was approved by the Council, to serve Statutory Notices under the provisions of Sections 44 and 47 of the Public Health Act 1936, requiring owners of property to convert waste water closets into water closets and at the same time to provide additional water closets where one closet is shared by the occupiers of two or more houses.

This work is to be spread over a period of five years and it is expected that at the end of that time, all waste water closets will have been converted and many additional water closets provided.

To further encourage property owners to proceed with this work before Statutory Notices are served upon them, the existing maximum grant of £5 has been increased to £15.

Anyone who has had experience in using a waste water closet or in dealing with it when the drain has become stopped, will readily appreciate the great sanitary improvement which will have been accomplished when the scheme is completed.

During 1960 the following improvements were carried out:—

- 17 additional water closets provided.
- 6 privies converted to water closets.
- 1 pail closet converted to a water closet.
- 31 waste water closets converted to water closets.
- 2 privy middens abolished and 5 ashbins provided.
- 2 dry ashpits converted into dustbin shelters and 3 bins provided.

## **Housing.**

By the end of the year all the houses included in the first Five Year Slum Clearance Programme had been dealt with and the following tables give details of the work done during 1960.

### Clearance Areas Declared.

Dobie Yard Clearance Area No. 149	...	...	...	...	5 houses
Dobie Yard Clearance Area No. 150	...	...	...	...	5 „
Bleachcroft (Stairfoot) Clearance Area No. 151	...	...	...	...	8 „
Field Lane Clearance Area No. 152	...	...	...	...	8 „
				—	26 „
				—	

### Inquiries held by the Ministry of Housing and Local Government.

Westgate (Housing) Compulsory Purchase Order No. 1 1959	...	...	...	...	...	...	...	...	...	8 houses
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### Individual Unfit Houses.

Representations made with a view to closing or demolition	...	...	...	...	...	...	...	...	...	4 houses
Representations made by Medical Officer of Health in respect of Local Authority owned houses	...	...	...	...	...	...	...	...	...	25 „
Closing Orders made	...	...	...	...	...	...	...	...	...	4 „
Demolition Orders made	...	...	...	...	...	...	...	...	...	5 „
Demolition Orders revoked	...	...	...	...	...	...	...	...	...	2 „

### Unfit Houses Demolished in Clearance Areas.

<b>Clearance Area No. 127.</b>										
13, 15, 19, 21, 23, 23a, Keresforth Hill Road.										
2 Court 1, 3 Court 1, Sykes Street										8 houses
<b>Clearance Area No. 134.</b>										
598, 600, 602, 626, 628, 630, 632, 634, Doncaster Road, Ardsley										
										8 houses
<b>Clearance Area No. 135.</b>										
413, 415, 417, 419, 421, Doncaster Road, Ardsley.										
3, 4, 5, Rogers Fold, Ardsley.										
1, 2, 3, Collier Row, Ardsley										11 houses
<b>Clearance Area No. 137.</b>										
682, 684, 686, Doncaster Road, Ardsley										3 houses

**Clearance Area No. 138.**

702, 708, 710, 712, 714, Doncaster Road, Ardsley.

1, 2, 5, 6, 7, 8, 9, Post Office Yard, Ardsley ... .. 12 houses

**Clearance Area No. 140.**

1, 3, 5, 7, 9, 11, Quarry Street, Barnsley ... .. 6 houses

**Clearance Area No. 141.**

45, Somerset Street, Barnsley ... .. 1 house

**Clearance Area No. 142.**

2, 4, 6, 8, 10, 12, 14, 16, Heelis Street, Barnsley ... 8 houses

**Clearance Area No. 143.**

122, 124, 126, Burton Road, Monk Bretton ... .. 3 houses

**Clearance Area No. 144.**

21, 23, 25, 16, 18, 20, Westgate, Barnsley.

8, 10, Carrs Yard, Westgate, Barnsley ... .. 8 houses

**Clearance Area No. 145.**

1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31,

33, 35, Roper Street, Barnsley.

3, 5, Westgate, Barnsley.

2, 4, Roper Street, Barnsley ... .. 22 houses

**Clearance Area No. 146.**

1, 2, 3, 4, Agnes Pit Yard, Barnsley ... .. 4 houses

**Clearance Area No. 147.**

59, Hunningley Lane, Stairfoot ... .. 1 house

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Total ... 95 houses

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**Unfit Houses Demolished by Agreement with Owners.**

5 Court 1, School Street, Westgate, Barnsley ... .. 1 house

"Suncroft" Cottage, Carlton Road, Carlton ... .. 1 "

"Chinook" Cottage, Carlton Road, Carlton ... .. 1 "

7, 9, 11, Westgate, Barnsley ... .. 3 "

23, 31, 33, 35, North Pavement, Barnsley ... .. 4 "

22, 24, 26, 1 Court 1, 3 Court 1, School Street, Westgate	5	houses
27, 27a, 29, Union Street, Barnsley ... ..	3	„
9, 10, 11, 12, 13, 14, 15, 16, Dillington Square ... ..	8	„
<b>Total</b>	26	houses

#### Individual Unfit Houses Demolished.

2, 3, Long Row, Smithies ... ..	2	houses
14, 16, Sackville Street ... ..	2	„
22, Chapel Lane, Carlton ... ..	1	„
2, 4 Court 2, Dobie Street ... ..	2	„
25, 26, Old Road, Smithies ... ..	2	„
522, Doncaster Road, Stairfoot ... ..	1	„
6, 7, 8, Moxon Square, Ardsley ... ..	3	„
31, 32, Old Road, Smithies ... ..	2	„
106, New Street, Barnsley ... ..	1	„
<b>Total</b>	16	houses

#### Individual Unfit Houses Closed.

13, Church Street, Carlton ... ..	1	house
28, 30, Old Road, Smithies ... ..	2	„
53, Racecommon Road, Barnsley ... ..	1	„
174, Burton Road, Monk Bretton ... ..	1	„
<b>Total</b>	5	houses

#### Houses Made Fit - Demolition Orders Revoked.

45, 45a, Rock Street, Barnsley ... ..	2	houses
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#### Improvement Grants.

The very useful work of improving old houses by providing amenities such as bathroom, internal water closet, hot water supply, wash hand basin and a food store and other improvements has continued throughout the year, twenty applications for Discretionary Grants and one hundred and thirty-two applications for Standard



Grants having been received. There is, however, a large number of houses in Barnsley which are good solidly built properties having many years useful life, which would benefit by the provision of these amenities now regarded as essential to comfortable occupation, but which, when the houses were erected, were thought to be luxuries for the wealthy and it is surprising that more owners do not take advantage of the grant scheme for the benefit of their tenants, up to the present time by far the greater number of applications have been from owner-occupiers.

Grant applications during the year have required one hundred and eighty-nine visits to the properties concerned and work to the value of £25,199. 3s. 4d. has been authorised in respect of thirty-one discretionary grants affecting forty-seven houses, one hundred and twenty-five standard grant applications have been dealt with, the value of the work authorised being £15,461. 4s. 2d.

#### Certificates of Disrepair — Rent Act 1957.

The number of applications from tenants for a certificate of disrepair was four and in each case a certificate was issued. Eleven certificates were cancelled during the year.

#### Prosecutions.

One owner was prosecuted for failure to comply with Statutory Notices under Sections 39, 56 and 93 of the Public Health Act 1936 in respect of one dwellinghouse. Details of the work required are as follows :

Section 39 To repair the front and rear eavesgutter.

Section 56 To repair defective brick paving of yard surface so as to allow of satisfactory drainage.

Section 93 The livingroom walls to be rendered free from dampness.

The bedroom staircase walls to be rendered free from dampness and the plaster on the walls and ceiling to be repaired.

The back bedroom walls to be rendered free from dampness, the wall plaster to be repaired and the wood floor repaired.

The woodwork of the window frame in both back and front bedrooms to be repaired and made weatherproof.

For failure to comply with the Section 39 and 56 Notices defendant was fined £1 in each case and ordered to complete the work within six weeks. A Nuisance Order was made in respect of the Section 93 Notice, the work to be completed within six weeks. The work was not done within the stipulated time and the defendant was again taken before the magistrates and fined £5 for failing to comply with the Nuisance Order and one shilling per day in respect of the Section 39 and 56 Notices, an amount of £13. 8s. 0d.

#### **Supervision of Food Premises and Inspection of Food.**

At the beginning of this report reference has been made to staffing difficulties from which it will be noted that for the greater part of the year the Department was without full time meat inspectors. It is indeed fortunate that most of the remaining members of the staff are qualified Inspectors of Meat and Other Foods, so that it was still possible to carry out one hundred per cent meat inspection, although at the expense of routine district work and food hygiene inspections.

The work of a full time meat inspector at the abattoir, who must have an expert knowledge of his job, entails long hours of duty under conditions which are far from pleasant and it is only those who have had experience of the work who know how tiring it is, particularly in winter time, to work day after day with hands and forearms continually covered with blood and animal grease and in a building which has no artificial heating.

IMPROVEMENTS IN FOOD STORES 1960.

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 .....				1						1	2
Food Shops	20	6	16	2	4	2	2	2	8	2	4
Catering Establishments	4	1	3	5						4	2
Hawkers vehicles and premises	2									4	3
Fried Fish Shops	2		2	1	4	1				1	
Bakehouses									1	1	2

In the following pages will be found a record of samples of food taken for various types of examination, the number of animals inspected, the incidence of disease found in those animals, and a list of prosecutions for offences connected with food. A study of this record will show the care and attention which is devoted to this very important branch of the Department's work.

Food Premises	Number
Food Preparing Premises ... ..	56
Fried Fish Shops ... ..	54
Butchers Shops ... ..	81
Breweries ... ..	1
Bakehouses ... ..	22
Tripe Boilers ... ..	4
Wholesale Grocery Warehouses ... ..	5
Hawkers Food Storage Premises ... ..	73
Ice Cream Manufacturers ... ..	6
Ice Cream Retailers ... ..	310
Milk Depots ... ..	3
Premises from which designated milk is sold ...	112
Grocers and Provision Dealers ... ..	228
School Kitchens ... ..	18
Mineral Water Manufacturers ... ..	3
Fruit and Vegetable Wholesalers ... ..	5
Fruit and Vegetable Retailers ... ..	30
Wet Fish Shops ... ..	9
Sugar Confectionery Shops ... ..	66
Flour Confectionery Shops ... ..	28
Catering Establishments ... ..	35
Works Canteens ... ..	21
Hotels and Public Houses ... ..	103
Off Licence Premises ... ..	76
Flour Mill ... ..	1
Slaughterhouses ... ..	3

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

The number of hawkers of food and their storage premises on the register at the end of the year was eighty-five and seventy-three respectively.

