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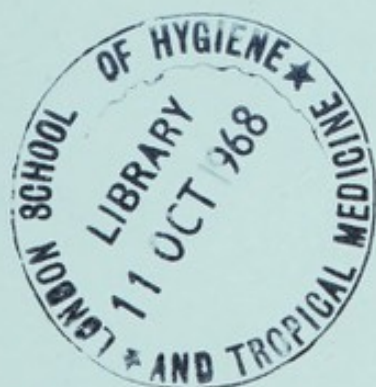
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THE HEALTH OF BARNESLEY



1967



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1967



The Annual Report of the Medical Officer of Health The Annual Report of the Principal School Medical Officer

G. A. W. NEILL, O.B.E., O.St.J., T.D., M.D., D.P.H.

Barrister-at-Law

Medical Officer of Health

Principal School Medical Officer

THE HEALTH OF BARNSELY

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The Annual Report of the
Medical Officer of Health
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Principal School Medical
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G. A. W. NEILL, O.B.E., O.S.C.I., T.D., M.D., D.P.H.

Principal School Medical Officer
Medical Officer of Health
Barnsley

FOREWORD

"The men with the muck-rakes are often indispensable to the well-being of society; but only if they know when to stop raking the muck."

At the laying of the Corner-stone of the Office Building of House of Representatives,
14th April, 1906.

THEODORE ROOSEVELT, 1858-1919.

This report contains little that is new. In the customary manner it provides statistical information relating to the health of the community, an interpretation of this information, records of the work done by the several services and a statement of the professional advice and opinions offered to the authority on certain matters.

The statistical information which is contained mainly in the first part of the report is very much the kind of thing which is to be expected of an industrial community of some 76,000 inhabitants. The infant mortality is slightly higher than the National average but not unduly or inexplicably so. The birth rate is lower than the preceding years, again not unexpectedly. Two points merit consideration; the number of deaths from lung cancer and the unexpected fall in the number of illegitimate births.

Statistics relating to communicable diseases offer little opportunity for observation. The failure of measles to conform to the traditional two-yearly pattern of incidence—a phenomenon noted previously in Barnsley—is of interest in the effect it will have on the planning of future immunisation programmes against this disease.

The record of the year's work in the personal and social services continues to emphasise the value of closer integration between the three parts of the National Health Service in the conservation of that scarce commodity—medical manpower.

Consideration of the authority's personal services suggests that certain aspects of the care of the aged by their own families might with advantage be examined. How much support can the aged expect to receive from their relatives? Does the Fifth Commandment retain any significance or should it be paraphrased "Honour the Welfare State that thy days may be long in the land?" If this is the case, the honouring must necessarily take the form of vastly increased resources being made available for the care of the aged. In view of the publicity recently accorded to the care of the aged in hospitals and institutions, a study of the treatment they receive in their homes at the hands of their own relatives could well be profitable. It would be most helpful in planning the geriatric services if some guidance were to be available as to the amount of co-operation which may reasonably be expected from families.

Reference to parts IV and V of the report will show that the year has seen substantial progress in the development of provision for those who suffer from a handicap, whether this be of mind or of body.

In the field of environmental hygiene (part VI) the additional powers conferred on the authority to deal with food hygiene are most welcome. They do something to lessen the hazard to health which is inseparable from the sale of unwrapped cooked meat products in the open air. This residual hazard must necessarily remain, however, until a covered food market of modern design is provided.

The health of the school children in Barnsley calls for little comment. It is pleasing to note that a reasonable level of school medical inspection was maintained despite the not inconsiderable staffing problems encountered during the year.

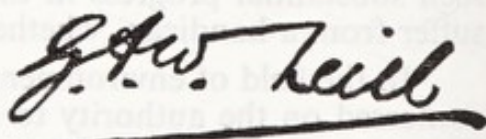
From time to time professional advice must be given to the authority on controversial matters. It must be clearly understood that the authority is under no obligation to act on such advice. Where, however, advice conforming to normal professional practice has been tendered but not accepted it is but proper that such advice should be permanently recorded in factual form. The Annual Report is an appropriate opportunity to do this. It should be appreciated therefore that the inclusion of a record of such advice in this report does not imply that the authority's professional advisers take part in any controversy which may subsequently arise. On the contrary, its inclusion is intended to protect them from the consequences of such controversy.

Modern organs of mass communication in their efforts to attract and hold the attention of the public tend to involve professional advisers in controversies which are not of their making and in which they have no wish to take part. This is not infrequently done by the quotation out of context of statements made in reports such as this. In doing this, it is not unknown for the rules of the common law which protect professional reputation and standing to be transgressed. When this occurs, no alternative remains but to seek the appropriate remedy from the courts.

Seeking the legal remedy results in unpleasantness which cannot but damage public relations. It also results in the expenditure of time and effort which could with advantage be channelled in other more profitable directions. Thus it is in the interests of the community that this position should be fully understood by all who read or who may make reference to this report. It is hoped that this explanation may help "the men with the muck-rakes" to know when to stop.

The report is prepared in accordance with the directions and requests of the several central government departments and in compliance with the requirements of the relevant statutory instruments.

It remains then only to thank all those 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.

A handwritten signature in dark ink, reading "J. H. W. Keil". The signature is written in a cursive style with a horizontal line underneath the name.

Medical Officer of Health and
Principal School Medical Officer

17th July, 1968

PART 1

SOCIAL AND STATISTICAL INFORMATION

"So may'st thou live, till like ripe fruit thou drop
 Into thy mother's lap, or be with ease
 Gathered, not harshly plucked, for death mature:
 This is old age."

Paradise Lost bk. xi. 1.535

JOHN MILTON, 1608-1674

1. Geographical Situation: Latitude 53° 33" N.
 Longitude 1° 29" W.
2. Elevation: 125 ft. to 575 ft
3. Area of County Borough: 7,817 acres.
4. Population: (a) Census 1961 74,650
 (b) Registrar General's estimate
 (1967 mid-year) 75,910
5. Density of Population: 9.71 persons per acre.
6. No. of inhabited houses: 24,922.
7. Rateable value at 31st December, 1967: £2,336,164.
8. Sum represented by a penny rate: £9,258.

SOCIAL CONDITIONS

The information relating to employment in Barnsley supplied each year by the Barnsley Employment Exchange indicates that during 1967 there was an appreciable increase in the number of persons without work. These figures, as well as the individual families concerned, are being kept under observation. Although it would be unwise at this juncture to jump to conclusions, it is not anticipated that unemployment will have as marked an effect on the health of the community as it did some years ago. This is, of course, due to the development of comprehensive social security arrangements. The figures received relating to unemployment for 1967 are as follows:

	MEN	WOMEN	
	18 AND OVER	18 AND OVER	TOTAL
As at 12.12.66			
Wholly unemployed	780	149	929
Temporarily unemployed ..	121	198	319
As at 14.12.67			
Wholly unemployed	1,306	140	1,446
Temporarily unemployed ..	136	9	145

VITAL STATISTICS

Births:					MALES	FEMALES	TOTAL
Legitimate	..	..	..	..	617	620	1237
Illegitimate	..	..	..	..	39	42	81
					656	662	1318

Birth rate per 1,000 population	..	..	..	..	..	..	17.36
Adjusted by the application of the comparability factor of 0.98	..	..	..	..	..	..	17.01
Illegitimate live births (percentage of total live births)	..	..	..	..	..	..	6.14

Stillbirths:					MALES	FEMALES	TOTAL
Legitimate	..	..	..	..	11	10	21
Illegitimate	..	..	..	..	—	—	—
					11	10	21

Rate per 1,000 total births (live and still)	..	..	..	..	..	..	15.68
Total live and stillbirths	1,339

Infant Mortality:

Infant deaths under 1 year of age	30
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Infant Mortality Rates:

Total infant deaths per 1,000 live births	22.76
Legitimate infant deaths per 1,000 legitimate live births	22.63
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	..	..	24.69

Neo-Natal Mortality Rates:

Deaths under 4 weeks per 1,000 total live births	14.41
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Early Neo-Natal Mortality Rate:

Deaths under 1 week per 1,000 total live births	13.65
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Perinatal Mortality Rate:

Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths	29.12
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ANALYSIS OF PERINATAL MORTALITY

The total perinatal deaths (i.e. still births plus deaths under 1 week of age) numbered 39. Of these deaths, 21 were stillbirths and 18, although born alive, subsequently died within 1 week of birth. Of the 18 live births who died within 1 week of birth, 4 were full term when born and 14 were premature. Of the 14 premature live births, 5 weighed less than 2 lbs. at birth, 3 weighed between 2 and 3 lbs. at birth, 1 weighed between 3 and 4 lbs. at birth, 4 weighed between 4 and 5½ lbs. at birth and 1 was not weighed at birth.

Of the 21 stillbirths, 6 when born were full term and 15 were premature. Of the 15 premature stillbirths, 1 weighed less than 2 lbs. at birth, 3 weighed between 2 and 3 lbs. at birth, 7 weighed between 3 and 4 lbs. at birth and 4 weighed between 4 and 5½ lbs. at birth.

It is emphasised that in many cases, multiple factors have operated in the causation of death and in the following tables, only the major cause is given.

Deaths in First Week of Life

Tentorial Tear	3
Non-Viable Prematurity*	2
Gross Prematurity	4
Prematurity	1
Respiratory Distress Syndrome	3
Hydrops foetalis	1
Haemorrhagic Pneumonia	1
Atelectasis	2
Asphyxia neonatorum	1
	<hr/>
	18
	<hr/>

*Viability is the ability to acquire a separate existence, recognised in law after the seventh month of gestation. The term "non-viable prematurity" is here meant to indicate prematurity of an order such that the foetus is not capable, in law, of acquiring a separate existence.

Stillbirths:

Congenital Malformations:

Anencephaly	1
Hydrocephalus	3
Intra-Uterine Asphyxia	5
Pre-eclamptic Toxaemia	2
Accidental Haemorrhage	3
Placental Insufficiency	3
Rh. incompatibility	1
Inhalation Pneumonia	1
Incompetent Cervix	1
Cause unknown	1
	<hr/>
	21
	<hr/>

ANALYSIS OF INFANT DEATHS: 1 week — 1 year

Congenital Malformations:

Congenital Atresia of Bile Duct	1
Tricuspid and Pulmonary Atresia	1
Intestinal Atresia	1
Transposition of the Great Vessels	1
Hydrocephalus	1
Gastro-Enteritis	3
Broncho-pneumonia and Central Atrophy	1
Meningococcal Septicaemia	1
Bronchitis	1
Asphyxia, unknown cause	1
	<hr/>
	12
	<hr/>

MATERNAL MORTALITY:

No maternal death was recorded in 1967.

DEATHS:

Males	458
Females	338
	<hr/>
	796
	<hr/>
Crude Death Rate per 1,000 population	10.48
Adjusted Death Rate by application of comparability factor of 1.21	12.68

Comparison with 1966 shows a decrease in the number of deaths of 69. This has an appreciable effect on both the crude and corrected death rates. Nevertheless, it is not beyond the range of expected variations and it would be unwise to attach any significance to this. The adjusted figure is the one shown in the appendix to this part of the report, Table II.

A detailed statement of the number of deaths attributable to each of the causes in the Registrar General's 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 again as in 1966 accounted for 5 deaths.

Pneumonia and bronchitis were credited with 96 deaths, 47 less than in 1966.

Cancer deaths amounted to 170, 47 more than in 1966. In 45 cases the cancer was situated in the lung.

TABLE 1

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1967 IN THE COUNTY BOROUGH OF BARNSELEY

CAUSE OF DEATH	SEX	TOTAL ALL AGES	4 WKS. AND UNDER		AGE IN YEARS								75 and over
			4 WKS.	UNDER 4 WKS.	1—	5—	15—	25—	35—	45—	55—	65—	
1. Tuberculosis, Respiratory	M	5	—	—	—	—	—	—	—	—	2	1	2
	F	—	—	—	—	—	—	—	—	—	—	—	—
2. Tuberculosis, Other	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	1	—	—
6. Meningococcal Infections	M	1	1	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
10. Malignant Neoplasm, Stomach ..	M	16	—	—	—	—	—	—	—	2	2	9	3
	F	11	—	—	—	—	—	—	1	3	1	1	5
11. Malignant Neoplasm, Lung, Bronchus	M	40	—	—	—	—	—	1	—	8	9	19	3
	F	5	—	—	—	—	—	—	—	2	3	—	—
12. Malignant Neoplasm, Breast ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	10	—	—	—	—	—	—	1	2	1	1	5
13. Malignant Neoplasm, Uterus ..	F	8	—	—	—	—	—	—	1	2	1	4	—
14. Other Malignant and Lymphatic Neoplasms	M	46	—	—	—	—	1	—	—	3	11	13	17
	F	34	—	—	—	—	1	2	—	7	2	13	7
15. Leukaemia, Aleukaemia	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	3	—	—	—	1	—	—	—	—	2	—	—
16. Diabetes	M	3	—	—	—	—	—	—	—	—	1	2	—
	F	2	—	—	—	—	—	—	—	—	1	—	—
17. Vascular Lesions of Nervous System ..	M	48	—	—	—	—	—	—	—	—	1	1	—
	F	64	—	—	—	—	—	—	1	1	11	9	26
18. Coronary Disease, Angina	M	92	—	—	—	—	—	—	1	1	7	23	32
	F	58	—	—	—	—	—	—	4	6	36	24	22
19. Hypertension with Heart Disease ..	M	6	—	—	—	—	—	—	—	2	11	21	24
	F	11	—	—	—	—	—	—	—	3	—	2	1
20. Other Heart Disease	M	36	—	—	—	—	—	—	—	—	—	4	7
	F	35	—	—	—	—	—	—	1	3	5	8	19
21. Other Circulatory Disease	M	16	—	—	—	—	—	—	—	2	3	7	22
	F	22	—	—	—	—	—	—	—	1	1	7	7
23. Pneumonia	M	29	2	—	—	—	—	—	—	—	2	7	12
	F	17	—	—	—	—	—	—	—	—	1	8	18
24. Bronchitis	M	43	—	—	—	—	—	—	—	—	1	3	13
	F	7	—	—	—	—	—	—	—	3	7	10	10
25. Other Diseases of Respiratory System	M	4	—	—	—	—	—	—	—	1	1	3	2
	F	—	—	—	—	—	—	—	—	1	—	—	—
26. Ulcer of Stomach and Duodenum ..	M	3	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	1	2
27. Gastritis, Enteritis and Diarrhoea ..	M	4	—	—	1	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	—	—
28. Nephritis and Nephrosis	M	2	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	2	—	—	—
29. Hyperlasia of Prostate	M	6	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Malformations	M	2	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	—	—	—	—	—	—	—	—
32. Other Defined and Ill-Defined Diseases	M	33	8	—	—	—	—	—	—	1	—	—	—
	F	25	9	—	—	—	—	2	1	2	9	4	6
33. Motor Vehicle Accidents	M	7	—	—	—	2	—	—	—	2	2	4	5
	F	3	—	—	—	—	—	3	1	—	—	—	—
34. All Other Accidents	M	11	—	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	—	—	—	—	2	3	2	4
35. Suicide	M	11	—	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	—	—	—	—	—	—	—	—
36. Homicide and Operations of War ..	M	1	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—
TOTAL ALL CAUSES	M	458	9	9	1	—	5	6	13	37	100	133	145
	F	338	10	2	1	3	3	2	10	27	42	96	142
GRAND TOTAL		796	19	11	2	3	8	8	23	64	142	229	287

The findings at inquests held by H.M. Coroner during 1967 on Barnsley residents were as follows:

	MALE	FEMALE
1. Deaths certified from Natural Causes	2	—
2. Deaths certified as Road Traffic Accidents . .	9	3
3. Deaths certified as Occupation Accidents . .	1	—
4. Deaths certified as Home and other Accidents	4	7
5. Deaths certified as Suicide	3	—
6. Deaths certified as Homicide	1	1

Comment:

Both the birth rate and the death rate show appreciable decreases when compared with the previous few years. It must be emphasised again that in a community of some 76,000 it would be imprudent to attempt to draw any conclusion from figures such as these where they refer to a single year and do not appear to be associated with any established trend. The fact that 20 fewer illegitimate births have been recorded merits attention and may well be the subject of several explanations. It will be interesting to observe the future trend of statistics relating to illegitimacy.

The figures relative to infantile mortality are not so favourable as for the previous year. In last year's report it was emphasised that those must be regarded as exceptionally good. The occurrence of 3 more infant deaths in 1967, coupled with a smaller number of births has resulted in Barnsley's figure reverting to a position above the national average. Nevertheless, this figure of 22.76 per 1,000 live births conforms more nearly to the steady downward trend—above but parallel to the national average—that has come to be expected in the vital statistics for Barnsley and similar industrial communities. There was one stillbirth fewer than in 1966.

Again it must be emphasised that these figures should only be considered in relation to recent advances in paediatrics and obstetrics. The practical application of these result from time to time in the survival, if only for a short period, of products of conception which, did they show no sign of life, would be classified as abortions. These latter it must be borne in mind do not appear in any statistical return relating to "legally viable" infants.

The fact that no maternal death was recorded is satisfactory but is hardly unexpected.

Examination of the causes of death in Table I produces one disquieting thought. The number of deaths from cancer of the lung at 45 is the highest ever recorded for Barnsley. Reference to these tables over the years shows a steady increase in deaths from this cause. In 1957 and 1958 the number each year was 19. In view of recent work on this subject, these figures might be interpreted as indicating that cigarette smoking has been far too prevalent in Barnsley.

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

YEAR	TOTAL (EST.) POPU- LATION	LIVE BIRTHS			DEATHS			DEATHS UNDER 1 YEAR OF AGE			MATERNAL MORTALITY		
		NUM- BER BARN- SLEY AD- JUSTED	RATE PER 1000 POP. BARN- SLEY AD- JUSTED	RATE FOR ENGLAND AND WALES	NUMBER BARN- SLEY AD- JUSTED	RATE PER 1000 POP. BARN- SLEY AD- JUSTED	RATE FOR ENGLAND AND WALES	NUM- BER BARN- SLEY	RATE PER 1000 LIVE BIRTHS BARN- SLEY	RATE FOR ENGLAND AND WALES	RATE PER 1000 LIVE BIRTHS	RATE FOR ENGLAND & WALES	YEAR
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	27.6	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	25.4	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	15.6	804	13.21	11.7	38	29.10	23.7	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	22.6	0.74	0.43	1958
1959	75400	1382	18.15	16.5	837	13.65	11.6	32	23.15	22.2	0.00	0.38	1959
1960	75450	1358	17.81	17.1	825	13.55	11.5	42	30.92	21.9	0.00	0.39	1960
1961	74590	1378	18.28	17.4	871	14.33	12.0	37	26.85	21.6	0.00	0.33	1961
1962	74910	1425	18.83	18.0	844	13.96	11.9	23	16.14	21.4	0.69	0.35	1962
1963	75000	1414	18.47	18.2	839	13.76	12.2	33	23.34	20.9	0.00	0.28	1963
1964	75260	1434	18.67	18.4	845	13.80	11.3	43	29.90	20.0	0.00	0.25	1964
1965	75500	1427	18.52	18.0	828	13.26	11.5	33	23.12	19.0	0.00	0.25	1965
1966	75760	1482	19.16	17.7	865	13.69	11.7	27	18.21	19.0	0.66	0.26	1966
1967	75910	1318	17.01	17.7	796	12.68	11.2	30	22.76	18.3	0.00	0.20	1967

PART II

EPIDEMIOLOGY

"'Tis all a Chequer-board of Nights and Days
Where Destiny with Men for Pieces plays:
Hither and thither moves, and mates, and slays,
And one by one back in the Closet lays."

Omar Khayyam, ed. I, xlix.

EDWARD FITZGERALD, 1809-1883.

The total number of cases of infectious disease reported in Barnsley in 1967 amounted to 1,485. The ages of persons affected and the geographical distribution by Municipal Wards are set out in Table I. The seasonal distribution is shown in Table II in the appendix to this part of the report.

Details of the various diseases notified are as follows:

Scarlet Fever: 72 cases.

This is a decrease when compared with the two previous years. It is, however, of little significance.

Diphtheria:

Once again no notifications in 1967.

Pneumonia:

59 notifications as compared with 104 in 1966.

Meningococcal Infection:

6 notifications compared with 10 in 1966.

Measles:

1,009 notifications. 207 of these were received in June which was the month of highest incidence. This followed the pattern of 1966 when 1,069 notifications were received. It would seem that measles did not conform to the two-year cyclical pattern in Barnsley in 1967.

Whooping Cough:

126 notifications were received, 100 more than in the previous year. It would seem that far too many mothers neglect to have their infants protected against this disease.

Poliomyelitis:

No notifications were received.

Dysentery and Food Poisoning:

192 cases of dysentery and 9 of food poisoning were notified. The arrangements which have existed in Barnsley over the past thirteen years were continued whereby general practitioners advise the Health Department of cases of gastro-enteritis and the department then investigates these and reports the results to the doctor. Thus all notifications are fully confirmed bacteriologically. This is most valuable, particularly in dealing with the families of food handlers and in the detection of healthy carriers and sub-clinical cases.

Tribute must here and now be paid to those general practitioners who loyally honour this arrangement, despite all the difficulties doing so entails.

The incidence of Sonné dysentery at 192 cases shows an increase from the previous year. A number of factors may contribute to this including climatic ones. The 9 cases of food poisoning which were notified are of little significance.

Comment:

It will be observed that there was an overall decrease in the total number of cases of infectious disease notified. Whilst this is a matter for satisfaction, it ought not to be one for complacency. The absence of the killing and disabling diseases such as diphtheria and poliomyelitis is almost certainly due to the continual pressure exercised by the professional members of the authority's staff to secure the immunisation of every possible individual and the maintenance of their acquired immunity at the highest possible level. That there has been an increase in whooping cough during the year suggests that perhaps the co-operation amongst parents in bringing children for immunisation at the earliest possible age leaves something to be desired.

Now that immunisation against measles is also becoming available it will be interesting to observe how far this is going to be effective in reducing the incidence of the disease which has accounted for the bulk of notifications in Barnsley for many years past.

It looked as if 1967 was going to be a year phenomenally free from dysentery. Then in December a total of 140 notifications was received. These were all fully investigated and a considerable amount of data was accumulated. Despite this, no clear evidence was elicited to suggest a reason for this sudden increase in incidence. It would seem that there are a number of gaps in the present understanding of the epidemiology of sonné dysentery.

Tuberculosis:

Notifications of pulmonary tuberculosis amounted to 23 during 1967 and there were 5 notifications of the non pulmonary form of the disease. There were 5 deaths from pulmonary tuberculosis and one from non pulmonary tuberculosis. Statistical information relating to tuberculosis is set out in Table III and IV in the appendix to this part of the report.

Comment:

The 23 notifications of pulmonary tuberculosis represent an increase of 6 over the previous year but this need not be considered discouraging. Reference to the comparative figures in Table III will show that 1967 has in fact conformed to the picture of tuberculosis statistics for Barnsley for the past 15 years. It was pointed out last year that it would not be reasonable to expect the record of progress of tuberculosis to its ultimate disappearance to take the form of a straight line graph. The fact that there

is no appreciable increase in deaths from the disease is a welcome re-assurance. In this series of reports over recent years, very full comment has been made on the continuing advance which is being maintained towards the elimination of tuberculosis. There would appear to be little point in repeating this once again in the present report.

Reference to Table IV will show that 16 of the 23 cases of pulmonary tuberculosis were notified in individuals of 45 and over. This repeats the experience of the past few years that tuberculosis is no longer a "young people's disease". It also further emphasises the necessity for the submission to mass x-ray examination of all middle-aged and elderly people with "chesty" or "smokers" coughs.

Venereal Diseases:

The figures for new cases attending the Barnsley Special Treatment Centre and giving addresses in Barnsley were:

Syphilis	..	..	..	..	..	..	..	..	..	1
Gonorrhoea	..	..	..	..	..	..	..	..	..	16
Other conditions	..	..	..	..	..	..	..	..	..	93

The one new case of syphilis recorded is classified as "latent" and as such would not appear to indicate that there is necessarily a source of fresh infection in the Borough.

The occurrence of 16 new cases of gonorrhoea represents a decrease in the incidence of this disease of some 11 cases. It also represents a figure which conforms to the average for several years past. Also as in previous years, the majority of the cases were reported in males over 25 years. It is also satisfactory to observe that the number of "Other Conditions" treated at the Special Treatment Centre is maintained. This indicates a consciousness of the need to undergo medical examination on the part of those who feel they may have incurred the risk of venereal infection.

Scabies:

Figures relating to scabies in Barnsley in 1967 are as follows:

Children

Number treated..	..	..	..	..	..	..	..	..	110
Number of attendances	..	..	..	..	..	..	..	..	214

Adults

Number treated..	..	..	..	..	..	..	..	..	54
Number of attendances	..	..	..	..	..	..	..	..	98

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

NOTIFIABLE DISEASES	Number of cases notified in Barnsley in 1967								Total Cases in each Ward									Removed to Hospital					
	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 and over	North Ward	South Ward	East Ward	West Ward	South-East Ward	South-West Ward	Central Ward	Ardley Ward	Monk Bretton Ward	Carlton Ward	Home Cases	Kendray Isolation Hospital	St. Helen Hospital	Beckett Hospital	Other Hospitals
Scarlet Fever	72	1	4	15	42	9	1	—	18	1	1	7	13	5	5	6	11	5	70	2	—	—	—
Whooping Cough	126	20	29	30	42	5	—	—	3	3	3	2	7	7	—	32	16	53	120	6	—	—	—
Measles	1009	53	286	335	318	12	5	—	119	57	28	69	128	77	23	71	229	208	1004	5	—	—	—
Pneumonia.. ..	59	7	7	5	2	1	1	36	5	2	8	2	2	2	1	11	14	12	49	7	3	—	—
Meningococcal Infection..	6	—	—	—	3	—	—	3	—	—	—	—	1	1	—	2	—	2	—	4	2	—	—
Dysentery	192	5	30	26	85	8	9	29	60	1	3	27	6	39	—	22	20	14	191	—	—	—	1
Puerperal Pyrexia	10	—	—	—	—	—	5	5	—	1	—	7	—	—	—	1	1	—	1	—	9	—	—
Food Poisoning	9	—	—	1	1	2	2	3	—	—	1	—	—	—	—	3	—	5	9	—	—	—	—
Erysipelas	2	—	—	—	—	—	—	2	1	—	—	1	—	—	—	—	—	—	2	—	—	—	—
TOTALS	1485	86	356	412	493	37	23	78	206	65	44	115	157	131	29	148	291	299	1446	24	14	—	1

TABLE II. Notifiable Infectious Diseases (excluding Tuberculosis)
Table showing monthly prevalence during the year 1967.

NOTIFIABLE DISEASES	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Scarlet Fever	9	5	6	2	14	7	5	5	4	5	4	6	72
Whooping Cough	6	4	6	14	23	21	13	11	15	6	—	7	126
Measles	55	42	74	100	236	207	183	84	9	6	8	5	1009
Pneumonia	5	4	2	3	1	3	2	5	7	2	4	21	59
Meningococcal Infection ..	—	—	—	2	—	—	3	—	1	—	—	—	6
Dysentery	3	3	7	7	8	7	2	2	3	3	7	140	192
Puerperal Pyrexia	2	—	1	1	—	1	—	—	2	—	2	2	10
Food Poisoning	4	3	—	—	—	—	—	—	1	—	—	1	9
Erysipelas	—	—	—	—	—	—	—	1	—	—	—	1	2

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	
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
1961	22	5	0.07	2	1	0.01	0.08
1962	25	18	0.24	3	—	0.00	0.24
1963	35	5	0.07	2	—	0.00	0.07
1964	23	3	0.04	1	1	0.01	0.05
1965	24	5	0.06	3	—	0.00	0.06
1966	17	5	0.06	3	—	0.00	0.06
1967	23	5	0.06	5	1	0.01	0.07

TABLE IV
Tuberculosis—New Cases and Deaths 1967
Classified into Age Groups

AGE PERIODS	NEW CASES				DEATHS			
	PULMONARY		NON-PULMONARY		PULMONARY		NON-PULMONARY	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 years	—	—	—	—	—	—	—	—
1—2 ..	—	—	—	—	—	—	—	—
2—5 ..	—	—	—	1	—	—	—	—
5—10 ..	—	1	—	—	—	—	—	—
10—15 ..	—	—	—	—	—	—	—	—
15—20 ..	1	—	—	—	—	—	—	—
20—25 ..	2	—	—	—	—	—	—	—
25—35 ..	1	1	—	1	—	—	—	—
35—45 ..	1	—	—	1	—	—	—	—
45—55 ..	5	3	—	—	—	—	—	—
55—65 ..	4	—	—	1	2	—	—	1
65—75 ..	2	—	1	—	1	—	—	—
75 and over	2	—	—	—	2	—	—	—
Totals ..	18	5	1	4	5	—	—	1

PART III

SOCIAL AND PERSONAL HEALTH SERVICES

National Health Service Acts, 1946-52

National Assistance Acts, 1948 and 1951

"Ah Love! could thou and I with Fate conspire
To grasp this sorry Scheme of Things entire,
Would not we shatter it to bits—and then
Re-mould it nearer to the Heart's Desire!"

Omar Khayyam, ed. I, lxxiii.

EDWARD FITZGERALD, 1809-1883.

On this occasion it is not proposed to enlarge upon the difficulties and problems which have been encountered in maintaining certain of the authority's social and personal health services. These were to a great extent foreseen and considered in some detail in this part of last year's report. It will be recalled that particular mention was made of the need to make the most advantageous use of medical manpower in view of the shortage of this commodity, particularly in industrial areas such as Barnsley.

By assessing priorities and by placing necessity before convenience, it has been possible to achieve a high degree of continuity in the authority's arrangements despite shortages of medical staff. The statistical returns for the year contained in the pages which follow give only a small indication of what has been achieved in this direction. Although at times during the year, the medical staff fell below the equivalent of three whole-time doctors, there has been little, if any reduction in the attention available for individual mothers and children. In some cases it has been necessary to make appointments well in advance. In others, the time spent in the waiting hall has been longer than in the past. Again it has been necessary to ensure that advice and care which can adequately be afforded by trained nursing staff is in fact given by them. Nevertheless, it has always been possible to ensure that where the nature of the attention required is such that it must necessarily be given by a doctor, one has been available.

That this rearrangement has been so successful is due in no small measure to the manner in which the nursing staff have accepted the challenge offered by this situation. In addition, the fact that general practitioners are now holding surgeries in the clinic premises has been of considerable assistance in that it enables the nursing staff to be sure that the sick child who appears at the clinic receives medical attention without the necessity of reference through an assistant medical officer. Further improvements in this direction may be expected when the proposed general practitioner suites at the clinics are completed and in use.

HEALTH CENTRES

National Health Service Act, 1946, S.21

Purpose designed buildings have been provided at Laithes Lane, Littleworth Lane, and Hunningley Lane, Stairfoot, for the services which are the authority's particular responsibility. In the planning of these buildings provision has been made to allow of expansion to accommodate services other than those provided by the authority.

In other areas, Carlton, Monk Bretton and the Gawber Road areas, the authority's clinic sessions are held in adapted buildings. Plans have been prepared for the replacement of these premises by purpose designed buildings which, like the existing ones will contain provision for expansion.

Reference was made in the 1966 report to the arrangements between the authority and the Barnsley Executive Council whereby two groups of general practitioners use the authority's clinics at Lundwood and Athersley for branch surgery accommodation. During the year, arrangements were completed for a further two groups to use the clinics in this way—one at Lundwood and one at Athersley. As a result of this demand for accommodation and with a view to increasing the amenities available at these two clinics, plans have been prepared to build extensions to them. This would enable purpose designed consulting room suites to be available for the general practitioners.

Financial provision has been made in the authority's capital expenditure programme for these extensions and the necessary administrative preliminaries were initiated by the end of the year. These may be rather prolonged in view of the fact that the proposed accommodation must technically be regarded as Health Centre provision.

CARE OF MOTHERS AND YOUNG CHILDREN

National Health Service Act, 1946, S.22

The services provided under this section at the end of 1967 were available at:

1. The Medical Services Clinic, New Street.
2. Clinic, Laithes Lane, Athersley.
3. Clinic, Littleworth Lane, Lundwood.
4. Clinic, Hunningley Lane, Stairfoot
(the above are purpose designed buildings).
5. Carlton Clinic, Carlton.
6. The Old Council Offices, Monk Bretton.
7. Jordan House, Gawber Road.

BARNSELY, ATHERSLEY, ARDSLEY, LUNDWOOD AND CARLTON ANTE-NATAL CENTRES

Ante-Natal and Post-Natal Clinics:

Ante-Natal Clinics:	BARNSELY	ATHERSLEY	ARDSLEY	LUNDWOOD	CARLTON	TOTAL
1. No. of sessions held during year	55	48	52	46	26	227
2. No. of women who attended during the year	138	83	122	144	33	520
3. No. of new cases included in the above	119	61	92	114	28	414
4. No. of attendances made during the year	479	316	395	426	109	1,725
Post-Natal Clinics:						
1. No. of sessions held during year	—	—	—	—	—	—
2. No. of women who attended during the year	—	—	—	—	—	—
3. No. of new cases included in the above	—	—	—	—	—	—
4. No. of attendances made during the year	—	—	—	—	—	—

Note:

Of Barnsley's 138 Ante-Natal Cases 3 were transferred to St. Helen Hospital.