## Milk Supply.

The number of distributors of milk at the end of the year was 103.

Licences for designated milk were as follows :

- 1 Dealers (Pasteurisers) Licence.
- 18 Dealers Licences to use the designation "Pasteurised."
- 5 Dealers Licences to use the designation "Tuberculin Tested."
- 99 Dealers Licences to use the designation "Sterilised."

One hundred and fifty-five tests were carried out on samples of milk to ensure that the milk conformed with the prescribed standards, the details are given below. It will be observed that only two samples were unsatisfactory, these were from the same source of supply and in both instances when the Methylene Blue Test was applied decolourisation took place at the end of three hours, the supplier was written to and subsequent samples were up to standard.

### Bacteriological Samples of Milk.

#### Methylene Blue Test.

47 Samples of Tuberculin Tested Milk	45 Satisfactory.
	2 Unsatisfactory.
28 Samples of Pasteurised Milk	Satisfactory.
16 Samples of T.T. Pasteurised Milk	Satisfactory.

#### Phosphatase Test.

27 Samples of Pasteurised Milk	Satisfactory.
16 Samples of T.T. Pasteurised Milk	Satisfactory.

#### Turbidity Test.

21 Samples of Sterilised Milk	Satisfactory.
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## Ice Cream.

Fifty-six samples were taken for bacteriological examination and fifty-one were reported as Grade I and five as Grade II. Three iced lollies were also examined and found to be satisfactory.

## Meat and Other Foods.

The slaughtering of animals for food has continued at the Public Abattoir and in one private slaughterhouse and also at one privately owned horse slaughterhouse although only twenty-five

horses have been slaughtered during the year. The carcasses and organs of animals slaughtered in all three premises have been inspected by a qualified meat inspector.

### Animals Slaughtered and Inspected.

				Public Abattoir	Private Slaughterhouse
Beasts	...	...	...	13166	284
Sheep	...	...	...	36967	276
Calves	...	...	...	761	239
Pigs	...	...	...	16572	367
				<hr/>	<hr/>
				67466	1166
				<hr/>	<hr/>

### Fresh Meat Condemned.

				Public Abattoir	Private Slaughterhouse
Beef	...	...	...	13044 lbs.	646 lbs.
Beef Offal	...	...	...	69976 ..	1467 ..
Mutton	...	...	...	1254 ..	90 ..
Mutton Offal	...	...	...	1869 ..	29½ ..
Veal	...	...	...	631 ..	
Veal Offal	...	...	...	147 ..	2 ..
Pork	...	...	...	4334 ..	
Pork Offal	...	...	...	1293 ..	79½ ..
				<hr/>	<hr/>
				92548 ..	2254 ..
				<hr/>	<hr/>

Total :	Total :
41 tons 6 cwts. 1 qr. 8 lbs.	1 ton 14 lbs.

TABLE VI A.

ABATTOIR.

Carcases and all Organs Condemned.

Animal	Tuber- culosis	Accident	Inflam- matory Diseases	Parasitic Diseases	Other Bacterial Diseases
Bulls ...	—	—	—	—	—
Bullocks	5	—	—	—	—
Heifer ...	—	—	2	—	—
Cows ...	3	—	7	—	2
Calves ...	—	2	4	—	3
Sheep ...	—	—	35	—	—
Pigs ...	—	—	2	—	1

TABLE VI B.

PRIVATE SLAUGHTERHOUSE.

Carcases and all Organs Condemned.

Animal	Inflammatory Diseases
Heifer ... ..	1
Sheep ... ..	2

TABLE VII A.

ABATTOIR.

Carcases partially condemned.

Animal	Tuberculosis	Accident	Inflammatory Diseases	Parasitic Diseases
Bullocks	11	1	—	1
Heifers ...	5	—	—	—
Cows ...	2	2	1	—
Pigs ...	1	4	—	—

TABLE VII B.

PRIVATE SLAUGHTERHOUSE.

Carcases partially condemned.

Animal	Tuberculosis
Cow ... ..	1

TABLE VIII A.

## ABATTOIR.

Various Organs Condemned as Unfit for Human Consumption.

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines
<b>Tuberculosis</b>											
Bulls			2								
Bullocks	54	54	95	36	3	4	15	4		26	26
Heifers	27	27	31	6	2		5	1		5	5
Cows	48	48	101	14	4	2	9	3	8	13	13
Pigs	269	269	7	11	1		7			9	9
<b>Inflammatory Diseases</b>											
Bulls			4			5	1	1			
Bullocks			347	23	5	61	120	14		12	12
Heifers			98	5		32	18	6		8	8
Cows			80	117	3	86	19	6	584	30	30
Sheep				3						2	2
Calves				1							
Pigs			15	132	5	8	8			7	7
<b>Parasitic Diseases</b>											
Bulls	1	1									
Bullocks	67	67	413	1115			46	6			
Heifers	50	50	82	167			14	1		1	1
Cows	20	20	51	197			5			1	1
Sheep				686							
Pigs				283							
<b>Other Bacterial Diseases</b>											
Bulls	1	1		1							
Bullocks	85	85	16	141						1	1
Heifers	23	23	6	40							
Cows	17	17	14	41	1		1				
Sheep				4							
Pigs				1	50			50		51	51



TABLE VIII B.

PRIVATE SLAUGHTERHOUSE.

Various Organs Condemned as Unfit for Human Consumption.

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines
<b>Tuberculosis</b>											
Heifers .....	1	1									
Cows .....	4	4	9	2					2	2	2
Pigs .....	5	5									
<b>Inflammatory Diseases</b>											
Heifers .....			2					1		1	1
Cows .....			9	8		4		5	44		
Sheep .....			2								
Pigs .....			3	1		5					
<b>Parasitic Diseases</b>											
Heifers .....	1	1		3							
Cows .....	1	1	6	5							
Sheep .....			1								
Pigs .....				1							
<b>Other Bacterial Diseases</b>											
Bullocks .....				1							
Heifers .....				2							
Cows .....			2	2							

TABLE IX.

Analysis of Inspection of Meat.

	Cattle (exclud- ing Cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed .....	10767	2683	1000	37243	16939	25
Number inspected .....	10767	2683	1000	37243	16939	25
<b>All Diseases except Tuberculosis and Cysticerci</b>						
Whole carcasses condemned	3	9	9	37	3	
Carcases of which some part or organ was condemned .....	1285	779	2	749	514	3
Percentage affected with disease .....	11.9	29.3	1.1	2.1	3.0	12.0
<b>Tuberculosis only</b>						
Whole carcasses condemned	5	3				
Carcases of which some part or organ was condemned .....	210	139			295	
Percentage affected with disease .....	1.9	5.1			1.7	
<b>Cysticercosis</b>						
Carcases of which some part or organ was condemned .....	296	28				
Carcases submitted to treatment by refrigeration .....	51	4				
Generalised and totally condemned .....	—	—	—	—	—	—

Other Foodstuffs Condemned and Voluntarily Surrendered.

Fresh Meat from Shops.

Steak ... .. 3 lbs.

Prepared Foods.

Sausage ... .. 72½ lbs.

Meat Pies ... .. 4 lbs.

Cooked Meats ... .. 1¾ lbs.

Black Pudding ... .. 12½ lbs.

### Fruit and Vegetables.

Apples	...	...	...	...	...	40 lbs.
Tomatoes	...	...	...	...	...	36 lbs.
Potatoes	...	...	...	...	...	80 lbs.

### Fish and Rabbits.

Fresh Fish	...	...	...	...	399 lbs.
Prawns	...	...	...	...	7 lbs.
Shrimps	...	...	...	...	14 lbs.

### Other Foods.

Bacon and Ham	...	...	...	420½ lbs.
Poultry	...	...	...	20 lbs.
Cheese	...	...	...	71½ lbs.

### Preserved Foods.

7086 tins and jars of food	10,101¾ lbs.
----------------------------	--------------

### Cysticercus Bovis.

The percentage of animals found to be affected with *Cysticercus Bovis* has increased considerably this year as the following figures show—

Year	Percentage Affected
1950	0.68
1951	1.04
1952	1.53
1953	0.96
1954	1.01
1955	0.90
1956	0.91
1957	0.74
1958	0.49
1959	0.67
1960	2.40

There is no satisfactory explanation for this great increase but it is to be noted that last year thirty-one carcasses contained viable cysts, in 1960 the number was fifty-five. In 1959 fifty-three carcasses were found to have degenerate cysts whilst in 1960 there were two hundred and sixty-nine, consisting of one bull, one hundred and eighty-five bullocks, fifty-nine heifers and twenty-four cows.

Where viable cysts were found the carcasses and organs were put into the refrigerating room attached to the detained and condemned meat room where they were kept for three weeks at a temperature below 20° F. Where degenerate cysts were found the affected organs were condemned.

### Horseflesh.

Very few horses are now slaughtered for human food and only twenty-five were killed during the year. From these animals three livers weighing 54 lbs. were condemned.

### Summary of Food Condemned.

	T.	C.	Q.	Lbs.
Fresh meat from Abattoir ... ..	41	6	1	8
Fresh meat from private slaughterhouse	1	—	—	14
Fresh meat from shops ... ..				3
Fish and Rabbits ... ..		3	3	—
Fruit and Vegetables ... ..		1	1	16
Other Foods ... ..		4	2	8
Prepared foods ... ..			3	6 $\frac{3}{4}$
Preserved foods ... ..	4	1	—	21 $\frac{3}{4}$
Horseflesh ... ..			1	26
Total ...	46	18	2	19 $\frac{1}{2}$

### Special Examination of Foodstuffs.

Cream puff containing a dark substance in the cream.	Identified as lubricating oil from machinery.
Cooked shin beef alleged to be unfit for food.	Found to be insipid in taste but contained nothing objectionable.

Chocolate cream roll stated to have objectionable taste.

The objectionable taste appeared to be caused by the fat. Bacteriologically satisfactory.

Slices of bread affected with mould.

The bread was affected with a pink coloured mould but its precise identification could not be established.

### Food and Drugs.

Thirty-six samples of milk and eighty-one samples of other foods were submitted to the Public Analyst during the year. The average composition of the milk samples was :—

Milk Fat ... ..	3.93%
Milk Solids other than Milk Fat ... ..	8.87%

One sample of milk was found to be slightly deficient in milk solids other than milk fat and the freezing point test (Hortvet) showed the presence of a trace of added water. Both the seller and the producer were warned and a further sample taken which was found to be satisfactory.

Another sample of milk was found to be deficient in milk fat to the extent of 6.3%. This sample was obtained from a canteen where investigations showed that the canteen staff had failed to mix the bulk milk before small amounts had been taken out, with the result that fat had risen to the surface and been removed leaving the remainder of the milk low in fat.

**Samples of Food and Drugs (Other than Milk)  
sent to the Public Analyst during 1960.**

Article	Total	Genuine	Not Genuine	Formal		Informal	
				Genuine	Not Genuine	Genuine	Not Genuine
Almond Flavour	1	1				1	
Angelica	1	1				1	
Arrowroot	2	2				2	
Aspirin	1	1				1	
Bicarbonate of Soda	2	2				2	
Beef Suet	1	1				1	
Black Pudding	1	1				1	
Brawn	1	1				1	
Crystallised Ginger	1	1				1	
Currants	1	1				1	
Camphorated Oil	1	1				1	
Caraway Seeds	2	2				2	
Cascara Tablets	1	1				1	
Celery Pills	1	1				1	
Chlorophyll Tablets	1	1				1	
Cinnamon	1	1				1	
Citroze	1	1				1	
Coffee and Chicory Essence	1	1				1	
Cream of Tartar	1	1				1	
Curry Powder	1	1				1	
Desiccated Coconut	1	1				1	
Dried Apricots	1	1				1	
Evaporated Milk	1	1				1	
Epsom Salts	1	1				1	
Flour	1	1				1	
Fish Cakes	1	1				1	
Glace Pineapple	1	1				1	
Gravy Salt	1	1				1	
Ground Almonds	3	3				3	
Ground Ginger	1	1				1	
Gelatine Powder	1	1				1	
Ginger Powder	1	1				1	
Glycerine	1	1				1	
Glucose	1	1				1	
Honey	1	1				1	
Horseradish Sauce	1	1				1	
Ice Cream Mixture	1	1				1	
Jam	2	2				2	
Jelly	1	1				1	
Liquid Paraffin	1	1				1	
Liquorice Powder	1	1				1	
Lemon Curd	2	2				2	
Mushroom Soup	1	1				1	
Marmalade	1	1				1	
Mincemeat	1	1				1	
Nestea	1	1				1	
Nerve Pills	1	1				1	
Oatmeal	1	1				1	
Olive Oil	1	1				1	
Parrish's Food	1	1				1	
Potted Salmon	1	1				1	
Polony	2	2				2	
Potted Beef Paste	1	1				1	
Carried forward	61	61				61	

**Samples of Food and Drugs (Other than Milk)**  
sent to the Public Analyst during 1960.

Article	Total	Genuine	Not Genuine	Formal		Informal	
				Genuine	Not Genuine	Genuine	Not Genuine
Brought Forward	61	61	—	—	—	61	—
Rice	1	1				1	
Raspberry Flavour	1	1				1	
Sage & Onion Stuffing	1	1				1	
Sultanas	1	1				1	
Saccharin Tablets	1	1				1	
Slimming Tablets	1	1				1	
Sausage (Pork)	9	2	7		3	2	4
Salt	1	1				1	
Tea	1	1				1	
Veal & Ham Meat Paste	1	1				1	
Yeast	1	1				1	
<b>TOTAL</b>	<b>80</b>	<b>73</b>	<b>7</b>		<b>3</b>	<b>73</b>	<b>4</b>

**PARTICULARS OF OTHER FOODS.**

**Adulterated Samples.**

Sample No.	Article	Adulteration or Offence	Remarks
7526 Informal	Pork Sausage.	Deficient in meat 5.3%.	See No. 7542.
7527 Informal	Pork Sausage.	Slightly deficient in meat.	See No. 7541.
7534 Informal	Pork Sausage.	Deficient in meat 8.1%.	See No. 7540.
7540 Formal	Pork Sausage.	Deficient in meat 7.5%.	Refers to 7534. Vendor warned by letter.
7541 Formal	Pork Sausage.	Deficient in meat 5.7%.	Refers to 7527. Vendor warned by letter.
7542 Formal	Pork Sausage.	Deficient in meat 5.1%.	Refers to 7526. Vendor warned by letter.
7543 Informal	Pork Sausage.	Deficient in meat 20.3%.	Formal sample to be taken.
7405 Formal	Golden Butter Crunch. (Taken in 1959)	Deficient in butter fat 12.2%.	Vendor prosecuted. Defendants fined £10.

### Prosecutions for Various Offences in Connection with Food.

Case A. Sale of beer in a dirty glass. Vendor fined £2 and £2. 2s. 8d. costs.

### Other Food Offences Not Prosecuted.

Sponge cake containing a nail. Cake had been cut up and partially consumed. It was not possible to prove that the nail was in the cake at time of sale.

Cream puff containing lubricating oil from machinery. Complainant unwilling to appear in Court as a witness.



## Part VII

# SCHOOL HEALTH

"Let schoolmasters puzzle their brain,  
With grammar, and nonsense, and learning."

"She Stoops to Conquer," l.i, song.  
Oliver Goldsmith 1728-1774.

The principal feature of the work in the School Health Services during 1960 was the increased number of routine inspections it was found possible to carry out. This was due to the policy of the Authority in making it possible to recruit an adequate medical staff. A number of experiments on methods of medically supervising the health of School Children have been carried out during recent years. Many of these offer an advantage over existing arrangements in some specific aspect of the problems involved. So far however when applied to the school population of Barnsley none of these have offered enough all round advantage from the theoretical viewpoint to justify even a limited practical trial. It is, therefore, felt that for the present nothing can replace a full medical examination at fixed intervals as an instrument for discovering latent or early defects in school children.

As the National Health Service develops so the school doctor must be on the look out for earlier and less obvious signs of departure from the normal. He must also spread his net ever more widely to allow of the fullest use to be made of the remedial facilities provided through the Authority's Auxiliary Services. For example speech therapy and physiotherapy. In this direction lies a very interesting future for the School Health Service. With improved environmental hygiene in the form of modern housing and present day standards of food handling combined with, in a fairly high proportion of parents, an increasingly reasoned interest in their children's welfare, the character of work at School Clinics has undergone a change. Cases of gross under-nutrition are now almost unknown. Cases of serious illness diagnosed at the School Clinic are yearly becoming rarer, they are dealt with by the family doctor through the National Health Service. The time has come when the School Clinic should cease to be a minor ailment clinic, but should become a Child Health Advisory Class. Something in the way of a continuation of the Infant Welfare Centre where the object should be advice to parents regarding positive health rather than treatment

of illness. Some advance towards this is being done at some of the smaller outlying clinics where parents are encouraged to seek advice regarding all their children without age limits when they attend Infant Welfare Centres. Some such arrangement might well turn out to be a much more effective vehicle for Health Education, particularly when older children are involved, than some of the more accepted ideas of advertising Health.

School Medical Inspections and School Clinics have still a most valuable function in providing a means of detecting, supervising and assisting those relatively few children in Barnsley who belong to "problem" and "near problem" families. Much has been said for and against the ancient ritual of the Cleanliness Inspection. It is nevertheless difficult to find a more reliable index to the vicissitudes of these most unsatisfactory families. Improvement is indicated nearly always by a reduction in the number of times during the year it is necessary to exclude members of the family from school.

From time to time routine medical inspection provides an opportunity of ascertaining the arrival in the area of a family which requires watching and guidance to ensure that the children receive adequate care.

Again School Dentistry has been a cause for dissatisfaction throughout the year. The situation has not changed appreciably since it was pointed out in last year's report that dental skill like every other commodity has its market price. Through circumstances outside its control the Barnsley Authority is precluded from offering this market price, therefore, the school children in Barnsley are denied an adequate share of dental skill as provided in School Dental Clinics. It seems hardly necessary to report that this inadequacy of dental skill in the schools can only result in a greater demand for dental skill amongst adults plus an untold tale of avoidable pain and discomfort apart altogether from unnecessary expenditure on false teeth. In many cases of course individuals can be enabled to retain their natural teeth by dental inspection, conservancy and dental education at school. Without dental skill in the schools this becomes impossible.

Again the situation regarding the ascertainment and placement of handicapped children has proceeded satisfactorily. Whether the alterations in procedure for examination and ascertainment of educationally subnormal and ineducable children as brought about by the Mental Health Act, 1959 will affect this it is as yet too early

to pass an opinion. In certain circumstances, however, it would be possible for these changes to result in a great deal of professional time being spent on repeated re-examination of some of these children, when from the purely medical point of view the value of such work to the patient would be very limited indeed.

It is customary to refer to the relationships between the other branches of the Health Services and the School Health Service, these have been satisfactory throughout the year. No serious problems have been encountered in maintaining satisfactory co-operation with the Local Hospitals and with the general practitioners, the pleasant relationships noted last year have continued.

### 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 5,195 ; of these 984 were born in 1954 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 increase in the number of inspections carried out when compared with those done in 1959 (4,167) is 1,028. A total of 6,175 special inspections including re-inspections was carried out. This shows a decrease of 1,362 when compared with 1959 (7,537).

### FINDINGS AT MEDICAL INSPECTION.

The statistical summary of the physical condition as assessed at medical inspection is shown in Table IA in the Appendix to this part of the report.

The findings in relation to physical condition continued the satisfactory trend which has now come to be taken for granted. Only 1.1 per cent of the children inspected were classified as of unsatisfactory physical condition. Last year the figure was 1.3. Having regard to the factors involved this figure leaves very little room for improvement and confirms the remarks already made regarding the future activities of the School Health Service.

In Table IB the figures again offer little ground for comment. When compared with last year's figures there is an apparent increase in the number of pupils referred for treatment of defective vision, 320 as compared with 267 in 1959. This increase is accounted for by the fact that the number of pupils subjected to routine inspection in 1960 was approximately 25% larger than in 1959. Furthermore of these a greater proportion belonged to the higher age groups where defective vision is in any case more frequent. Despite the increased number of children inspected "defects" other than defective vision detected were fewer than in 1959.