Of Athersley's 83 Ante-Natal Cases 1 was transferred to St. Helen Hospital.

Of Ardsley's 122 Ante-Natal Cases 4 were transferred to St. Helen Hospital.

Of Lundwood's 144 Ante-Natal Cases 7 were transferred to St. Helen Hospital.

Of Carlton's 33 Ante-Natal Cases none were transferred to St. Helen Hospital.

399 Maternity Outfits were issued to patients during the year.

Barnsley, Athersley, Ardsley, Lundwood, Carlton, Jordan House & Monk Bretton Infant Welfare Centres

INFANT WELFARE	BARNSELEY	ATHERSLEY	ARDSLEY	LUNDWOOD	CARLTON	JORDAN HOUSE	MONK BRETTON	TOTAL
1. No. of sessions held during year at centres	126	54	54	51	26	48	51	410
2. No. of children who first attended at centre during the year and at their first attendance were under 1 year of age	364	226	193	133	34	134	120	1,204
3. No. of children who attended during the year and who were born in:—								
1967.. ..	306	194	184	114	27	120	112	1,057
1966.. ..	308	178	127	128	18	133	108	1,000
1965-62	210	54	121	92	24	108	64	673
4. Total No. of children who attended during the year	824	426	432	334	69	361	284	2,730
5. No. of attendances during the year made by children who at the date of attendance were:—								
0-1 years.. ..	3,627	2,059	1,980	1,423	369	1,587	1,496	12,541
1-2 years.. ..	624	316	364	289	75	423	252	2,343
2-5 years.. ..	174	122	75	105	31	84	65	656
6. Total No. of attendances made during the year	4,425	2,497	2,419	1,817	475	2,094	1,813	15,540

Note:—Of Barnsley's 824 Infant Welfare cases, 35 attended the Paediatric clinic at New Street Clinic, and made 60 attendances in 31 sessions. 63 children were referred to Specialists during the year.

Dental Care of Mothers and Young Children 1967:

Mr. I. O. Pinkham, B.D.S., L.D.S., R.C.S. (Eng.), Chief Dental Officer, reports:

1. Expectant and Nursing Mothers:

The demand for treatment of expectant and nursing mothers by the local authority service remains low and whole sessions have not been devoted to this work. The number of courses of treatment provided is lower than the previous year but it is satisfying to note that despite this, the number of fillings per patient has increased whilst the number of extractions has been reduced considerably. The overall reduction in demand for emergency and routine treatment reflects the growing number of mothers who rightly seek regular treatment from the General Dental Service.

2. Children under 5 years of age:

The dental treatment provided for young children remains comparable with the previous year, the slight drop in actual figures being attributable to reduced staffing during most of 1967. The valuable work of the dental auxiliary accounts for much of the conservative treatment carried out which would be impossible without her untiring patience and adaptability with very young children.

3. General:

Until November, 1967, staff shortage had prevented development of the child welfare branch of the Dental Service beyond maintaining treatment provision for patients who attend for emergencies or seek regular treatment voluntarily. It is hoped that improved staffing will permit some dental health education work to be carried out, particularly concerning the dental care of very young children, and more clinical time will become available for this work.

The statistics for 1967 are presented as follows:

Dental Services for Expectant and Nursing Mothers and Children under 5 years:

a. Attendances and Treatment

Number of Visits for Treatment During Year:

	CHILDREN 0-4 (INCL.)	EXPECTANT AND NURSING MOTHERS
First Visit	164	62
Subsequent Visits	161	139
Total Visits	325	201
Number of Additional Courses of Treatment other than the First Course commenced during year	7	NIL
Treatment provided during the year:		
Number of Fillings	131	85
Teeth Filled	116	75
Teeth Extracted	367	181
General Anaesthetics given	148	16
Emergency Visits by Patients	102	3

	CHILDREN 0-4 (INCL.)	EXPECTANT AND NURSING MOTHERS
Patients X-Rayed	3	6
Patients Treated by scaling and/or Removal of Stains from the teeth (Prophylaxis)	20	15
Teeth Otherwise Conserved	23	
Teeth Root Filled		NIL
Inlays		NIL
Crowns		NIL
Number of Courses of Treatment Completed during the Year	138	38

b. Prosthetics

Patients Supplied with F.U. or F.L. (First Time) ..	8
Patients Supplied with Other Dentures	14
Number of Dentures Supplied	35

c. Anaesthetics

General Anaesthetics Administered by Dental Officers	115
--	-----

d. Inspections

	CHILDREN 0-4 (INCL.)	EXPECTANT AND NURSING MOTHERS
Number of Patients given First Inspec- tions During Year	114	59
Number of Patients in A and D above who required Treatment	62	51
Number of Patients in B and E above who were Offered Treatment	60	51

e. Sessions

Number of Dental Officer Sessions (i.e.
Equivalent Complete Half Days) devot-
ed to Maternity and Child Welfare
Patients:

For Treatment	55
For Health Education	—

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	11
---------------------------------------	----

Number of cases seen:

New patients	36
Re-examinations	130

Relaxation Classes: (carried out by midwives and health visitors):

	NEW				ALL
	STREET	ATHERSLEY	ARDSLEY	LUNDWOOD	CLINICS
Sessions	104	15	14	7	140
New patients ..	189	27	32	9	257
Other attendances	964	82	89	29	1,164

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

Ultra-Violet Light Treatment:

Medical Services Clinic, New Street:

- a. Children 0-5 years:
Number treated NIL
- b. Expectant and Nursing Mothers:
Number treated NIL

Psychiatric Services:

A 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. Both mental health officers who are allocated to work in the child guidance team are State Registered Nurses and hold the Health Visitor's Certificate. They are also responsible for all mental health work amongst handicapped children of all ages.

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 also available. A total of 22 children under 5 years of age made 261 attendances for speech therapy. The services of the audiology technician may also be called upon for this group. 54 children under 5 years underwent a hearing test during the year.

Cervical Cytology:

In view of the fact that following receipt of Ministry of Health Circular No. 18/66, cervical cytology is now regarded as part of the services for the prevention of illness (National Health Service Act 1946, S.28), reference to it has been transferred to the appropriate part of the report.

Nursing Homes:

There are no nursing homes in the County Borough.

Homes for Mothers and Babies:

"*Ad hoc*" arrangements for expectant mothers were made with voluntary bodies in 12 cases during the year. This compares with 7 in 1966.

		Illegitimate Births		
		1965	1966	1967
Live Males	.. .. .	52	59	39
Live Females	.. .. .	53	42	42
Stillbirth Males	.. .. .	1	1	—
Stillbirth Females	.. .. .	1	—	—

Though the number of illegitimate births showed a decrease for the first time for several years, the number of unmarried mothers for whom it was necessary to make "mother and baby home" arrangements was increased. There does not appear to be any conclusion to be drawn from this, probably just a combination of circumstances in the individual cases presenting themselves during the year.

The health visitors continue to contact and supervise all unmarried expectant mothers who come to their notice to ensure that they receive adequate ante-natal care.

The "At Risk" Register

This was maintained throughout the year following the arrangements described in last year's report. The children on the register were kept under constant review and every effort was strained to ensure that as soon as a child was found to qualify for removal from the register, it was erased from it. Only if this is done can entry on the register fulfil its purpose.

In addition to the register maintained for children at risk for purely physical reasons is the "Special at Risk" register which was also continued. This contains the names of those children who are born into a few families whose history has shown that children born into them are at "special" risk for one reason or another, usually because the family is of the "problem" type or because there have been infant deaths in the family before. The risk here is not that the child should eventually prove to be handicapped but that there is a special risk—usually right from the beginning—that this child in such a family may die if special care and attention are not given. Some illegitimate births come into this category also. Families placed on this "special at risk" register are given very special attention designed towards avoiding "avoidable" risks to children born into such families. In fact most of them are on the register referred to in the section of this report which deals with "children likely to be neglected in their own homes".

At Risk Children

Remaining on the register at 31.12.67.:

Simply at risk	.. .. .	183
Special at risk register	.. .. .	252
Live births during 1967	.. .. .	1,318

Congenital Malformations

It is now the practice for every local health authority to collect all information concerning congenital malformations occurring in children born in their area and to submit this information to the Ministry of Health in accordance with a list of classified malformations supplied by the Registrar General. Such information is obtained from all sources within the County Borough concerned with the care of new born infants, including general practitioners, midwives and hospital authorities. Information is supplied to the Medical Officer of Health with respect both to live and stillbirths.

Malformations detected in 1967 — 12.

Family Planning

Following receipt of Ministry of Health Circular No. 5/66, consideration was given by the authority as to the most satisfactory method of providing family planning advice for women requiring this for medical reasons. The Barnsley Branch of the Family Planning Association was already providing facilities in the town for those who sought it from them and a fee was chargeable. Discussions took place with the Association and a grant of £250 to commence in 1967 was made, on the understanding that cases specifically referred by the authority would be advised without cost.

This arrangement has operated most successfully and now covers cases referred for social reasons as well. Thus the Barnsley Branch of the Association acts as agent for the authority which is represented on the branch committee.

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 1967 amounted to £3,767 0s. 2d. (£4,643 18s. 1d. in 1966).

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 described in previous reports has operated well and no difficulties in working it were encountered.

WELFARE FOODS

	BARNESLEY	ATHERSLEY	ARDSLEY	LUNDWOOD	CARLTON	JORDAN HOUSE	MONK BRETTON	TOTAL
Free Issues								
DRIED MILK								
Total cost to the committee:								
1966	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
1967	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Receipts for the year: 1966								
Dried Milk.. ..	£1,965 14 8	£611 7 10	£615 12 2	£351 4 9	£150 12 3	£467 7 3	£481 19 2	£4,643 18 1
Welfare Foods	£916 16 2	£200 6 10	£141 0 8	£146 9 8	£41 6 8	£147 14 10	£103 13 8	£1,702 8 6
1967								
Dried Milks	£1,480 5 6	£497 18 8	£499 16 5	£265 19 3	£94 3 10	£461 9 5	£467 7 1	£3,767 0 2
Welfare Foods	£952 11 10	£182 13 10	£186 16 4	£146 18 2	£44 7 2	£171 16 6	£153 14 0	£1,838 17 10

WELFARE FOODS

	VITAMIN A & D TABLETS				ORANGE JUICE				NATIONAL DRIED MILK			
	COD LIVER OIL								FULL CREAM		HALF CREAM	
	Free	Paid	Free	Paid	Free	Paid	Free	Paid	Free	Paid	Free	Paid
BARNESLEY	272	358	21	551	1,070	6,173	198	1,263	1,450	6	—	23
ATHERSLEY	77	72	5	70	207	1,173	113	250	301	—	—	—
ARDSLEY	33	66	7	76	209	1,526	17	166	239	—	—	—
LUNDWOOD	59	85	6	88	236	807	109	345	182	—	—	—
CARLTON	6	30	—	6	24	307	2	23	85	—	—	—
JORDAN HOUSE ..	18	85	2	174	64	1,717	6	45	146	—	—	—
MONK BRETTON ..	24	95	—	42	75	1,350	—	81	186	—	—	—
	489	791	41	1,007	1,885	13,053	445	2,173	2,589	6	—	23

Comment:

It will be observed that the number of attendances at the authority's clinics was smaller than in the previous year. This reflects the fall in the number of births. There were 164 fewer live births in 1967 than in 1966. The number of women attending the ante-natal clinics during the year was 520 compared with 526 in 1966. It would seem that the fall in the birth rate has not been reflected to any marked extent here. This is not altogether unexpected as most of the mothers who attend the authority's clinics are those who are considered as suitable for confinement at home.

The authority's post-natal clinics have virtually ceased to exist. This, however, does not mean that the post-natal examinations are not being carried out. It indicates that more and more women are receiving post-natal care from their general practitioner obstetrician or from their maternity hospital. This must necessarily be a far more satisfactory arrangement than examination by an assistant medical officer who may never see the patient again.

It is in the attendances at the infant welfare clinics that the effect of the fall in the birth rate is most evident. It is, nevertheless, interesting to note that although there were 164 fewer babies born in Barnsley in 1967 than in 1966, only 140 fewer infants made first attendances at the clinics.

The overall clinic attendances are down by 3,338 when compared with 1966. This fall was anticipated and attention was drawn to it in last year's report. It is to a large extent due to the fact that the general practitioners are holding their surgeries in the authority's premises and so sick children tend to be referred to them direct rather than to be seen by an assistant medical officer who may or may not be obliged to refer them to the family doctor. In addition to this, the shortage of medical staff has resulted in more clinic consultations being done by appointment rather than through "open" sessions. This inevitably results in a streamlining of clinic attendances. This is to be welcomed as it means the medical and health visiting staff have more time to spend on those children whose presence at the clinic is due to parental concern. It may be said therefore that having regard to the changing conditions, the figures for attendances at the clinics are not unsatisfactory.

As in previous years the various specialist services were utilised and the authority's medical auxiliaries had a busy year. It will be observed that the relaxation classes for expectant mothers continued in popularity.

The arrangements for the provision of audiology and audiometric testing were continued during the year as were those for speech therapy and for the supply of Nationally available Welfare Foods.

MIDWIFERY

National Health Service Act 1946, S.23

At the end of 1967, 9 midwives were in post. Details relating to the staff are contained in the list at the back of this report. Otherwise the administrative arrangements remained unchanged.

The non-medical supervisor and her assistant combined 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 the homes and offers them a common ground for discussion and exchange of ideas.

All midwives are issued with the "Tecota Mark 6 machine" for the administration of Trichloroethylene during labour. Trichloroethylene was administered in 245 cases. Pethedine was administered in 187 cases.

Medical Aid

Medical aid was summoned in accordance with the provisions of Section 14(1) of the Midwives Act 1948, as follows:—

- | | |
|--|----|
| (i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service | 26 |
| (ii) Other | 5 |

Domiciliary Midwifery and Institutional Confinement

During 1967 in Barnsley:—

2 women who did not book a doctor were attended at home by municipal midwives and in both cases was the doctor present at the time of delivery of the child.

3 women who did not book a doctor were attended at home by municipal midwives and in all cases the doctor was not present at the time of labour and delivery of the child.

78 women who booked a doctor were attended by municipal midwives and the doctor was present during labour.

43 women who booked a doctor were attended by municipal midwives and a doctor was present at delivery.

36 women who booked a doctor were attended by municipal midwives and a doctor was present at labour and at the time of delivery of the child.

209 women who booked a doctor were attended by municipal midwives and a doctor was not present at either labour or delivery of the child.

440 women who were confined in hospital were discharged before the 10th day of the puerperium. They were attended between the time of discharge and the 14th day by domiciliary midwives provided by the health authority (386 in 1966).

6,768 visits were paid by midwives during the puerperium (up to the 14th day) to patients delivered at home (8,682 in 1966).

70 post-natal visits were paid by midwives (after the 14th day).

2,516 ante-natal visits were paid to women in their own homes by the authority's midwives (2,236 in 1966).

2,435 visits were paid by midwives to women who were discharged from hospital before the 14th day (2,742 in 1966).

641 other visits were paid by midwives.

371 attendances at ante-natal clinics were made by midwives.

628 attendances were made by expectant mothers to ante-natal classes including relaxation exercises (held by midwives).

No. of miscarriages attended — 2.

Supervision of Midwives

All aspects of the work carried out by the midwives was supervised.

Supervision of Training

5 pupil midwives completed their training for Part II of the State Certified Midwife Certificate. All aspects of their training was supervised.

Teaching of Midwifery

The number of midwives recognised as teachers in the health authority's service at the end of the year was 3. During 1967, 5 pupils received instruction from teacher midwives as well as a course of lectures at the health department.

Hospital Obstetric Training

18 student nurses spent a period of 5 days with the domiciliary midwives during their three months obstetric training.

Hospital Students

Four lectures were given to 13 student nurses, followed by domiciliary visits with midwives.

Post Graduate Courses

1 midwife attended post graduate courses as required by the Central Midwives Board.

5 midwives attended a two-day Psychiatric Study Course at Middlewood Hospital, Sheffield.

9 midwives attended a Sisters Study Day at the Jessop Hospital, Sheffield.

2 midwives attended a Relaxation Course at Grantly Hall.

All midwives interchanged with the St. Helen Hospital Midwifery Sisters for one day.

All midwives attended a lecture "Resuscitation of the New Born Infant" given by Dr. E. M. O'Neill, Consultant Paediatrician.

7 midwives attended a one-day course, "Gastro Enteritis", at the Jessop Hospital, Sheffield.

2 midwives attended a short course on "Family Planning" at Sheffield.

Obstetric Flying Squad

The emergency team from St. Helen Hospital was called by the domiciliary midwives as follows:—

(i) Central Placenta Praevia.

Test for Congenital Discolation of Hip

This test was carried out on all babies by the midwives. One case was diagnosed during the year.

Health Education

All midwives co-operated with health visitors in the teaching of mothercraft and relaxation.

Comment:

Although only 9 midwives were available for the last three quarters of the year, the fall in the number of births compensated for this. Again, as in 1966, there was an increase in the number of patients discharged from hospital before the 10th day of the puerperium. Despite this and because discharge was on the average later in the puerperium, the number of visits it was necessary for the midwives to pay those patients showed a decrease.

Relations with St. Helen Hospital and Pindar Oaks Maternity Home continue to be excellent and the local maternity services liaison committee is providing ample opportunity for discussion on obstetric subjects between the three branches of the National Health Service.

As in previous years an enquiry was carried out into the week of pregnancy at which women book their midwife. This enquiry provides much food for thought. In 1967, out of 442 bookings, only 31 had been made by the 12th week and only 95 by the 16th week, but by the 26th week, 333 had booked. For some reason the week of pregnancy in which the largest number of women (46) made their booking was the 20th week. These figures do not show any material alteration on similar ones prepared for 1966.

HEALTH VISITING SERVICE

National Health Service Act, 1946, S.24

The figures showing the number of visits made by health visitors during 1967 as compared with those of the two previous years are as follows:

	1965	1966	1967
Children under 5 years visited for the first time ..	6,028	5,754	6,167
Children under 1 year: 1st visit	1,365	1,416	1,259
Total	5,455	5,858	6,167
Children between 1 and 2 years visited	4,294	3,877	4,139
Children between 2 and 5 years visited	7,761	7,331	8,134
Total number of visits made to children under 5 years	17,510	17,066	17,877
Expectant Mothers: 1st visit	767	644	461
Total	1,153	943	719
Neonatal Death Enquiries	46	29	22
Stillbirth Enquiries	39	24	26
Visits to Tuberculous Households	384	448	370
Visits re non-Tuberculous chest conditions	221	137	125
Gastro-Enteritis enquiries	2,222	1,618	2,167
Ineffectual visits	3,790	2,821	4,049
Total Households visited	23,172	16,166	18,242
Geriatric visits (to persons aged 65 and over)	1,640	2,310	3,185
Visits to the mentally disordered	115	72	87
Visits to chronic sick persons under 65 years of age ..	791	681	595
Hospital after-care visits	170	196	145
Social and Moral Welfare visits	1,276	895	968
Visits to problem families	2,032	1,735	1,575
Visits to households re infectious diseases	1,471	1,720	1,800

On 31st December, 1967, the staff in post was as follows:

Superintendent Health Visitor and School Nurse	1
Deputy Superintendent Health Visitor and School Nurse ..	1
Senior Health Visitor and School Nurse	3
Area Health Visitor and School Nurse	8
State Registered Nurse	3
State Enrolled Nurse	4
Student Health Visitor (Leeds University)	1

Certain staff changes took place during the year and these are indicated in the staff list at the end of the report.

At the end of the year, 12 Certificated health visitors were in posts in addition to the Superintendent. Three left the service for various reasons and two students completed their training and took up full duties in October. One health visitor student was recruited to take the Course at Leeds University. Again it would seem that recruitment to the service has barely balanced wastage. Nevertheless, effort continues to be expended to recruit members of the nursing profession from other spheres and thus to encourage interchange between these and health visiting.

Where members of a hospital's nursing staff have had experience of health visiting, the co-operation between that hospital and the local health authority is greatly increased. This is of immense value, not only to the respective staffs but also to the community served. Having regard to this then, despite the administrative problems involved it would seem that some very great advantages would accrue if a free two-way interchange between hospital nursing and health visiting could be established and maintained.

The pattern of the health visitor's work continued to change along the lines described in last year's report. In many ways this change is similar to that being experienced by the Home Nursing Service in that more time is being spent on each visit. It will be observed that visits to geriatric patients showed a marked increase. This is due to several factors, one of which is the greater number of elderly people in the community. The necessity of providing up to date social and clinical observation for the weekly geriatric case conferences is another.

The classes in mothercraft and relaxation classes have been carried on throughout the year. These classes are a joint effort between the domiciliary midwives and health visitors. A measure of their success is that the health visitors meet the expectant mothers at the classes with the midwives and so do not need to make so many ante-natal visits as in the past. They are thus able to devote more attention to problem families and "at risk" children.

Apart from what may be termed clinical and social work duties, the health visitors undertake a great deal of educational work. Much of this is particularly difficult to record statistically or to show in a return by figures. Mention of it is made in various parts of the annual report under such headings as Health Education and work of the school nurses (the school nurses are in fact the health visitors wearing "different hats").

Co-operation between General Practitioners and the Health Visiting Staff:

In previous reports, reference has been made under this heading to the great difficulties which lie in the way of direct attachment of health visitors to practices or groups of doctors in Barnsley. It has been emphasised that despite this, every effort has been strained to maintain close contact between the service and the doctors even if this can only be achieved informally.

During 1967, liaison was continued along these lines. It is evident that co-operation has greatly increased since the conclusion of negotiations with certain groups of practitioners to hold branch surgeries in the authority's clinic premises. It is of the greatest possible advantage to the health visitors to be working under the same roof as the family doctors. Apart from every thing else, it gives them an increased opportunity to demonstrate their particular skills and abilities to the practitioners and to assist them in many aspects of medico-social work. In addition to this, the daily contacts and discussions which must inevitably take place bring about a closer understanding between those who take part in them.

Arrangements for follow-up of Hospital Cases by Health Visitors:

Mention of this is made in that part of this report devoted to Care and After-Care and it would seem that this is where such arrangements should be described. However, the greater part of medico-social work in the community is done on behalf of the local health authority by the health visitors and mention of these arrangements is made here in compliance with Circular 1/68.

Close contact is maintained between the Medical Officer of Health and the Superintendent Health Visitor. Lists of patients discharged and the requirements of any special cases are forwarded as and when necessary. The Medical Officer also receives copies of "out-patient and discharge letters" from the Consultant Paediatrician where follow-up appears necessary in the case of children attending local hospitals. In the case of geriatric patients, their problems are reviewed each week at a case conference between the Consultant Geriatrician and the health authority's staff.

In addition to this, a senior health visitor attends every hospital paediatric clinic in Barnsley as well as other hospital out-patients where her services are likely to be required. This includes chest hospitals and clinics, geriatric clinics and the special treatment clinic. In all, the health visiting staff attended some 291 hospital sessions during the year.

Comment:

The trend away from the routine visiting of healthy infants who live in health conscious homes has continued. So also has the rationalisation of the work of the health visitor and the midwife in the ante-natal supervision of the expectant mother. More attention has been given to homes where gastro-enteritis or infectious disease has occurred. When this happens the presence of illness makes the family particularly receptive to health education and the staff make the most of this. Again it is interesting to note the increasing amount of work which is being done amongst the aged. This is inevitably time consuming.

Local circumstances of medical practice in Barnsley for the present rule out the direct attachment of health visitors to general practitioners. However, a great deal of progress towards greater co-operation and closer working is being achieved. The use of the authority's clinics as branch surgeries by practitioners has brought them under the same roof as the health visitors. At the same time, the arrangement whereby the staff work in groups centred on the clinics and guided by a senior health visitor has greatly improved their means of communication with the doctors.

Recruitment of suitable nurses into the Health Visiting Service continues to be a problem. It remains to be seen how alterations in the terms of service for hospital nursing staff will reflect on this. It is of vital importance that the necessary steps be taken to ensure that health visiting retains some attraction for those nurses endowed with an interest in preventive and social medicine. It is therefore to be hoped that this will receive due attention when the terms of service for health visitors come to be reviewed. The employment of State Enrolled nurses to assist with routine duties in clinics and amongst school children has proved to be of considerable value in improving the conditions under which the health visitor works.

HOME NURSING SERVICE

National Health Service Act, 1946, S.25

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

	1963	1964	1965	1966	1967
Cases	2,119	2,084	2,044	2,031	1,919
Visits	42,418	39,270	37,172	36,461	34,992
Whole-time nurses	18	18	16	16	16

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

TYPE OF CASE	NUMBER OF CASES	NO. OF VISITS PAID TO THESE PATIENTS
Tuberculosis	10	900
Influenza	1	3
Pneumonia	42	350
Maternal complications	14	101
Erysipelas	1	1
Infectious diseases	—	—
Miscarriage	8	35
Carcinoma	114	2,847
Burns and Scalds	27	316
Diabetes	28	2,023
Post-operative	170	2,039
Bones and Joints	57	1,771
Eye, Ear, Nose and Throat	120	670
Cerebral Haemorrhage	81	1,617
Cardiac	118	2,677
Circulatory	296	5,988
Chest, other than pneumonia	172	2,967
Skin	31	1,115
Others	629	9,572
	<u>1,919</u>	<u>34,992</u>

Patients in the above figures who attended clinics:

Visits only	4,244
Types of injections given:	
Insulin	18
Penicillin	293
Streptomycin	21
Diuretic	50
Haematinic	113
Sedative	30
Other	344
	<u>869</u>
	<u>16,824</u>

Night Service:

Cases visited between 8.00 p.m. and 6.00 a.m. (included in the above figures)	94	345
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Age Groups Nursed:

Under 5 years	141	785
5-15 years	72	358
15-65 years	815	13,447
Over 65 years	891	20,402

Discharges

Convalescent	600
Hospital	254
Died	187
For other causes	418
	<hr/> 1,459
Chiropody sessions	148

Staff:

Miss N. Corrigan retired from the appointment of Deputy Superintendent Home Nurse and Miss R. A. Chamberlain was appointed to replace her. The remainder of the Home Nursing staff is shown in the staff list at the end of the report.

The Superintendent Home Nurse reports as follows:—

“The District Nursing Service, like any other branch of the profession, must be alive and eager to adopt or discard techniques to keep abreast of the times, enabling it to offer only the best. During the past year changes have taken place, for instance the treatment and care prescribed by the general practitioners, e.g.

- (a) More use of the longer lasting drugs;
- (b) Oral administration of the broad spectrum antibiotics;
- (c) Alternating the injection and oral administration of diuretics;
- (d) The number of antibiotics given by the service was lower than the previous year.

It is interesting to compare the figures of the last two years:

- (a) In 1966, 472 patients received 3,219 antibiotic injections;
- (b) In 1967, 314 patients received 2,301 antibiotic injections.

“Looking at the figures there was an increase in the number of seriously ill patients but strangely, the number of nursing visits decreased. The explanation could be more were admitted to hospital for terminal nursing. There is a plan being considered that will enable the patient to stay at home if so desired. Secondly, the more acute awareness of the staff to the value of health education. In recent years health education has been one of the principles emphasised in the district nurses training syllabus. It has also been introduced at refresher courses and consequently the staff have recognised the opportunity when it arose and have taught, encouraged and given moral support to the patients and their relatives on how to regain and maintain the maximum possible health and independence.

"In other classifications the number of patients increased but the visits decreased noticeably. If this is the result of rehabilitation, it is a worthy reward for the nursing staff who have spent much longer periods with individual patients working conscientiously to that end.

Use of Pre-Sterilized Dressing Packs

It has been an accepted part of the service to amalgamate the system of autoclaved dressings of the patient and pre-sterilized dressing packs. In this way all types are used to advantage. Until there are all types of disposable instruments available, a complete change over to pre-sterile disposable dressing packs is impossible.

Provision of Incontinence Pads

The use of incontinence pads in the home was found to be invaluable to the work of the nurse. The patient was more comfortable for longer periods and the relatives were able to cope more efficiently. This is a service that is expected to grow.

Sterile Disposable Syringes

The complete changeover from autoclaved syringes to sterile disposable syringes is gradually taking place.

Night Visiting Service

There was no increase in the Night Service. The explanation again could be the admission of patients to hospital.

Home Nursing Clinics

There was an increase in the number of patients attending the four home nursing clinics held in various parts of the town during the year. These clinics are not being used to their full capacity. They are staffed by trained Queen's District Sisters who are quite capable of coping with selected patients to relieve the hospital out-patient departments and general practitioner clinics of the town.

Chiropody Service

There is a greater demand for this service and although each case is investigated by a State Enrolled Nurse and some treated in their own home, the waiting list is unduly long.

Linen, Loan and Laundry Service

The increase in this service was substantial and more articles were laundered. This, with the use of incontinence pads, gave practical help to the relatives in nursing the sick, which is worthy of note.

Queen's Institute of District Nursing

Two students completed their training and were successful in the examination. Two students commenced training.

Post-Graduate Courses

The Superintendent attended a Management Course and one Queen's male nurse attended the Liverpool Course, both arranged by the Queen's Institute of District Nursing. Two Queen's nursing sisters attended a Psychiatric Course at Sheffield. There was an interchange between the sisters of St. Helen Hospital and the Queen's nursing sisters for one whole day.

Hospital Students

22 student nurses attended lectures and observation visits at the Home Nursing Centre and 15 pupil nurses received one week's experience on the district with the nursing sister.

Disposal of Incontinence Pads and Dressings used in the home

The use of the above, although on the increase, has caused no difficulty. The technique is still the same as previous years and will be watched closely.

Loans

New equipment was bought and delivered to patients in their own homes to replace the hospital loans which were returned. This means the addition of very modern appliances to the service. It is intended to modernise the complete stock gradually.

Loans—Statistics—1967

The following figures relate to the loan of sick room requisites to those nursed at home during 1967:—

ARTICLES LOANED	LOANED DURING YEAR	STILL ON LOAN AT END OF YEAR
Air rings	129	66
Wheel chairs	98	42
Mackintosh sheets	111	55
Cradles	60	45
Crutches	27	17
Urinals	245	147
Bed Pans	298	146
Bed Rests	165	80
Sorbo beds	52	22
Feeding cups	36	18
Bed tables	2	—
Draw sheets	163	80
Mackintosh pillows	2	2
Bedsteads	54	27
Cots	5	2
Pulley and Fittings	10	4
Commodore	112	57
Walking aids	64	47
Walking sticks	45	31
Bath seats	27	21
Lavatory seats	4	3
Sputum mugs	2	—
Fracture boards	45	31
Bath rails	8	5
Large sheets	18	8
Nightgowns	5	4
Seat units	1	1
Bath mats	7	7
Toilet frames	1	1

Type of linen loaned—large sheets, draw sheets, nightgowns and shirts.

Number of articles laundered, including uniform, bags, bag linings, etc.—8,562.”

Comment:

Little in the way of comment remains to be added to the report furnished by the Superintendent Nurse. It would be most unfortunate if any tendency were to develop for the admission of the elderly to hospital for terminal nursing. Thought was given during the year to the possibility of making it easier for the seriously ill aged to end their days in their own homes.

The advantages of this would seem to be many. In the first place, a large proportion of the aged are distressed by removal from their own surroundings at a time when they cannot fail to be aware that their lease of life is limited. Many make a courageous effort to conceal this distress out of consideration for their relatives. In addition to this, geriatric hospital beds are all too few. They serve the community better when used for rehabilitation than for terminal care. Finally, there is the effect on others in hospital when a high proportion of those admitted die soon after.

In view of this, considerable thought has been given by the Home Nursing Service to the problem of ensuring more adequate terminal care in the home. As a result a tentative scheme was prepared towards the end of the year but it was not possible to implement this in 1967.

Co-operation and liaison between the home nurses and the practitioners continued to be satisfactory as indeed it has been for many years. The presence of the district nurse holding her nursing clinic in the same building as the general practitioners' branch surgery has proved to be of value. It certainly was an improvement from the point of view of the convenience of the patients. It will be noted that the Superintendent Nurse feels there is room for greater collaboration between hospitals, general practitioners and home nurses, particularly when patients are discharged from hospital. This view is without doubt prompted by the need obvious in an appreciable number of cases to tie up loose ends. It is here perhaps more than anywhere else, that the comfort of the patient tends to suffer from the fact that the National Health Service has developed into three separate sealed compartments. Progress towards closer working between the authority's staff and the practitioner may well do something to lessen the problem here.

The closer contacts between hospitals and district nurses which will result from the instruction now being given to student and pupil nurses on the district will no doubt have their effect. In spite of all this, there is still need for much better and quicker means of communication about the care on discharge of the individual patient between hospitals and those working outside. Under present administrative arrangements it is difficult to see how this can be improved.