#### **Uncleanliness :**

The position in regard to this remains static. Substantially more inspections were done than in the previous years. Consequently more pupils were found to be infested. Statutory action to deal with this was not called for in a substantially increased number of cases. In fact such action is now more or less confined to the problem and near problem families. On two occasions it was necessary to remind adult members of these families of the powers vested in the Medical Officer of Health under Section 49 of the Barnsley Corporation Act, 1956 to enable him to examine for infestation members of a household who have passed school age. In neither case was it necessary to invoke statutory powers. The

adult members of the family concerned submitted to examination voluntarily and in one case were assisted by the Health Visiting Staff to disinfect themselves.

The availability of this power is most useful for there is little point in school nurses disinfecting under a Cleansing Order if the children are to be re-infested in the home from older members of the family who are too ignorant or too idle to keep themselves clean. The powers to ensure cleanliness contained in the Education Act are most helpful. Nevertheless when it comes to the last resort the cleansing of the entire family as a unit carried out in "a suitable place" by an "authorised person" is a far more effective measure in reducing the head louse population of the community than the maximum monetary fine authorised by the Act.

#### **Eye Defects :**

The number of children requiring treatment for defective vision (excluding squint) was 320 as compared with 264 in the previous year and 193 in 1958, reference has already been made to this.

Squint called for reference for treatment in a total of 5 cases, this compares with 16 in 1959. A further 11 children were referred for observation on account of squint. Other eye conditions accounted for a total of 8 cases requiring treatment, in 1959 the number was 2.

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 48 reported in 1959. Otitis media shows a decrease of 1 case. Nose and throat defects with a total of 46 requiring treatment compare with 36 detected in 1959.

#### **Orthopædic 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 adopted for the first time in 1958 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 1960 :

#### Consultation Clinics :

Medical Services Clinic, New Street, Barnsley.

##### Ear, Nose and Throat Clinic

Tuesday ... .. 2.30 p.m.  
 Thursday ... .. 9.30 a.m. to 12 noon

##### Eye Clinic

Monday ... .. 9.30 a.m. to 12 noon  
 Wednesday ... .. 2 to 4 p.m.  
 Thursday ... .. 2 to 4 p.m.  
 Friday ... .. 2 to 4 p.m.

##### Orthopædic

Monthly (First Friday in the month) ... .. 9 a.m.

##### School Medical Officers Consultation Clinics

Wednesday ... .. 11 a.m. to 12 noon  
 Saturday ... .. 10 a.m. to 12 noon

##### Dental Clinics, New Street

Mondays, Tuesdays, Wednesdays and Thursday morning.

##### Dental (Orthodontic)

Wednesdays—

Athersley Clinic ... .. 9 a.m. to 12 noon  
 New Street Clinic ... .. 2 to 5.30 p.m.

#### Minor Ailments Clinics :

Barnsley : Medical Services Clinic, New Street.

Monday—Saturday ... .. 9 to 11.30 a.m.

Athersley : The Clinic, Laithes Lane.

Monday ... .. 9.30 a.m.

Ardsley : Hunningley Villa, Hunningley Lane, Stairfoot.

Monday ... .. 9.30 a.m.\*

Carlton : Old Highways Depot, Spring Lane.

Thursday ... .. 11 a.m.\*

Lundwood : The Clinic, Pontefract Road.

Monday ... .. 9.30 a.m.

Monk Bretton : The Clinic, Council Offices, High Street.

Every alternate Friday ... .. 9.30 a.m.\*

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

#### **Ultra-Violet Light Clinic :**

By appointment with the Physiotherapist, New Street Clinic.

#### **Speech Therapy :**

By appointment with Speech Therapist, cases seen at New Street, Lundwood and Athersley Clinics.

#### **Audiometric Testing :**

New Street Clinic—by appointment.

#### **Physiotherapy :**

New Street Clinic—by appointment.

#### **Malnutrition :**

Again it is possible to report that the classical forms of malnutrition are now rare conditions. There is little or no excuse for any child today suffering from undernourishment by reason of receiving an insufficient intake of usable calories. On the few occasions when cases of this kind present themselves very careful enquiries are carried out into the question of parental neglect to obtain the assistance provided by the community to prevent "real hunger." On the other hand cases of malnutrition (using the word in its true sense) are observed from time to time. These are not due to the basic lack of calories but to failure to ensure that the child receives a fully balanced diet. Such cases often arise from parental "spoiling," ignorance or laziness, where the diet provided is dictated by the easiest method of preparation or the line of least resistance to the child's fads. In another part of this report reference has been made to the decline of home cooking and to the substitution of processed and pre-cooked foods for the traditional Yorkshire

articles of diet. In the case of the school child, provided school meals are taken any potential risk of loss of accessory food factors arising from this cause will be offset by the carefully chosen ingredients of the school diet. Paradoxically enough it may well be that in the future aberrations in nutrition will present themselves in children whose parents belong to what have been described as the higher income groups. The parents of such children are more likely to hold the view that the meals in their own homes must be superior to those provided by the Education Authority. No doubt the costing per individual portion is higher. It must necessarily be so as the proportion of pre-cooked or processed foods rises. It remains to be seen how far such processing by reducing the potency of the various accessory food factors (though of course the calorie value of the various items is unaffected) may cause aberrations of nutrition or growth.

Some 2,097,553 bottles of school milk were supplied to children in schools. This number is 18,905 greater than in the previous year.

School Meals	1959	1960
Provided free ... ..	177,666	170,828
Provided at $\frac{1}{3}$ of full charge ...	7,204	22,413
Provided at $\frac{1}{2}$ of full charge ...	—	—
Provided at $\frac{2}{3}$ of full charge ...	1,581	3,387
Provided at full charge ... ..	932,774	1,051,883

The increase in the overall demand for school meals is most encouraging, as it is an indication that the most rational remedy is being applied to such malnutrition as remains in the community. It is also pleasing to note that this increase is one which has been maintained over the years. Again it must be emphasised that no artificial vitamin or other supplements can take the place of food requirements assimilated in the natural way from a well balanced diet. School meals are particularly valuable since the Education Authority's Officers trained in dietetics are constantly ensuring that at all seasons of the year these meals do in fact contain all the natural constituents necessary for normal nutrition. This is something which only a very few housewives and mothers are fortunate enough to have the necessary training or knowledge to do.



### **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 :**

Reference to the Clinic Time Tables shows that the existing arrangements were continued during 1960.

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

The highly satisfactory arrangements 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 was held twice weekly at the New Street premises by Mr. McNeil, the Ophthalmologist S.H.M.O. appointed by the Sheffield Regional Hospital Board. The figures for the cases dealt with by him are shown in the Appendix to this part of the Report. Table III(A).

### **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. Table III(B).

### **Audiometric Testing :**

The Health Authority's Audiology Technician who carries out the audiometric testing of school children undertook the following work during the year :

- (a) Tests undertaken at New Street Clinic ... 970.

These were carried out on children referred by the Ear, Nose and Throat Consultant, School Medical Inspection and occasionally by the Speech Therapist.

- (b) School Sweep Testing.

Number of children tested on School premises ... 2,787.

A programme was arranged to visit schools for the purpose of testing children in attendance at Infant Schools and to complete those children in the 7 to 11 years age group in the Junior Schools. 2,787 children were tested and of these 240 were referred for a detailed examination at the New Street Clinic. The average number tested per session at the school sweep tests was 40.

### Orthopædic and Postural Defects :

The existing arrangements for orthopædic examination and treatment have been continued throughout the year.

The Orthopædic Surgeon held sessions at New Street Clinic on 12 occasions, and at these he saw 75 new cases and carried out 125 re-examinations.

The work done by the Physiotherapist in the School Health Service is as follows :—

#### Treatments for Postural and Other Defects

Number of patients treated ... ..	44
Number of attendances made ... ..	295

#### Open Air School

Number of patients ... ..	22
Number of treatments ... ..	728

Children requiring surgical appliances have continued to obtain these through the Beckett Hospital, Barnsley (see Appendix Tables IIC and V).

### Child Guidance :

Development of the Child Guidance Service along the lines described in last year's report continued during 1960. Particular efforts were made to co-ordinate certain aspects of the work of this service with the Mental Health work of the Health Authority by the attendance of Mental Health Officers at the Child Guidance Centre. Mention of this has already been made in the appropriate part of the report.

The Annual Report of the Consultant Child Psychiatrist Dr. J. D. 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 emphasis in clinical work this year has again been on the intensive treatment of difficult problems. Although basically similar,

these problems may cause many different types of disturbances in children. Amongst the younger ones, fears produced in one way or another may show, not only as obvious nervousness, but as outbursts of uncontrollable temper and aggression. By getting these children to realise that their fears are understood and by helping parents to modify their reactions, it is possible to alter this behaviour considerably. Several cases in 1960 have shown how the difficulties can be produced by relationships in the previous generation—e.g. by grandparents who are not able to let their own children act as responsible adults, but must constantly interfere with the way they bring up their children; this results in the youngest generation having no consistent atmosphere in which to learn discipline and control of self-seeking emotion. This is one type of situation often found in families of delinquents.

Among older children there have been many problems of behaviour disorder of various types, some of which have been referred from the Juvenile Courts or from Probation Officers. Other cases have shown a more medical aspect—e.g. emotional reactions causing severe asthma, and in these success in treatment has depended to a considerable extent on the willingness of child and parents to consider the problems and seek for more satisfactory ways of reacting. Ordinary hospital facilities are available for some of these cases in the Paediatric wards of the City General Hospital, Sheffield, but these are, of course, only suitable for a small minority, and this year has again shown the desperate need for accommodation for children who are physically fit but emotionally disturbed. It is known that at least two children had to be admitted to Storthes Hall and one to the Whitely Wood Clinic. Hospital treatment was known to be advisable for at least five others, but the undesirable effects of admitting children to adult mental hospitals made this form of treatment impossible. If facilities had been available it is probable that these children, and many others, would have been spared years of emotional instability.

This year has shown how essential it is to have a social worker who has sufficient time to carry out long and frequent visits to some families. It is only in their own homes that it is possible for some mothers to talk about their problems; others can only be taught better ways of managing or reacting by practical example. Mrs. Allott worked very well in this way, and a number of Barnsley children have good reason to be thankful for her interest and perseverance."

New cases seen in 1960	...	...	...	...	47
Waiting list—1.1.1960	...	...	...	...	11
Waiting list—31.12.1960	...	...	...	...	12
Total cases dealt with during the year	...				102

The Annual Report of the Educational Psychologist to the Barnsley Authority for the year ended 31st December, 1960, is as follows :

**General :**

"The year 1960 was World Mental Health Year and it is, therefore, appropriate that this report should have an extended section on mental health. As education is concerned with the welfare and growth of the whole child, all the work could be considered under the heading of mental health but it would be tedious nevertheless to continue to dwell on these connections throughout the report and there are therefore, separate sections about the educationally subnormal children, about the Remedial Scheme and about Child Guidance. Much of the work does not fall under any one heading and so this introduction is a convenient place to refer to miscellaneous matters, some of which, though briefly mentioned, took up a considerable fraction of the psychologist's time in 1960.

During the course of the year over ten thousand copies of tests devised by the Educational Psychologist were supplied—mainly to Junior Schools. This was an experiment with a number of objectives including the highly practical one of saving each teaching staff the labour of compiling and duplicating its own tests and examinations. Test construction is time-consuming if done properly, and there seems to be little point, particularly in these days of teacher shortages, in Heads spending time separately, and laboriously, reproducing similar tests and for each of their clerks to duplicate a limited number of copies thereof.

This service has encouraged close contacts with the Junior Schools, which in some ways, are passing through an interesting period. The Educational Psychologist has been happy to be associated with the activities of the Junior Mathematics Committee, a teacher-elected body which has sponsored Study Groups. Five such groups have met fortnightly in the evening throughout the autumn term to discuss the teaching of mathematics, and they plan to continue their activities into 1961.

The Educational Psychologist has continued to test classes within the schools in order to build up a set of records which can usefully be referred to for various purposes. The medical officers in particular find the records a useful starting point in certain cases, and some matters which might otherwise be time-consuming can be illuminated without trouble. After all, medical officers and allied specialists are not in the nature of their work concerned with precise educational or intellectual assessments : it is often sufficient for their purposes to be able to exclude certain extremes and the records quickly provide simple facts which might otherwise demand exasperatingly elaborate measures to produce. The group test results pin-point the cases which need fuller investigation and there is a more productive distribution of time and energy.

### **Mental Health :**

In the sense that the mental health of children is the responsibility of all who are connected with education and its allied services, the educational psychologist has neither more nor less responsibility than anyone else. This is a point which is worth making because it would be fatal to have it thought that mental health is something that can be left to others, to the 'experts'. In fact, it could be said that it is the general practitioner of the classroom, the teacher, who has to be the expert in mental health ; the specialists inevitably can only help to deal with those who are failing in health. The increasingly high standards of physical well-being are not only due to the advances in medical science but to the growth of sanitary habits in the population. Corresponding changes of habit are needed in the development of greater mental health, and teachers are perhaps the only body capable of exerting a sufficiently sustained and powerful educational pressure on the general population.

What are the specialist's responsibilities ? There are four main ones. In the first place it follows from the above that he must try to foster the interest of teachers in mental health. Most teachers do, of course, act in accordance with the principles of mental health but without any conscious formulation of guiding rules ; there would be a great gain if there was a deliberate application of principles. The Marriage Guidance Council is attempting to influence those who have care of children in precisely this way and the Director has recently arranged for their lecturers to run two courses for teachers.

In the second place we should hope to organise an increasing number of special teaching groups either as classes within schools or as special units. The number of disturbed children is greater than is generally recognised and the ordinary class teacher, faced with large classes, has little opportunity to deal with these children in a way which is a positive contribution to their mental health. Even for the grossly disturbed children the national facilities are quite rudimentary. It is to be hoped that in the coming years it will be possible to accommodate maladjusted children locally in special school units when they need help in their daily lives in a way which cannot, at present, be given because the ordinary schools are for many good reasons unable to adapt themselves to the behaviour of the maladjusted, and because the psychiatric and psychological staff clearly cannot do everything that is desirable within short weekly interviews.

The third responsibility of the specialists is the Child Guidance Service, the need for which is now recognised so that at this point little need be said—particularly since Barnsley is ahead of many other authorities in this respect.

The fourth responsibility is one that is peculiarly the psychologist's, i.e. the development of practical means of assessment which can be applied widely without specialist help. The Educational Psychologist is constantly being made aware of the fact that even in the field of cognitive defect only systematic surveys of the school population can be relied upon to reveal the children needing special education and care ; and this leads to the uncomfortable reflection that in the more subtle field of emotional disturbance much is escaping recognition that ought to be noted. Perhaps in view of our national resources for dealing with these cases it is of little practical importance at this time that many cases go unnoticed and untreated ; but there should be an anticipation of the time when it will be possible to attack the problems of mental health systematically. Clearly it is in the discovery of those children needing help that the schools must assist, and teachers will, one day, regard it as entirely natural (and perhaps almost central to their professional competence) to note the children who are developing in ways which are a danger to themselves and to the community. For this they will need not only their own developed powers of judgement and a greater sensitivity to personality problems—but they will have to use various techniques and tests. It is these techniques which ought to be developed now, despite lack of facilities. Perhaps,

in fact, the facilities will come all the more quickly with a demonstrable increase in our powers of identifying children who stand in danger of permanent impairment, and to distinguish them for example from those who are passing through a temporary disturbance.

Perhaps it would be a fitting conclusion to this section to return from specialists' responsibilities to the relationship of mental health and classification examinations for secondary schools. It is obvious that the examinations are the focus of social tensions and of parental anxieties which make it difficult for the outsider to make sound judgments; but those in a position to observe children within schools know that they do not suffer from the fears and tensions which are sentimentally ascribed to them. It is true that some parents are over-anxious and that they communicate a degree of this to their children; but these are the parents who would worry in any case, the parents who continue to worry no matter what the result of the examination. In other words the examination is a focus for expressed anxiety which has roots elsewhere. Research has indicated that tension in children reaches a maximum later than 11 plus. As to the question of coaching, parents should realise that the adoption of coaching methods aimed at misplacement of their children can only have eventual ill-effects on their development. The Secondary Schools' Examination Board is aware of these dangers and is adopting policies designed to make coaching quite without effect and so to discourage it: mental health is indeed everybody's business.

#### **Sheffield E.S.N. Day School Scheme :**

As an interim measure pending the opening of the Barnsley Special School for educationally subnormal children, the Director obtained places for some of our most pressing cases at Sheffield special schools. The scheme began in April and by the end of 1960, 35 children were travelling daily by bus to Sheffield.

The testing of the children, the interviewing of the parents and all the administrative arrangements presented a task which needed considerable co-operation between departments. That the outcome was entirely satisfactory is evidence of the complete goodwill that prevailed.

#### **Remedial Scheme :**

The experience of the first year of this scheme was valuable in various ways. The success with some children was all that could

have been wished for. Some children gained over two years' skill in reading within a period of nine months. Naturally it was less successful with others and this unevenness pinpoints the great difficulties in the way of diagnosis, and of the prediction of the results of remedial measures. However, until there is more precision in these matters there must be room for trial and error methods, and satisfaction that in some cases there has been success. Even in the less successful cases (judged by improvement in reading alone) it can be hoped that in the hands of a good teacher readjustments of attitude to learning may have occurred with corresponding beneficial effects on mental health.

In the school year 1960-61 some changes of programme are being tried; somewhat smaller and duller groups are being dealt with and a group of secondary modern boys is being given individual attention. There is, of course, tremendous scope for remedial schemes of many kinds but progress is bound to be severely limited by the teacher shortages.

#### **The Child Guidance Service :**

The Consultant Psychiatrist continued with his treatment of the maladjusted children on three sessions each week. He was helped by Miss Seabury and Mrs. Allott. The number of children treated in the year 1960 was 102.

Clearly what was said above about mental health must be related to Child Guidance. The therapeutic work is not sufficient by itself: the need for it is rather to be seen as a sign that somewhere someone has failed; and the ideal, no doubt unattainable, would be that Child Guidance should wither away with the increasing success of mental health measures. Before then, however, there will have to be an expansion of remedial measures, facilities and techniques; and little can be done without enlisting the help of teachers in the work of changing attitudes within the community.

#### **Final Remarks :**

1960 was the second complete year that the new Centre has been open at Athersley and it is, therefore, justifiable to feel and express confidence in the Services which are based there. There seems to be a steady expansion of contacts and satisfactory relationships. In particular those with the Medical Department are especially valued.



Finally, I wish to thank the Director for satisfying my requests for extra facilities that various developments have called for ; for colleagues in the Education Office for their help ; and Miss Jones in the Centre Office for having adapted herself to the new tasks that have come her way."

For statistics relating to Child Guidance Treatment see Appendix Table IIE.

### Speech Therapy :

Throughout 1960 the Barnsley School Health Service continued to provide speech therapy. Mrs. L. M. Levett left Barnsley to take up residence in the South. Her place was taken by Miss K. A. Dyson on the 13th April, 1960.

The figures for Speech Therapy are as follows :—

Number of school children attending for treatment ...	89
Number of school children attending for observation ...	108
Number of attendances made by school children for treatment and/or observation ... ..	1,936
Number of school children discharged during the year...	50
Number of visits made to school premises ... ..	61

### Ultra Violet Light Therapy :

Ultra Violet Light Therapy was carried out by the Physio-therapist.

All treatments were done at New Street Clinic.

Number of children treated ... ..	10
Number of attendances made ... ..	131

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.

The Mount Vernon Open Air School was originally designed some fifty years ago, for the education of delicate children. This is no longer its primary function. Owing to the increasing standard of health in children, and to the fact that it is the only Special School

in the Borough, the Open Air School admits children for a wide variety of medical conditions. The school is now regarded primarily as a diagnostic centre, where children can be assessed medically and educationally and a decision taken as to their future education. Most of the children admitted to the Open Air School are able to return to an ordinary school within a year ; a few are sent to special schools outside the Borough, and a few, on account of chronic physical defect, continue at the Open Air School until the end of their school days.

The type and incidence of defects which necessitated admission to the school in 1960 are shown in Table VI. Although a single diagnosis is given for each child, the reasons for admission are usually multiple. Contrary to popular belief, the Open Air School is not for children with tuberculosis. Indeed, no child known to be suffering from infective tuberculosis is ever admitted.