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:—

AGE AT DATE OF VACCINATION	NUMBER VACCINATED	NUMBER RE-VACCINATED
0-3 months.. ..	11	—
3-6 months.. ..	7	—
6-9 months.. ..	8	—
9-12 months	24	—
1 year	257	6
2-4 years	83	4
5-15 years	12	4
Over 15 years	127	264
	—	—
Total	529	278
	—	—

Immunisation against Diphtheria

CHILDREN BORN IN:	NO. COMPLETING PRIMARY INJECTIONS	NO. OF REINFORCING DOSES	TOTAL
1967	462	—	462
1966	539	298	837
1965	60	413	473
1964	14	42	56
1963-60	93	871	964
Others under 16 years	71	210	281
Over 16 years	—	2	2
	—	—	—
Total	1,239	1,836	3,075
	—	—	—

Vaccination against Whooping Cough (in combination)

YEAR OF BIRTH	NUMBER OF CHILDREN
1967	462
1966	539
1965	57
1964	11
1963-60	15
Others under 16 years ..	2
Over 16 years	—
	—
Total	1,086
	—

Immunisation against Tetanus

1,257 children received a course of immunisation against Tetanus, either combined with other antigens or against this condition alone. A further 53 persons over the age of 15 years were also immunised against this disease.

The Casualty Department at Beckett Hospital is provided with a record of all persons immunised against tetanus.

Immunisation against Poliomyelitis

During the year immunisation against poliomyelitis was carried out as follows:—

		Oral Vaccine		
		NO. GIVEN 3	NUMBER WHO AT 31.12.67	
		DOSES DURING	HAD RECEIVED	
		THE YEAR	1 DOSE ONLY	2 DOSES
Children born 1967	..	169	55	58
Children born 1966	..	751	21	28
Children born 1965	..	90	4	5
Children born 1964	..	36	—	—
Children born 1963 to 1960	..	193	55	15
Children under 16 years	..	107	—	—
Others over 16 years	..	96	3	4
		1,442	158	110

No. of individuals given reinforcing dose of oral vaccine—1,046.

No Salk type injections were given during the year.

Immunisation against Typhoid and Para-Typhoid Fevers

2 persons received a course of T.A.B. injections prior to a visit to the continent.

Immunisation against Anthrax

5 Abattoir employees were immunised against anthrax during the year. They were all booster doses.

Yellow Fever Vaccination

The arrangements for this service remained unchanged during the year. All injections of this type are given at the Medical Services Clinic, New Street. A fee of £1 1s. 0d. is charged and an International Certificate of Vaccination against Yellow Fever is supplied.

The number of persons vaccinated against yellow fever during the year was

Adults	..	..	..	..	..	45
Children	..	..	..	..	..	17
Total	..	..	..	..	..	62

Vaccination and Immunisation Facilities

All expectant and nursing mothers, infants, toddlers and school children can receive immunisation or vaccination against any of the diseases included in the authority's programme at any of the appropriate doctor's sessions held in any of the authority's clinic premises. If, of course, the medical officer in charge finds some contra indication for carrying out the procedure, the patient will be advised accordingly. In addition to these arrangements, the special sessions for immunisation and vaccination were continued at New Street Clinic throughout the year.

Comment:

That there was a decrease when compared with 1966 in the number of vaccinations and revaccinations against smallpox was not unexpected. The figures (largely for adults) were inflated in the previous year by reason of the demand for International Certificates of Vaccination by those taking holidays abroad. This was, of course, a consequence of the incidence of variola minor in the Midlands. On account of this, certain countries showed themselves unwilling to welcome British tourists unless they could produce evidence of recent vaccination. Examination of the figures, however, shows that in all age groups except 5-15 years and over 15 years, more vaccinations were done in 1967 than in 1966.

In the case of immunisation against diphtheria, whooping cough and tetanus, the number of children receiving primary protection was fractionally higher than in the previous year. Having regard to the smaller number of births and the shortages of medical staff, this must be regarded as a satisfactory state of affairs. The number of reinforcing doses given was not as high as in the previous year but it must be borne in mind that 1967 passed without the occurrence of any cases of this disease within measurable distance of Barnsley.

The slight increase in the incidence of whooping cough suggests that more parents might seek protection for their children earlier. Or again, having commenced a course of immunisation might, with advantage, make sure that it is completed. Far too many parents in 1967, perhaps around 150, left primary immunisation until their children entered school. The medical staff is at all times willing and indeed anxious, to give protection against preventable diseases. They would, however, much prefer to do this at an age when it is possible to do something about whooping cough.

The remaining immunising procedures which the authority provides call for no comment.

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

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 Borough back into the West Riding.

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.

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 1966 are given for the purpose of comparison.

MONTH	COUNTY BOROUGH						WEST RIDING AND OTHER AUTHORITIES						GRAND TOTALS	
	ORDINARY		EMERGENCY		TOTALS		ORDINARY		EMERGENCY		TOTALS		1966	1967
	1966	1967	1966	1967	1966	1967	1966	1967	1966	1967	1966	1967		
JANUARY ..	2043	1960	190	170	2233	1130	64	57	33	33	97	90	2330	2220
FEBRUARY ..	1735	1819	143	166	1878	1985	48	49	26	26	62	75	1940	2060
MARCH ..	2136	1955	172	224	2308	2179	39	53	28	28	64	81	2372	2260
APRIL ..	1785	1697	128	175	1918	1872	49	70	44	44	90	114	2003	1986
MAY ..	1867	2000	130	153	1992	2153	58	59	42	42	86	101	2078	2254
JUNE ..	1800	2058	198	251	1998	2309	56	60	34	34	98	94	2096	2403
JULY ..	1765	2201	199	201	1964	2402	57	51	61	61	88	112	2052	2514
AUGUST ..	1643	1926	146	186	1789	2112	55	29	26	26	88	55	1877	2167
SEPTEMBER	1867	2105	190	211	2057	2316	62	52	31	31	101	83	2158	2399
OCTOBER ..	1744	2142	173	163	1917	2305	65	43	27	27	104	70	2021	2375
NOVEMBER	1769	2131	182	161	1951	2292	69	74	22	22	111	96	2062	2388
DECEMBER ..	1667	1873	224	235	1891	2108	76	44	46	46	123	90	2014	2198
TOTALS ..	21816	23867	2075	2296	23891	25163	698	641	414	418	1112	1061	25003	27224

Details of patients conveyed

The figure of 27,224 ordinary patients conveyed is an increase of 2,221 as compared with last year.

In the overall figure of patients conveyed there is an increase of 2,517 as compared with last year (43,058—45,575).

The number of patients conveyed on behalf of the West Riding County Council, and other authorities shows a decrease of 51.

To Hospitals etc., within the Borough:

Beckett Hospital	6493
St. Helen Hospital	2451
Pindar Oaks Maternity Home	99
Kendray Hospital	1156
New Street Clinic	322
Queens Road Clinic	1957
Lundwood Hospital	15
Mount Vernon Hospital	909
Others	61

To Hospitals etc., out of the Borough:

Penistone Annexe	167
Sheffield	2409
Wath	200
Kirkburton	33
Wakefield	221
Mexborough	37
Leeds	25
Doncaster	46
Others	43

To Home Addresses within the Borough from:

Beckett Hospital	4688
St. Helen Hospital	837
Kendray Hospital	131
New Street Clinic	320
Queens Road Clinic	1339
Mount Vernon Hospital	763
Others	15

To Home Addresses out of the Borough:

West Riding	1061
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House to house removals (Borough): 28

Journeys made—Patients not conveyed 1398

27224

Mentally Retarded Children conveyed: 18271

Midwives conveyed: 80

45575

The total number of journeys made to convey the 45,575 patients was 7841 being an average of 5.8 patients per journey which is roughly .1 lower than the figure of last year.

Mentally Retarded Children

Mentally retarded children continue to be taken by ambulance coach to and from the centre each day the centre is open.

During the period under review the coaches made 1471 journeys and carried 18,271 passengers which shows an increase of 383 journeys and an increase of 307 passengers as compared with last years figures.

Establishment Strength:

	AUTH. ESTAB. 31.12.67	ACTUAL STRENGTH 31.12.67
Sub Officer	1	1
Leading Drivers.. ..	4	4
Driver/Attendants	19	14
	<hr/> 24	<hr/> 19

Vehicles

One Ambulance was replaced during the year, fitted with a new American type stretcher equipment, which has proved to be much easier to handle for personnel and more comfortable for the patients.

No major breakdowns occurred during the year, and there is no doubt that this was due, in a very large measure, to the routine attention given to the vehicles.

Mileage

During the year, the fleet covered 133,314 miles on ambulance duties made up as follows:—

Ambulances	71,695
Ambulance Coaches	47,946
Sitting Car	13,673

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

1961	157,909
1962	157,295
1963	156,470
1964	145,196
1965	134,057
1966	129,800
1967	133,314

For the previous years mileage of the fleet was cut by approximately 11,000 in 1965, 4,000 miles in 1966 and this year there is an increase of roughly 3,500 miles due to the fact that there was an increase of patients conveyed (2,500).

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 established between the Control Room and three hospitals, Beckett, St. Helen, and Kendray.

Short Wave Radio

Short wave radio still continues to play a major part in the efficient running of the Ambulance Service.

This form of communication has proved a success since its initial inception, both operationally and economically, as it tends to reduce mileage, petrol consumption and time.

The equipment, is however, now up to its usual efficient length of use and will need to be replaced within the immediate future.

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
Saturdays from 12 noon until 9 a.m. on Monday morning
Public and Bank Holidays.

During the period under review 80 requests were dealt with, which is a reduction of 11 on the previous year.

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 centres. Special journeys are not organised for this purpose as the hearing aids are taken with the daily journeys to Sheffield Hospitals.

During 1967, 502 hearing aids were taken for repair which is an increase of 9 over the previous year.

Medical Officer of Health, Mental Health and Home Nursing

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. weekends, Public and Bank Holidays, the call is accepted at the Control Room and passed to the appropriate officer with the minimum of delay.

Infectious Diseases

All cases to and from Kendray Hospital are now dealt with by ambulances stationed at the Ambulance Garage at Broadway.

Liaison with Hospitals

Liaison with all Hospitals and the Regional Hospital Board continues at a very high level and, any problems which may 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 a minimum.

Equipment

All ambulances are equipped with Resuscitation Apparatus and 4 "Minutemen" are now part of the modern equipment.

Blue Flashing Lights and Safety Straps

All ambulances are fitted with blue revolving lights to ensure speedier and safer transport of emergency cases and certain vehicles are fitted with safety straps for both personnel and patients.

Accommodation

All vehicles are now housed at the ambulance garage at Broadway, with the exception of the emergency ambulance, which occupies a bay in the Fire Station appliance room.

First Aid Training

All the members of the Fire and Ambulance 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 are up to competition standard.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

National Health Service Act 1946, S.28

The general overall arrangements made by the authority under this section of the Act were continued during 1967. Co-operation and co-ordination of effort between health visitors, home nurses, home helps, handicapped persons services, as well as with the welfare, mental health services and housing services continued. Pooling of the information of those who are likely to be in need of assistance of a medico-social nature proved to be beneficial, thus the health visitors were able to get on with the job of bringing to light cases requiring help whose need had hitherto been unknown to the health service.

Prevention of Illness—Tuberculosis

Mention has already been made of the satisfactory circumstances which prevail in Barnsley in relation to tuberculosis. Attention has already been drawn to the part played in this by improvements in environmental hygiene, nutrition and in the dispelling of public ignorance. Whilst these factors have each played their part in the reduction in the incidence of the disease, the unsuspected human reservoir still remains the most serious potential danger in the spread and continuation of tuberculous infection in the community. As mass x-ray of the chest offers what is virtually a complete answer to this, arrangements are made each year for the Sheffield Mass X-Ray Unit to visit Barnsley and offer screening to all the individuals who are sufficiently enlightened to make use of it.

In 1967 the Unit visited Barnsley during the month of June and was, as usual accommodated in the Town Hall. The overall number of attendances totalled 6,130 or 918 more than in 1966. Whilst this is an improvement and as such is to be welcomed, it is very much below the number necessary to give a really quick "*coup de grace*" to pulmonary tuberculosis. The ideal would be if every member of the adult population were to present themselves once at three-yearly intervals for mass x-ray. Viewed in this light, anything short of an attendance of 20,000 each year is disappointing. For several reasons mass x-ray examination is of value only in the older school children. Consequently, it will be appreciated that the fall in the numbers of these presenting themselves is probably accounted for by the fact that the visit of the Unit coincided with that period of the year when G.C.E. examinations are in progress.

33 cases were referred to the Chest Clinic as compared with 56 in 1966. The provisional diagnoses are shown in tabular form below. Seven persons were found to have tuberculous lesions of which three were regarded as being active and therefore probable disseminators of infection. All three were over 45 years of age. This emphasises the point made before in this series of reports. Any person over 45 who has a chronic cough, hoarseness, or shortage of breath, has a public duty to submit himself or herself to mass x-ray of the chest at the earliest opportunity.

Two cases of bronchial cancer were detected and eight persons were referred as requiring urgent treatment for pneumoconiosis. The abnormalities found (including 66 cases of pneumoconiosis) are analysed in tabular form below. Many of these cases of pneumoconiosis showed but slight changes. Nevertheless, a number of them are in the position to make a claim to the Pneumoconiosis Panel. This is another good reason for those who have been employed in the mining industry to visit the Mass X-Ray Unit when it comes to Barnsley.

Miniature Films:	MALE	FEMALE	TOTAL
General Public	2,290	2,384	4,674
Doctors Patients	27	7	34
School Children	94	104	198
Booked Groups	325	736	1,061
Ante-Natal Patient	—	1	1
<hr/>			
Total Miniature Films	2,736	3,232	5,968
Large Film Recalls	109	53	162
<hr/>			
Total Attendance at Unit	2,845	3,285	6,130

Patients referred to:	MALE	FEMALE	TOTAL
Chest Clinic	24	9	33
General Hospital	1	—	1
Barnsley Town Hall for re- check in one year	11	5	16
Patient's own doctor	125	37	162

Provisional Diagnosis of patients referred to Chest Clinic:

	MALE	FEMALE
Active Tuberculosis	2	1
Inactive Tuberculosis	2	2
Malignant Neoplasm	1	1
Non-Malignant Neoplasm	1	—
Metastases	1	—
Pneumoconiosis	4	—
Pneumoconiosis with P.M.F.	4	—
Acute Inflammatory Lesions	5	1
Bronchiectasis	4	2
Pericardial Cyst	—	1
Post Inflammatory Fibrosis..	1	—
Pleural Thickening	—	1

Other Abnormalities discovered:

	MALE	FEMALE
Inactive Tuberculosis	5	6
Heart Disease	10	17
Pneumoconiosis	66	—
Pneumoconiosis with P.M.F.	—	1
Acute Inflammatory Lesions	2	—
Bronchitis and Emphysema..	38	5
Post Inflammatory Fibrosis..	1	—
Thyroid Enlargement	1	2
Eventration of the Diaphragm	—	1

Notified and known tuberculous patients are visited in their homes and arrangements for contact of these patients are made for them to attend the Chest Clinic. Children born into families where there is a history of tuberculosis are notified to the Chest Physician and arrangements made for them to receive B.C.G. vaccination as early as possible.

21 visits were made to Wathwood Hospital by a health visitor. Barnsley patients are interviewed in the wards and their problems dealt with. 370 home visits to assess the home environment were made.

Vaccination against Tuberculosis—B.C.G.

The arrangements already in existence for vaccination against tuberculosis were continued during 1967. 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. Contacts (Ministry of Health Circular 19/64):

Number skin tested	..	..	..	..	..	272
Number found positive	..	..	..	..	..	14
Number found negative	..	..	..	..	..	247
Number vaccinated	..	..	..	..	..	207

B. School Children and Students (Ministry of Health Circular 19/64):

Number skin tested	..	..	..	..	..	543
Number found positive	..	..	..	..	..	89
Number found negative	..	..	..	..	..	413
Number vaccinated	..	..	..	..	..	413

Venereal Disease

Follow-up of contacts of persons suffering from venereal disease was continued as requested by the medical officer in charge of the Special Treatment Centre. As already noted in Part II of this report, there has been a continued decline in the incidence of venereal disease in Barnsley during the past few years. This is reflected in the reduction in the amount of work to be done in tracing contacts.

The medical officer to the Special Treatment Centre reports that there were no defaulters from treatment amongst the patients attending who gave addresses within the County Borough.

Carcinoma of the Cervix Uteri—Screening by Exfoliative Cytology

In last year's report the work done by the authority in screening women at risk by means of exfoliative cytology examination was fully described in the section dealing with the care of mothers and young children. This procedure was at first primarily regarded as being in the nature of a "post-natal" service to women over 35 who had borne two or more children. In Circular 18/66, the Minister of Health authorised health authorities to provide this service as part of their arrangements for the prevention of illness. It is therefore appropriate to consider the work done in 1967 in this field here.

During the year, clinic sessions were held at each of the authority's clinics and tests were carried out as follows:—

New Street Clinic	..	..	..	..	..	307
Ardsley Clinic	..	..	..	..	..	12
Athersley Clinic	..	..	..	..	..	139
Lundwood Clinic	..	..	..	..	..	51
Monk Bretton Clinic	..	..	..	..	..	23
Carlton Clinic	..	..	..	..	..	9
						—
						541
						—

In addition, the Family Planning Association took 380 smears from women resident in the County Borough of Barnsley.

As far as the tests carried out at the authority's clinics are concerned, the numbers show a fall of 188 when compared with 1966. In view of the effort that has been expended by all concerned in providing this service, it is most regrettable that the demand for it is not greater. From information received from the Sheffield Regional Hospital Board, which provides the essential laboratory services, this fall is apparent in many other areas besides Barnsley.

When the value of this test was first appreciated by the general public there was a strong demand for its provision by women's organisations. When it was introduced into Barnsley the majority of the women who availed themselves of the facility were those in whom the risk of developing carcinoma of the cervix uteri was relatively low and it remains so. The community group at the highest risk consists of women over 35 with two or more children who belong to social classes IV or V of the Registrar General's classification. These ladies do not respond readily to the normal forms of health education. It is therefore necessary to use the personal approach to induce them to attend cytology sessions. Often when they are persuaded to make an appointment, they fail to keep it. This results in a considerable waste of medical officers' time.

It is appreciated that certain women would prefer to have cytology screening done by their family doctor. To meet this the authority has offered the local medical profession free use of the authority's clinics, facilities and ancillary staff should any of them wish to arrange a cytology session for their patients. So far this offer has not been taken up.

It must be borne in mind that the average number of deaths from cancer of the cervix uteri in Barnsley each year amounts to about 7. These are most likely to occur amongst women over 35 with two or more children who belong to social classes IV and V. The value of cytology is that it singles out those in whom the disease may be prevented by early operative treatment. The problem which arises is that normal methods of health propaganda will result in the unmarried and childless married and the mothers of only children from social classes I, II and III, many of them under 35 years of age presenting themselves for examination. Thus, large numbers of examinations will be carried out without effecting the object of screening, whilst those who would benefit from it require to be followed up individually and persuaded to attend. Consideration is constantly being given as to the best way of solving this problem.

Care and After-Care Geriatric Patients and Chronic Sick

Liaison with the hospital authorities, local authority services and voluntary organisations in the town is very close and every effort is made to assist the elderly citizens and their families. 3,780 visits were made to this age group by the health visitors during the year. Great concern is felt for the housebound patient, especially the ones who live alone and have no near relatives. Crises, particularly during illness, are especially distressing to the elderly patient. All agencies are aware of the state of hypothermia which can become apparent during the extremely cold weather and of the quick action necessary to get medical and nursing attention to prevent tragic results.

Long term geriatric care causes great distress to both the patients and their families and every effort is made between the statutory and voluntary services to give as much support and help as possible. Short term hospital stay when possible is of great value. It is felt that the projected geriatric day hospital will ensure more speedy rehabilitation and relief to the patients in need and who are depressed because of their obvious frustration in aiming to become independent once more.

The fact that someone is interested in their welfare and that they know where to ask for help is reassuring to the people living alone. Relatives with family responsibilities find it difficult to give a lot of assistance, especially where travel is involved. It would be of the utmost value if transference of the elderly to bungalow accommodation could be placed near to their own families before senility becomes too apparent.

Special thanks should be expressed to the Barnsley voluntary organisations who never hesitate to give material help and assist in transporting patients when necessary. Many of the patients living alone have been supplied with free coal throughout the year.

Hospital After-Care

Once a week a senior health visitor visits the medical social worker at the hospital to discuss the discharged patients or those for discharge. The immediate follow-up of the patient on discharge from hospital is then done by the health visitor allocated to the area in which the patient resides. Thereafter steps are taken to ensure that full use is made of the resources of the authority's services such as home nursing and home help. Where necessary, adequate communications are ensured between all those concerned with the patient.

After-Care of the Tuberculous

The great part of this work is undertaken by the Health Visiting Service. Notified and known tuberculous patients are visited in their homes and arrangements for any possible contacts within the family or at their place of employment are made for them to attend the Chest Clinic. Close liaison with the Consultant Chest Physician and his staff is necessary to ensure that patients or contacts who default are followed up by the health visitors and persuaded to attend for examination and to ensure that they receive the necessary drug therapy and laboratory tests.

Environmental reports on all cases of Wathwood Hospital patients, admissions and notification of tuberculous patients, are prepared and each case dealt with individually.

There have been several elderly patients living alone and in a neglected state who have requested admission to part III accommodation, or for lodgings in the town, and this has been successfully arranged.

Babies born at St. Helen Hospital with a family history of tuberculosis now receive B.C.G. vaccination before being transferred home.

Health Education

Throughout 1967 the authority's efforts at health education were continued on the lines described in previous reports. For the adult element of the population any opportunity to stimulate and hold the interest of small groups was taken. Speakers were provided and literature supplied on request. On the other hand, discretion was used in the extent to which exhortation of the kind usually associated with high pressure advertising was employed. The evidence that this kind of health education makes the sort of impact which will result in a lasting improvement in individual or family health is, to say the least of it, not very convincing. Consequently, it is considered preferable to expend the effort and resources available in those directions where their effects are more readily recognised. Help and advice along these lines would be more acceptable from National bodies interested in persuasion of the public towards health than the periodic bombardments with rather mediocre posters which are received from time to time.

The health visitors in their guise as school nurses hold classes each week in all senior schools where there are twelve to fourteen year old girls. There is liaison between the head teacher, domestic science and biology teacher to ensure that the syllabus is personal and stimulating. Films and film strips are used as the best means of visual impact, the accent being on personal hygiene, personal worries come to light and girls frequently seek private interviews with the nurse at the end of the class. Consideration is being given to extending this to primary schools where the children seem very receptive to simple instruction in hygiene.

Initial dental health education is carried out by both the dental officers and the dental auxiliary. This is done both in the schools and when children have occasion to visit the dental clinics. The children themselves would appear to be quite receptive. Unfortunately, however, parental indifference and apathy is difficult to overcome and in many cases it defeats all the efforts of the authority's staff.

From time to time enquiries have been instituted as to the progress made by local health authorities in promoting anti-smoking education with a view to a reduction in the incidence of lung cancer. In Barnsley during 1967, such opportunities as arose were taken to ensure that young people are aware of the relationship between lung cancer and smoking. It has been stated that to do this is the duty of the local authority and this duty has been done. Reference has been made to this point in previous reports. The opportunity is, however, taken of reaffirming the view that the task of leading the public away from the tobacco habit would be more effectively undertaken at a National level than by local health authorities. After all, the sales promotion and advertising of tobacco are done Nationally.

As regards health education in relation to venereal diseases, opportunities are taken to address suitable groups on the subject and posters are displayed from time to time. Reference to Part II of this report will reveal that venereal disease does not in fact constitute a serious problem in Barnsley.

As in previous years, assistance in health education was most gratefully received from the local press and the opportunity is taken here of acknowledging this.

The Corporation continues the annual subscription to the Central Council for Health Education. Use has been made of material provided by that body and also by the General Dental Council in relation to dental hygiene.

Chiropody

The arrangements for treatment remained unchanged during 1967. Mr. Aldam, the chiropodist, continued to attend for three sessions per week. All treatments are carried out at the Medical Services Clinic, New Street, Barnsley. The service is available for old age pensioners, expectant mothers and physically handicapped persons.

A nurse from the Home Nursing Centre is in attendance at all chiropody clinics. The home nurses are instructed that where foot care can be regarded as a normal nursing procedure, it will be carried out by them. The chiropodist is a skilled member of a "profession supplementary to medicine" and his services should be reserved for those whose condition warrants a visit to him. Adequate nursing care to the feet should ensure that minor disabilities, such as over-long toe nails in the aged are prevented before chiropody is necessary.

A medical certificate is therefore required from the patient's general practitioner before treatment is begun. The general practitioner may request the provision of transport for appropriate cases and the Ambulance Service is available for this purpose.

Number of treatment sessions — 148.

Number of individuals treated — 365.

CATEGORY	FIRST VISITS	OTHER ATTENDANCES	TOTAL
Expectant Mothers	—	—	—
Old Age Pensioners	90	983	1,073
Handicapped:			
Deaf	—	—	—
Blind	—	31	31
Physically	3	28	31
	93	1,042	1,135

Speech Therapy

6 adults were treated by the speech therapist during the year.

Audiometry

118 adults were given a hearing test at New Street Clinic.

HOME HELP SERVICE

National Health Service Act 1946, S.29

During 1967, 841 households received help, making an overall increase of 37 cases on last year. The weekly case load at the end of 1967 was 688, an increase of 42 on the previous year. The waiting list also showed an increase from 14 in 1966 to 35 in 1967.

Three additional home helps were employed during 1967 but their services were soon absorbed by the larger case load. The higher sickness rate amongst home helps also detracted from the benefit which could have been gained from the increased establishment. This, together with the escalated demand for more intensive care from patients unable to be admitted to hospital, necessitated frequent re-organisation of the help available, in order to care for the most needy, making the task of the organising staff more onerous.

In an effort to reduce the number of accidents sustained by home helps on duty, which often result in absence from work, a special lecture on "Safety in the Home" has been included in the Training Course for home helps. This course continues to prove beneficial to the service and it is hoped that the inclusion of this additional subject will enhance its value. As almost all long serving home helps have been trained, the course will in future be attended mainly by new employees to whom it is particularly worthwhile.

Twenty-two new home helps were recruited in 1967. It is pleasing to report that they have quickly adopted the traditions of the Barnsley Home Help Service and are always willing to give extra assistance to the needy whenever this is required.

It is felt that the success achieved by this Service in one particular case during the year must be mentioned. By using tact and common sense, two home helps were able to gain the co-operation and confidence of a patient who had hitherto refused all offers of assistance. After a period of very hard and unpleasant work, they changed what had previously been a squalid, dirty dwelling into a clean and comfortable home. Their reward was the gratitude of the occupant who began to take an interest in keeping up the standard of cleanliness which had now been achieved.

The work carried out by the Barnsley Home Help Service may be summarised in the following statistics.

Classification of cases attended during 1967

AGED 65 OR OVER ON 1ST JANUARY, 1967	AGED UNDER 65 ON 1st VISIT IN 1967				
	CHRONIC SICK AND T.B.	MENTALLY DISORDERED	MATERNITY	OTHERS	TOTAL
743	75	9	7	7	841

Staff at 31st December, 1967:

Organiser
2 Assistant Organisers
128 part-time Home Helps

Some clerical assistance was given by health department clerks and typists.

Patients carried forward from 1966	.. ..	646
New applications investigated January/December	..	294
Patients carried forward to 1968	.. ..	688
Waiting list (no. of cases)	.. ..	35
No. of visits, enquiries and investigations made by the Organiser and Assistants during 1967	.. ..	8,320

Cost of Service

FINANCIAL YEAR ENDED	GROSS COST	INCOME
31st March, 1960	£30,013 19 0	£3,092 19 0
31st March, 1964	£34,999 4 2	£5,211 5 4
31st March, 1966	£40,329 3 7	£6,197 6 9
31st March, 1967	£39,487 3 6	£1,209 1 9
31st March, 1968	£45,715 9 4	£993 2 8

CARE OF THE AGED

National Health Service Act 1946, S.28

National Assistance Act 1948, S.21

Little alteration took place in the arrangements for the care of the aged during the year. No addition was made to the geriatric hospital accommodation. The problems posed by the confused geriatric patient remained as far as ever from being solved. However, the close co-operation between the Consultant Geriatric Physician and the domiciliary services resulting from the weekly case conferences has contained the hospital waiting list within manageable limits. This is achieved by making the best use of the resources provided by the domiciliary services and co-ordinating these with those available in hospital. An example of this is the scheme already mentioned in the report on the Home Nursing Service to provide fuller and more comprehensive terminal care for those who die in their own homes.

The resources available in any community for the care of the aged are necessarily limited, and it is the task of the health authority to ensure that these are employed to the best advantage for those for whom they are intended. The carrying out of this task is rendered a great deal more difficult than it need be by a few of the families of aged persons.

Most families look after their aged members with kindness and dignity. They thus observe the direction contained in the Fifth Commandment. There are, however, a few who go to extraordinary lengths to rid themselves of their elderly relatives. Others divest themselves of their responsibilities by disappearing when a geriatric crisis appears likely to arise.

Reference to these families has been made in previous reports. Not a great many have been encountered and so far statistical methods have not been instituted for recording them. Nevertheless, the impression formed during 1967 is that cases of this sort are on the increase and it is felt that attention ought to be drawn to this.

It might be worthwhile to examine in some detail the problem posed by family rejection of the aged if only on account of the effect some of these cases have on the health services. In fairness to everyone it must be borne in mind that a proportion of old people are irritating to their juniors, obstinate and even outright cantankerous. It is also recognised that when senile mental confusion develops, the strain on close relatives of providing adequate supervision can become almost intolerable. These facts are always taken into account when deploying available resources, be they domiciliary services or institutional accommodation.

The view is held by those concerned with the aged that some part of geriatric behaviour problems are attributable to the treatment the old person has received. Rejection and sustained frustration in the home may lead to cantankerousness. Loneliness, whether from neglect by relatives (or simply not having any relatives at all) contributes to eccentricity and senile mental deterioration. It may well be that some of the so-called geriatric social emergencies are in fact the final culmination of long-standing family conflict.

During 1967 a great deal of thought has been given to the part played by family relationships in the welfare of the aged. As a factor in geriatric medicine, their importance would seem to be underestimated. Much of the difficulty experienced in studying this factor lies in obtaining reliable and objective information. The greatly increased emphasis placed on social work amongst the aged by the health visiting staff in 1967 has already been recorded. Despite this, very little material of a factual nature has come to hand. Direct enquiry has proved unproductive by reason of the natural reticence of the majority of old persons. It is understandable that they are reluctant to admit to neglect and lack of kindness on the part of their relatives. Over-enthusiastic questioning in such cases must be avoided. Any suggestion of prying into private affairs could well deter the acceptance of necessary help and support.

When information is received from third parties it must be carefully sifted. Its factual value is often discounted by the emotional involvements of those offering it. Even though it is difficult if not impossible to arrive at any clear cut assessment of the part played by family relationships in geriatric emergency, it is possible to arrive at a somewhat regrettable conclusion. It would seem that an appreciable proportion of the aged receive very little, if any help, consideration or kindness from their own relations and it would appear that this proportion is much higher than is generally supposed.

On the other hand, examples of family devotion in its truest sense come to light from time to time. For the health service to be able to provide such families with support and relief when the burden becomes unduly heavy is most rewarding.

By way of contrast to this there are the families whose treatment of their aged relatives is such as to result in the kind of geriatric social emergency which at first appears to demand immediate admission to an institution. Geriatric social emergencies rarely arise in the ordinary way. The health services in one way or another have a fairly comprehensive knowledge of most, if not all of the aged in Barnsley who are in need of support and care. This knowledge is collected and the case conferences are held with the express purpose of anticipating and as far as possible averting the need for emergency action. Thus when members of a family or neighbours report that a social emergency has arisen, a very full investigation of the circumstances is carried out. The results of a few of these investigations indicate that the treatment the old person has received goes beyond neglect and lack of kindness. Perhaps if a child or an animal had been involved, consideration might have had to be given to discussions with the appropriate protection society.

Cases of this nature, though few and far between, cause considerable disruption of the work of the Health Department until a solution can be found. Experience has shown that those who are ruthless enough to subject an aged person to unkindness of this sort may be expected to employ any and every measure to attain their objective. In applying these pressures gross exaggeration is not infrequent and little regard is shown for the correctness of statements made. This places upon the staff the burden of recording and verifying in most minute detail every fact relative to the case. This inevitably diverts trained effort which might be expended in other and more normal directions to the greater benefit of a wider community.

Apart from this these investigations nearly always involve those engaged upon them in unpleasantness and sometimes in outright abuse. It will be appreciated that incidents of this kind have a most unsettling effect on the staff.

Finally, there is the recurrent problem which arises where resources are not unlimited, of deciding priorities. Should these be used to relieve the family who have given care and kindness to a point where breakdown is imminent or should they be allocated for the protection of an old person who is being subjected by relatives to systematic rejection, thereby causing the rejection to be successful?

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.

Consideration was given in several cases to invoking the powers conferred by this legislation. However, careful examination of the circumstances under which each of these arose indicated that the persons concerned would be more properly dealt with under the provisions of the Mental Health Act 1959. This course was therefore followed. It seems likely that in future a high proportion of cases of this kind will call for care through the Mental Health Service rather than the simple statutory action authorised in this section of the Act.

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 was 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 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 1,575 special visits for this purpose to 39 families who from time to time have come to the notice of the co-ordinating officer.