The average age of the children admitted to the school is decreasing. This is probably due to an earlier detection of defects which is in turn due to the appointment of a full complement of medical staff during the year. As with all Special Schools in the country, the leaving age is sixteen years, and, where appropriate, the parents of older children at the school are advised to take advantage of this later leaving age. This year's extra education is particularly valuable in those children whose chronic illnesses have resulted in prolonged absences from school.

### SCHOOL DENTAL SERVICE.

The following report has been received from the Authority's Orthodontist :

"The staffing of the Dental Clinics remains a problem but suffice to say that the position is no worse than stated in last year's report. In July, the services of a part-time Dental Officer were recruited, who devotes six sessions per week to the dental treatment of school children. The other part-time Dental Officer devotes half his time to the school child, the remainder to the Maternity and Child Welfare patients.

Inspections of the school child on school premises have not been practicable during the year, although arrangements are being made to recommence these inspections during the early part of 1961.

The 'casual' patient—536 in all, provided most of the material for extractions. It is noted, that for once, the number of permanent teeth extracted is way below the number of temporary teeth extracted. The number of fillings done in permanent teeth exceeds the previous year by over two hundred, a small enough figure, but significant of the policy of the Authority, conservation of the permanent teeth must be accomplished, and in the years to come it is hoped that more work of a preventative nature will be done.

There is little to report or to comment upon at this stage. It is to be hoped that the lean years of school dentistry are over: that the incentive of better remuneration, first class equipment and increased status will bring a prosperous new phase into the School Dental Service."

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

### HANDICAPPED PUPILS.

A total of 84 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.

#### **Blind Children :**

One child was assessed as blind and two as partially sighted and as requiring special educational facilities. Two partially sighted children were placed in Special Boarding Schools. At the end of the year 1 blind and 2 partially sighted children were awaiting places in Special Schools.

#### **Deaf Children :**

Two children were assessed as partially deaf. One deaf child and 2 partially deaf children were 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 Audiology Technician appointed by the Local Health Authority carried 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 hoped that it will be possible for this provision to be made in the not too distant future.

Five pupils were ascertained during 1960 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 two. Places were found for 4 physically handicapped children in special schools during the year. These figures need not be regarded as unsatisfactory when compared with those for past years.

### **Educationally Sub-Normal and Maladjusted Children :**

41 children were assessed as being educationally sub-normal to a degree calling for education in a special school. Three children were assessed as requiring special educational treatment by reason of being maladjusted.

Three children were reported to the Health Authority under the provisions of the Education Act, 1944, Section 57(3) and 7 under Section 57(5). This compares with 3 and 6 respectively in 1959.

### **Epileptic Children :**

One child was ascertained as an epileptic pupil during the year and was placed in a special school. Statistics relating to the assessment 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 1960 are as follows :—

Disease	No. notified
Scarlet Fever ... ..	66
Diphtheria ... ..	—
Measles ... ..	91
Whooping Cough ... ..	57
Pneumonia ... ..	19
Meningococcal Infection ... ..	—
Dysentery ... ..	63
Food Poisoning ... ..	6
Poliomyelitis (paralytic) ... ..	3
	—
	305
	—

#### Immunisation against Diphtheria :

During the year 975 children of school age received a primary course of injections of anti-Diphtheria antigen. 3,466 received reinforcing or booster doses.

#### Prevention of Tuberculosis—Jelly Testing :

Arrangements were made to carry out Tuberculin Jelly Tests on Infant Entrants to school where parent consent was forthcoming. Consent was obtained in 953 cases. All of these were subject to Test. In 13 cases results were positive and investigations were carried out in each such case.

### 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, 1959 to August, 1960) at the Raley and Corporation Baths.

	Winter Sept. 59–Mar. 60	Summer Apl. 60–Aug. 60
Number of children sent to baths ...	3,523	3,660
Total number of attendances made ...	57,564	22,568
Number of children who could swim at least 10 yds. at the end of the session	1,996	2,042

	Winter Sept. 59-Mar. 60	Summer Apl. 60-Aug. 60
Number of children who gained Education Committee Certificates :—		
1st Class ... ..	1	—
2nd Class ... ..	53	45
3rd Class ... ..	614	124
Number of Royal Life Saving Certificates :—		
Elementary ... ..	41	14
Intermediate ... ..	41	14
Bronze Medallion ... ..	40	16
Bronze Bar ... ..	9	2
Bronze Cross ... ..	15	7
Bar to Bronze Cross ... ..	—	1
Award of Merit ... ..	—	—
Total number of individual children sent to Baths in 12 months ended August, 1960 ... ..		4,083

## PART VII — STATISTICAL APPENDIX

### TABLE I

#### MEDICAL INSPECTION AND TREATMENT

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
		(3)	(4)	(5)	(6)
1956 and later	130	128	98.4	2	1.5
1955	495	486	98.1	9	1.8
1954	359	357	99.4	2	0.5
1953	334	332	99.4	2	0.5
1952	726	722	99.4	4	0.5
1951	456	447	98.0	9	0.87
1950	157	149	94.9	8	5.0
1949	374	369	98.6	5	1.3
1948	573	564	98.4	9	1.5
1947	500	497	99.4	3	0.6
1946	469	466	99.3	3	0.6
1945 and earlier	622	617	99.1	5	0.8
Total	5195	5134	98.8	61	1.1

TABLE I (continued)

B. Pupils Found to Require Treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

Age groups inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any other conditions recorded in Part 11 (3)	Total Individual Pupils (4)
1956 and later	13	5	17
1955	21	28	46
1954	18	26	42
1953	22	9	30
1952	46	29	73
1951	32	28	45
1950	13	12	24
1949	33	15	47
1948	34	34	65
1947	30	14	43
1946	26	15	39
1945 and earlier	32	24	55
Total	320	239	526

C. Other Inspections

Number of Special Inspections	...	...	...	...	...	1,542
Number of Re-inspections	...	...	...	...	...	4,633
					Total	6,175

D. Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	30,008
(b) Total number of individual pupils found to be infested	...	...	...	...	...	883
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	...	...	...	...	...	23
(d) Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54(3) Education Act, 1944)	...	...	...	...	...	2

**TABLE II**  
**DEFECTS FOUND BY MEDICAL INSPECTION DURING**  
**THE YEAR**

**A. Periodic Inspections**

Defect or Disease	Periodic Inspections							
	Entrants		Leavers		Others		Total	
	Treat-ment	Observation	Treat-ment	Observation	Treat-ment	Observation	Treat-ment	Observation
Skin .....	19	43	10	13	6	13	35	69
Eyes								
(a) Vision .....	162	170	44	10	114	102	320	282
(b) Squint .....	2	13	—	1	3	3	5	17
(c) Other .....	—	—	—	1	2	1	2	2
Ears								
(a) Hearing .....	20	26	—	2	12	27	32	55
(b) Otitis Media .....	12	16	2	—	4	13	18	29
(c) Other .....	4	4	2	—	2	3	8	7
Nose and Throat .....	26	91	2	3	18	51	46	145
Speech .....	18	38	1	—	13	20	32	58
Lymphatic Glands .....	—	46	—	2	1	12	1	60
Heart .....	—	22	—	2	—	13	—	37
Lungs .....	—	41	—	2	1	18	1	61
Developmental								
(a) Hernia .....	—	1	—	—	2	3	2	4
(b) Other .....	—	5	—	1	—	9	—	15
Orthopaedic								
(a) Posture .....	6	12	—	2	3	4	9	18
(b) Feet .....	27	18	2	3	10	12	39	33
(c) Other .....	4	18	1	1	3	6	8	25
Nervous System.....								
(a) Epilepsy .....	—	5	—	—	—	1	—	6
(b) Other .....	—	7	—	—	—	—	—	7
Psychological								
(a) Development .....	—	8	—	—	—	5	—	13
(b) Stability .....	2	15	2	1	—	11	4	27
Abdomen .....	—	—	—	—	—	—	—	—
Other .....	1	6	—	2	—	7	1	15



TABLE II (continued)

## B. Special Inspections

Defect or Disease	Special Inspections	
	Pupils requiring treatment	Pupils requiring observation
Skin ... ..	3	1
Eyes—		
(a) Vision ... ..	5	3
(b) Squint ... ..	—	3
(c) Other ... ..	—	—
Ears—		
(a) Hearing ... ..	5	5
(b) Otitis Media	2	1
(c) Other ... ..	—	3
Nose and Throat ...	15	27
Speech ... ..	16	—
Lymphatic Glands...	—	4
Heart ... ..	—	4
Lungs ... ..	—	18
Developmental—		
(a) Hernia ... ..	—	—
(b) Other ... ..	—	1
Orthopaedic—		
(a) Posture ... ..	2	1
(b) Feet ... ..	4	5
(c) Other ... ..	3	4
Nervous System—		
(a) Epilepsy ... ..	—	—
(b) Other ... ..	—	1
Psychological—		
(a) Developmental	—	4
(b) Stability ... ..	—	12
Abdomen ... ..	—	—
Other ... ..	3	13

TABLE III

TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS

(Including Nursery and Special Schools)

A. Diseases of the Eye, Defective Vision and Squint.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	120
Errors of refraction (including squint) ... ..	1,574
Total ... ..	<hr/> 1,694 <hr/>

Number of pupils for whom spectacles were prescribed ... ..	<hr/> 929 <hr/>
--	-----------------

B. Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear ... ..	13
(b) for adenoids and chronic tonsillitis ... ..	120
(c) for other nose and throat conditions ... ..	40
Received other forms of treatment ... ..	674
Total ... ..	<hr/> 847 <hr/>

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

*(a) in 1960 ... ..	4
(b) in previous years ... ..	41

\* 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 dealt with
(a) Pupils treated at clinics or out-patient departments ... ..	119
(b) Pupils treated at school for postural defects	22
	<hr/>
Total ... ..	141
	<hr/>

**D. Diseases of the Skin.**

	Number of cases known to have been dealt with
Ringworm :	
(a) Scalp ... ..	5
(b) Body ... ..	1
Scabies ... ..	43
Impetigo ... ..	15
Other skin diseases ... ..	156
	<hr/>
Total ... ..	220
	<hr/>

**E. Child Guidance Treatment.**

	Number of cases known to have been dealt with
Pupils treated at Child Guidance Clinics ... ..	102
	<hr/>

**F. Speech Therapy.**

	Number of cases known to have been treated
Pupils treated by Speech Therapists ... ..	89
	<hr/>

**G. Other Treatment Given.**

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ... ..	311
(b) Pupils who received convalescent treat- ment under School Health Service arrange- ments ... ..	—
(c) Pupils who received B.C.G. vaccination ...	830

Number of cases  
known to have  
been dealt with

(d) Other than (a), (b) and (c) above.