These families are, of course, those which are described as "problem families" and their supervision presents the health visiting service with an extremely difficult task. In most cases the underlying cause is the subnormal intelligence of one or both parents. This prejudices their ability to accept normal responsibilities and to withstand the many temptations towards improvidence. These difficulties can well be aggravated when, in an attempt to encourage them, they are moved from slum dwellings to modern council property. They fail to appreciate the necessity for providing for the higher rent consequent upon the higher standard of accommodation, thus they tend to build up a load of debt which in turn reflects upon the care of the children. A great deal of work remains to be done in relation to these families including a reappraisal of the place they should be permitted to occupy in the structure of the community. Until this is done the local authority and its officers can do little more than apply to them all possible assistance and help in those places where it appears to be indicated. At the same time they must ensure that the fullest possible advantage is derived by the children from the modern system of education with a view to ensuring that they in turn do not reproduce problem families themselves.

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 (491 compared with 475 in 1966). The detail of the purposes of the examinations is as follows:—

Child Delinquents	133
Boarded-out Children	42
Candidates for Training Colleges	54
Superannuation, Fitness for Employment	213
Police Force Recruits	45
Fire Service Recruits	4

PART IV

MENTAL HEALTH

" 'Then you should say what you mean,' the March Hare went on. 'I do,' Alice hastily replied; 'at least—at least I mean what I say—that's the same thing, you know.'

'Not the same thing a bit!' said the Hatter. 'Why, you might just as well say that "I see what I eat" is the same thing as "I eat what I see!"'

Alice in Wonderland, ch.7,

LEWIS CARROLL, 1832-1898.

The Mental Health Services in Barnsley remained virtually unchanged throughout 1967. Indeed there has been little change or development in them for a number of years. With monotonous regularity, attention has been drawn in each annual report to the unsatisfactory nature of the "*ad hoc*" arrangement between the Sheffield Regional Hospital Board and the Leeds Regional Hospital Board for the accommodation of the mentally ill from Barnsley at Storthes Hall Hospital, Huddersfield. This arrangement it must be emphasised, only works by the good will of the professional staffs involved and by their common desire to protect the community as far as possible from the effects of administrative indifference.

In view of the progress which is being made with the construction of the new district hospital in Barnsley, major improvements in the hospital arrangements for the treatment of the mentally ill are unlikely before its completion. A minor improvement was, however, effected during the year through a re-arrangement of the staffing of the Consultant Psychiatric Clinics at the Beckett Hospital. This has greatly facilitated continuity of treatment and has simplified the work of the authority's mental welfare officers. It will be observed that there has been an increase in the visits paid by these officers. This is due to the institution of a new policy of supportive treatment in the community aimed at avoiding admissions to hospital. A measure of its success is a reduction of admissions to 126 in 1967 as against 139 in 1966 despite the fact that having regard to a number of factors, a higher figure might have been expected.

The authority's work amongst the mentally subnormal was continued during 1967. Construction of the new Adult Training Centre at Woodland Drive, Broadway was completed. A manager and full supporting staff were appointed and equipment installed. This enabled trainees over 16 years to be transferred from the Junior Training Centre at the beginning of January, 1968. This will provide some relief to the accommodation problems at the existing Junior Training Centre. It does not, however, have the effect of improving the premises or rendering them suitable for the provision of special care. The present financial stringency makes the provision of a new Junior Training Centre before 1970 unlikely.

(1) Administration

- (a) The duties of a Mental 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 10 members, 2 of whom are women. The sub-committee meets monthly.

(b) Number and qualifications of the staff:

The Medical Officer of Health,

The Deputy Medical Officer of Health,

The two Senior Clinical Assistant Medical Officers are approved for the purposes of S.28 of the Mental Health Act, 1959.

The health authority has an establishment of 3 mental health officers and 2 mental welfare assistants.

3 mental health welfare officers and 1 mental welfare assistant were in post at the end of the year.

Two mental health welfare officers are State Registered Nurses and hold the Health Visitors' Certificate and the other is a Registered Mental Nurse.

The Junior Training Centre was available for children and young persons suffering from mental subnormality as a whole time centre through 1967. The Supervisor is in possession of the Diploma qualification of the National Association for Mental Health. There are in addition one trained assistant supervisor, one trainee assistant supervisor and 4 untrained assistant supervisors. 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 at the Regional Hospital Board. After-care of patients discharged from mental hospitals or institutions is carried out as required by the Deputy Medical Officer of Health and by mental health officers.

- (d) No duties are delegated to voluntary associations.

(2) Work undertaken in the community:

- (a) Under Section 28 of the National Health Services Act 1946—

Prevention of Illness, Care and After-Care

This is 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 clinics 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 Mental Health Act 1959—

I Mental Illness

The number of cases investigated by mental health officers is shown in tabular form on page 67.

In addition to visits to patients requiring admission to hospital the mental health officers also made 1,321 after-care visits to patients who had been discharged from hospital and 395 visits to patients who did not require admission to hospital.

II Mental Subnormality

The diagnosis and notification of new cases proceeded throughout the year in conjunction with the School Health Service for the care of young children and otherwise.

The mentally subnormal who remain in the community are supervised by the mental health officers and 1,289 visits to homes were paid for this purpose during the year. At present there are no cases under guardianship in the County Borough.

Training

The authority maintained a junior training centre in Pitt Street. Eighty places were available. Though the centre was nominally a junior training centre, facilities were made available for adults to attend on a part-time basis several afternoons a week pending the opening of an adult training centre in January, 1968.

The Junior Training Centre

A total of 58 trainees attended the centre whole time during 1967 and 15 attended part time, making a total of 73. This represents an increase of 5 when compared with the figures for 1966.

Work carried out by the Building Department at the centre was the redecoration of the hall.

The curriculum at the centre remains very much the same as in previous years. The project of taking the trainees on social visits was continued and included outings to the fire station and police station, the latter visit ending with a demonstration given by the police dogs. A film on road safety was also enjoyed by adults, children and staff.

In June the usual two day outings to Cleethorpes were arranged in which sixty adults and children took part.

A Harvest Thanksgiving Service was held in October and was well attended by parents and friends. The gifts of vegetables, fruit and flowers were given by staff and children to aged people living in their own homes.

An Open Day and Sale of Work was held in December. This too was well attended by parents and friends who enjoyed the Nativity Play in which the trainees took part.

The local authority's Christmas parties were held on December 19th and 20th. A visit to the local pantomime was again arranged.

The Supervisor attended a Refresher Course at Bristol organised by the National Association for Mental Health.

The centre continues to provide practical training for students undertaking the Diploma Course for Teachers of the Mentally Handicapped and is recognised for this purpose by the National Association for Mental Health.

Meetings of the Parent-Teacher Association were held once each term throughout the year.

No. of persons on register:

	MALES		FEMALES		TOTAL		GRAND TOTAL
	UNDER 16	OVER 16	UNDER 16	OVER 16	UNDER 16	OVER 16	
Attending full-time ..	15	16	11	16	26	32	58
Attending part-time ..	—	6	1	8	1	14	15

Average full-time attendance:

Boys under 16 years of age	9.20
Boys over 16 years of age	9.50
Girls under 16 years of age	6.30
Girls over 16 years of age	12.20

Average part-time attendance:

Boys under 16 years of age	—
Boys over 16 years of age	4.50
Girls under 16 years of age	1.40
Girls over 16 years of age	5.70

On 21st December, 25 girls and 21 boys over 16 years of age attended the centre for the last time prior to commencing attendance at the Adult Training Centre which opened in January, 1968.

Dinners:

No. of children receiving and paying for dinners (1s. each)	59
No. of children receiving free dinners	7
Total number having dinners	66
No. of dinners provided and paid for (1s.)	7,787
No. of dinners provided for children (free)	824
No. of dinners provided for staff—paid	—
No. of dinners provided for staff—free	344
Total number of dinners provided	8,955
No. of third pint bottles of milk delivered for children ..	7,374

Position regarding patients in Psychiatric Hospitals

Number of patients known to be in Psychiatric Hospitals on the 1st January, 1967

Mentally ill	MALES	FEMALES	TOTAL
Storthes Hall Hospital, Nr. Huddersfield	60	62	122
Stanley Royd Hospital, Wakefield	2	5	7
Menston Hospital, Ilkley, Nr. Leeds	3	—	3
Runwell Hospital, Nr. Wickford	1	1	2
Cheadle Royal Hospital, Cheshire (private patient)	—	1	1
St. Luke's Psychiatric Unit, Huddersfield	1	—	1
	67	69	136

Subnormal and Severely Subnormal

St. Catherine's Hospital, Doncaster	45	42	87
Glenfrith Hospital, Leicester	1	—	1
Grenoside Hospital, Sheffield	1	—	1
Lisieux Hall Hospital, Nr. Chorley	1	—	1
Dronfield Hospital, Nr. Chesterfield	1	—	1
Balderton Hospital, Nr. Newark	1	—	1
Aston Hall Hospital, Nr. Derby	2	2	4
Ridgeway Hospital, Belper	1	—	1
Rampton, Nr. Retford (Special Hospital)	2	—	2
Meanwood Park Hospital, Leeds	1	—	1
St. Joseph's Home, Sheffield	—	1	1
Prudhoe and Monkton Hospital, Northumberland	1	—	1
Hollow Meadows Hospital, Sheffield	1	—	1
Cookridge Hall, Leeds (Epileptic Colony)	1	—	1
Whittington Hall Hospital, Chesterfield	—	1	1
Wales Court Hospital, Kiveton Park, Sheffield ..	—	1	1
Thundercliffe Grange Hospital, Nr. Rotherham ..	1	—	1
	60	47	107

Number of patients known to have been admitted to Psychiatric Hospitals during the twelve months ended on the 31st December, 1967

Mentally ill	MALES	FEMALES	TOTAL
Storthes Hall Hospital—first admission	14	23	37
Storthes Hall Hospital—had previous admission	26	55	81
Stanley Royd Hospital—first admission	1	1	2
Stanley Royd Hospital—had previous admission	—	—	—
Aston Hall Hospital, Derby. Adolescent Unit — re-admission of boy (15 years)	1	—	1
West Riding cases (admitted to Storthes Hall Hospital from Beckett Hospital)	1	3	4
West Riding cases (admitted to Stanley Royd Hospital from Beckett Hospital)	—	1	1
	43	83	126

Subnormal and Severely Subnormal

St. Catherine's Hospital, Doncaster	5	2	7
	—	—	—

Patients who have been admitted to hospital for a short stay period

Dronfield Hospital	1	—	1
Thundercliffe Grange Hospital	—	1	1
St. Catherine's Hospital	8	16	24
(repeated admission for short stay period)	3	9	12
	—	—	—
	12	26	38
	—	—	—

Number of patients known to have been discharged during the twelve months**Mentally ill**

	MALES	FEMALES	TOTAL
Storther's Hall Hospital	26	62	88
Storther's Hall Hospital (patients discharged on Extended Leave—Section 26)	2	1	3
Aston Hall Hospital, Adolescent Unit	1	—	1
West Riding cases from Storther's Hall Hospital ..	1	3	4
West Riding cases from Stanley Royd Hospital ..	—	2	2
	—	—	—
	30	68	98
	—	—	—

Subnormal and Severely Subnormal

St. Catherine's Hospital	6	—	6
	—	—	—

Deaths during the twelve months ended 31st December, 1967**Mentally ill**

	MALES	FEMALES	TOTAL
Storther's Hall Hospital	6	7	13
Stanley Royd Hospital	1	—	1
	—	—	—
	7	7	14
	—	—	—

Subnormal and Severely Subnormal

St. Catherine's Hospital	—	—	—
----------------------------------	---	---	---

Number of patients known to be in Psychiatric Hospitals on 1st January 1968

Storther's Hall Hospital, Nr. Huddersfield	65	67	132
Stanley Royd Hospital, Wakefield	2	5	7
Menston Hospital, Ilkley, Nr. Leeds	3	—	3
Runwell Hospital, Nr. Wickford	1	1	2
Cheadle Royal Hospital, Cheshire (private patient)	—	1	1
	—	—	—
	71	74	145
	—	—	—

Included in the above number of patients in hospital on 1st January 1968 are the following who are over 65 years of age:

Storther's Hall Hospital	14	22	36
Stanley Royd Hospital	—	3	3
Menston Hospital	1	—	1
	—	—	—
	15	25	40
	—	—	—

Subnormal and Severely Subnormal

	MALES	FEMALES	TOTAL
St. Catherine's Hospital	45	44	89
Glenfrith Hospital, Leicester .. .	2	—	2
Grenoside Hospital, Sheffield .. .	1	—	1
Lisieux Hall Hospital, Nr. Chorley .. .	1	—	1
Dronfield Hospital, Nr. Chesterfield .. .	1	—	1
Balderton Hospital, Nr. Newark .. .	1	—	1
Aston Hall Hospital, Nr. Derby .. .	1	2	3
Ridgeway Hospital, Nr. Belper .. .	1	—	1
Rampton (Special Hospital) .. .	2	—	2
St. Joseph's Home, Sheffield .. .	—	1	1
Meanwood Park, Leeds (Epileptic Colony) .. .	1	—	1
Cookridge Hall, Leeds (Epileptic Colony) .. .	1	—	1
Prudhoe and Monkton Hospital, Northumberland .. .	1	—	1
Hollow Meadows Hospital, Sheffield .. .	1	—	1
Thundercliffe Grange Hospital, Nr. Rotherham .. .	1	—	1
Whittington Hall Hospital, Chesterfield .. .	—	1	1
Wales Court Hospital, Kiveton Park, Sheffield .. .	—	1	1
St. Elizabeth's Home, Much Hadham, Herts. .. .	—	2	2
	60	51	111

Analysis of Patients Visited

Patients visited after treatment in Psychiatric Hospitals, after-care visits .. .	289	1032	1321
Patients reported mentally ill, pre-care visits .. .	151	244	395
Visits made re patients in Psychiatric Hospitals and to patients on week-end leave .. .	78	67	145
Visits made to subnormal and severely subnormal patients (including the educationally subnormal) .. .	551	738	1289
Persons interviewed in the office and the problem dealt with, thus obviating home visit. . . .	157	155	312
No. of Child Guidance visits .. .	73	24	97
	1299	2260	3559

Number of patients returned to Psychiatric Hospitals having absconded while on "Compulsory Order"

Mentally ill while on "Compulsory Order" .. .	6	—	6
"Informal" (persuaded to return as unfit for discharge) .. .	1	—	1
	7	—	7

Analysis of County Borough cases investigated and dealt with by the Mental Health Officers during the year 1967

Mental Health Act 1959		MALES	FEMALES	TOTAL
Section 5—informal admission.				
	First admission to Psychiatric Hospital	8	15	23
	Additional admission to Psychiatric Hospital	14	39	53
Section 29—Compulsory admission (emergency) for observation for a period not exceeding 72 hours.				
	First admission to Psychiatric Hospital	3	7	10
	Additional admission to Psychiatric Hospital	10	7	17
Section 25—Compulsory admission for observation for a period not exceeding 28 days				
	First admission to Psychiatric Hospital	3	2	5
	Additional admission to Psychiatric Hospital	3	9	12
Section 26—Compulsory admission for treatment				
	First admission to Psychiatric Hospital	—	—	—
	Additional admission to Psychiatric Hospital	—	—	—
Section 60—By Order of the Magistrates Court				
	Mentally ill (additional admission) ..	1	—	1
		42	79	121
		—	—	—

Number of patients on whom medical recommendations were completed in hospital

Section 26	10	5	15
Section 25	1	2	3
	—	—	—
	11	7	18
	—	—	—

Guardianship Cases—None.

West Riding cases admitted to Psychiatric Hospitals from Beckett Hospital

Section 5—First admission to Psychiatric Hospital		1	2	3
	Additional admission to Psychiatric Hospital	—	—	—
Section 29—First admission to Psychiatric Hospital		—	—	—
	Additional admission to Psychiatric Hospital	—	2	2
Section 25—First admission to Psychiatric Hospital		—	—	—
	Additional admission to Psychiatric Hospital	—	—	—
		1	4	5
		—	—	—

Number of male patients over 65 years and female patients over 60 years of age (included in the analysis of County Borough cases) who were admitted to Psychiatric Hospitals during the year 1967

	MALES	FEMALES	TOTAL
Section 5—First admission to Psychiatric Hospital	2	6	8
Additional admission to Psychiatric Hospital	2	11	13
Section 29—First admission to Psychiatric Hospital	1	2	3
Additional admission to Psychiatric Hospital	2	1	3
Section 25—First admission to Psychiatric Hospital	—	1	1
Additional admission to Psychiatric Hospital	1	3	4
Section 26—First admission to Psychiatric Hospital	—	—	—
	8	24	32
	—	—	—

Psychiatric Social Club

	MALES	FEMALES	TOTAL
Total attendance including guests	122	255	347
New cases	7	18	25

Meetings of the club have continued to be held twice each month throughout the year and attendance has, on the whole, been satisfactory but it is the same group who attend every meeting and are even asking for the club to meet weekly. Many of the new ones have just attended once or twice and then failed to continue.

Several speakers have been provided. The Halifax Psychiatric Social Club was visited and a trip was arranged to go and see the film "*The Sound of Music*". The year concluded with a cold turkey meal and social evening which was thoroughly enjoyed by all.

Waiting List of Subnormal and Severely Subnormal Patients as at 31st December, 1967

	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 Subnormal:									
(a) "Cot and Chair"	—	—	—	—	—	—	—	—	—
(b) "Ambulant"	—	1	2	1	—	—	—	3	7
Subnormal	—	—	—	1	—	—	2	—	3
Total	—	1	2	2	—	—	2	3	10

Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1967

	Mentally ill				Elderly mental infirm		Psychopathic				Subnormal				Severely Subnormal			
	Under Age 16		16 and over		M	F	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
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year:																		
(a) In urgent need of hospital care.. ..	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	1	5
(b) Not in urgent need of hospital care..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	5
(c) Total	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	4	4	10
2. Number of admissions for temporary residential care (e.g. to relieve the family):																		
(a) To N.H.S. hospitals	—	—	—	—	—	—	—	—	—	—	—	2	3	6	7	6	13	37
(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Total	—	—	—	—	—	—	—	—	—	—	—	2	5	8	7	14	21	57

(OVER)

Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1967—(continued)

	Mentally ill				Psychopathic				Subnormal				Severely subnormal				
	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	
Guardian	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	Total
L.H.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. (a) Admissions to guardianship during the year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
L.H.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Total number under guardianship at end of year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Number of persons under Local Health Authority care at 31st December, 1967.

	Mentally III				Elderly mentally infirm		Psychopathic				Subnormal				Severely Subnormal				Total			
	Under Age 16		16 and over		M	F	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				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		(19)		
1. Total number	—	1	74	134	1	2	—	—	—	—	16	16	50	42	17	17	49	48	467			
2. Attending training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17	11	20	25	73			
3. Awaiting entry to training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
4. Receiving home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
5. Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
6. Resident in L.A. home/hostel	—	—	4	4	—	—	—	—	—	—	—	—	1	—	—	—	1	2	12			
7. Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
8. Resident at L.A. expense in other homes /hostels	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
9. Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
10. Attending day hospitals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
11. Receiving home visits and not included in lines 2—10:																						
(a) suitable to attend a training centre	—	—	—	—	—	—	—	—	—	—	—	—	5	8	—	—	15	14	42			
(b) others	—	1	70	130	1	2	—	—	—	—	16	16	44	34	—	6	13	7	340			
12. Number of children under age 16 attending training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (18)																				Male		Female
13. Number of persons included in item 6 who reside in accommodation provided under the National Assistance Act, 1948																				6		6
																						(OVER)

Male | Female

(OVER)

Number of persons referred to Local Health Authority during year ended 31st December, 1967

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Total
	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	
Referred by—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(a) General Practitioners	1	—	11	27	—	—	—	—	—	—	—	—	—	—	—	—	39
(b) Hospitals, on discharge from in-patient treatment ..	—	—	5	10	—	—	—	—	—	—	—	—	—	—	—	—	15
(c) Hospitals, after or during out-patient or day treatment	—	—	16	30	—	—	—	—	—	—	—	—	—	—	—	—	46
(d) Local education authorities	—	—	—	—	—	—	—	—	—	1	4	4	4	4	—	—	17
(e) Police and courts	—	—	15	10	—	—	—	—	—	—	—	—	—	—	—	—	25
(f) Other sources	—	—	11	17	—	—	—	—	—	—	2	—	—	—	—	—	30
(g) Total	1	—	58	94	—	—	—	—	—	1	6	4	4	4	—	—	172

PART V

THE HANDICAPPED

"Dans l'adversité de nos meilleurs amis, nous trouvons quelque chose qui ne nous déplaît pas."

Maximes supprimées, 583.

DUC DE LA ROCHEFOUCAULD, 1613-1680

The most important event of the year concerning the services for the handicapped in Barnsley was the commencement of building work on the new Social and Administrative Centre. Sited on Moorland Avenue, Broadway, adjacent to Barnsley Light Industries, this centre will bring together under a single roof the activities now taking place at several establishments at present scattered in various parts of the Borough. This building which incorporates many features of design specially catering for the needs of all categories of the handicapped should be in use by the end of 1968.

The scheme for the provision of this centre for the handicapped was first considered by the authority in 1954. The story of the many difficulties and frustrations which have been encountered in making it a reality has been told in serial form in previous annual reports. It is not proposed to recapitulate at this juncture.

Barnsley Light Industries—the authority's sheltered workshop—has once again expanded. The Manager's report will be found in the pages which follow.

The early part of the year proved a difficult period insofar as the authority's social work was concerned. Due to circumstances largely beyond the control of the Council, the appointment of Senior Welfare Officer for the Handicapped was vacant until Mr. Holmes was appointed and assumed duties in May, 1967. Mention must be made of the extremely capable manner in which Mr. James, Welfare Officer for the Deaf, accepted responsibility for much of the Senior Welfare Officer's work during this period in addition to performing his own highly specialised duties. The authority and the handicapped are much indebted to him for this.

Since Mr. Holmes's appointment it has been possible to continue with the development of all the services for the handicapped. This work was becoming most onerous towards the end of the year by reason of making preparation for the many changes which will be brought about when the present services are rehoused in the new centre.

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. Four certificated Home Teachers have been employed in the welfare of the blind for the past year. Two of these Home Teachers are themselves registered blind persons.

Blind Population at the end of 1967

The number of registered blind persons under the care of the Department as at the end of 1967 is reproduced as follows from the Form B.D.9 (Annual Return to the Ministry of Health).

	Barnsley Area			West Riding Area		
	MALES	FEMALES	TOTAL	MALES	FEMALES	TOTAL
Under 5 ..	—	1	1	—	—	—
5—15.. ..	2	1	3	2	3	5
16—20.. ..	3	4	7	—	3	3
21—49.. ..	13	7	20	16	11	27
50—64.. ..	19	21	40	19	29	48
65 and over..	46	74	120	64	142	206
	83	108	191	101	188	289

In the Barnsley area 25 new cases were registered as blind and 16 deaths occurred, 4 persons removed out of the area and one was decertified, thus making an increase of 4 for the year.

In the West Riding area, subject to supervision by agency arrangements, 50 new cases were registered as blind and 6 persons removed into the area. 45 deaths occurred among those previously registered blind. There were 4 removals out of the area and 1 person was decertified. The number on the register therefore shows a net increase of 6.

Prevention and Incidence of Blindness

Conforming with the national trend, out of a total of 25 new cases in the Barnsley area, 18 were over the age of 65 years, and out of a total of 50 new cases registered in the West Riding area 40 were over the age of 65 years.

Close liaison is maintained with the Ophthalmic Department of Beckett Hospital, Barnsley, especially concerning 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.

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 or by an injury or illness affecting the eyes, for them 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 as reproduced from the Form B.D.9 (a) which is the Annual Report submitted to the Ministry of Health.

Barnsley Area				West Riding Area			
	MALES	FEMALES	TOTAL	MALES	FEMALES	TOTAL	
Under 5 ..	—	—	—	—	—	—	
5—15.. ..	4	2	6	5	3	8	
16—20.. ..	4	6	10	1	3	4	
21—49.. ..	7	7	14	6	3	9	
50—64.. ..	4	9	13	5	7	12	
65 and over..	18	31	49	27	51	78	
	—	—	—	—	—	—	
	37	55	92	44	67	111	
	—	—	—	—	—	—	

CAUSE OF BLINDNESS—Newly Registered Blind Persons

	Barnsley	West Riding
Congenital	—	—
Myopic Error	1	2
Cataract	7	9
Detachment of Retina	—	—
Infectious diseases	—	—
Glaucoma	3	7
Retrolental Fibroplasia	—	—
General Diseases	14	33
	—	—
	25	51
	—	—

Follow-up of Registered Blind and Partially Sighted Persons

Barnsley Area					
RETROLENTAL					
	CATARACT	GLAUCOMA	FIBROPLASIA	OTHERS	TOTAL
Number of new cases registered which Sec. F(i) of Form B.D.8 recommends:—					
(a) No treatment ..	6	—	—	16	22
(b) Surgical, medical or optical treatment	8	6	—	8	22
Number of cases (i)(b) which on follow-up action have received treatment	2	5	—	7	14
Note:					
Refusals ..	—	—	—	—	—
Waiting ..	6	1	—	1	8

West Riding County Council

Number of new cases registered which Sec. F(i) of Form B.D.8 recommends:—

(a) No treatment ..	7	—	—	35	42
(b) Surgical, medical or optical treatment	10	9	—	21	40

Number of cases (i)(b) which on follow-up action have received treatment

1	8	—	20	29
---	---	---	----	----

Note:

Refusals ..	1	—	—	1
Waiting ..	8	1	1	10

Classification of the Blind

	Barnsley		West Riding	
	MALES	FEMALES	MALES	FEMALES
Employed as wage-earners	12	5	8	—
In Training	—	—	—	1
Unemployed—Trained	—	—	2	—
Untrained	5	1	1	1
Incapable or not available for work	63	100	88	183
At school	1	—	2	3
Not at school	2	2	—	—
	83	108	101	188
In Blind Homes, Hospitals and Part III accommodation				
	11	9	8	25

Training and Rehabilitation

One registered blind person was sent for industrial training at the Rehabilitation Centre at Torquay.

Placement of Blind Persons in Open Industry

The Ministry of Labour continued during the year to provide the placement services for blind persons in Barnsley and District through their Blind Persons' Resettlement Officer.

On form B.D.9 in respect of the County Borough Area, it was notified that there were 5 males and one female unemployed or undergoing training and who required employment. Similarly in the West Riding Area, covered by agency arrangements with the West Riding County Council, it was notified on Form B.D.9 that there were 1 male and 2 females unemployed and capable for work.

Types of Employment of Blind Persons

	Barnsley		West Riding	
	MALES	FEMALES	MALES	FEMALES
Home Teachers	2	—	—	—
Machine Knitters	—	4	—	—
Masseur	1	—	—	—
Labourer	2	—	2	—
Craftsmen and Production Process Workers	6	—	—	—
Telephone Operator	—	—	1	—
Typists	—	1	—	—
Brushmaker	—	—	1	—
Matmaker	—	—	1	—
Others Employed	1	—	1	—
Machine Operators	—	—	2	—
	12	5	8	—

Home Teaching Service

The Home Teachers visit blind persons in their 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 Ministry of Social Security. This immediate financial benefit does not, of course, apply to persons who are classified as 'partially sighted'.

During the year a total of 2,402 visits were made to individual homes in Barnsley and 3,953 visits in the West Riding area. Details with regard to the number of visits paid by each Home Teacher is given below:—

	Barnsley	West Riding
Mr. J. Moore	577	1,017
Mr. H. V. Davis	782	779
Miss E. White	497	1,046
Miss J. M. Plowman	546	1,057

In view of the fact that the majority of registered blind persons are over the age of 65 years and many of these persons are living alone, the domiciliary visits paid by Home Teachers to such cases are extremely valuable.

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 weekly at Barnsley, 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 on the 19th October, 1967, in Barnsley.

In 1967 the Grocock Trophy for straight dominoes was won by the Thurnscoe Centre and the Chappell Trophy for "Fives and Threes" was once again won by the Wombwell Centre. The Domino Competition for the Alec Forbes Domino Trophy was held on a home and away basis throughout 1967 by the Domino Teams from each Centre. The shield was won in 1967 by the Thurnscoe Centre. In addition, an individual knock-out competition was held for which substantial money prizes were 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 1967 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. Transport is provided in connection with the Annual Domino Tournament.

Outings to places of interest, sports and excursions to the seaside from the Centres form the main part of the blind persons social activities. The Annual Blind Sports Day was held again at Wortley Hall on the 21st June, 1967, when good weather favoured the occasion and the blind thoroughly enjoyed the various games and other activities organised for their benefit.

The Wombwell Social Centre held their Annual Outing to Skegness on the 9th August, 1967. Fine weather favoured the occasion and the outing was enjoyed by all taking part. The Hoyland Social Centre chose Southport for their annual day's outing, and this too was held on the 9th August, 1967. The Barnsley and Thurnscoe Centres held their Annual Outing jointly, at Windermere and Morecambe on Monday, 19th June, 1967.

During the winter months organised parties of blind persons attended concerts, plays and other entertainments and, at Christmas time, members of each Centre held their own party and came together for a big party which was held at the Arcadian Restaurant, Barnsley, on the 4th January 1968.

The Y.M.C.A. continue to show much interest in the blind who attend the Barnsley Blind Centre at St. Augustine's Institute. On a number of occasions members of the Y.M.C.A. Parents' Association have taken part in the social evenings.

Blind and partially sighted children were again invited to the comprehensive handicapped children's party which was held on the 3rd January, 1968, in the Town Hall. The party was thoroughly enjoyed by both parents and children.

The Barnsley and District Joint Blind Welfare Committee made a grant of £2 at Christmas to all blind and partially sighted (category A), housebound cases on the Department's Register. A grant of £1 was made to all blind and partially sighted persons (category A), who had been able to take part in the outings and various activities arranged by that Committee during the year under review.

Handicraft Classes

Blind persons attending the Handicraft Class which is held weekly on Tuesdays at Dyson Street, Kingstone, are taught pastime handicrafts such as basket-making, chair-caning, rug-making, hand-knitting, tray-making and sea-grass stool making. Some handicraft materials are written off for training purposes, but in many cases satisfactory results are obtained and saleable articles are completed. A charge for material only is made to the blind. Repairs are also carried out to broken basket handles and this aspect of the service for the public appears to be greatly appreciated.

Good quality handicraft articles made at the Centre are sent to the Department's Sales Shop in Kendray Street for sale to the public. The fact that there is a proper and satisfactory venue for the disposal of completed handicraft articles, is a source of satisfaction to the blind and to the officers in persuading blind persons to undertake handicrafts.

Braille Classes and Reading Material

For those blind persons who wish to be taught braille, Home Teachers ensure that such tuition is readily and freely given. Teaching in Moon type is also available to those elderly blind persons who require this service. Membership by the blind of the Northern Library for the Blind, which provides access to a wide range of books of braille literature, is encouraged by the home teachers. For blind persons who are able to write braille, braille writing frames are loaned to them as part of the service financed by the Voluntary Committee for the Blind.

A stock of braille writing paper is kept in the office, together with all other gadgets, aids and special items obtainable from the Royal National Institute for the Blind, for sale to any blind person requiring this service.

Partially Sighted

The large type books printed by the Ulverscroft Publishing Company for all partially sighted persons, has been the most noteworthy advance in the welfare of the partially sighted for many years. The County Borough Public Library and the West Riding Libraries were asked to provide these large print books for the partially sighted in Barnsley and District and all the Libraries concerned have responded and stock these books.

Talking Book Machines

At the end of 1967 there were 71 tape Talking Book Machines on loan to blind persons in Barnsley and District.

Provision of Wireless Facilities

All blind persons in Barnsley and District are provided with a wireless set, free of charge, through the Wireless for the Blind Fund. The Barnsley and District Joint Blind Welfare Committee continued during 1967 to meet the cost of repairs to any blind persons wireless sets and, in addition, continued to reimburse the cost for wireless licences to those persons registered as partially sighted (category A).

Deaf-Blind

The number of blind persons in the area who are also deaf is comparatively small. In the County Borough area there are 16 blind persons who are also hard of hearing and in the West Riding area, there are 35 blind persons who are also hard of hearing and one blind person deaf with speech, and 2 blind persons deaf without speech. The Home Teachers of the Blind are trained to use the manual alphabet in the case of the totally deaf persons.

Guide Dogs for the Blind

During 1967, one Barnsley blind male person continued to be provided with a guide dog, but no blind persons from the Barnsley or West Riding areas attended any of the Centres provided by the Guide Dogs for the Blind Association for courses of training and provision of a guide dog.

Marketing and Sales of Blind Handicraft Goods

Handicraft articles made by blind persons at the Corporation's Handicraft Centre and their own homes continued to be placed on sale to the general public in the Sales Shop, Kendray Street, Barnsley. The total sales during 1967 of blind handicraft articles were £177 15s. 0d.

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. A male Welfare Officer for the Deaf is employed to deal with the needs of the deaf and hard of hearing persons in the area under the control of the Department and, in addition, a female Welfare Assistant for the Deaf is employed on a full-time basis.

The Welfare Officers for the Deaf are appointed for the purpose of assisting deaf and hard of hearing persons in all aspects of their welfare, to visit them in their homes, to provide interpretation, to speak for deaf persons when required, and to assist them in promoting social and sports activities among the deaf.

The registration of deaf persons with and without speech in the area covered by the Department has been fully completed for some years and ascertainment and registration of further hard of hearing persons still continued. Owing to the increasing numbers of hard of hearing persons coming to the notice of the Department and desiring registration it has been necessary for the Hard of Hearing Register to be sub-divided as between those hard of hearing persons requiring a full range of domiciliary visiting services and a subsidiary register which is known as the 'B' register for those hard of hearing persons who merely visit the Department to avail themselves of a hearing aid repair or some other small service. By this means, it is possible to retain the 'A' register for those who require a complete welfare service and statistically to contain the numbers to a realistic level.

Registration of the Deaf

The classification for the Registers for the Deaf and Hard of Hearing were set out in Ministry of Health Circular 25/61 dated the 14th September, 1961, and are as follows:—

(a) Deaf without speech (b) Deaf with speech (c) Hard of Hearing

The difficulties with regard to the hard of hearing register have already been explained above and the main register for the hard of hearing, which is known as the 'A' register is the one which is quoted for statistical purposes in all annual returns to the Ministry of Health. Statistical details regarding the numbers on the registers at the end of 1967 are set out below:—

Deaf without Speech

							DEGREE OF DEAFNESS	
							C.B.B.	W.R.C.C.
Total	..	..	..	..	..	..	33	40
Severe	..	..	..	..	..	..	21	31
Slight	..	..	..	..	..	..	—	—
							54	71
							—	—
							CAUSE OF DEAFNESS	
							C.B.B.	W.R.C.C.
Born deaf	..	..	..	..	..	..	30	43
Deafness acquired	..	..	..	..	..	..	24	28
							54	71
							—	—
							DEGREE OF SPEECH	
							C.B.B.	W.R.C.C.
Normal	..	..	..	..	..	..	—	—
Indistinct but intelligible	..	..	..	..	..	..	30	41
Unintelligible	..	..	..	..	..	..	24	30
							54	71
							—	—

Deaf with Speech

							DEGREE OF DEAFNESS	
							C.B.B.	W.R.C.C.
Total	..	..	..	..	..	..	8	7
Severe	..	..	..	..	..	..	9	11
							17	18
							—	—
							CAUSE OF DEAFNESS	
							C.B.B.	W.R.C.C.
Born deaf	..	..	..	..	..	..	2	2
Deafness acquired	..	..	..	..	..	..	15	16
							17	18
							—	—

						DEGREE OF SPEECH	
						C.B.B.	W.R.C.C.
Normal	..	..	..	..	..	15	17
Indistinct but intelligible	..	..	..	..	..	2	1
Unintelligible	..	..	..	..	..	—	—
						—	—
						17	18
						—	—

Hard of Hearing

						DEGREE OF DEAFNESS	
						C.B.B.	W.R.C.C.
Total	..	..	..	..	..	1	—
Severe	..	..	..	..	..	116	119
Slight	..	..	..	..	..	1	2
						—	—
						118	121
						—	—

						CAUSE OF DEAFNESS	
						C.B.B.	W.R.C.C.
Born deaf	..	..	..	..	..	1	4
Deafness acquired	..	..	..	..	..	117	117
						—	—
						118	121
						—	—

						DEGREE OF SPEECH	
						C.B.B.	W.R.C.C.
Normal	..	..	..	..	..	118	121
Indistinct but intelligible	..	..	..	..	..	—	—
Unintelligible	..	..	..	..	..	—	—
						—	—
						118	121
						—	—

Employment of the Deaf

The employment position among the deaf without speech during 1967 remained satisfactory and few deaf persons in the employable age groups are unemployed. The following number of visits in connection with placement were made by the Welfare Officers for the Deaf in Barnsley and the West Riding area, and nine deaf persons were successfully placed in employment during 1967. Three school-leavers were placed in apprenticeships.

	BARNSELY AREA		WEST RIDING AREA	
	DEAF	H.O.H.	DEAF	H.O.H.
Mr. T. James ..	17	—	23	—
Mrs. R. James	4	—	1	—
		—		
		21		
		—		
		—		
		—		
		—		
		—		

Types of Employment of Deaf Persons

Males

SKILLED OR SEMI-SKILLED		UNSKILLED	
Boilerman	1	Brewery Worker	1
Boot and shoe repairers ..	3	Colliery Surface Worker ..	4
Bricklayers	4	Driver's Mate	1
Core Maker—Steelworker ..	1	Dustman	1
Glassworker	1	Labourers (Building)	7
Bricklayer apprentice	1	Labourers (Chromework) ..	1
Gardener	1	Glassworks labourer	5
Joiners	2	Labourers (General)	5
Joiner apprentice	1	Labourers (Plasterers) ..	1
Motor Body Builders	2	Labourers (Remploy)	3
Painters	2	Mill Hand	2
Painter apprentice	1	Road Sweeper	1
Plasterers	3	Skin Cleaner	1
Upholsterer	1	Steelworkers	2
Watch Maker	1		
Blacksmith Striker	1		
Dental Mechanic apprentice	2		

Females

SKILLED OR SEMI-SKILLED		UNSKILLED	
Copy Typist	1	Bulb Factory Worker	1
Dressmaker	1	Cleaners	3
Machinists	5	Dinner Helper	1
Quiltmaking	1	Factory Workers	6
Seamstress	1	Laundry Workers	2
Toy Making	1	Packers	2

Interviews, Domiciliary Visits and Interpretation

A monthly report is submitted to the Handicapped Persons' Sub-Committee showing the numbers of domiciliary, placement and interpretation visits paid by the two Welfare Officers for the Deaf employed in the Department.

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, hospitals, shops and schools, solicitors' offices, estate agents offices, government and local authority departments and police courts.

The statistics for 1967, in relation to the number of interviews, domiciliary visits and interpretations are as follows:—

	BARNSELEY		WEST RIDING	
	DEAF	H.O.H.	DEAF	H.O.H.
MR. JAMES				
Domiciliary	324	456	257	573
Interviews	5	3	8	0
Interpretations	52	6	29	6
MRS. JAMES				
Domiciliary	179	284	288	209
Interviews	18	—	3	—
Interpretations	28	—	61	—

Social Activities

Social activities for the deaf are centred at the Deaf Institute, St. Augustine's Hall, Dyson Street, Kingstone, Barnsley, and social evenings for all deaf persons are held on Thursday and Saturday evenings. Games of table tennis, billiards, snooker and darts are played and whist drives, cinema shows and bingo sessions and other entertainments are held.

The Annual Party for the adult deaf was again held at St. Edward's Hall, and was attended by the Mayor and Mayoress, the Deputy Mayor and Mayoress, the Chairman and several members of the Health Committee. An outside firm catered and served tea, which was very much enjoyed. Tea was followed by conjuring, bingo and party games.

Sports Activities

The deaf who regularly attend the Deaf Institute are members of the Yorkshire Deaf Amateur Sports Association and teams have played in snooker, billiards and darts competitions sponsored by the Association. In addition, members played in the Barnsley Indoor Games League at snooker, darts, whist, cribbage and dominoes and in the Barnsley Table Tennis League. They also attend group swimming sessions at the Barnsley Baths on Sundays both in the summer and winter.

Spiritual Welfare

The Welfare Officer of the Deaf, assisted by the Welfare Assistant of the Deaf, conducts oecumenical services for interested deaf persons at St. Augustine's Chapel each Sunday. Holy Communion for Anglican members is provided once per month and the Roman Catholic Church has promised to use the Chapel for services for the deaf.

Hard of Hearing

Many hard of hearing persons continue to attend the Department for hearing aid repairs. During 1967, three hundred and sixty-two hearing aids were sent into the Department for repair, and were then transported to Sheffield and returned, duly repaired, by the Barnsley Ambulance Service. It has been possible to loan spare hearing aids to hard of hearing persons during the time when their own aids are away for repair and this is the real value of the service. The co-operation of the Chief Fire and Ambulance Officer in making this service possible for hard of hearing persons is much appreciated.

The Barnsley and District Hard of Hearing Fellowship continues to hold regular weekly meetings at the Junior Training Centre, Pitt Street, Barnsley. Social activities include beetle drives, musical evenings, whist drives and the members of the Fellowship co-operate 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 Junior Training Centre, and also a cupboard for the storage of cutlery, crockery and games. The Grampian amplifier continues to give satisfactory service and amplification at the Centre is quite satisfactory for all purposes.

The Hoyland and District Hard of Hearing Fellowship continues to flourish and hold their weekly meetings at the Market Street Junior School, Hoyland. The Corporation pay the rental of the school premises and provide other necessary equipment. When required, the Welfare Officer of the Deaf attends the Centre to replenish stocks of batteries and leads for issue to those hard of hearing members who require this service.

Lip reading classes taken by qualified teachers for the deaf, continue to be held at the Barnsley Centre, and great benefit is derived by members who attend.

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 and hard of hearing through the local authorities and voluntary missions for the deaf in the northern area. Two half-yearly meetings were held during the year by this Association.

Television Sets

The Royal National Institute for the Deaf appeal for money for the provision of television sets for elderly deaf persons who cannot afford this service. As a result of the money available in the Appeal Fund, the rentals for television sets are being paid for six deaf persons in this area.

CARE OF THE PHYSICALLY HANDICAPPED

The services provided for the general classes of the physically handicapped, which include the mentally disordered and epileptic persons, form part of the services provided on a comprehensive basis by the Handicapped Services Department of the Corporation. Throughout the year some intensive casework was undertaken by the Senior Welfare Officer and the Welfare Assistant. The aim is to do everything possible to enable handicapped people to live in the community, rather than residential accommodation of any kind. This calls for the provision of whatever services are necessary in their own homes, e.g. domiciliary services, adaptations. The Officers main function is to establish and maintain the necessary contacts to help handicapped people in finding a solution to their personal difficulties, and in general to give support in whatever ways are most likely to increase rather than diminish their capacity to accept responsibility for the conduct of their own lives. The handicapped persons' register is increasing rapidly; more and more cases are being referred by the medical practitioners, hospitals and other sources. Provision for increasing the staff in this field may have to be considered in the light of the rapidly expanding volume of work.

During the year there appears to have been a decrease in the number of people requiring handicraft tuition. This trend will, no doubt, continue over the years as more elderly people are coming onto the register. At the present time there are two craft instructors—one male and one female. There was a vacancy for a third craft instructor but, after repeated advertisements being made in the Press for the filling of the vacant post, no suitable applicant could be found. A junior member of the staff was promoted as Trainee Craft Instructor for a period of two years, and in-service training is being given to him.

Registration

At the end of 1967 there were 407 registered physically handicapped persons as compared with 382 at the end of 1966. This shows an increase of twenty-five registrations. Applications from disabled persons residing in the County Borough Area for placement on the Corporation's register, are dealt with by one of the Welfare Staff, who pays an initial visit and completes the necessary case record and provides assistance and guidance to disabled persons to help overcome their disabilities. Applications for registration as physically handicapped persons are vetted before registration 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.

The majority of all registered handicapped persons are housebound or otherwise incapable of work and require a full range of welfare services, particularly pastime handicrafts and social centre facilities. It is essential that regular domiciliary visits are maintained in these cases. Many of these persons require assistance, with regard to Ministry of Social Security claims, clothing allowances, supply and maintenance of wheelchairs through the Ministry of Health, home nursing equipment, domestic help services, gadgets and structural adaptations and many other similar welfare services.

Included in the total number of handicapped persons on the register are thirty-five disabled children under the age of sixteen 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.

The numbers of persons on the register in the various categories are as follows:—

MEDICAL				
	CLASSIFICATION	MALES	FEMALES	TOTAL
Amputation	A/E	30	8	38
Arthritis and Rheumatism	F	21	40	61
Congenital Malformations and deformities	G	17	12	29
Diseases of the digestive and genito urinary system, of the respiratory system (other than tuberculosis) and of the skin	H/L	28	16	44
Injuries of the head, face, neck and thorax, abdomen, pelvis or trunk, injuries or diseases (other than tuberculosis) of the upper and lower limbs and spine	Q/T	32	15	47
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ..	V	90	62	152
Neurosis, psychoses and other nervous and mental disorders not included in V.	U/W	18	11	29
Tuberculosis (respiratory)	X	1	1	2
Tuberculosis (non-respiratory) ..	Y	1	1	2
Diseases and injuries not specified above	Z	1	2	3
		<hr/> 239	<hr/> 168	<hr/> 407

No. of Domiciliary Visits made by Welfare Officers — 1,805.

Grouping of Persons on Register

	MALES	FEMALES	TOTAL
Capable of work under ordinary industrial conditions	65	21	86
Incapable of work under ordinary conditions and sufficiently mobile for work in sheltered work-shops	24	7	31
Incapable of work under ordinary conditions and insufficiently mobile for work in sheltered work-shops but capable of work at home	—	1	1
Incapable of work or not available for work	124	130	254
Child under the age of 16 years whose needs are likely to be met under the enactments but for whom the local authority have a general responsibility under Section 29 of the National Assistance Act, 1948	26	9	35
	<hr/> 239	<hr/> 168	<hr/> 407

Remploy		Light Industries		Unemployed	
MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
7	—	2	2	15	5

Employment of the Disabled

The Scheme places a duty upon the Council to assist any handicapped person in consultation with the Ministry of Labour to secure suitable employment in open industry and sheltered employment. 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 of placing a severely disabled person in employment in open industry are great and thirty disabled persons are now assessed as suitable only either for sheltered workshop employment or as Home Workers. 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 to such an extent that he could not even undertake sheltered employment even if it were available. Seven disabled persons are already in employment at the Remploi Factory, and four are employed in the Corporation's own Workshops and catered for from the employment angle. The remaining disabled persons concerned urgently require workshop facilities.

Handicrafts

Handicraft Classes are held at the Westgate Centre each evening, Monday to Friday, from 2 to 5 p.m., for the generally handicapped. The Craft Instructors are in attendance and also give craft instruction to housebound handicapped persons.

The total number of visits made during the year by the Craft Instructors was 1,387.

Marketing of Goods

The increasing output of articles made at the Handicraft Classes by physically handicapped persons, makes it an essential feature of the Corporation's Scheme that suitable marketing facilities be available for the disposal of handicraft goods. To this end, the Corporation has provided a small sales shop in an excellent position in the centre of the shopping area, and this shop continued to be open on a full-time basis during 1967. During 1967 the total amount of handicraft articles made by physically handicapped persons and sold through the sales shop was £459 4s. 3d.

Social Activities

The Handicapped Persons' Centre, Westgate, continued to cater for increasing numbers of physically handicapped persons during the year. The centre is used for social activities by the Barnsley and District Epileptics' Association, the Barnsley and District Handicapped Persons' Sports Association and also members of the Barnsley and District Disabled Persons' Association, who hold their meetings at the Corporation's Welfare Centre at Smithies.

The Corporation provided an Annual Party for all disabled and epileptic persons who attend the Westgate Centre, at the New Arcadian Hall on the 28th December, 1967, when 142 persons attended. The Annual Outing provided by the Corporation for all handicapped persons who attend the Centre, was held on the 6th July, 1967, and took the form of a coach trip into Derbyshire and tea was provided at Wortley Hall, near Sheffield. On the 22nd October, 1967, the Department organised a trip to Blackpool Illuminations and fifty-seven handicapped persons participated at their own expense.

At the Handicapped Persons' Centre, Westgate, regular weekly social activities now include domino tournaments, whist drives, darts tournaments etc., and light refreshments in the form of tea is 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. Members of the Women's Voluntary Service, together with the Red Cross and the St. John Ambulance Brigade attend the Centre each night to assist in the care of the epileptics who attend.

Transport for Physically Handicapped Persons

The contract arrangements with the Yorkshire Traction Company for the use of an adapted vehicle continued throughout 1967.

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 an additional facility designed to secure the greater comfort or convenience of such persons and if the council so determine, defray any expenses incurred in the carrying out of any such works or in the provision of such facilities. During the year, the Health Committee gave authority for adaptations to be carried out as listed below:—

Widening of gateway, laying suitable drive-in, laying of concrete base.

Levelling and preparing site for garage shed, laying of concrete base and pavement crossover.

Supplying and fixing of handrail on staircase.

Widening of gateway, removal of boundary fence, laying suitable drive-in, laying of concrete base and pavement crossover.

Removal of red shale—replaced by area of concrete.

Providing and fitting of partition with door in living-room.

Levelling and preparing of site for garage shed, laying of concrete base, preparation and laying of suitable runway.

Supplying and fixing of handrail on existing plates in bathroom.

- Supplying and fixing of handrail by front steps.
- Installation of suitable bath.
- Ramping of front doorstep to allow easy access for wheelchair—supplying and fixing of handrail in toilet.
- Widening of gateway, removal of hedge boundary, preparation and laying of suitable run-in, preparation and laying of concrete base, pavement crossover.
- Providing and fixing of handrail on staircase.
- Providing and fitting of ground floor toilet
- Supplying and fixing of handrail on left-hand side of front garden steps.
- Supplying and fixing of handrail in outside toilet.
- Removal of 4' brick wall, levelling and preparing of site, laying of concrete base for garage shed.
- Supplying and fixing of handrail on back steps.
- Widening of gateway, provision of runway from gate to garage, lowering of pavement edge, provision of double gates.
- Levelling of site of present tricycle shed to accommodate a larger shed.
- Provision of handrails at side of door.

Birthday Card Service

The Health Committee's Scheme in relation to the issue of birthday greeting cards to each registered blind, partially sighted, physically handicapped and deaf persons on the registers continued during the year.

Issue of Car Badges

In accordance with Ministry of Health Circular 17/61, the Health Committee agreed to the Scheme for the provision of car badges for severely disabled persons who came within the priorities listed in the circular. During the year a further two pairs of car badges were issued to those disabled persons who applied for the provision of such a badge, making a total of thirty-three badges which will expire on the 31st December, 1968.

Liaison with other Authorities

The problem confronting physically handicapped persons in ordinary day to day living are many and varied and differing welfare services are required. Close liaison with many organisations is essential. Appropriate problems of need are referred for investigation to the Ministry of Social Security 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 Ministry of Social Security in Barnsley, in dealing with cases referred to that Department, is gratefully acknowledged. In a district where coal mining is a stable 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 paraplegic cases, 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 for those using a motor propelled wheelchair. Close liaison is maintained with this Organisation through the Medico-Social Workers who have their Headquarters at Pontefract.

The supply of invalid motor chairs, electrically propelled chairs, folding and transit chairs, are dealt with by the Appliance Officer of the Ministry of Health, Handsworth, Sheffield. Liaison is maintained with the Manager and appreciation is expressed for the help and assistance given at all times in dealing with the cases referred to him.

The special needs of the war-disabled require additional supervision and it is pleasing to note that three war pensioners in Barnsley enjoy the use of motor cars from the Ministry of Social Security. The availability of a car so that the war disabled pensioner can take his wife and family out with him is a tremendous step forward in providing welfare of the highest possible level and the disabled persons concerned are very appreciative of this improved welfare service provided by the Ministry.

Close liaison is maintained with the other welfare services provided by the Department, particularly home help and home nursing services. The provision of bath seats, bath mats and handrails on loan to many handicapped persons is a worthwhile feature of the loans service provided by the Home Nursing Service of the Corporation.

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 provision of the Disabled Persons (Employment) Act, 1944. 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 would accompany disabled persons to speak on their behalf if required.

Organised Holiday Scheme

The Organised Holiday Scheme for 1967, administered by the Handicapped Services Department, again catered for all categories of handicapped persons. Thirty-four of these were physically handicapped persons and this number included several wheelchair cases. Officers of the Department escorted parties to the Shrewsbury and New Empress Hotels, Blackpool, and a charge of £8 0s. 0d. per handicapped person was made by the Corporation. This charge included board and lodging and transport costs. Any balance of costs over £8 0s. 0d. were met by the Corporation, in respect of handicapped persons, guides and helpers. Details of the various holiday parties for 1967 are given below:—

Shrewsbury and New Empress Hotels, Blackpool

3rd to 10th June	95 handicapped persons and 2 staff
10th to 17th June	95 handicapped persons and 2 staff

"COUNTY BOROUGH OF BARNSLEY LIGHT INDUSTRIES"

(Workshop for the severely disabled)

The Manager reports as follows:—

Steady progress has been made over the last twelve months. The field of sub-contract customers has been improved and widened and rapid expansion has taken place on the injection moulding section to cope with the increased orders. Machinery has also been built in the factory by the staff and development production has been started on a vacuum forming of plastic sheet section.

To take sub-contracts first, this field is always very difficult unless special skills can be offered or local firms give sponsorship support. Barnsley Light Industries has neither of these advantages and therefore comes directly into competition with hospitals, mental hospitals and prisons, etc., who do not have to pay wages and indeed, often employ a physically more fit and more active work force than is here available. It speaks well for efforts made that sub-contract work has been expanded in the face of this competition. Thousands of jigsaws and other types of assembly for J. Waddington Ltd. (the Monopoly game people) have been packed and many sub-assembly operations continue to be carried out for W. Hoyland Ltd., of Penistone.

On the vacuum forming section the necessary machinery and equipment has been designed and built in the workshop by the staff. A large oven for heating the sheets of plastic has been purchased. Sample formings up to 6' x 2' 6" in perspex and other materials have been produced for Brook Motors, David Brown Tractors, Bradford Glass Company and for the Borough Engineer's Department. Other enquiries are being dealt with for what is hoped will be the workshop's main labour employer in the future.

Administration

Barnsley Light Industries is a separate department of the Corporation, run by a manager who is responsible to the Sheltered Workshop Sub-Committee. Under the manager there is a workshop superintendent who is responsible for the day to day running of the various productive departments. He is assisted by a male chargehand. A female officer is responsible for the clerical and accounting work and she is assisted by a junior clerk.

Knitting Department

This department consists of four female employees who produce knitted hosiery which is sold to the public via the Kendray Street shop. Contract work is received from the Fire and Ambulance Department and from other Corporation departments from time to time. One of the employees on this section is trained in chair-caning which she carries out when the work is available.

Radio and T.V. Department

This department employs two skilled disabled radio and television mechanics. It started as a small unit for the repair of radio sets on loan to the blind and now, in addition to this, it does radio and television repairs for the general public.

Plastics Department

This is the title given to the department that incorporates all the other activities of the factory. It is called the Plastics Department because all the proposed long term developments are to be in this field. At the moment it has six injection moulding machines in production, plus two vacuum forming fixtures which can handle plastic sheet forming up to 8' x 4". This section employs 15 people on plastic moulding, some assembly work and packing.

Services

A driver/handyman is employed for the collection and delivery of radio and television sets, components and sub-contract work. A general handyman for cleaning, etc., and a part-time canteen assistant for the provision of tea, coffee and small snacks are also employed.

Future Developments

Future developments will be concentrated in the plastics field and the type of items which it is hoped to market to the public and industry are formed plastic door panels and room dividers, plastic illuminated signs and displays for internal and external use and plastic containers of various types. Plastic injection moulded components will also be produced.

PART VI

ENVIRONMENTAL HYGIENE

"Are these the choice dishes the Doctor has sent us?
Is this the great poet whose works so content us?
This Goldsmith's fine feast, who has written fine books?
Heaven sends us good meat, but the Devil sends cooks."

On Doctor Goldsmith's Characteristical Cookery.

DAVID GARRICK, 1717-1779.

As with the Personal Health Services, changes in trends and alterations in emphasis continued to be apparent in the work of the Sanitary Authority. Examination of the work done in improving the housing of the community will show that an increasing number of dwellings were dealt with as "individual unfit houses" and fewer as clearance areas than in previous years. On the other hand, a much wider interpretation of environmental improvement of living conditions is to be observed in the Sheffield Road development area scheme. Here, not only have unsatisfactory residences been demolished but also many other buildings which would detract from the amenities of a completely new neighbourhood.

This emphasis on amenities is also apparent in the attention which has been given during the year to nuisances arising from noise and also to such things as offensive smoke and fumes from scrap metal merchants' premises.

The Food Hygiene Regulations which apply to market stalls and delivery vehicles came into operation at the beginning of the year. Thus at last it has been possible to take some action to reduce the risk to health inherent in the sale in an open market of food to be eaten without further cooking. The undesirability of this has been stressed on a number of occasions in these reports on the Health of Barnsley but the tradition attached to Barnsley Market is strong. In these circumstances even the most rudimentary improvement is to be welcomed. Nevertheless, it must be understood that medical opinion cannot regard these improvements as providing adequate protection against the contamination of certain foods. This must necessarily be the position until a properly planned covered food market is provided and equipped to modern standards.

Food hygiene in places other than the market has received considerable attention during the year. Food preparing premises have been kept under supervision and a wide range of foods and drugs have been sent for analysis. The problem of ensuring that food sold from the mobile shop is treated with adequate regard for hygiene remains as difficult of solution as ever. It is unfortunate that the provision of shopping facilities in new housing estates tends to lag behind the residential accommodation sufficiently to excuse the existence of the mobile shop as opposed to the vans delivering prepacked and packaged food.

The registration of offices, shops and railway premises has provided the authority with an opportunity of exercising control over the environmental conditions under which an appreciable portion of the community spend their working hours. The duties involved in this are not onerous but what they achieve is well worth while.

Many of the changes in the authority's environmental work have taken place so gradually that their effect has hardly been noticed. It is only when a radical change in legislation is enacted that the degree to which circumstances have changed is fully appreciated. It is difficult to realise that until comparatively recently, a fair amount of effort had to be expended in supervising water supplies from public pumps and private wells. The sole remaining common lodging house in Barnsley now co-operates with the Health Department to such an extent that it has almost come to be regarded as a part of the social services. Private slaughterhouses and underground bakehouses have disappeared entirely from the potential risks to the public health. Even in controversies which rage over the addition of fluoride to public water supplies, it is forgotten that only a short time ago, discussions on the universally accepted chlorination (now a statutory requirement) invoked similar passions.

It would seem then that watching future developments in environmental hygiene will be as interesting and as profitable as examining its past history.

PROVISION OF NEW HOUSES AND STREETS

(1) Number of houses built since the end of the war:

(a) Privately owned	..	..	..	..	..	..	2,218
(b) Council owned	..	..	..	..	..	..	6,428

(2) Number of houses built during 1967 (calendar year):

(a) Privately owned	..	..	..	..	..	..	181
(b) Council owned	..	..	..	..	..	..	416

(3) Private Streets:

The final costs of making up parts of Darton Street (180 yds.) and Middlesex Street (145 yds.) were obtained during 1967 and are £4,513 1s. 7d., and £3,339 19s. 3d. respectively.

Honeywell Grove (535 yds.), Wentworth Street (85 yds.) and parts of Issott Street (120 yds.), Carlton Street (115 yds.) and Smithies Street (92 yds.) have been made up during 1967 but the final cost is not yet available.

The following streets have been officially declared highways to be maintained at public expense during 1967.

Footpath off Kirk Way
 Rosehill Court
 Footpath off Rosehill Court
 Greenwood Terrace
 Service Road and Shop Forecourt off Tennyson Road
 Clarence Road (part)
 Tennyson Road (part)
 Warwick Road (part)
 Cul-de-sac off Warwick Road
 Edinburgh Close
 Gainsborough Way
 Mary Ann Close
 Robert Avenue (part)
 Parish Way (part)
 Footpath off Parish Way
 Rectory Way
 Monks Way
 Industrial Site Service Road off Wombwell Lane
 April Drive (part)
 April Close
 Burton Avenue (part)

WATER SUPPLY

The following information is supplied in accordance with the requirements of Ministry of Health Circular 1/68.

1. Rainfall was recorded as follows:

Jordan Hill, Barnsley	.. .. .	28.92 inches
Midhope Reservoir	.. .. .	50.24 inches

2. (a) The water supply for the area was satisfactory both in quality and quantity.
 (b) All the reservoir waters are filtered and all supplies are chlorinated.
 (c) All houses in the County Borough have a direct supply.
 (d) The flouride content of the water varied between 0.10 and 0.12 parts per million.
3. (a) Regular examination of both raw and treated water was made in the department's laboratory with control examinations by a public analyst at Sheffield. Results obtained were:

SOURCE	NO. OF SAMPLES	NO. OF SAMPLES WITH PRESUMPTIVE COLI. COUNTS	HIGHEST PRESUMPTIVE COLI. COUNT PER ML.
RAW WATER			
Midhope Reservoir ..	48	23	18+
Ingbirchworth Reservoir	48	33	18+
Royd Moor Reservoir ..	48	30	18+
TREATED WATER			
Laboratory	241	1	6
Public Analyst	75	3	6

Chemical analyses of all supplies were carried out quarterly and the results were satisfactory.

- (b) The majority of water supplies in the County Borough is from impounding reservoirs. This water is plumbo-solvent at source and is treated with lime. No lead was detected in any of the routine chemical analyses. It has, however, been found that some lead is picked up when the water stands in lead pipes for long periods but special tests have been made on water standing in lead pipes for periods of 16 hours and in no case has the lead content reached the figure of 0.3 mg/l.

Fluoridation of Water Supplies

In Ministry of Health Circular 1/68 a specific request was made for information as to the action taken by the Council under Circulars 28/62, 12/63 and 15/65 with a view to the fluoridation of the public water supplies.

The Council has considered these circulars as and when they were received. The relevant minutes have been quoted in full in previous annual reports. It would not appear to be necessary to continue to do this in each report. Minute of the Council No. 1877 of 1966/67 relates to the latest consideration given to the addition of fluoride to the Barnsley water supply and it reads:

“Recommended that no steps be taken to introduce fluoridation.”

It would seem that the quotation of this minute will provide the information required in Circular 1/68.

It is considered once again necessary to record the advice tendered to the authority by the medical and dental staff.

- (i) The addition to the water supply of sufficient fluoride to bring the content of the Barnsley water up to 1.0 parts per million of fluoride would greatly improve the dental health of a large portion of the community without causing deleterious effects to any member thereof.
- (ii) Tablets containing a preparation of fluoride to be taken by mouth cannot be recommended as a satisfactory substitute for fluoridation of the water supply. Such tablets are not described in the British Pharmacopoeia or the British Pharmaceutical Codex. The medical and dental advisers to the authority would wish it to be recorded therefore that any availability of such tablets does not imply that they prescribe them or accept any responsibility whatsoever arising from the use or misuse of such tablets.

SEWAGE DISPOSAL WORKS

The main treatment plant at Lundwood and the small Carlton works produced consistently good effluents throughout 1967. Minor alterations and improvements have been carried out at Lundwood and in October the department changed its name to Department of Water Pollution Control.

The disposal of sewage by land treatment at Aldham was brought to a close and replaced by a small pumping station connected to the main sewers.

In general the Corporations' arrangements for sewage treatment are quite adequate.

FOOD AND FOOD POISONING

A total of 9 cases of food poisoning were notified. In 8 of these the causal agent was *Salmonella stanley* and in one *Salmonella anatum*. Two families and two sporadic cases were involved. It was not possible to isolate the organism from any article of food.

The steps taken to implement the Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966 have already been mentioned and reference to the work done to this end by the Public Health Inspectors is made under the appropriate heading.

In Circular 1/68, information is requested in relation to Liquid Egg Pasteurisation and Poultry Processing Premises. No premises of either sort were in use in the County Borough up to the end of 1967.