Please specify :

Pupils who received Ultra Violet Light Treatment ... ..	10
Total (a)—(d) ... ..	<u>1,151</u>

TABLE IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT  
BY THE AUTHORITY

Number of pupils inspected by Authority's Dental Officers :—

Routine ... ..	Nil
Specials ... ..	536
Total ... ..	<u>536</u>

Number found to require treatment ... .. 504

Number referred for treatment ... .. 497

Number actually treated ... .. 648

Number of attendances made by pupils ... .. 2,241

Half-days devoted to :—

Inspections ... ..	Nil
Treatment ... ..	184½

Fillings :—

Permanent teeth ... ..	856
Temporary teeth ... ..	37
Total ... ..	<u>893</u>

Number of Teeth filled :—

Permanent teeth ... ..	792
Temporary teeth ... ..	36
Total ... ..	<u>828</u>

Extractions :—	
Permanent teeth ... ..	299
Temporary teeth ... ..	592
	<hr/>
Total ... ..	891
	<hr/>
Administration of General Anaesthetics for	
Extraction ... ..	348
	<hr/>
Orthodontics :—	
(a) Cases commenced during the year ... ..	13
(b) Cases carried forward from previous year ...	47
(c) Cases completed during the year ... ..	10
(d) Cases discontinued during the year ... ..	6
(e) Pupils treated with appliances ... ..	42
(f) Removable appliances fitted ... ..	42
(g) Fixed appliances fitted... ..	Nil
(h) Total attendances ... ..	497
Number of pupils supplied with artificial teeth ... ..	31
Other operations :—	
Permanent teeth ... ..	498
Temporary teeth ... ..	42
	<hr/>
Total ... ..	540
	<hr/>

**TABLE V**  
**ORTHOPÆDIC CLINIC**

Inspections at the Clinic :	
Visits of the Orthopædic Surgeon ... ..	12 sessions
Number of Cases seen :	
Tubercular—	
New Cases ... ..	—
Re-examinations ... ..	—
Non-Tubercular—	
New Cases ... ..	75
Re-examinations ... ..	125

TABLE VI

MOUNT VERNON OPEN AIR SCHOOL

Statistical Summary of Children in Attendance during 1960

Medical Category	No. in School 1st Jan. 1960	No. admitted in 1960	No. discharged in 1960	No. remaining in School 31.12.60
Delicate Pupils	17	17	14	20
Respiratory Diseases				
Asthma	4	1	1	4
Bronchiectasis	5	2	2	5
Chronic Bronchitis	6	5	7	4
Bronchiolitis	3	—	—	3
Cystic disease of the lungs	2	—	1	1
Upper Respiratory Infection	1	2	2	1
Pulmonary Fibrosis	1	—	—	1
Non-Respiratory Tuberculosis	1	1	1	1
Eczema	2	1	—	3
Diseases of the Bones	2	—	1	1
Congenital Deformities	1	1	1	1
Post-Poliomyelitis	2	—	1	1
Muscular Inco-ordination	1	—	—	1
Congenital Heart Disease	4	2	3	3
Nervous Instability	7	9	6	10
Partial Deafness	4	3	2	5
Nephritis	1	1	1	1
Petit Mal	1	—	1	—
Grand Mal	—	1	—	1
Speech Handicap	1	1	1	1
Spastic	—	1	—	1
	66	48	45	69

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) Epileptic (10) Speech Defect		Total (1) — (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
In the calendar year—											
A. Handicapped Pupils newly placed in Special Schools or Homes .....	—	2	1	2	29	4	46	2	1	—	87
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes .....	1	2	—	2	29	5	41	3	1	—	84

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally Sub-normal (8) Mal-adjusted		(9) Epileptic (10) Speech Defect		Total (1) — (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
On or about 31st December											
C. No. of handicapped pupils from the area :											
(i) were on Register of Special Schools as :											
(a) Day Pupils .....	—	—	—	1	62	3	42	3	3	—	114
(b) Boarding pupils .....	2	7	10	8	1	16	12	3	2	—	61
(ii) were on Register of independent schools under arrangements made by the Authority	2	—	—	—	—	1	1	1	—	—	5
(iii) were boarded in Homes .....	—	—	—	—	—	—	—	—	—	—	—
Total .....	4	7	10	9	63	20	55	7	5	—	180

TABLE VII (continued)

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally Sub-normal (8) Mal-adjusted		(9) Epileptic (10) Speech Defect		Total (1) — (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
D. No. of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :											
(i) in hospitals .....	—	—	—	—	—	3	—	—	—	—	3
(ii) elsewhere .....	—	—	—	—	—	—	—	—	—	—	—
(iii) at home .....	—	—	—	—	—	—	—	—	—	—	—
Total .....	—	—	—	—	—	3	—	—	—	—	3

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally Sub-normal (8) Mal-adjusted		(9) Epileptic (10) Speech Defect		Total (1) — (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
E. No. of Handicapped pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)											
(i) (a) Day .....	—	—	—	—	2	—	6	—	—	—	8
(b) Boarding .....	1	2	—	1	—	2	2	—	—	—	8
(ii) Number of pupils included above who had not reached the age of 5 :											
(a) Day .....	—	—	—	—	—	—	1	—	—	—	1
(b) Boarding .....	—	—	—	—	—	—	—	—	—	—	—
(iii) Number of pupils who had reached the age of 5, but whose parents had refused consent to their admission to a special school .....	—	—	—	—	—	—	—	—	—	—	—

F. Number of handicapped pupils who were on the registers of hospital special schools ... .. 13



G. Number of children reported during the Calendar Year under :

Section 57(3) prior to 1.11.60 or under	
Section 57(4) from 1.11.60 ... ..	3
Section 57(5) prior to 1.11.60 ... ..	7

How many decisions that a child is unsuitable for education at school have been cancelled under Section 57A(2) of the Education Act 1944 ... —

**TABLE VIII**

West Riding Pupils attending Barnsley Schools examined by the Barnsley School Medical Officers during the year 1960.

IA. Periodic Medical Inspections.

Age Groups Inspected	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	%	Number	%
1948	15	15	100	—	—
1947	33	33	100	—	—
1946	61	61	100	—	—
1945	15	15	100	—	—
1944	63	63	100	—	—
Totals	187	187	100	—	—

IB. Pupils found to require Treatment.

Age Groups Inspected	For Defective Vision (excluding squint)	For any other conditions	Total Individual Pupils
1948	1	—	1
1947	3	—	3
1946	4	—	4
1945	1	—	1
1944	1	—	1
Totals	10	—	10

**IIA. Defects found by Medical Inspection during the year.**

Defect or Disease	Periodic Inspections							
	Entrants		Leavers		Others		Totals	
	Treat-ment	Observ-ation	Treat-ment	Observ-ation	Treat-ment	Observ-ation	Treat-ment	Observ-ation
Skin	—	1	—	—	—	—	—	1
Eyes								
(a) Vision	9	2	1	1	—	—	10	3
(b) Squint	—	—	—	—	—	—	—	—
(c) Other	—	—	—	—	—	—	—	—
Ears								
(a) Hearing	—	—	—	—	—	—	—	—
(b) Otitis Media	—	2	—	—	—	—	—	2
(c) Other	—	—	—	—	—	—	—	—
Heart	—	1	—	1	—	—	—	2
Lungs	—	1	—	—	—	—	—	1
Developmental								
(a) Hernia	—	—	—	—	—	—	—	—
(b) Other	—	1	—	—	—	—	—	1
Orthopaedic								
(a) Posture	—	—	—	—	—	—	—	—
(b) Feet	—	—	—	—	—	—	—	—
(c) Other	—	2	—	—	—	—	—	2

**TABLE IX**

**IA. Barnsley County Borough Pupils attending Barnsley High School and examined by the West Riding School Medical Officer during the year 1960.**

**IA. Periodic Medical Inspections.**

Age Groups Inspected	Number of Pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
1948	2	2	—
1947	10	10	—
1946	57	57	—
1945	29	29	—
1944	53	53	—
1943	35	35	—
1942	7	7	—

IB. Pupils found to require Treatment.

Age Groups Inspected	For Defective Vision (excluding squint)	For any other conditions	Total Individual Pupils
1948	1	—	1
1947	1	—	1
1946	3	4	5
1945	1	3	2
1944	7	3	6
1943	2	—	2

IIA. Defects found by Medical Inspection during the year.

Defect or Disease:	Periodic Inspections						Specials	
	Entrants		Leavers		Others		Treatment	Observation
	Treatment	Observation	Treatment	Observation	Treatment	Observation		
Skin	—	—	—	—	—	—	—	—
Eyes								
(a) Vision	—	—	—	—	14	51	—	2
(b) Squint	—	—	—	—	—	1	—	—
(c) Other	—	—	—	—	—	—	1	—
Ears								
(a) Hearing	—	—	—	—	1	—	—	1
(b) Otitis Media	—	—	—	—	—	1	—	1
(c) Other	—	—	—	—	—	—	—	—
Nose and Throat	—	—	—	—	—	3	—	—
Speech	—	—	—	—	—	—	—	—
Lymphatic Glands	—	—	—	—	—	—	—	1
Heart and Circulation	—	—	—	—	1	1	—	3
Lungs	—	—	—	—	—	4	—	1
Developmental								
(a) Hernia	—	—	—	—	—	—	—	—
(b) Other	—	—	—	—	1	11	—	9
Orthopaedic								
(a) Posture	—	—	—	—	1	1	—	—
(b) Feet	—	—	—	—	1	1	—	—
(c) Other	—	—	—	—	—	2	—	—
Nervous System								
(a) Epilepsy	—	—	—	—	—	1	—	—
(b) Other	—	—	—	—	—	1	—	—
Abdomen	—	—	—	—	—	—	—	—
Other Defects	—	—	—	—	3	5	—	—
Tonsils Removed	—	—	—	—	2	—	—	—

## HEALTH COMMITTEE

(as at 31.12.60)

*Chairman*: Councillor H. I. Addy

*Vice-Chairman*: Councillor A. Williams

The Worshipful the Mayor: Alderman, W. Gill, J.P.