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	5469
Total number of Re-inspections made	2856
Total number of Defects found	1115
Total number of Defects remedied	677
Total number of Informal Notices Served	178
Total number of Formal Notices served	149
Total number of Informal Notices abated	157
Total number of Formal Notices abated	110

TABLE II
SUMMARY OF INSPECTIONS MADE

Dwellinghouses:

NO. INSPECTED	INSPECTIONS	RE-INSPECTIONS
Re: Filthy Condition	7	8
Re: Verminous Condition	191	199
Re: Other Conditions	1602	1941
Houses in Multiple Occupation	2	4
Common Lodging Houses	5	2
Tents, Vans and Sheds	140	32
INSPECTION OF:		
Dairies	18	—
Ice Cream Premises	150	62
Knackers Yard	26	—
Food Preparing Premises	52	4
Pet Animals Premises	3	—
Markets	94	—
Licensed Premises	97	6
Food Shops	509	36
Animal Boarding Establishments	4	—
Factories with Power	44	10
Factories without Power	8	2
Catering Premises	30	1
Bakehouses	16	—
Hawkers Premises	56	1
Hairdressers Premises	18	4
Offices, Shops etc.	565	307
Cinemas and Theatres	30	3
Scrap Metal Dealers	78	13
Offensive Trades	17	—
Smoke Observations	472	—
Smoke Visits to Plant	124	2
Smoke Control Area Visits	175	2
Other Premises—Visits and Interviews	448	73
TOTAL NUMBER OF DEFECTS FOUND	971	144
TOTAL NUMBER OF HOUSES AFFECTED	667	120
TOTAL NUMBER OF OTHER PREMISES AFFECTED	60	2

TABLE III
SUMMARY OF NUISANCES ABATED
AND IMPROVEMENTS EFFECTED

Dwellinghouses:

INTERNAL:

Floors repaired or renewed	11
Walls repaired or renewed	44
Ceilings repaired or renewed	10
Fireplaces repaired or renewed	18
Flues repaired or renewed	2
Windows repaired or renewed	30

Doors repaired or renewed	10
Staircase repaired or renewed	1
Sinks repaired or renewed	3
Waste pipes repaired or renewed	9
Foodstores provided or improved	4
Freed from vermin	28
Damp conditions abated	24

EXTERNAL

Roofs repaired	15
Eaves spouts repaired or provided	27
Downspouts repaired or provided	14
Downspouts cleansed	2
Walls repaired or repointed	9
Chimney stacks repaired or repointed	1
Doors repaired or renewed	6
Steps repaired or renewed	2
Yard paving repaired	9

Drains:

Cleansed	155
Repaired	32
Reconstructed	2
Self cleansing gullies provided	2

Inspection Chambers:

Repaired or improved	5
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Cesspools:

Abolished	1
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Water Closets:

Provided in substitution of privies	1
Provided in substitution of waste water closets	1
Limewashed and cleansed	1
Structure repaired or improved	11
Fittings repaired or improved	51

Waste Water Closets:

Abolished	1
Converted to water closets	1

Ashbins:

Renewed for houses	44
Renewed for other premises	1

Midden Privies:

Converted to water closets	1
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Bakehouses:

Cleansed or limewashed	12
--------------------------------	----

Hairdressers Premises:

Premises cleansed	22
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Hawkers Premises:

Premises improved	2
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Dairies:

Cleansed and limewashed	2
---------------------------------	---

Ice Cream Premises:

Cleansed and limewashed	15
---------------------------------	----

Slaughterhouses or Knackers Yard:

Cleansed and limewashed	1
Premises improved	1

Offensive Trades:

Premises cleansed and limewashed	3
Premises improved	2

Food Preparing Premises:

Cleansed and limewashed	1
Premises improved	2

Food Shops:

Improved	5
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Offensive Accumulations:

Removed	6
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Licensed Premises:	
Improved	4
Catering Premises:	
Improved	6
Factories:	
Additional provided	2
Fittings repaired or renewed	1
Other Premises:	
Nuisances abated	1
TOTAL DEFECTS REMEDIED	677
TOTAL HOUSES AFFECTED	724
TOTAL OTHER PREMISES AFFECTED	80

TABLE IIIa
HOUSING INSPECTIONS

	INSPECTIONS	RE-INSPECTIONS
Individual Unfit Houses:		
No. inspected	54	8
Clearance Areas:		
No. of houses inspected	103	41
Overcrowding:		
No. of houses inspected	17	—
Improvement Grants:	314	95

TABLE IV
FACTORIES ACT 1961

1. Inspections for purposes of provisions as to health.

PREMISES	NUMBER ON REGISTER	NUMBER OF		
		INSPECTIONS	WRITTEN NOTICES	OCCUPIERS PROSECUTED
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	10	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	235	70	6	—
3. Other premises in which Section 7 is enforced by the Local Authority	17	17	2	—
TOTAL	263	97	8	—

2. Cases in which defects were found.

PARTICULARS	NUMBER OF CASES IN WHICH DEFECTS WERE FOUND				NUMBER OF CASES IN WHICH PROSECUTIONS WERE INSTITUTED
	FOUND	REMEDIED	REFERRED TO H.M.I.	REFERRED BY H.M.I.	
Want of Cleanliness .. (S.1)					
Overcrowding (S.2)					
Unreasonable Temperature (S.3)					
Inadequate ventilation.. (S.4)					
Ineffective drainage of floors (S.6)					
Sanitary Conveniences.. (S.7)					
(a) Insufficient	2	2			
(b) Unsuitable or defective	2	1			
(c) Not separate for sexes					
Other offences against the Act					
TOTAL ..	4	3			

Caravan Sites

The itinerant caravan dwellers still manage to find unauthorised sites in which to stay for short periods of time. The larger areas of land in local authority ownership have now been made untenable to these persons and their vehicles. Apart from one isolated case when the caravan dwellers assaulted a police officer, and were later fined for the offence, the caravan dwellers moved on when requested so to do by local authority officers.

A large number of these persons seem to tour the same area time after time and reappear in the district five or six times per year, and the sites are always littered with refuse of all types when they depart.

A considerable amount of time is given to this problem by Public Health Inspectors who could be employed on more essential duties.

Common Lodging Houses

There is one registered common lodging house situated at 26 Doncaster Road, Barnsley.

There have been no complaints and the premises have been conducted in a satisfactory manner.

An arrangement between the keeper and the Department ensures that all verminous persons are immediately treated at the local authority cleansing station. The keeper and deputy keeper were re-registered during the year.

Cinemas and Theatres

All these premises have been brought up to a satisfactory standard. Visits were also made to premises where occasional stage plays are presented.

Offensive Trades

Renewal of consent with respect to the establishment of offensive trades was agreed with respect to the undermentioned trades:—

- 1 tripe boiler
- 1 bone boiler and fat extractor
- 1 fellmonger.

During the year new plant was erected at the bone boiling and fat extracting premises. After one or two mechanical failures and initial running-in problems which caused nuisance by effluvia, the premises and plant were in full working order at the close of the year.

During December the trade of fellmonger was discontinued, the firm operating the trade having obtained larger premises in another area.

Knackers Yard

These premises were re-licensed during the year. Practically all the animals are brought in dead and the very few live animals brought in are immediately slaughtered so that no lairage accommodation is required.

Scrap Metal Dealers Act, 1964

During the year nine persons and three premises were registered upon application being made.

At the end of the year there were 33 premises and 49 persons registered under the above Act.

Smoke nuisance was caused by a number of dealers in one area of the town by the burning of omnibus bodies and notices were served on these persons to refrain from this practice.

There were no prosecutions under the Act during the year.

Noise Nuisances

Noise has been defined as "sound which is undesired by the recipient". This problem is increasing particularly in urban communities. A Ministry of Housing and Local Government Circular No. 22/67 on noise was the subject of a special report to the Sanitary Committee, dealing with the causes and prevention of noise and the legal provisions with respect to this matter.

One of the recommendations contained in this circular was that local authority technical officers should have certain training in noise problems and to this end two Public Health Inspectors have attended a special course on this subject.

During the year two major complaints of noise nuisance were received and investigated. The first case was noise from electronic amplifying equipment in a discotheque. This matter was resolved with the ready co-operation of the owners of the premises by firstly reducing the noise at source and secondly by additional soundproofing of the premises.

The second case was due to noise and vibration from overhead high voltage electricity transmission cables. This was caused by strong winds blowing through the cables (the so-called AEolian sound) giving rise to noise and vibration at an unbearable level.

The Central Electricity Generating Board were notified of this complaint and are at present investigating the same. Statutory undertakers are exempt from the provisions of the Noise Abatement Act, 1960 and it will therefore be, by agreement only, that this nuisance can be resolved.

Smoke Abatement

I am pleased to report the resumption of smoke control after a few years delay due to economic and other reasons. The environmental benefits of clean air are indisputable and I now hope that we shall proceed to implement the Clean Air Act, 1956 from year to year until the Borough is completely smoke controlled. The Council is a constituent member of the West Riding Clean Air Council and is represented on the Executive Committee by the Chief Public Health Inspector.

Smoke Control Areas

The Barnsley Smoke Control Order No. 4, 1967 was made on the 12th day of September, 1967 and is due to come into operation on the 1st September, 1969. This area consists of 263 acres and comprises one industrial, 17 commercial and 10 other premises together with 1,730 dwellinghouses. The area is situated at Athersley North, and most of the dwellinghouses belong to the local authority. A large capital cost is entailed in its implementation.

The Barnsley Smoke Control Order No. 5, 1967, was made in December, 1967 and submitted to the Ministry for confirmation. This area consists of 14.57 acres of land off Royston Lane, Carlton on which approximately 100 dwellinghouses are being erected.

The Barnsley Smoke Control Order No. 6, 1967, was also made in December and submitted to the Minister for confirmation at the same time as the No. 5 Order. This area consists of 5.76 acres of land off Wombwell Lane, Stairfoot on which approximately 50-60 houses are being erected.

In addition to the making of the above Orders capital expenditure was approved for the making in the next financial year of a further smoke control order at Ardsley comprising approximately 400 dwellinghouses.

Clean Air Act, 1956

Notice of Intention to Install a Furnace was received in respect of the following nine premises:—

Tesco Stores, Albert Street East
Barnard, 315 Wakefield Road
East Dene W.M. Club, Doncaster Road
Redfearn Bros., Burton Road, Monk Bretton
J. T. H. McGinnes, 15-19 Neville Avenue
J. Hinchcliffe and Son Ltd., Wakefield Road
Catholic Club, Falcon Street
Kendray Hospital, Doncaster Road
Wilthorpe Hotel, Huddersfield Road.

Prior approval with respect to the installation of a furnace was requested and granted in one case, as under:—

Catholic Club, Falcon Street.

Complaints of excessive grit emission from one factory premises were received and investigated. Five Petri dishes were placed down wind of the premises and the resultant depositions were analysed by the Public Analyst. He reported that the sample deposits showed each to consist of particles of grit with some organic matter.

The offending firm was served with a notice to abate the nuisance and a new plant together with better and more efficient grit-arrestors was provided.

The Local Authority continue to co-operate with Warren Spring Laboratory of the Ministry of Education and Science in the national survey of air pollution.

Five recording stations are maintained for the estimation of sulphur in the atmosphere. The figures for 1967 show a slight reduction in some areas and a slight increase in others. Appended are the results for the last three years.

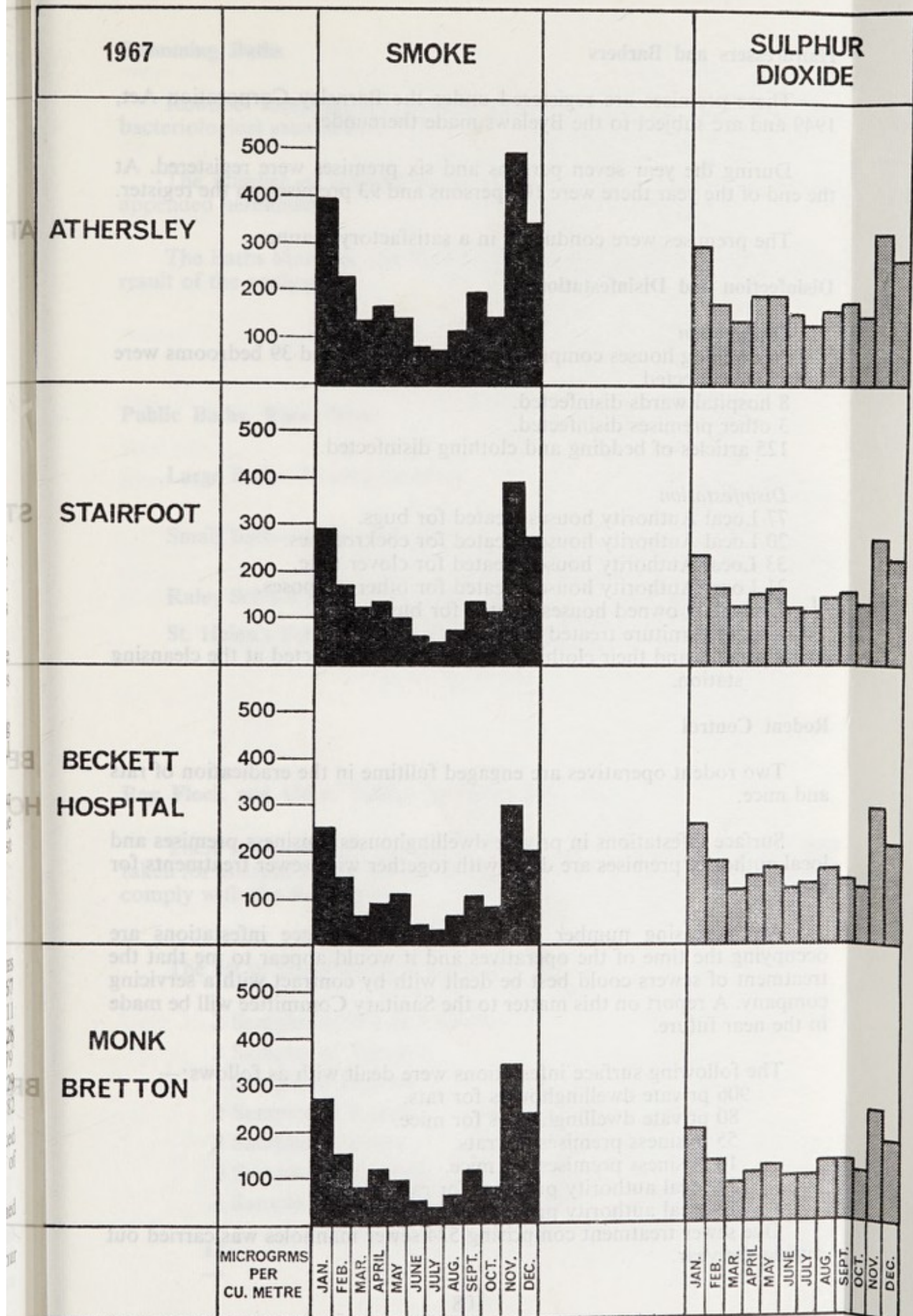
Estimation of Sulphur by the Lead Dioxide Method

STATION	AVERAGE DAILY FIGURES IN MILLIGRAMS PER 100 SQ. CENTIMETRES		
	1965	1966	1967
Kendray Hospital	2.42	2.19	2.11
Public Abattoir	2.22	2.04	2.28
Girls High School	1.74	1.76	1.79
147 Lindhurst Road	1.41	1.40	1.29
Carlton Green	1.59	1.40	1.82

The site at Carlton Green was temporarily discontinued but restarted on 6th October and only records three months figures in the latter part of the year.

Four smoke and sulphur continuous recording stations are maintained at Athersley, Stairfoot, Monk Bretton and Beckett Hospital.

A graph showing the results of the recordings of smoke and sulphur is appended.



Hairdressers and Barbers

These premises are registered under the Barnsley Corporation Act, 1949 and are subject to the Byelaws made thereunder.

During the year seven persons and six premises were registered. At the end of the year there were 102 persons and 93 premises on the register.

The premises were conducted in a satisfactory manner.

Disinfection and Disinfestation:

Disinfection

36 dwelling houses comprising 35 livingrooms and 39 bedrooms were disinfected.

8 hospital wards disinfected.

3 other premises disinfected.

125 articles of bedding and clothing disinfected.

Disinfestation

77 Local Authority houses treated for bugs.

20 Local Authority houses treated for cockroaches.

33 Local Authority houses treated for clover mite.

21 Local Authority houses treated for other purposes.

7 privately owned houses treated for bugs.

1 set of furniture treated for bugs.

2 persons and their clothing cleansed and disinfected at the cleansing station.

Rodent Control

Two rodent operatives are engaged fulltime in the eradication of rats and mice.

Surface infestations in private dwellinghouses, business premises and local authority premises are dealt with together with sewer treatments for rats.

An increasing number of complaints of surface infestations are occupying the time of the operatives and it would appear to me that the treatment of sewers could best be dealt with by contract with a servicing company. A report on this matter to the Sanitary Committee will be made in the near future.

The following surface infestations were dealt with as follows:—

906 private dwellinghouses for rats.

80 private dwellinghouses for mice.

55 business premises for rats.

16 business premises for mice.

21 local authority premises for rats.

13 local authority premises for mice.

One sewer treatment comprising 524 sewer manholes was carried out during the year.

Swimming Baths

Routine sampling of swimming bath water is undertaken for bacteriological examination.

The number of samples taken and the results of such samples are appended hereunder.

The Baths Manager and the Director of Education are notified of the result of the analyses.

Public Baths, Race Street

Large Bath—31 samples taken	.. . . .	23 Satisfactory	8 Unsatisfactory
Small Bath—35 samples taken	.. . . .	30 Satisfactory	5 Unsatisfactory
Raley School Bath—10 samples taken	.. . . .	10 Satisfactory	
St. Helen's School Bath—11 samples taken	.. . . .	8 Satisfactory	3 Unsatisfactory

Rag Flock and Other Filling Materials Act, 1951

There is one registered premises in the Borough and 12 samples were taken for analysis by the prescribed analyst. All the samples were found to comply with the Regulations.

The list of samples taken is as under:—

- 2 Samples of Woollen Flock
- 2 Samples of Terylene
- 1 Sample of Dacron
- 2 Samples of Kapok
- 2 Samples of Down
- 2 Samples of Feathers
- 1 Sample of Down and Feathers

—
12
—

Fertilisers and Feeding Stuffs Act, 1926

24 samples of Fertilisers and 8 samples of Feeding stuffs were taken and submitted to the Agricultural Analyst for analysis as follows:—

Fertilisers

Super phosphate	1 sample
Compure K	1 sample
All purpose Fertiliser	1 sample
Sulphate of Potash	1 sample
Bone flour	1 sample
Fish, Blood and Bone Fertiliser	1 sample
Sulphate of Ammonia	1 sample
Liquinure	1 sample
Dried Blood	1 sample
Hoof and Horn	1 sample
Fish Manure	1 sample
Basic Slag	1 sample
Nitrate of Soda	1 sample
Steamed Bone Meal	1 sample
Lawn Fertiliser	1 sample
Liquid Manure Concentrate	1 sample
Sweet Pea Fertiliser	1 sample
Plantoids	1 sample
Growmore	1 sample
Solidfeed	1 sample
Phostragen Plant Food	1 sample
Bonemeal, Hoof and Horn	1 sample
Raw Bonemeal	1 sample
Base Fertiliser	1 sample
—	—
	24 samples
—	—

Feeding Stuffs

Baby chick mash	1 sample
Battery deep litter pellets	1 sample
Intensive growers mash	1 sample
Pig finisher meal	1 sample
Intensive growers pellets	2 samples
Sow and weaners meal	1 sample
Eggeman No. 3 pellets	1 sample
—	—
	8 samples
—	—

The sample of lawn fertiliser contained potash in excess of the guarantee and a formal sample is to be taken.

One sample of intensive growers pellets and the sample of Eggeman No. 3 pellets contained oil in excess of the guarantee. The manufacturers were requested to review their guarantees and, if necessary, amend the same.

Pet Animals Act, 1951

One new application was received and a licence granted during the year, subject to compliance with the required conditions.

Animal Boarding Establishments Act, 1963

Two applications were received and licences granted during the year. The premises were conducted in a satisfactory manner.

HOUSING

Slum Clearance

This most important aspect of the Department's work is proceeding towards the ultimate goal of demolition of all substandard properties. All the worst "slum" dwellings have been demolished and we are now engaged in dealing with substandard dwellings.

The following Clearance Areas were declared during the year:—

Cresswell Street Clearance Area No. 177	..	7 houses
Shaw Street Clearance Area No. 178	.. ..	17 houses
Shepherd Street Clearance Area No. 179	..	13 houses
Railway Terrace Clearance Area No. 180	..	16 houses
Watson Street Clearance Area No. 181	..	19 houses
		—
		72 houses
		—

Individual Unfit Houses dealt with

Representations made with a view to closing and demolition	30 houses
Certificate of Medical Officer of Health with respect to unfit local authority houses	7 houses
Closing Orders made	24 houses
Demolition Orders made	2 houses

Unfit Houses Demolished in Clearance Areas

<i>Clearance Area No. 171</i>	
1, 3, 5, 7, 9, 11 Cromwell Terrace	6 houses
<i>Clearance Area No. 172</i>	
19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47 Shaw Lane, Carlton, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 Masons Buildings, Carlton ..	29 houses
	—
	35 houses
	—

Individual Unfit Houses Closed

63 Pontefract Road	1 house
1, 2, 5, 11, 12, 12a, 14, 22, 25, 26, 27, 30, 33, 38, 40, 41, 52, 60a, 69, 70, 73 Carlton Terrace	21 houses
	—
	22
	—

Individual Unfit Houses Demolished by Agreement with Owners

22, 26, 28, 30, 32 Willow Bank	5 houses
1, 2, 3, 4, 5 St. Helen's View, Monk Bretton	5 houses
	—
	10 houses
	—

Individual Unfit Houses made Fit as per Undertaking Given

1, 2 Spring Gardens, Monk Bretton	2 houses
---	----------

Housing Act, 1957 Redevelopment Area

In addition to the work carried out by the Sanitary Committee, a redevelopment area designated as the "*Sheffield Road Redevelopment Area*" was made by the Housing Committee. The area was dealt with by agreement with the owners and the making of a number of Compulsory Purchase Orders.

The total number of dwellinghouses demolished was 674, most of which were substandard.

The area is now being redeveloped and already two seven-storey blocks of flats each comprising 55 dwellings, have been erected.

Housing Act, 1964 Improvement Areas

The Barnsley Improvement Area No. 1, 1967 was declared during the year. This area consists of 162 houses of which 69 require to be improved.

The Highways Committee of the Council is considering how to improve the environment in conjunction with the house improvements.

This being the first area to be made, it is somewhat of a pilot scheme and valuable information will be obtained so that subsequent areas will be made to work smoothly and efficiently.

Improvement of Dwellings outside Improvement Areas

During the year 22 tenants made representations in writing to the Council requesting the Local Authority to enforce the provision of standard amenities as required under Section 19 of the Housing Act, 1964.

15 Preliminary Notices were served.

12 Immediate Improvement Notices were served.

6 Undertakings to carry out the necessary work were accepted.

1 Dwelling was improved to the full standard.

Improvement Grants

Applications for Improvement Grants, both from owners and owner/occupiers continue at a reasonably high level and slightly increased over last year.

The grants scheme received publicity from a Ministry of Housing and Local Government mobile exhibition which aroused considerable interest amongst members of the public.

The following grants were approved during the year:—

59 Discretionary Grants involving 59 houses and 192 Standard Grants involving a grant expenditure of £37,288.

53 Discretionary Grants involving 53 houses and 178 Standard Grants were completed during the year.

The Standard Grant amenities provided were:—

Fixed baths or showers	..	..	..	..	..	..	148
Wash hand basins	..	..	..	..	..	..	162
Hot water supply	..	..	..	..	..	..	155
Internal Water Closets	..	..	..	..	..	..	177
Food storage facilities	..	..	..	..	..	..	4

1,946 dwellinghouses have now been improved since the inception of the scheme.

Closet and Refuse Accommodation

The remaining 6 privy middens in Deputy Row, Wombwell Lane, were demolished during the year and 6 internal water closets provided.

There are 10 houses in Wombwell Lane which have 7 privy middens and 3 pail closets as sanitary accommodation. A new sewer is to be laid during 1968 and then sanitary accommodation on the water carriage system will be provided.

At the close of the year there were 24,974 dwellinghouses. Of this number 22,462 or 90% had separate water closets and 2,512 or 10% had shared sanitary accommodation.

19,303 dwellinghouses or 77.3% had hot water and baths and 5,671 or 22.7% had not hot water supply or baths.

Houses in Multiple Occupation

The number of houses used for this purpose fluctuates from year to year, but with the advent of more housing accommodation, it appears to be declining.

At the close of the year there were 37 houses of this type known to be occupied. In 6 houses notices requiring provision of amenities were complied with and the houses brought up to a reasonable standard.

A number of dwellings were discontinued as houses in multiple occupation during the year.

Rent Act, 1957

There were no applications for certificates of disrepair from tenants and neither were there any applications from landlords for cancellation of certificates of disrepair.

Prosecutions—Public Health Act

There was one prosecution during the year for non-compliance with a Statutory Notice under the Public Health Act, 1936—Section 39 to repair a sink waste pipe. The owner was fined £5 and given 24 days to carry out the work. The work was not done in the stipulated time and the waste pipe was repaired by the Local Authority in default of the owner, who was charged with the cost.

The defendant was again charged with failing to carry out the work within the stipulated period and was further fined 5s. 0d. per day for 31 days continuing default.

Offices, Shops and Railway Premises Act, 1963

During the year 44 new premises were registered, comprising 16 offices 20 retail shops, 1 wholesale shop, and 7 catering establishments, all of which received a general inspection.

The total number of registered premises at the end of the year was 776 (which was the same figure for 1966), and most of these premises received a second or subsequent visit. The total number of visits of all kinds was 938.

The operation of the Act did not give rise to any unusual occurrences. Two hundred and nineteen letters were sent to occupiers and owners of premises drawing their attention to contraventions of the Act. Appended is a list of premises and letters sent out in each case:—

CLASS OF PREMISES	LETTERS SENT OUT
Offices	47
Retail shops	148
Wholesale shops and warehouses	4
Catering Establishments	14
Fuel Storage depots	6
Total ..	219

The total number of registered premises at the end of the year was as follows:—

Offices	166
Retail shops	486
Wholesale shops and warehouses	55
Catering Establishments and Canteens	62
Fuel Storage depots	7
Total ..	776

TABLE V
Contraventions found during the year

CONTRAVENTIONS	OFFICES	RETAIL SHOPS	WHOLESALE SHOPS AND WAREHOUSES	CATERING ESTABLISHMENTS AND CANTEENS	FUEL STORAGE DEPOTS	TOTAL
Cleanliness	3	7	2	-	-	12
Temperature	13	31	2	2	4	52
Ventilation	2	11	1	-	2	16
Lighting	-	3	-	-	-	3
Sanitary Accommodation	18	78	4	3	1	104
Washing Facilities	23	43	5	3	2	76
Supply of Drinking Water	4	2	-	-	-	6
Accommodation for Clothing	2	3	-	-	-	5
Sitting Facilities	-	1	-	-	-	1
Eating Facilities	-	2	-	-	-	2
Floors, Passages and Stairs	-	14	2	-	-	16
Fencing of Machinery	1	2	-	-	-	3
First Aid Equipment	13	34	1	3	2	53
Information for Employees	20	73	1	13	4	111
TOTALS	99	304	18	24	15	460

TABLE VI
Contraventions Remedied

CONTRAVENTIONS	OFFICES	RETAIL SHOPS	WHOLESALE SHOPS AND WAREHOUSES	CATERING ESTABLISHMENTS AND CANTEENS	FUEL STORAGE DEPOTS	TOTAL
Cleanliness S.4	4	10	2	1	-	17
Temperature S.6	14	37	1	7	1	60
Ventilation S.7	-	5	-	-	1	6
Lighting S.8	-	2	-	-	-	2
Sanitary Accommodation S.9	19	54	5	2	-	80
Washing Facilities S.10	22	30	-	-	-	52
Supply of Drinking Water S.11	2	-	-	-	-	2
Accommodation for Clothing S.12	-	1	-	-	-	1
Sitting Facilities S.13	-	1	1	-	-	2
Floors, Passages and Stairs S.16	2	8	1	1	-	12
Fencing of Machinery S.17	1	2	-	-	-	3
First Aid Equipment S.24	12	41	-	7	1	61
Information for Employees S.50	31	87	6	12	2	138
TOTALS	107	278	16	30	5	436

Accidents

Fifty five accidents (as against 75 last year) were reported in 1967 and in all cases were investigated. There were no fatal accidents.

Falls were again the most common cause of reported accidents accounting for 45% of the total. The incident of this type of accident occurred more frequently in relation to other accidents among females (62%) as against males (38%).

The second most common cause of reported accidents was the handling of goods which accounted for 18% of the total, but here again the incidence ratio was equal between males (50%) and females (50%).

The use of hand tools accounted for 17% of all accidents reported and the majority occurred in retail shops.

Five accidents out of the total were serious accidents involving bone fractures. Of this full total of accidents 27% involved young persons.

Injuries from Accidents

Bruising etc.	36%
Open wounds etc.	13%
Sprains etc.	11%
Bone fractures	9%

In four cases the occupiers of premises were written to where accidents had occurred requesting certain action to be taken to prevent a repetition of such accidents. These cases were as follows:—

Case A: Step from ground floor storeroom was 13 inches high and to reduce this height an unturned empty wooden box was used as an additional step. A male employee carrying goods overbalanced and fell causing injury.

Case B: A recently provided concrete step on the outside of an external door to a butchers shop had the edge broken away resulting in a female assistant slipping off the step and causing injury.

Case C: The third and fourth steps from the top of a wooden staircase were found to be defective in that the risers were becoming detached from the treads. This resulted in a female employee overbalancing and falling so causing injury.

Case D: Absence of a guard on an electric gravity feed meat slicing machine and non use of a metal pusher causing injury to finger of the operator.

No legal proceedings were taken during the year.

Supervision of Food Premises and Inspection of Food

During the year three Public Health Inspectors attended a course of lectures and demonstrations on poultry inspection.

On the 1st January, 1967 the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 came into operation. All persons selling open food in Barnsley Market were provided with improved stalls and transferred to the Kendray Market. Communal facilities for wash-hand basins, sinks, hot and cold water were provided by the Local Authority within reasonable distance from the stalls. This grouping of the food stalls was initially disliked by the stallholders, but now the general public know where the food market is situated practically all the stallholders agree that they are giving a better service to the public.

All mobile shops and hawkers of food have been circulated as to the requirements of the Regulations and are being inspected with respect to carrying out the requirements of the Regulations.

List of Food Premises

TYPE OF PREMISES	NUMBER
Bakehouses	17
Breweries	1
Butchers Shops	65
Catering Establishments	44
Clubs	48
Flour Confectionery Shops	32
Food Preparing Premises	55
Fried Fish Shops	57
Fruit and Vegetable Retailers	34
Fruit and Vegetable Wholesalers	3
Grocery and Provision Dealers	230
Hawkers Food Storage Premises	58
Hotels and Public Houses	96
Ice Cream Manufacturers	5
Ice Cream Retailers	243
Milk Depots and Plants	2
Mineral Water Manufacturers	3
Off-licence premises	74
Premises from which milk is sold	155
School Kitchens	26
Slaughterhouses	1
Sugar Confectionery Shops	66
Tripe Boilers	1
Wet fish shops	7
Wholesale Grocery Warehouses	5
Works Canteens	23

Improvements in Food Premises

PREMISES	WASH BASINS PROVIDED	HOT WATER SUPPLY PROVIDED	PREMISES CLEANSED AND REDECORATED	FIXTURES AND FITTINGS IMPROVED	W.C.'S. PROVIDED OR IMPROVED	NEW PREMISES PROVIDED
Food Preparing Premises ..	1	-	1	1	-	-
Hawkers vehicles	2	2	-	2	-	-
Food shops	3	4	2	1	2	-
Catering Establishments ..	2	-	2	2	-	1
Fried fish shops	-	-	-	-	-	2
Licensed premises	4	-	-	-	3	2

Hawkers of Food and Food Storage Premises

14 Hawkers of food were registered during the year.

4 Food storage premises registered during the year.

The total number of hawkers of food on the register was 102.

The total number of food storage premises registered was 58.

Food Hygiene (Markets, Stalls and Delivery Vehicle) Regulations 1966

Four applications were received for exemption to provide sinks for washing of food and equipment. These applications were granted.

Milk Supply

The number of distributors of milk on the register at the end of the year was 164.

Licences in operation for designated milk were as follows:—

- 1 Dealers (Pasteurisers) Licence
- 7 Dealers Licences for designation "Untreated"
- 163 Dealers Licences for designation "Pasteurised" or "Sterilised".

Bacteriological Examination of Milk

Samples of milk are taken regularly and submitted to the prescribed tests.

One sample of untreated milk was found to be affected by *Brucella Abortus*. The producer was outside the Borough and the Medical Officer of Health of the district concerned served notice on the producer to send his milk for pasteurisation.

Five samples of Pasteurised milk and three samples of Untreated milk failed the methylene blue test. These samples were taken from vending machines. The machines were inspected in the company of the owners and suggestions made as to cleansing and sterilisation of the same.

The following is a list of samples tested and the results of such examination.

Methylene Blue Test

52 samples of Untreated Milk—44 satisfactory—3 Unsatisfactory—5 Void.
45 samples of Pasteurised Milk—31 Satisfactory—5 Unsatisfactory—9 Void.
2 samples of Cream—2 satisfactory.

Phosphatase Test

43 samples of Pasteurised Milk—43 Satisfactory.
2 samples of Pasteurised Cream—2 Satisfactory.

Turbidity Test

13 samples of Sterilised Milk—13 Satisfactory.

Biological Test

4 samples of Untreated Milk for Tuberculosis—4 Negative.

Brucella Abortus

53 samples of Untreated Milk—52 negative—1 positive.

Antibiotics

6 samples of Untreated Milk—6 negative.

Ice Cream

190 samples of ice cream were submitted to the Methylene blue test with the following results.

TYPE	TOTAL SAMPLES	GRADE I	GRADE II
Heat treated	189	185	4
Cold mix	1	1	—

2 Lollipops were examined and no pathogens were isolated.

Meat and Other Foods

There are no private slaughterhouses in Barnsley; all slaughtering takes place at the Public Abattoir.

Animals Slaughtered and Inspected

Beasts	11,670
Sheep	34,460
Calves	231
Pigs	21,469

TOTAL 67,830

Fresh Meat Condemned at Abattoir

Beef	6,794 lbs.
Beef Offal	60,104 lbs.
Mutton	1,390 lbs.
Mutton Offal	11,518 lbs.
Veal	393 lbs.
Veal Offal	216 lbs.
Pork	6,254 lbs.
Pork Offal	4,748 lbs.

91,417 lbs.

45 tons 5 cwts. 2 qrs. 1 lb.

TABLE VII
Carcases and all Organs Condemned

ANIMAL	INFLAMMATORY DISEASES	ACCIDENT	OTHER BACTERIAL DISEASES	TUBERCULOSIS	IMMATURITY
Bullocks	2	—	—	—	—
Heifers	—	—	1	—	—
Cows ..	7	—	3	—	—
Sheep ..	26	3	1	—	1
Calves	4	1	4	—	—
Pigs ..	9	—	10	1	—

TABLE VIII
Carcases Partially Condemned

ANIMAL	ACCIDENT	OTHER BACTERIAL DISEASES	TUBERCULOSIS
Bullocks	1	1	1
Heifers	1	—	1
Cows	1	—	—
Sheep	2	—	—
Pigs	3	—	—

TABLE IX

Various Organs Condemned as Unfit for Human Consumption

	HEADS	TONGUES	LUNGS	LIVERS	STOMACHS	KIDNEYS	HEARTS	SPLEENS	UDDERS	MESENTERIES	INTESTINES
TUBERCULOSIS											
Bullocks	—	—	1	1	1	—	—	1	—	1	1
Heifers	—	—	1	—	—	—	1	—	—	1	1
Pigs	309	309	3	2	12	—	3	12	—	12	12
INFLAMMATORY DISEASES:											
Bulls	—	—	2	5	—	6	1	—	—	—	—
Bullocks	3	3	71	37	4	412	27	2	—	3	3
Heifers	1	1	28	18	1	155	7	1	—	1	1
Cows	—	—	15	185	1	196	6	1	260	5	5
Sheep	—	—	3	3	—	2	3	2	—	—	—
Calves	—	—	3	3	—	—	2	2	—	—	—
Pigs	—	—	46	63	3	19	60	1	—	7	7
PARASITIC DISEASES:											
Bulls	—	—	1	5	—	—	—	—	—	—	—
Bullocks	50	50	37	926	—	—	31	—	—	—	—
Heifers	41	41	15	435	—	—	12	—	—	—	—
Cows	8	8	8	323	—	—	4	—	—	—	—
Sheep	—	—	1875	2595	—	—	1875	—	—	—	—
Pigs	—	—	371	610	—	—	371	—	—	—	—
OTHER BACTERIAL DISEASES:											
Bulls	1	1	—	1	—	—	—	—	—	—	—
Bullocks	48	48	19	452	3	—	2	—	—	1	1
Heifers	25	25	6	106	—	—	—	—	—	—	—
Cows	10	10	3	44	—	—	—	—	—	—	—
Pigs	5	5	—	—	—	—	—	—	—	—	—

TABLE X

Analysis of Inspection of Meat

	Cattle (Excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed	10303	1367	231	34460	21469
Number Inspected	10303	1367	231	34460	21469
All diseases except Tuberculosis and Cysticerci					
Whole carcasses condemned ..	3	10	9	31	19
Carcasses of which some part or organ was condemned	2303	658	5	2702	738
Percentage affected with disease	22.3	48.9	6.0	7.9	3.5
Tuberculosis only					
Whole carcasses condemned ..					1
Carcasses of which some part or organs was condemned	2				311
Percentage affected	0.02				1.4
Cysticercosis					
Carcasses of which some part or organ was condemned	137	12			
Carcasses submitted to refrigeration	9	2			
Generalised and totally condemned	—	—			

Other Foodstuffs condemned and Voluntarily Surrendered

Fresh Meat from Shops

Beef	855 lbs.
Mutton	608 lbs.
Pork	1,014 lbs.

Prepared Foods

Cooked Meats	17 lbs.
Sausage	31½ lbs.

Fish

Fish	42 lbs.
Mussels	280 lbs.
Crabs	28 lbs.

Other Foods

Poultry	886½ lbs.
Cheese	335½ lbs.
Flour	225 lbs.
Bacon and Ham	31½ lbs.
Peas	4 lbs.

Frozen Foods

Packets	1603½ lbs.
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Preserved Foods

11,806 tins and jars	12,487½ lbs.
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Summary of Food Condemned

	TONS	CWTS.	QRS.	LBS.
Fresh meat from Abattoir ..	45	5	2	1
Fresh meat from shops ..	1	2		13
Prepared foods			1	20½
Fish		3		14
Other foods		13		26½
Frozen foods		14	1	7½
Preserved foods	5	11	1	27½
Total ..	53	10	—	25½

Cysticercus Bovis

There was a slight increase in the number of cattle affected from last year, although the number of viable cases was reduced from 21 to 11.

The total number of cattle infested with this parasite was 149 (137 last year) comprising 85 bullocks, 52 heifers and 12 cows.

The number of animals found to contain viable cysts was 11, namely 7 bullocks, 2 heifers and 2 cows. These carcasses were refrigerated.

Special Examination of Foodstuffs

Lemonade bottle and contents—unusual taste—no pathogens found.

Bread cake—containing dark coloured substance—found to be wheat flour.

Drinking water—unusual taste—found to be satisfactory.

Cream fruit pie—containing a dark pellet—found to be a mouse dropping.

Sliced loaf of bread—containing a foreign body—found to be jute fibres.

Food and Drugs

276 samples of food and drugs comprising 70 samples of milk and 206 samples of other foods were procured and analysed by the Public Analyst, to determine the chemical constituents of the foods, together with preservatives or colouring matter.

Milk

There are many Regulations prescribing the composition of food and drugs and the legal minimum requirement for milk is 3% milk fat and 8.5% milk solids other than milk fat.

The average composition of the 70 samples of milk was 4.05% fat and 8.80% solids other than milk fat.

One sample of milk contained only 2.96% of milk fat and was therefore slightly deficient in milk fat. The sample was taken from a vending machine and the owners were warned by letter.

Ice Cream

33 samples of ice cream were taken for chemical analysis. All the samples contained more than 5% fat content which is the legal minimum standard.

- 1 sample contained between 5 and 6 per cent
- 1 sample contained between 6 and 7 per cent
- 8 samples contained between 7 and 8 per cent
- 3 samples contained between 8 and 9 per cent
- 8 samples contained between 9 and 10 per cent
- 4 samples contained between 10 and 11 per cent
- 6 samples contained between 11 and 12 per cent
- 1 sample contained between 12 and 13 per cent
- 1 sample contained between 13 and 14 per cent.

**Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1967**

ARTICLE	TOTAL	GENUINE	NOT GENUINE	FORMAL		INFORMAL	
				GENUINE	NOT GENUINE	GENUINE	NOT GENUINE
Agarol.. .. .	1	1				1	
Apple Pie	1	1				1	
Aspirin	1	1				1	
Black Currant Sweets ..	1	1				1	
Black Pudding	2	2				2	
Brandy-snap	2	2				2	
Bronchitis Mixture	1	1				1	
Butter	7	7				7	
Barley Sugar	1	1				1	
Batter and Pancake Mix ..	1	1				1	
Beef Ravioli	1	1				1	
Beer	1	1		1			
Bufferin	1	1				1	
Buttered Scones.. .. .	1	1				1	
Baking Powder	1	1				1	
Beef Steak and Gravy ..	1	1				1	
Branston Pickle	1	1				1	
Black Treacle	1	1				1	
Butter Toffee	1	1				1	
Bisodol Gel	1	1				1	
Braised Kidneys in Gravy..	1	1				1	
Brawn	1	1				1	
Catarrh Pastilles	1	1				1	
Cheese Flavoured Puffs ..	1	1				1	
Chocolate Brazil Crunch ..	1	1				1	
Chocolate Colour Icing Mix	1	1				1	
Coffee and Chicory Essence	1	1				1	
Corned Beef	2	2				2	
Cream	7	7				7	
Condensed Milk	1	1				1	
Curried Beef and Rice ..	1	1				1	
Chicken Breast in Jelly ..	1	1				1	
Coffee flavoured walnut Whip	1	1				1	
Cough Mixture	1	1				1	
Cream of Mushroom Soup	1	1				1	
Chocolate Vanilla Roll ..	1	1				1	
Chopped Chicken in Jelly..	1	1				1	
Cornish Pasties	1	1				1	
Cheese (Pineapple)	1		1				1
Chocolate Mint Cremes ..	1	1				1	
Christmas Pudding	1	1				1	
Citron Peel.. .. .	1	1				1	
Cockles in Vinegar	1	1				1	
Crema Bel Paese	1	1				1	
Dressed Crab	2	2				2	

**Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1967**

ARTICLE	TOTAL	GENUINE	NOT GENUINE	FORMAL		INFORMAL	
				GENUINE	NOT GENUINE	GENUINE	NOT GENUINE
Dried Sage	1	1				1	
Dripping	1	1				1	
Evaporated Milk	1	1				1	
Fig Rolls	1	1				1	
Fish Paste	2	2				2	
Fresh Cream Do-nuts ..	1	1				1	
Frizets Fritter Mix	1	1				1	
Fruit Curry Sauce	1	1				1	
Fish Cakes	1	1				1	
French Mustard	1	1				1	
Fruit Malt Cake	1	1				1	
Golden Mints	1	1				1	
Glucose Linctus	1	1				1	
Ground Ginger	1	1				1	
Glucose Barley Sugar ..	1	1				1	
Glycerin Lemon and Ipecac	1	1				1	
Glace Cherries	1	1				1	
Horse Radish Sauce	2	2				2	
Hamburgers	1	1				1	
Honey	1	1				1	
Ham and Chicken Roll ..	1	1				1	
Honey Cough Syrup	1	1				1	
Health Vita	1	1				1	
Hot Dog	1	1				1	
Ice Cream	33	33				33	
Instant Mashed Potato ..	2	2				2	
Indian Brandy	1	1				1	
Jaffa Cakes	1	1				1	
Jam	4	4				4	
Lemon Madeira Cake	1	1				1	
Lemon Meringue Pie	1	1				1	
Leg and Wing of Chicken ..	1	1				1	
Lemon Cheese	1	1				1	
Lemon Juice	1	1				1	
Lard	2	2				2	
Licorice Sweets	2	2				2	
Lime Cordial	1	1				1	
Margarine	3	3				3	
Menthol Sweets	1	1				1	
Milk Chocolate Rolls	1	1				1	
Marmalade	1	1				1	
Mincemeat	1	1				1	
Niblets	1	1				1	
Non Brewed Condiment ..	1	1				1	
Orange Quick Jel	1	1				1	

**Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1967**

ARTICLE	TOTAL	GENUINE	NOT GENUINE	FORMAL		INFORMAL	
				GENUINE	NOT GENUINE	GENUINE	NOT GENUINE
Oatcakes	1	1				1	
Orange Drink	1	1				1	
Parkin Mixture	1	1				1	
Pie (Pork)	2	2				2	
Pie (Meat and Potato) ..	1	1				1	
Pie (Steak and Kidney) ..	1	1				1	
Pork Luncheon Meat ..	1	1				1	
Pure Jaffa Grapefruit Juice	1	1				1	
Potted Beef Spread	2	2				2	
Potted Meat Paste	2	1	1	1			1
Peanut Brittle	1	1				1	
Pork Sausage Roll	1	1				1	
Ranch Grill	1	1				1	
Ryvita	1	1				1	
Raisins	2	2				2	
Rich Fruit Pudding	1	1				1	
Sausage	10	10				10	
Sponge Pudding	1	1				1	
Salami	1	1				1	
Salmon	2	2				2	
Sausage Cakes	1	1				1	
Steak Pasties	1	1				1	
Sulphur Tablets	1	1				1	
Sardines	1	1				1	
Spirit of Sol Volatile ..	1	1				1	
Shrimp Salad	1	1				1	
Strained Veal Dinner ..	1	1				1	
Strawberry Trifle	1	1				1	
Sugarless Jelly	1	1				1	
Sunny Spread	1	1				1	
Sweet Spirit of Nitre ..	1	1				1	
Turkey Supreme in Sauce	2	1	1	1	1		
Treacle	1	1				1	
Table Jelly	1	1				1	
Throat Pastilles	1	1				1	
Vanilla Flavouring	1	1				1	
Vitamin Yeast Tablets ..	1	1				1	
Virol	1	1				1	
White Sauce Mix	1	1				1	
Yoghurt	2	2				2	
Yorkshire Pudding and							
Pancake Mix	1		1				1
Zinc and Caster Oil Cream	1	1				1	
	206	202	4	3	1	199	3

PARTICULARS OF ADULTERATED SAMPLES OF OTHER FOODS

SAMPLE NO.	ARTICLE	ADULTERATION OR OFFENCE	REMARKS
9226 Formal	Turkey Supreme in White Sauce	Contained 59.7% meat. Deficient in meat 14.7%	Further formal sample was genuine.
9299 Informal	Potted Meat Paste	Contained 51.1% meat. Deficient in meat 7.1%.	Formal sample genuine Manufacturer warned by letter.
9370 Informal	Yorkshire Pudding and Pancake Mix	Contained the term "M.S.G." in listed ingredients. Should be replaced by the words "Mono Sodium Glutamate"	Manufacturer warned by letter.
9445 Informal	Cheese (Pineapple)	Contained 57.27% water and 14.41% fat, Should have been described as "Medium Fat Soft Cheese".	Manufacturer warned by letter.

PROSECUTIONS FOR VARIOUS OFFENCES IN CONNECTION WITH FOOD

Contamination of food by substances foreign to the food still continue at a high level and the following is a list of prosecutions which took place during the year:—

- Case A:** Sale of a teacake containing a finger dressing.
Fined £20 and costs.
- Case B:** Sale of mouldy pork pie.
Fined £2 and costs.
- Case C:** Sale of boiled ham containing maggots.
Fined £10 and costs.
- Case D:** Sale of shepherds pie containing a nail.
Fined £20 and costs.
- Case E:** Sale of a tin of vegetable soup containing a grub.
Fined £10 and costs.
- Case F:** Sale of loaf of bread containing an insect.
Fined £20 and costs.
- Case G:** Sale of loaf of bread containing wrapping paper.
Fined £5.
- Case H:** Sale of tin of tomatoes containing a caterpillar.
Fined £10.
- Case I:** Sale of fried fish containing a piece of wire.
Fined £10 and costs.

- Case J:** Sale of a fruit pie containing a mouse dropping.
Fined £5.
- Case K:** Sale of tin of stewed steak containing a hair grip.
Fined £50 and costs.
- Case L:** Sale of tin of bilberry pie filling containing a beetle.
Fined £20.
- Case M:** Sale of loaf of bread containing foreign bodies.
Fined £5.
- Case N:** Sale of two unsound portions of cooked chicken.
Fined £10.

Other Food Offences not Prosecuted

- Case A:** Tin of vegetable soup containing an insect.
Manufacturer warned by letter.
- Case B:** Packet of Baby food containing a grub.
Manufacturer notified by letter.
- Case C:** Prepacked toffee containing human hairs.
Manufacturer warned by letter.
- Case D:** Mouldy sliced loaf of bread.
Manufacturer warned by letter.
- Case E:** Sale of unsound cooked meat.
Vendor warned by letter.

PART VII

SCHOOL HEALTH

"To love playthings well as a child, to lead an adventurous and honourable youth, and to settle when the time arrives, into a green and smiling age, is to be a good artist in life and deserve well of yourself and your neighbour.

Crabbed Age and Youth.

ROBERT LOUIS STEVENSON, 1850-1894.

The outstanding problem of the work in schools during 1967 was ensuring its continuity in the face of shortages of medical staff. At the beginning of the year, in addition to the Principal School Medical Officer and his Deputy, two senior clinical assistant medical officers were available to carry out routine school medical inspections and to ascertain handicapped pupils. In the course of the year both these officers obtained appointments with other authorities which offered wider experience and more job satisfaction than it is possible to offer them in Barnsley. In such circumstances it was in the best interests both of the health services and of the doctors themselves that they should move. Their departure, however, left the School Health Service in Barnsley in some considerable difficulty.

The position at the time of their departure was further aggravated by the fact that by reason of a dispute between the medical profession and the local authorities organisations. It would shortly as a result of this, have become impossible to advertise for staff in the recognised journals. In considering the problems of staffing, the school medical service it must be borne in mind that the doctors who carry out school inspections, school clinics and special medical examinations have many other health service duties, some of which must necessarily rank higher in the order of priorities than school medical inspection. Fortunately it was possible before the commencement of the dispute to obtain sufficient assistance on a sessional basis from a part-time medical officer. This covered most of these higher priority duties.

The problems of school inspection and the formal ascertainment and review of handicapped children nevertheless remained. The latter must be regarded as of considerably higher priority than routine school inspections. On the other hand, this work is easier to arrange in advance as the appointments made do not necessarily have to conform to school arrangements such as holidays, examinations and other activities. It is therefore not difficult to fit in with a programme of other work. Ascertainment and review was therefore delegated to the Deputy Principal School Medical Officer who is in possession of the necessary Ministerial approval for Ascertainment of Educationally Subnormal Children.

In previous reports the question of selective medical inspection has been discussed and the various methods of carrying it out have been examined. All of these are dependent on the existence of a basic school medical record. It became clear that if school medical inspections were to

be abandoned, no such record would be compiled for children newly entering the infant schools. In view of this it was felt that the inspection of entrants and the compilation of a record is a task of relatively high priority.

Thought was given as to how this could be accomplished and it became evident that the only way it could be done was for a considerable alteration to be made in the administrative arrangements for the inspections. If this could be accomplished they could be done at very short notice. In such circumstances the Principal School Medical Officer could, by re-arranging his work, find the necessary time for these priority inspections. Unfortunately it was inevitable that this would involve considerable disruption of routine on the part of head teachers, administrative and school nursing staffs.

A scheme was prepared whereby entrant inspections could be carried out at short notice, thus reducing the amount of medical professional time spent to a minimum. This was discussed with the Director of Education and his staff and the head teachers. The scheme was accepted and all concerned have co-operated most readily to make it work. That it has worked is supported by examination of the statistics for medical inspection for the year. Despite the acute shortages of medical staff, only 105 fewer children were examined at routine medical inspection in 1967 than in 1966.

This shortage of medical staff has placed a great deal more work on the school nurses who are now obliged to follow up children known to have defects and to ensure their attendance at the school clinics when it appears that they should be seen by a doctor. The adoption of mass screening methods for testing hearing and vision has to some extent compensated for this. Furthermore, the use of the local authority's clinic premises as surgeries by family doctors has greatly facilitated the following up of the absentee whose illness is genuine.

The work amongst the problem and near problem families continues as does close co-operation with the school welfare officers in cases of unjustifiable absenteeism. It will be observed that the number of cleanliness inspections carried out was appreciably higher than in the previous year. The fact that children are frequently inspected ensures that all but the most feckless mothers are conscious of the need to ply the comb.

The improvement noted in the school dental service during 1966 was continued during 1967 and that part of the following pages which have been contributed by the principal school dental officer makes such satisfying reading that any comment at this point is unnecessary.

SCHOOL HYGIENE

The steady improvement in school hygiene continues in parallel with the development of the new housing estates and the clearance of the slum areas. Thus overcrowding is relieved in the older schools as the children from the rehoused families commence attendance at the new schools. It is not always easy to ensure that the correct number of school places in these new buildings keeps pace with the resettlement of the population, with the

result that from time to time, bottlenecks occur. Provided there is some elasticity in the central government decrees on expenditure on new schools these bottlenecks tend to be of short duration, and such overcrowding as may occur as a result of them is of little importance. In any case, overcrowding in new schools designed to conform to modern standards is not comparable as an evil to 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 1,823; of these 1,403 were born in 1959 or later and may be regarded as having been subject to entrant examinations. 105 fewer inspections were done than in 1966. Details of the age groups examined and the findings as to physical condition are set out in Table IA of the appendix to this part of the report. A total of 3,229 inspections, including re-inspections was carried out, compared with 4,273 in 1966.

The vision of all pupils in the entrant groups is tested within one year of entry. Vision tests are repeated thereafter at two year intervals through the child's school life. Vision tests are carried out in the first instance by the school nurse. Tests for colour vision are carried out on both girls and boys by the school medical officers when they have reached 14 years of age.

Audiometric testing is carried out by the audiology technician on all pupils within one year of entry to school.

FINDINGS AT MEDICAL INSPECTION

The statistical summary of the physical condition as assessed at medical inspection is shown in Table II 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. None of the children classified was classified as of unsatisfactory physical condition. Last year the figure was 0.10 and in 1965, 0.50.

The total number of children found to require treatment for defects was, in spite of smaller numbers inspected, higher than in the previous year—205 as against 157 in 1966. The details relating the various groups to medical inspection are set out in Table IA.

Uncleanliness

The number of individual children found to be infested with vermin was 557 compared with 241 last year. The number of inspections carried out was 36,088 or 3,063 more. Where a group of cases of infestation occur in a large school, the repeated inspections necessary for supervision readily increases the overall number of inspections done. It will also be noted that 52 cleansing notices were issued in 1967 compared with 94 in the previous year. One cleansing order was made. There is no doubt that this vigorous action has not been without its effect.

Eye Defects

The number of children requiring treatment for defective vision (excluding squint) was 73 as compared with 71 in the previous year and 135 in 1965.

Squint called for reference for treatment in a total of 15 cases—this compares with 10 cases in 1966. Other eye conditions accounted for a total of 2 cases requiring treatment—in 1966 the number was 5.

Reference to Table II shows the figures set out as to whether defects were present in “entrants”, “leavers” or others.

Ear, Nose and Throat Defects

Reference to Table II will show that 10 children were referred for treatment on account of defective hearing—this figure compares with 12 children reported in 1966. Nose and throat defects with a total of 66 requiring treatment compared with 33 detected in 1966.

Orthopaedic and other defects

A detailed analysis of all defects and the action taken regarding them is shown in Tables II and III in the appendix to this part. In no cases are the figures unusual or excessive in relation to the numbers of children inspected in the various groups.

ARRANGEMENTS FOR TREATMENT IN 1967

Consultation Services

Medical Services Clinic, New Street, Barnsley

Ear, Nose and Throat Clinics

Wednesday — 10 a.m. to 12 noon.

Thursday — 2 p.m. to 4 p.m.

Eye Clinic

Monday 9.30 a.m. to 12 noon.

Wednesday 2 p.m. to 4 p.m.

Thursday 2 p.m. to 4 p.m.

Friday 2 p.m. to 4 p.m.

Orthopaedic Clinic

Monthly—First Friday in the month.

School Medical Officers Consultation Clinics

Monday 9.30 a.m. to 11.30 a.m.

Friday 2 p.m. to 4 p.m.

Both are held in conjunction with Infant Welfare Clinics.

Dental Clinics

New Street	—Monday to Friday 9 a.m. to 12 noon 1.30 p.m. to 5 p.m.
Athersley	—Monday to Friday 9 a.m. to 12 noon 1.30 p.m. to 5 p.m.
Ardsley	—Tuesday and Thursday 9 a.m. to 12 noon 1.30 p.m. to 5 p.m.
Lundwood	—Monday 1.30 p.m. to 5 p.m. Wednesday and Friday 9 to 12 noon 1.30 p.m. to 5 p.m.
Jordan House	—Monday 9 a.m. to 12 noon.

Orthodontics

Carried out during normal treatment sessions at each clinic named above.

Minor Ailments Clinics

BARNSELY	—Medical Services Clinic, New Street, Barnsley. Monday to Friday 9.30 a.m. to 11.30 a.m.
ATHERSLEY	—The Clinic, Laithes Lane, Athersley North, Barnsley Wednesday 2 p.m. to 4 p.m.*
ARDSLEY	—The Clinic, Hunningley Lane, Stairfoot, Barnsley Wednesday 9.30 a.m. to 11.30 a.m.*
LUNDWOOD	—The Clinic, Pontefract Road, Lundwood, Barnsley Thursday 2 p.m. to 4 p.m.*
CARLTON	—Old Highways Depot, Spring Lane, Carlton, Barnsley Thursday 9.30 a.m. to 11.30 a.m.*
JORDAN HOUSE	—Gawber Road, Barnsley. Tuesday 9.30 a.m. to 11.30 a.m.*
MONK BRETTON	—The Clinic, High Street, Monk Bretton, Barnsley. Friday 9.30 a.m. to 11.30 a.m.*

*Held in conjunction with Infant Welfare Clinic.

Speech Therapy

New Street, Athersley and Lundwood Clinics—by appointment with the speech therapist.

Audiometric Testing

New Street Clinic—by appointment with the audiology technician.

Nutrition

The continued increase in the standard of living makes undernourishment in its classical form a relatively rare condition. Cases do, however, occur from time to time of malnutrition which arise from parental inability to ensure that the best use is made of dietary materials available. This may be due either to ignorance or to "spoiling" by providing articles demanded

rather than a properly balanced diet which is not so acceptable to the individual child. School meals and school milk have proved almost as valuable in dealing with this problem as with frank undernourishment. There is one type of case, however, where they fail. This is where the parents of the spoiled child hold the view that there is something inferior about articles of diet provided by the Education Authority. Fortunately, this outlook is not frequently encountered but when it does occur, the treatment of the children involved proves extremely difficult.

School Meals

	1966	1967
Provided free	224,779	279,797
Provided at full charge	1,408,316	1,361,884
2,208,038 bottles of milk were supplied to children in schools.		

Uncleanliness

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 table shows that the existing arrangements were continued during 1967.

Eye Diseases—Defective Vision and Squint

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

The consultant clinic was held twice weekly at the New Street premises by 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 report, Table III.

Ear, Nose and Throat Defects

The Consultant Ear, Nose and Throat Surgeon to the Barnsley Hospital Group, continued to conduct two consulting sessions each week at the New Street Clinic. Examination of the number of cases treated shows an increase over the previous year, Table III.

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 761

These were carried out on children referred by the ear, nose and throat consultant, school medical inspection, occasionally by the speech therapist and as retest from school sweeps.

- (b) School Sweep Testing:

Number of children tested on school premises . . 1,285

Orthopaedic and Postural Defects

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

The Orthopaedic Surgeon held sessions at New Street Clinic on 11 occasions and at these he saw 26 new cases and carried out 131 re-examinations.

Children requiring surgical appliances have continued to obtain these through the Beckett Hospital, Barnsley (see appendix, tables IIIC and V).

Child Guidance

Development of the Child Guidance Service continues along the lines outlined in previous reports. 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 three sessions per week on the education authority's premises is as follows:—

“Most of the cases referred to the Child Guidance Service come through the educational psychologist, the family practitioners or from the paediatric department at St. Helen Hospital. This shows the increasing awareness of emotional factors disturbing behaviour at schools and disturbing general physical health. The relative drop in cases referred by the school medical officers probably is a reflection of the difficulties of staffing that the School Medical Service as a whole is experiencing. This is unfortunate as discussion of difficulties between children and parents at school medical inspections used to reveal a number of disturbances which needed more expert attention. It is to be hoped that improvement will be seen in this sphere in the future.

“The gap between the psychiatric services for children and for adults is becoming more serious. Adolescent behaviour disturbances often have a considerable element of social difficulties behind them, nevertheless society is turning to the psychiatrist for explanation. An increase in the numbers of adolescent girls who take overdoses of ordinary drugs is seen

throughout the country, but these adolescents do not easily fit into the school clinics nor the adult psychiatric services. Social workers dealing with these similar problems need support and guidance from the psychiatrists. A number of young people who would benefit from continued help when they leave school find it difficult to continue attending the service they see as for children, but cannot be fitted into the adult service. It is hoped that more will be possible in the future for this group.

"Attempts to get in-patient treatment for a number of younger adolescents has failed because of the lack of hospital units within reasonable distance of Barnsley. Pressure is being kept on the Regional Hospital Board over this problem.

"A number of boys and girls at residential schools for the maladjusted have been visited during the year. Some have been seen frequently (as at the William Henry Smith School); for others there has been less opportunity for visiting. A new school for maladjusted boys has been opened by the West Riding Education Authority and already one boy from Barnsley has been admitted."

New cases	47
Waiting list at 1st January, 1967	4
Waiting list at 31st December, 1967	6
Total cases treated during the year	87

Speech Therapy

Throughout 1967 the Barnsley School Health Service continued to provide speech therapy, the figures for which are as follows:—

Number of school children attending for treatment	288
Number of attendances made by school children for observation and/or treatment	1,787
Number of school children discharged during the year ..	82
Number of visits made to school premises	111
Number on waiting list for treatment at 31st December, 1967	21

Ultra-Violet Light Therapy

Ultra-Violet Light Therapy was carried out at New Street Clinic as follows:

Number of children treated	1
Number of attendances made	14

MOUNT VERNON SCHOOL

Mount Vernon Day Special School, formerly Mount Vernon Open Air School, caters as a special school for delicate and physically handicapped children.

Originally as an open air school, its principle function was to provide surroundings in which undernourished children might, through good feeding and hygiene build up a resistance to the then prevalent infections and other results of malnutrition. During the years since the second world war, school meals, slum clearance, modern schools, more general prosperity and various social services have made the undernourished child a clinical rarity. There are, of course, still the children of problem families and those with mothers of low intelligence whose physique suffers from their parents' apathy or their intellectual inability to provide for their welfare. In such cases the Mount Vernon School can ensure that they receive more food and regular meals and a closer supervision of general physical development than is possible at an ordinary school. Such cases are fortunately few.

The school is more valuable as an assessment centre for children who suffer from physically handicapping defects and for children who are recovering from illnesses. The special facilities available—a school nurse always in attendance, the special feeding arrangements and close medical supervision—provide suitable conditions for the observations necessary to decide whether the patient will ultimately be able to go to an ordinary school.

The period for assessment is useful in itself in the case of children who are recovering from major illnesses. The regime at Mount Vernon School and the almost individual attention which the children receive provide a graduated transition from education in hospital to ordinary school. Whilst those whose handicaps are permanent are given the opportunity of mixing with children with disabilities differing from their own and with some with little disability at all, this often improves self-confidence and can even, in some cases, decide the issue in favour of an ordinary school in Barnsley instead of a special residential school.

As every effort must be made to ensure that where possible children remain within their own family circle, Mount Vernon School is performing a most valuable function in this direction.

The change of name of the school was intended to dispel the myth that all children in attendance are suspected of pulmonary tuberculosis. Generally speaking, this object has been successfully achieved. However, from time to time cases are encountered where the parents of a handicapped child are reluctant to accept the offer of a place in the school. Investigation fails to reveal any valid reason for this. The only possible explanation is that somewhere in the parents' mind, the idea persists that there is a social stigma attached to any institution which might in any way be associated with tuberculosis. It is appreciated that time honoured beliefs die hard. Nevertheless, they must not be allowed to deprive children of the form of education most suited to their needs.

SCHOOL DENTAL SERVICE

The following is the report on the School Dental Service during 1967, submitted by the Principal School Dental Officer, Mr. I. O. Pinkham, B.D.S., L.D.S., R.C.S.(ENG.).

1. Staffing and Clinics:

Certain staff changes took place during the year and these are indicated in the staff list at the end of the report.

All five dental clinics have been in operation during the year but once again, staff shortage has prevented full time operation and clinical time has had to be proportioned according to the demands on each clinic.

2. Attendance and Treatment:

Despite the loss of one full time officer for ten months, the record of work for 1967 does not fall far short of the previous year's figures. Again a considerable amount of time has been wasted through failed appointments. Of 9,748 appointments made, 1,911 were subsequently not kept. Many of these failed appointments occur immediately following acceptance of treatment from school inspection reports.

A fully comprehensive range of treatment is offered by the Dental Service including crowns, root therapy and orthodontics and specialist services are readily available where necessary.

3. Orthodontics

The diminished figures for orthodontics does not imply any reluctance of the Service to undertake such treatment or a reduced number of cases with orthodontic conditions, but rather a more careful selection of cases in an attempt to minimise waste of time and expense through discontinued and unfinished courses of treatment. Wherever it is felt that orthodontic treatment would be beneficial, both parent and patient co-operation has to be assured before appliance therapy is undertaken. Interceptive extractions continue to prevent the necessity of appliance therapy in many cases.

4. Prosthetics

The number of pupils supplied with dentures remains gratifyingly low. The majority of partial dentures fitted replaced teeth lost through accidental fracture or subluxation and only one pupil required total extractions.

5. Anaesthetics

The appointment of Dr. R. C. Davison as Consultant Anaesthetist to the authority in February has been of considerable value to both patients and dental staff. A wide range of anaesthetic technique has become available with increased safety and although dental officers still administer routine general anaesthetics, they have been relieved of the more complicated cases.

6. School Inspections

Staff shortage has prevented inspection of all schools within the year but those remaining will be given priority during the subsequent year in order to effect as systematic a coverage as possible with the manpower available. Appreciation is due to the head teachers and their staffs for their continued co-operation and assistance in carrying out school inspections.

7. General

Four members of the dental surgery assistant staff commenced evening classes at Barnsley College of Technology with a view to obtaining the Certificate of Proficiency of the British Dental Surgery Assistants Association.

The Principal School Dental Officer attended a post-graduate study course in Administration of Local Authority Dental Services and has attended meetings of the Northern Chief Dental Officers Co-ordinating Committee and the British Dental Association Public Dental Officers Group meetings.

Shortage of professional staff has been a constant difficulty in the past and although the position is now slightly improved, there remains a problem in the arrangement of clinical time to provide efficient service in all areas of the borough.

The calibre of dental surgeon required for successful public service limits the source of recruitment considerably and to those suitably qualified lies an almost free choice of appointments. It is small wonder that the less attractive areas are left with recruitment difficulties. For the privilege of clinical freedom a public dental officer is required to spend the most part of his time providing a high standard of treatment to reluctant patients, often accompanied by reluctant, apathetic and even hostile parents. Both his public and professional image is low as a legacy of the past and his financial reward is far below that of his colleagues in general practice. The challenge is accepted by few and those few naturally seek attractive conditions in which to meet it.