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

*Co-opted Members*:

Dr. S. Curry

Dr. N. Pick

## SANITARY COMMITTEE

(as at 31.12.60)

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

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

The Worshipful the Mayor: Alderman, W. Gill, J.P.

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

## EDUCATION COMMITTEE

(as at 31.12.60)

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

*Vice-Chairman*: Alderman Mrs. M. Brannan

The Worshipful the Mayor: Alderman, W. Gill, J.P.

Alderman C. Bentley	Councillor J. A. Halton, M.M.
Alderman L. Briggs	Councillor T. Hinchcliffe

Education Committee (continued)

Alderman A. Dunk, M.M., J.P.	Councillor F. Lockwood
Councillor H. Burgin, M.B.E.	Councillor F. Lunn
Councillor A. Butler	Councillor R. Skelly
Councillor F. B. Crow	Councillor S. Trueman
Councillor H. Dancer	Councillor B. Varley
Councillor F. Elliott	Councillor J. Wood, B.E.M.
Councillor W. R. Gundry	

*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 31.12.60)

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

G. A. W. NEILL, T.D., Q.H.S., M.D., D.P.H., Barrister-at-Law.

*Deputy Medical Officer of Health and School Medical Officer:*

Allan Withnell B.Sc., M.D., D.P.H. (Terminated 30.9.60)

Thomas F. Rennie, M.B., Ch.B., D.P.H. (Commenced 1.10.60)  
(Terminated 27.12.60)

*Senior Assistant Clinical Medical Officer of Health and School Medical Officer:*

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

Thomas F. Rennie, M.B., Ch.B., D.P.H. (Terminated 30.9.60)

Leon A. Nettleton, M.B., Ch.B., L.M.S.S.A., D.P.H.  
(Commenced 16.12.60)

*Assistant Medical Officers of Health and School Medical Officers:*

Peter H. Brewin, M.B., Ch.B. (Terminated 25.9.60)

Clifford G. Oddy, M.B., Ch.B.

John K. Butterfield, T.D., L.M.S.S.A., D.P.H. (Commenced 1.10.60)

### Health Visiting Service :

#### *Superintendent Health Visitor and School Nurse :*

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

#### *Senior Health Visitors and School Nurses :*

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

Miss J. M. Crossfield, S.R.N., S.C.M., (Part I) H.V. Certificate

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

(Commenced 14.12.60)

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

(Commenced 14.12.60)

#### *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. (Terminated 13.12.60)

Mrs. E. M. Page do. (Part-time to 31.3.60)

(Whole-time from 1.4.60)

(Terminated 13.12.60)

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

Mrs. K. Tomlinson, S.R.N., S.C.M., H.V. Certificate

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

(Terminated 31.8.60)

Mrs. B. Thorpe, S.R.N., S.C.M., H.V. Certificate

(Terminated 30.6.60)

Mrs. D. Parry, S.R.N., S.C.M., H.V. Certificate

(Commenced 2.7.60)

Miss I. Reilly, S.R.N., S.C.M., H.V. Certificate (Commenced 2.7.60)

Mrs. E. Inman do (Commenced 5.12.60)

#### *Student Health Visitors :*

Mrs. E. M. Evans, S.R.N., S.C.M. (Terminated 1.7.60)

Mrs. D. Parry, S.R.N., S.C.M. (Terminated 1.7.60)

Miss I. Reilly, S.R.N., S.C.M. (Terminated 1.7.60)

Miss H. P. Fletcher, S.R.N., S.C.M. (Commenced 3.10.60)

Miss M. J. Peace do. (Commenced 3.10.60)

Miss J. Royston do. (Commenced 3.10.60)

*Clinic/School Nurses :*

Miss E. A. Hazlehurst, S.R.N.

Mrs. I. Higgins, S.R.N., S.C.M.

Mrs. F. J. Garner, S.R.N.

Mrs. M. McCobb, S.R.N.

*Clinic Nurses :*

Mrs. M. Sagar, S.R.F.N.

Mrs. J. D. Senior, S.R.N. (Part-time)

Miss R. M. Palmer, S.R.N., S.C.M. (Part I) (Temporary)  
(Terminated 1.10.60)

Miss H. P. Fletcher, S.R.N., S.C.M. (Commenced 5.7.60)  
(Terminated 2.10.60)

Miss M. J. Peace, S.R.N., S.C.M. (Commenced 1.7.60)  
(Terminated 2.10.60)

Miss J. Royston, S.R.N., S.C.M. (Commenced 11.7.60)  
(Terminated 2.10.60)

*Midwifery Service :*

*Non-Medical Supervisor of Midwives :*

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

*Assistant Non-Medical Supervisor of Midwives :*

Miss E. S. Simpson, S.R.N., S.C.M., S.R.F.N., H.V. Certificate,  
Q.I.D.N.S.

*Domiciliary Midwives :*

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

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

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

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

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

Mrs. M. Owen, S.C.M.

Mrs. M. Utleigh, S.C.M.

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

Miss M. Peace, S.R.N., S.C.M. (Commenced 1.1.60)  
(Terminated 30.6.60)

Mrs. D. C. Parr, S.R.N., S.C.M. (Temporary Part-time)  
(Commenced 11.11.60)

Mrs. S. Amos, S.R.N., S.C.M. (Commenced 1.5.60)

## Home Nursing Service :

### *Superintendent of District Nurses :*

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

### *Assistant Superintendent of District Nurses :*

Miss E. S. Simpson, S.R.N., S.C.M., S.R.F.N., H.V. Certificate,  
Q.I.D.N.S.

### *District Nurses :*

Miss N. Corrigan, S.R.N., S.C.M., S.R.F.N., Q.I.D.N.S.  
(Senior District Nurse)

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

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

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

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

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.

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

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

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

Miss N. Wagstaff, S.R.N., Q.I.D.N.S.

Miss B. Gouldin, S.R.N., Q.I.D.N.S.

Miss P. Cox, S.R.N. (Commenced 1.3.60)

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.

### *Orderly—Home Nursing Centre :*

Miss F. A. Taylor

### **Handicapped Services Department :**

Mr. J. Chambers, A.I.S.W., D.P.A., Welfare Officer

Miss E. I. Mitchell, Home Teacher for the Blind

Mr. J. Moore, Home Teacher for the Blind

Mr. H. V. Davis, Home Teacher for the Blind

Miss E. White, Home Teacher for the Blind

Mr. P. McGraynor, Craft Instructor



### Handicapped Services Department (continued)

Miss D. C. Francis, Craft Instructor  
Miss P. Bromwich, Trainee Craft Instructor  
Mr. T. H. H. James, Welfare Officer for the Deaf  
Mrs. R. H. James, Welfare Officer for the Deaf  
Mrs. M. Arrandale, Blind Workshop Supervisor  
Miss J. M. Plowman, Shorthand Typist  
Miss J. Slater, Clerk (Terminated 17.7.60)  
Miss M. Hutson, Clerk (Commenced 2.8.60)

### Mental Health Service :

Miss E. M. Seabury, Mental Health Officer  
Mr. H. W. T. Smith, Mental Health Officer  
Mr. S. Crossland, Mental Health Officer  
Mrs. S. Allott, Student Mental Health Worker  
(Commenced 7.3.60)  
(Terminated 23.12.60)  
Miss A. Smith, Supervisor, Junior Training Centre  
Miss M. Outram, Assistant Supervisor (Unqualified)  
Mrs. E. M. Molyneux, Assistant Supervisor (Unqualified)  
Mrs. A. Ellis, Assistant Supervisor (Unqualified)  
Mrs. M. L. Beardsley, Assistant Supervisor (Unqualified)  
Mrs. S. Helliwell, Assistant Supervisor (Unqualified)

### Domestic Help Service :

Miss D. Smith, Domestic Help Organiser  
Mrs. E. Allison, Assistant Domestic Help Organiser  
Mrs. I. Hackney, Assistant Domestic Help Organiser

### Audiology Technician :

Miss D. E. Robinson, M.S.A.T.

### Physiotherapist :

Miss P. R. Powell, M.C.S.P.

### Speech Therapist :

Mrs. L. M. Levett, R.C.S.T. (Terminated 30.4.60)  
Miss K. A. Dyson, L.C.S.T. (Commenced 13.4.60)

**Dental Service :**

- Mr. J. Kilner, T.D., B.D.S., L.D.S., Consultant Orthodontist  
(Sessional basis)
- Mr. J. H. Walker, Temporary Part-time Dentist  
(Commenced 18.7.60) (Sessional basis)
- Mrs. A. E. Swann, Dental Attendant
- Miss R. Sharp, Dental Clerk

**Chiropody Service :**

- Mr. A. A. Aldam, M.Ch.S. (Commenced 19.5.60)  
(Sessional basis)

**Administrative and Clerical Staff :**

- Mr. B. Payne, Administrative Assistant and Chief Clerk
- Mr. J. Faulkner, Senior Clerk
- Mr. K. Holling, Records Officer
- Miss B. Firth, Senior Shorthand Typist
- Mrs. S. Clarke, Clerk-Typist
- Mrs. L. I. Cooper, Clerk
- Miss M. Fitzgerald, Clerk
- Mrs. A. Hoyland, Clerk
- Miss J. Walker, Clerk, Care of Mothers and Young Children
- Mrs. B. Oldfield, 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
- Mrs. A. Williamson, 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 (Food Hygiene duties)
- Mr. E. S. Hackney, Public Health Inspector
- Mr. L. Robinson, Public Health Inspector (Terminated 10.1.60)
- Mr. P. Walker, Public Health Inspector
- Mr. A. Foster, Public Health Inspector (Terminated 13.3.60)

Sanitary Service (continued)

- Mr. T. O. Powell, Public Health Inspector  
(Meat Inspection duties) (Terminated 21.2.60)
- Mr. H. Wilson, Public Health Inspector  
(Smoke Inspection duties)
- Mr. C. Elstone, Public Health Inspector
- Mr. J. L. McGarry, Public Health Inspector  
(Meat Inspection duties) (Commenced 28.12.60)
- Mr. D. R. Worrall, Senior Clerk
- Mr. R. Oates, Clerk/Student Public Health Inspector
- Mr. T. Hewitt, Clerk/Student Public Health Inspector
- Mr. J. Bradley, Clerk
- Miss H. Hunt, Clerk/Typist
- Miss M. Royston, Shorthand/Typist
- Miss P. Edwards, Shorthand/Typist