That the annual returns for 1967 remain comparable with the previous year despite diminished clinical time is deserving of the most sincere thanks to the dental staff who have shown diligence and loyalty throughout the year.

HANDICAPPED PUPILS

Children to a total of 36 were ascertained during the year as belonging to one or other of the categories of handicapped pupils requiring education at special schools approved under Section 9(5) of the Education Act 1944 or boarding in boarding homes.

Blind Children

No child was assessed as blind or partially sighted during the year. 2 partially sighted pupils were receiving special education at the end of the year.

Deaf and Partially Hearing Children

No children were assessed as deaf but 2 were assessed as partially hearing. 9 deaf and 6 with partial hearing were receiving education in special schools.

Physically Handicapped Children

Six children were assessed as physically handicapped during the year and 2 were placed in special schools.

Maladjusted and Educationally Subnormal Children

Two children were assessed as maladjusted and 24 as educationally subnormal. 12 maladjusted children and 100 educationally subnormal children were receiving special education under arrangements made by the authority.

Epileptic Pupils

Two pupils were ascertained as requiring special education by reason of epilepsy. 8 epileptic pupils were receiving special education under arrangements made by the authority.

Children Unsuitable for Education at School

Eight children were found to be unsuitable for education in school in accordance with the provisions of S.57(4) of the Education Act 1944. No reviews were carried out under the provisions of S.57A of the Education Act 1944. Table VII in the appendix to this part of the report records statistically in the form required by the Minister of Education information regarding the authority's work amongst the handicapped pupils during the year.

102 visits were made by the female mental welfare officer to handicapped children during the year.

Special Investigation—Verruca Plantaris

The special investigation described in last year's report was continued during 1967.

The treatment and investigation has now gone on for the past seven years and a summary of the findings is as follows:—

Children Treated

YEAR	1962	1963	1964	1965	1966	1967	TOTAL
Girls	117	98	91	68	48	75	497
Boys	89	65	58	54	27	45	338
TOTAL ..	206	163	149	122	75	120	835

The predominant group was again Female.

Proportion Treated:

1962—Girls 56.8 %	Boys 43.2 %
1963—Girls 60.0 %	Boys 39.0 %
1964—Girls 61.0 %	Boys 39.0 %
1965—Girls 55.7 %	Boys 44.2 %
1966—Girls 64.0 %	Boys 36.0 %
1967—Girls 62.5 %	Boys 37.5 %

The predominant age group was under 11 years for both males and females.

The proportion of the total who attended secondary schools was: 1962—79 %; 1963—53 %; 1964—57 %; 1965—77 %; 1966—53.3 %; 1967—49.1 %.

Not all cases attended swimming baths, but of those who did:

1962—37.3 % attended Public Baths.	43.6 % attended Raley Baths.
1963—46.0 % attended Public Baths.	25.0 % attended Raley Baths.
1964—36.1 % attended Public Baths.	21.4 % attended Raley Baths.
9.6 % attended St. Helen's Baths.	
1965—36.0 % attended Public Baths.	14.7 % attended Raley Baths.
19.6 % attended St. Helen's Baths.	
1966—50.6 % attended Public Baths.	22.6 % attended Raley Baths.
8.0 % attended St. Helen's Baths.	
1967—67.4 % attended Public Baths.	29.2 % attended Raley Baths.
3.4 % attended St. Helen's Baths.	

The highest proportion of attenders in 1967 were again Racecommon Road County Secondary School with 20 %, the rest being spread out over a large number of schools.

The proportion of the total who did barefoot P.E. was 55 %.

INFECTIOUS DISEASES

Full details of the occurrences 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 1967 are as follows:

DISEASE	NO. NOTIFIED
Scarlet Fever	51
Whooping Cough	47
Measles	330
Pneumonia	3
Dysentery	93
Food Poisoning	3
Meningococcal Infection	3
	530

Immunisation against Diphtheria

During the year 164 children of school age received a primary course of injections of anti-diphtheria antigen and 1,081 children received reinforcing or booster doses.

School Nursing

Nursing staff carried out home visits in the follow up of defects amongst school children as follows:—

Defective vision and eye disease.. .. .	618
Ear disease	71
Tonsils and Adenoids	41
Unclean Heads	250
Immunisation.. .. .	123
Scabies	103
Other skin diseases	55
Miscellaneous	602
	<hr/>
	1,863

Visual acuity tests are done every two years during the child's school attendance by the school nurses. Suspected defects are referred to the consultant ophthalmologist if necessary. Retesting and follow up is carried out by the school nurses, especially when glasses are ordered, to ensure that they are obtained and worn. Co-operation of the parents and teachers is often necessary, especially in children attending the secondary schools.

The Scout Dyke Camp was visited twice weekly by the school nurses between 10th April and 21st July and 11th September and 20th October, 1967.

Health Education in Schools

Classes are held each week in all senior schools with the twelve to fourteen year old girls. There is liaison between the head teachers, domestic science and biology teachers to ensure that the syllabus given by the school nurses is personal and stimulating. Films and film strips are used as the best means of visual impact, the accent being on personal hygiene, personal relationships and community responsibility. Buzz group discussion is used. Problems and personal worries come to light and the girls often seek a private interview after the class is finished.

It is felt that the children in the primary schools, who are much more anxious to learn, would be helped by a short course of lessons in hygiene. Also, this would include the boys who are sadly missed by the school nurses except for a brief talk during the hygiene survey each term.

RECIPROCITY WITH OTHER AUTHORITIES

The result 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 is 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 also shown in the appendix, Table IX.

PHYSICAL EDUCATION — SWIMMING

Totals for winter and summer swimming (12 months ended August, 1967) at Raley and Corporation Baths:

	WINTER	SUMMER
Number of children sent to baths	4,980	4,743
Total number of attendances made	80,819	46,389
Number of children who could swim at least 10 yards at end of session	3,386	3,903
Number of children who gained Education Committee Awards:		
1st Class	1	2
2nd Class	74	58
3rd Class	770	405
Number of Royal Life Saving Society Certificates:		
Elementary	23	34
Intermediate	23	18
Bronze	21	20
Bronze Bar	—	3
Bronze Cross	10	11
Award of Merit	3	6
Unigrip	12	14
Preliminary Safety	89	49
Advanced Safety	12	23
Number of A.S.A. Certificates:		
Bronze	49	10
Silver	16	14
Total number of individual children sent to baths in twelve months ending August, 1967	5,161	

PART VII — STATISTICAL APPENDIX
MEDICAL INSPECTION AND TREATMENT

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE IA — Periodic Medical Inspections

AGE GROUPS INSPECTED (BY YEAR OF BIRTH)	NO. OF PUPILS WHO HAVE RECEIVED A FULL MEDICAL EXAMINATION	PHYSICAL CONDITION OF PUPILS INSPECTED		NO. OF PUPILS FOUND NOT TO WARRANT A MEDICAL EXAMINATION	PUPILS FOUND TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN)		
		SATISFACTORY NO.	UNSATISFACTORY NO.		FOR DEFECTIVE VISION (EXCLUDING SQUINT)	FOR ANY OTHER CONDITION	TOTAL INDIVIDUAL PUPILS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1963 and later ..	12	12	—	—	—	3	3
1962	582	582	—	—	22	65	84
1961	706	706	—	—	29	69	83
1960	91	91	—	—	3	6	8
1959	12	12	—	—	1	3	2
1958	6	6	—	—	—	—	—
1957	3	3	—	—	—	—	—
1956	5	5	—	—	—	1	1
1955	6	6	—	—	—	—	—
1954	—	—	—	—	—	—	—
1953	—	—	—	—	—	—	—
1952 and earlier	400	400	—	—	18	6	24
TOTAL	1,823	1,823	—	—	73	153	205

B. Other Inspections

Number of Special Inspections	557
Number of Re-inspections	2,672

C. Infestation with Vermin

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. 36,088
- (b) Total number of individual pupils found to be infested .. 252
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944).. 52
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944).. 1

T (treatment) O (observation)

148

TABLE III

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS

(Including Nursery and Special Schools)

Table A — Eye Diseases, Defective Vision and Squint

	NUMBER OF CASES KNOWN TO HAVE BEEN DEALT WITH
External and other, excluding errors of refraction and squint	33
Errors of refraction (including squint)	827
Total	860
Number of pupils for whom spectacles were prescribed	687

Table 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	—
(b) for adenoids and chronic tonsilitis	114
(c) for other nose and throat conditions	31
Received other forms of treatment	217
Total	362
Total number of pupils still on the register of schools at 31st December, 1967, known to have been provided with hearing aids:—	
(a) during 1967	1
(b) previous years	41

Table C — Orthopaedic and Postural Defects

	NUMBER KNOWN TO HAVE BEEN TREATED
(a) Pupils treated at clinics or out-patients departments	26
(b) Pupils treated at school for postural defects ..	—
Total ..	26

Table D — Diseases of the Skin

	NUMBER OF PUPILS KNOWN TO HAVE BEEN TREATED
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	165
Impetigo	3
Other skin diseases	351
Total ..	519

Table E — Child Guidance Treatment

	NUMBER KNOWN TO HAVE BEEN TREATED
Pupils treated at Child Guidance clinics	82

Table F — Speech Therapy

	NUMBER KNOWN TO HAVE BEEN TREATED
Pupils treated by speech therapists	288

Table G — Other Treatment Given

	NUMBER KNOWN TO HAVE BEEN TREATED
(a) Pupils with minor ailments	457
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	405
(d) Other than (a). (b) and (c) above	—
Ultra-Violet Light	1
Total (a)—(d)	863

TABLE IV

**DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY AUTHORITY**

1. STAFF

	NUMBER OF OFFICERS	TOTAL FULL TIME EQUIVALENT INCLUSIVE OF EXTRA PAID SESSIONS WORKED DURING 1967		
		ADMINISTRATIVE DUTIES	CLINICAL DUTIES	
			SCHOOL SERVICE	M. & C.W. SERVICE
(a) OFFICERS EMPLOYED ON A SALARY BASIS:—				
Principal School Dental Officer	1	0.10	0.71	0.19
Dental Officers (including orthodontists)	2	NIL	1.34	0.66
Total (a) ..	3	0.10	2.05	0.85
(b) OFFICERS EMPLOYED ON A SESSIONAL BASIS (including orthodontists)	2	NIL	0.50	0.20
Totals of (a) and (b) ..	5	0.10	2.55	1.05

	NUMBER	Full time equivalent		
		DENTAL HEALTH EDUCATION	TREATMENT	
			SCHOOL SERVICE	M. & C.W. SERVICE
(c) DENTAL AUXILIARIES AND HYGIENISTS				
Dental Auxiliaries	1	0.10	0.66	0.24
Dental Hygienists	NIL	NIL	NIL	NIL

	NUMBER	FULL TIME EQUIVALENT	
(d) OTHER STAFF			
Dental Technicians	NIL	NIL	
Dental Surgery Assistants	4	4.00	
Clerical Assistants	1	1.00	
Dental Health Education Personnel	NIL	NIL	

TABLE IV

DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY AUTHORITY(e) SCHOOL
DENTAL
CLINICS

DENTAL CLINICS	FIXED CLINICS				MOBILE CLINICS		
	NO. WITH ONE SURGERY ONLY	NO. WITH TWO OR MORE SURGERIES	TOTAL NUMBER OF SURGERIES		TOTAL NUMBER OF CLINICS		TOTAL NUMBER OF SESSIONS WORKED IN 1967
			AVAILABLE	IN USE	AVAILABLE	IN USE	
Provided directly by Authority ..	4	1	6	6	NIL	NIL	NIL
Under arrangements made with Hospital Authorities	NIL	NIL	NIL	NIL	NIL	NIL	NIL

Particulars of other ways in which treatment is given and not included above — NIL.

2. ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	1264	801	102	2167
Subsequent Visits	2885	2528	257	5670
Total visits	4149	3329	359	7837
Additional courses of treatment commenced	114	116	11	241
Fillings in permanent teeth	1748	2275	291	4314
Fillings in deciduous teeth	1115	125	—	1240
Permanent teeth filled	1427	2005	276	3708
Deciduous teeth filled	1016	121	—	1137
Permanent teeth extracted	90	415	75	580
Deciduous teeth extracted	2092	467	—	2559
General anaesthetics	703	310	21	1034
Emergencies	322	163	25	510

Number of Pupils X-rayed	102
Prophylaxis	979
Teeth otherwise conserved	153
Number of teeth root filled	12
Inlays	1
Crowns	42
Courses of treatment completed	1661

3. ORTHODONTICS

Cases remaining from previous year	60
New cases commenced during year	29
Cases completed during year	52
Cases discontinued during year	4
No. of removable appliances fitted	42
No. of fixed appliances fitted	13
Pupils referred to Hospital Consultant	NIL

4. PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	NIL	NIL	1	1
Pupils supplied with other dentures (first time)	2	9	2	13
Number of dentures supplied	2	9	5	16

5. ANAESTHETICS

General Anaesthetics administered by Dental Officers	579
---	-----

6. INSPECTIONS

(a) First inspection at school. Number of Pupils	7164
(b) First inspection at clinic. Number of pupils	558
Number of (a) + (b) found to require treatment	4525
Number of (a) + (b) offered treatment ..	3913
(c) Pupils re-inspected at school or clinic ..	808
Number of (c) found to require treatment	507

7. SESSIONS

Sessions devoted to treatment	1337
Sessions devoted to inspection	36
Sessions devoted to Dental Health Education	51

TABLE V

ORTHOPAEDIC CLINIC

Visits of Orthopaedic Surgeon	11 sessions
Patients seen—new cases	26
Other attendances/re-examinations	131

Note:—Children requiring surgical appliances have continued to obtain these through the Beckett Hospital, Barnsley.

TABLE VI

MOUNT VERNON SCHOOL

STATISTICAL SUMMARY OF CHILDREN IN ATTENDANCE

1967

CATEGORY	NUMBER IN SCHOOL 1ST JAN. 1967	NUMBER ADMITTED	NUMBER DISCHARGED	NUMBER REMAINING AT 31.12.67
Delicate	9	1	4	4
Respiratory Diseases:				
Asthma	6	1	—	7
Bronchiectasis	3	—	—	3
Chronic Bronchitis	6	—	2	4
Orthopaedic disorders	5	—	2	3
Congenital Deformities	5	—	1	4
Congenital Heart Disease	4	1	—	5
Post Poliomyelitis	2	—	1	1
Cerebral Palsy	6	1	1	6
Muscular Dystrophy	3	—	—	3
Epilepsy	3	2	—	6
Emotional Instability	9	1	3	6
Speech Defect	1	—	—	3
Dermatomyositis	1	—	—	1
Psoriasis	1	—	1	—
Purpura	—	1	—	1
	64	8	15	57

TABLE VIII

West Riding County Council Pupils attending Barnsley Schools
examined by Barnsley School Medical Officers during 1967

Periodic Medical Inspection

	YEAR OF BIRTH		
	1962	1961	1960
Number of Pupils Inspected	1	—	1
General Condition of Total Pupils Inspected:			
Number Satisfactory	1	—	1
Number Unsatisfactory	—	—	—
Number of Individual Pupils found at Periodic Medical Inspection to require treatment:			
(a) for defective vision (excluding squint)	—	—	—
(b) for any other condition recorded below	1	—	—
(c) Total individual pupils	1	—	—

Table of Defects Found

T—treatment O—observation

Defect	Periodic Inspections							
	Entrants		Leavers		Others		Total	
	T	O	T	O	T	O	T	O
SKIN								
EYES (a) Vision		1						1
(b) Squint								
(c) Other								
EARS (a) Hearing								
(b) Otitis Media								
(c) Other								
NOSE OR THROAT								
SPEECH								
LYMPHATIC GLANDS		1						1
HEART & CIRCULATION								
Lungs								
DEVELOPMENTAL—								
(a) Hernia								
(b) Other								
ORTHOPAEDIC—								
(a) Posture								
(b) Feet								
(c) Other								
NERVOUS SYSTEM—								
(a) Epilepsy								
(b) Other								
PSYCHOLOGICAL—								
(a) Development	1						1	
(b) Stability								
ABDOMEN								
OTHER DEFECTS								

TABLE IX

Barnsley County Borough Pupils attending Barnsley High School
and examined by the West Riding School Medical Officer during 1967

	Year of Birth						
	1949	1950	1951	1952	1953	1954	1955
Number of Pupils Inspected	1	25	46	—	—	30	36
General Condition of Total Pupils Inspected:							
Number Satisfactory	1	25	46	—	—	30	36
Number Unsatisfactory	—	—	—	—	—	—	—
Number of Individual Pupils found at Periodic Medical Inspection to require treatment:							
(a) for defective vision (excluding squint)			2				1
(b) for any other condition recorded below			1				2
(c) Total Individual pupils			3				3

Table of Defects Found

T—treatment O—observation

Defect	Periodic Inspections							
	Entrants		Leavers		Others		Total	
	T	O	T	O	T	O	T	O
SKIN				4				4
EYES (a) Vision	2	7	2	19			4	26
(b) Squint								
(c) Other	1						1	
EARS (a) Hearing				2				2
(b) Otitis Media								
(c) Other								
NOSE OR THROAT	1	2					1	2
SPEECH								
LYMPHATIC GLANDS								
HEART & CIRCULATION								
LUNGS	1						1	
DEVELOPMENTAL—								
(a) Hernia								
(b) Other								
ORTHOPAEDIC—								
(a) Posture								
(b) Feet		1						1
(c) Other			1	1			1	1
NERVOUS SYSTEM—								
(a) Epilepsy								
(b) Other								
PSYCHOLOGICAL—								
(a) Development								
(b) Stability	1	1	1				2	1
ABDOMEN								
OTHER DEFECTS	1	2		6			1	8

HEALTH COMMITTEE (as at 31.12.67)

Chairman: Councillor W. Wagstaff

Vice-Chairman: Councillor F. Kaye

THE WORSHIPFUL THE MAYOR: Councillor J. A. Halton, M.M., J.P.
 Alderman T. R. Brown, B.E.M. Councillor Mrs. M. Button, M.B.E.
 Alderman A. Lowery Councillor Mrs. M. Copley
 Alderman G. Whyke, J.P. Councillor G. Jepson
 Alderman A. Butler, J.P. Councillor W. E. Blackburne
 Councillor Mrs. E. B. Blackburne Councillor R. Firth
 Councillor Mrs. M. Brannan Councillor A. Williams
 Councillor Mrs. M. J. Slater Councillor S. A. Laight

Co-opted Members:

Dr. E. Burke Dr. D. H. Pick

SANITARY COMMITTEE (as at 31.12.67)

Chairman: Councillor G. Moore

Vice-Chairman: Alderman W. Martin-Chambers

THE WORSHIPFUL THE MAYOR: Councillor J. A. Halton, M.M., J.P.
 Alderman G. Skelly Councillor R. Bradley
 Alderman G. Whyke, J.P. Councillor E. Galvin
 Councillor Mrs. G. Bright Councillor W. Hunt, J.P.
 Councillor Mrs. M. Copley Councillor H. Thwaites
 Councillor W. E. Blackburne Councillor E. Wagstaff
 Councillor H. Brain Councillor A. Williams
 Councillor Mrs. M. Button, M.B.E. Councillor S. A. Laight

EDUCATION COMMITTEE (as at 31.12.67)

Chairman: Alderman A. E. McVie, C.B.E., J.P. (resigned 30.10.67)

Vice-Chairman:

Councillor Mrs. M. Brannan (appointed Chairman from November)

THE WORSHIPFUL THE MAYOR: Councillor J. A. Halton, M.M., J.P.
 Alderman H. Dancer Councillor Mrs. M. Copley
 Alderman T. Hinchcliffe, J.P. Councillor F. B. Crow, J.P.
 Alderman F. Lockwood Councillor J. H. Dossett
 Alderman A. Butler, J.P. Councillor W. R. Gundry
 Alderman G. Whyke, J.P. Councillor F. Kaye
 Councillor Mrs. E. B. Blackburne Councillor F. Lunn
 Councillor Mrs. M. J. Slater Councillor B. Varley
 Councillor H. Brain (Vice-Chairman from November)
 Councillor H. Burgin, M.B.E. Councillor H. Thwaites

Co-opted Members

Miss H. K. Mosley Very Rev. Canon C. H. O'Flaherty
 Mr. H. Owen Rev. J. C. K. Brumpton
 Mr. F. Race Rev. J. Skidmore

STAFF OF THE PUBLIC HEALTH DEPARTMENT
(as at 31.12.67)

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

G. A. W. NEILL, O.B.E., O.S.T.J., T.D., M.D., D.P.H., Barrister-at-Law

Deputy Medical Officer of Health and School Medical Officer:

Leon A. Nettleton, M.B., CH.B., L.M.S.S.A., D.P.H.

Consultant Anaesthetist (Part-time):

R. C. Davison, M.R.C.S., L.R.C.P., D.A. (Commenced 1.2.67)

Senior Assistant Clinical Medical Officer of Health and School Medical Officers:

Denis B. Reynolds, M.R.C.S., L.R.C.P., D.P.H. (Terminated 16.7.67)

Christina F. J. Ducksbury, M.B., CH.B., D.P.H. (Terminated 21.5.67)

Assistant Medical Officer of Health and School Medical Officer:

Radha Ramaswami, B.A., M.B.B.S., D.C.H. (Part-time)
(Commenced 19.6.67)

Health Visiting Service:

Superintendent Health Visitor and School Nurse:

Mrs. E. Inman, S.R.N., S.C.M. (Part I), H.V. Certificate

Deputy Superintendent Health Visitor and School Nurse:

Miss J. Royston, S.R.N., S.C.M., H.V. Certificate (Terminated 16.7.67)

Miss S. Abbott, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate
(Commenced 2.10.67)

Senior Health Visitors and School Nurses:

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

Mrs. E. M. Page, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate
(Terminated 8.3.67)

Miss M. E. Pilling, S.R.N., S.C.M. (Part I), H.V. Certificate
(Terminated 19.2.67)

Mrs. J. E. Sweetnam, S.R.N., S.C.M., H.V. Certificate, (from 13.9.67)

Mrs. K. Tomlinson, S.R.N., S.C.M., H.V. Certificate, (from 13.9.67)

Mrs. A. Marshall, S.R.N., S.C.M., H.V. Certificate (Commenced 2.10.67)

Health Visitors and School Nurses:

Miss M. Stott, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate

Mrs. I. S. Harris, S.R.N., S.C.M., H.V. Certificate

Mrs. S. Jeffs, S.R.C.N., S.C.M. (Part I), H.V. Certificate
(Terminated 28.8.67)

Miss I. Reilly, S.R.N., S.C.M., H.V. Certificate

Mrs. D. Hayward, S.R.N., S.C.M. (Part I), H.V. Certificate

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

Mrs. B. Robinson, S.R.N., S.R.F.N., S.C.M., H.V. Certificate
(Commenced 20.2.67)

Mrs. W. P. Shepherd, S.R.N., S.C.M. (Part I), H.V. Certificate
(Commenced 30.9.67)
Miss C. B. Lawton, S.R.N., S.C.M., H.V. Certificate
(Commenced 30.9.67)

Student Health Visitors:

Miss C. B. Lawton, S.R.N., S.C.M. (Terminated 29.9.67)
Mrs. W. P. Shepherd, S.R.N., S.C.M. (Part I) (Terminated 29.9.67)
Mrs. J. A. Livesley, S.R.N., S.C.M. (Part I), Q.I.D.N.
(Commenced 1.10.67)

Clinic/School Nurses:

Miss E. A. Hazelhurst, S.R.N.
Mrs. F. J. Garner, S.R.N.
Mrs. M. McCobb, S.R.N.

State Enrolled Nurses:

Mrs. N. K. Frampton, S.E.N. (Terminated 2.1.67)
Mrs. G. R. Oxley, S.E.N.
Mrs. I. Lodge, S.E.N.
Mrs. M. Featherstone, S.E.N.
Mrs. C. M. Jones, S.E.N. (Commenced 3.1.67)
(Terminated 29.10.67)
(Commenced 27.11.67)
Mrs. M. C. Hill, S.E.N.

Midwifery Service:

Non-Medical Supervisor of Midwives:

Mrs. M. E. L. Gooddy, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate

Assistant Non-Medical Supervisor of Midwives:

Miss N. Corrigan, S.R.N., S.C.M., S.R.F.N., Q.I.D.N. (Retired 9.3.67)
Miss R. A. Chamberlain, S.R.N., S.C.M., Q.I.D.N. (Commenced 10.3.67)

Domiciliary Midwives:

Mrs. G. Bailey, S.R.N., S.C.M., Q.I.D.N. (Senior Midwife)
Miss R. A. Chamberlain, S.R.N., S.C.M., Q.I.D.N. (Terminated 9.3.67)
Mrs. A. Taylor, S.R.N., S.C.M.
Mrs. L. Woodhead, S.R.N., S.C.M., Q.I.D.N.
Miss J. Broadhead, S.R.N., S.C.M.
Mrs. K. Leech, S.R.N., S.C.M.
Mrs. A. Horne, S.C.M.
Mrs. M. Owen, S.C.M.
Mrs. M. Utley, S.C.M.
Mrs. R. Gray, S.C.M.

Home Nursing Service:

Superintendent of District Nurses:

Mrs. M. E. L. Goody, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate

Deputy Superintendent of District Nurses:

Miss N. Corrigan, S.R.N., S.C.M., S.R.F.N., Q.I.D.N. (Retired 9.3.67)

Miss R. A. Chamberlain, S.R.N., S.C.M., Q.I.D.N. (Commenced 10.3.67)

District Nurses:

Mrs. E. Davies, S.R.N., Q.I.D.N. (Senior District Nurse) from 19.4.67

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

Mrs. G. A. Pollendine, S.R.N., Q.I.D.N.

Mr. J. Woodhead, S.R.N., Q.I.D.N.

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

Mr. J. Jackson, S.R.N., Q.I.D.N.

Miss M. Turner, S.R.N., Q.I.D.N.

Mrs. H. Jenkinson, S.R.N., Q.I.D.N.

(Terminated 31.12.67)

Mrs. J. A. Bostwick, S.R.N., Q.I.D.N.

(Terminated 21.5.67)

Miss S. A. Goldthorpe, S.R.N., Q.I.D.N.

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

Mrs. J. A. Livesley, S.R.N., S.C.M. (Part I), Q.I.D.N.

(Terminated 30.9.67)

Miss P. A. Lockett, S.R.N., Q.I.D.N.

Mrs. A. Hawkins, S.R.N.

(Commenced 4.9.67)

Mrs. D. Dyson, S.R.N.

(Commenced 11.9.67)

Mrs. J. Shield, S.E.N.

Mrs. S. Burnham, S.E.N.

Mrs. M. McGuinness, S.E.N.

Orderly:

Miss F. A. Taylor

Handicapped Services Department:

Mr. S. Holmes, A.I.S.W., Senior Welfare Officer (Commenced 22.5.67)

Mr. J. Moore, Home Teacher of the Blind

Mr. H. V. Davis, Home Teacher of the Blind

Miss E. White, Home Teacher of the Blind

Miss J. Plowman, Home Teacher of the Blind

Mr. P. McGraynor, Craft Instructor

Mrs. P. McGraynor, Craft Instructor

Mr. T. H. H. James, Deaf Welfare Diploma, A.I.S.W.,

Welfare Officer for the Deaf.

Mrs. H. R. James, Welfare Assistant for the Deaf

Miss C. Gaimster, Welfare Assistant for the Handicapped

Mrs. J. M. Wartig, née Sawyer, Shorthand Typist

Miss D. Spaxman, Clerk

Mr. R. W. Hatherley, Clerk

Barnsley Light Industries—Sheltered Workshop:

Mr. N. A. Todd, General Manager
Mrs. A. A. Gregory, Clerk-Typist
Mr. S. Wragg, Foreman
Mrs. J. Winder, Section Supervisor (Terminated 18.8.67)
Miss A. Sedgwick, Clerk (Terminated 18.8.67)
Miss C. Lowe, Clerk (Commenced 5.9.67)

Mental Health Service:

Miss E. M. Seabury, S.R.N., S.C.M., H.V. Certificate, Senior Mental Health Welfare Officer
Mrs. W. M. Levesque, S.R.N., S.C.M., H.V. Certificate, Mental Health Welfare Officer
Mr. P. Lynch, R.M.N., Mental Health Welfare Officer
Miss J. A. Archer, Mental Welfare Assistant (Terminated 5.7.67)
Mrs. J. Deakin, Mental Welfare Assistant (Terminated 28.2.67)
Mrs. P. M. Gutteridge, Mental Welfare Assistant (Commenced 5.6.67)

Junior Training Centre:

Miss E. Wilde, Supervisor
Miss B. Gillatt, Assistant Supervisor (Terminated 22.12.67)
Mrs. M. Roebuck, Assistant Supervisor (Unqualified)
Mrs. M. Oxley, Assistant Supervisor (Unqualified)
Mrs. V. Fowler, Assistant Supervisor (Unqualified)
Mrs. M. Marrian, Assistant Supervisor (Unqualified)
Miss E. Gill, Trainee Assistant Supervisor

Adult Training Centre:

Mr. J. H. Power, Manager (Commenced 24.7.67)
Mr. K. Winterbottom, Deputy Manager (Commenced 27.11.67)

Home Help Service:

Miss D. W. France, I.H.H.O. CERT., Home Help Organiser (Commenced 9.1.67)
Mrs. I. Hackney, I.H.H.O. Cert., Assistant Home Help Organiser
Mrs. E. Allison, Assistant Home Help Organiser

Audiology Technician:

Mrs. E. Holling, née Ward, M.S.A.T.

Speech Therapist:

Mrs. L. C. Warden, L.C.S.T.

Dental Service:

Mr. I. O. Pinkham, B.D.S., L.D.S., R.C.S., Chief Dental Officer

Mr. G. White, Senior Dental Officer

Mr. J. Bowman, B.Ch.D., L.D.S., Senior Dental Officer
(Commenced 1.11.67)

Mr. J. H. Walker, Temporary Part-time Dental Surgeon

Mrs. M. J. Rowntree, Dental Auxiliary

Miss R. Sharp, Dental Clerk

Mrs. B. Ashurst, Dental Surgery Assistant

Miss K. Whitham, Dental Surgery Assistant

Mrs. C. Matthews, Dental Surgery Assistant

Mrs. J. A. Booth, née Ellis, Dental Surgery Assistant
(Commenced 8.5.67)

Miss J. Newsome, Dental Surgery Assistant (Commenced 27.11.67)

Chiropody Service:

Mr. A. A. Aldam, M.Ch.S. (Sessional basis)

Administrative and Clerical Staff:

Mr. K. Holling, D.M.A., Administrative Assistant and Chief Clerk

Mr. J. Faulkner, Senior Clerk

Miss J. Owen, Senior Shorthand Typist

Mrs. S. Clarke, Clerk-Typist

Miss C. M. Senior, Shorthand Typist

Mr. D. Orr, Clerk

Miss K. M. McKenning, Clerk

Miss H. C. Fieldsend, Clerk (Commenced 10.1.67)

Miss J. Walker, Senior Clerk, Care of Mothers and Young Children

Mrs. B. Ramsden, Clerk, Care of Mothers and Young Children
 Miss N. Wade, Clerk, School Health Service
 Miss J. Wildsmith, Clerk, School Health Service
 Miss K. A. Bird, Clerk, Care of Mothers and Young Children
 (Terminated 28.8.67)
 Miss K. Bent, Clerk, Care of Mothers and Young Children
 Miss A. Williams, Clerk, Care of Mothers and Young Children
 (Commenced 25.9.67)

Sanitary Service:

Mr. A. Pemberton, Chief Public Health Inspector
 Mr. F. Midgley, Deputy Chief Public Health Inspector
 Mr. E. S. Hackney, Public Health Inspector (Smoke Inspection Duties)
 Mr. P. Walker, Public Health Inspector (Meat Inspection Duties)
 Mr. H. J. A. Ackroyd, Public Health Inspector (Food Hygiene Duties)
 Mr. P. Hunt, Public Health Inspector (Meat Inspection Duties)
 Mr. E. Carr, Public Health Inspector
 Mr. H. Tomlinson, Technical Assistant
 Mr. A. C. Penn, Technical Assistant
 Mr. D. R. Worrall, Senior Clerk
 Mrs. H. Lax, Clerk-Typist
 Mrs. P. Rushforth, Senior Shorthand Typist (Terminated 13.10.67)
 Mrs. E. Cawthorne, Shorthand Typist (Terminated 31.3.67)
 Mrs. P. Saxton, Senior Shorthand Typist (Commenced 15.11.67)
 Miss J. Hoyle, Shorthand Typist (Commenced 5.6.67)
 Mr. M. Gillott, Clerk/Student Public Health Inspector
 (Terminated 15.1.67)
 Mr. S. Horton, Clerk/Student Public Health Inspector
 Mr. R. Whittles, Public Health Inspector (Commenced 1.5.67)
 Mr. R. E. Shackleton, Clerk/Student Public Health Inspector
 from 12.6.67.
 Mr. P. Hobson, Junior Clerk (Commenced 12.6.67)

