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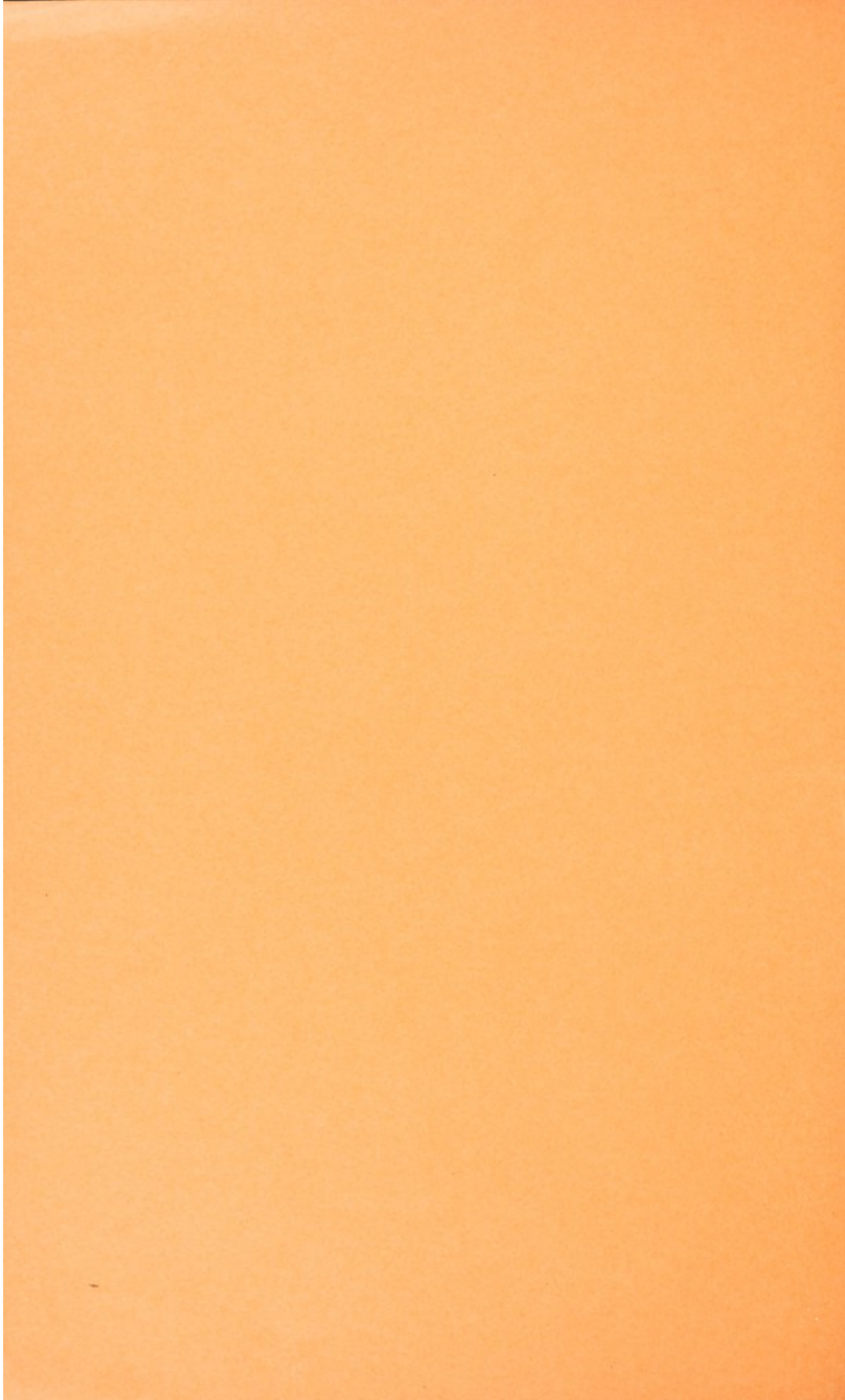
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THE HEALTH  
OF

BARNSLEY *County Borough*

1968



THE HEALTH OF BARNLSLEY

1968



The Annual Report of the  
Medical Officer of Health

The Annual Report of the  
Principal School Medical  
Officer

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*Barrister-at-Law*

*Medical Officer of Health*

*Principal School Medical Officer*

THE HEALTH OF PAROISSE

1891



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## FOREWORD

"With aching hands and bleeding feet  
We dig and heap, lay stone on stone;  
We bear the burden and the heat  
Of the long day, and wish 'twere done.  
Not till the hours of light return  
All we have built do we discern".

"Morality" st.2.

Matthew Arnold, 1822-1888.

There would be justification, in the annals of the Barnsley Health Authority, for describing 1968 as "The Year of the Buildings". January saw the new Adult Training Centre for the mentally subnormal taken into use and April saw its official opening.

The Social Centre and Administrative Block for the Handicapped was completed in September and by the end of October, the services had moved in and the Chapel had been dedicated, though the official opening did not take place before the end of the year.

It is inevitable that in any chronicle of the year's activities, these must be regarded as major, if not outstanding events. It is impossible for those associated with them not to derive both satisfaction and pride from them.

Nevertheless, it might be prudent to reflect that the provision of bricks and mortar and the appointment of people to work in the resulting centres are only the first steps in the development of a service which aims at the ultimate integration of those with handicaps into the wider community. It need not be said that the authority will continue to expand assistance and support for the handicapped. To do this is a statutory obligation. However, whether the handicapped in Barnsley will play their full part in the community or will lead an existence dependent of welfare assistance and social support must depend on the handicapped themselves; perhaps also to some extent on the attitude of their families.

In providing these buildings and the services which they house, the community has gone further than merely offering assistance and support. This provision represents the means whereby the handicapped can help themselves to an extent limited only by the effort they are prepared to expend in doing so. Having done this, it is but natural for the community to take note of the use to which these facilities are put.

Should the handicapped accept this challenge they will get together with the object of jointly and severally overcoming and assisting each other to overcome their various disabilities. They will then become a well defined and indeed honoured group within the community. As such they will have a very great deal to contribute to its corporate life. If this can be achieved, and there is no reason why it should not be, the handicapped of Barnsley will receive good-will, admiration and respect from all who become aware of their efforts.

On the other hand, it may be that the handicapped will be content to regard these buildings as accommodation in which they can, in their own little groups, indulge in mutual self pity in some comfort. They may also be prepared to expend no more effort than is necessary to make known their needs to the welfare authority and then await these needs being met. If they do this the community will observe that they are prepared to accept without making the attempt to contribute.

In this event, there will always be compassion for those with disabilities. The handicapped will, however, fail to earn the very great measure of regard which would so readily be bestowed upon them. There is also the probability that they would forfeit the opportunity which is being offered to them as a group to take part in the corporate life of Barnsley.

The events of 1968, apart from the taking into use of the new premises followed largely the pattern of other recent years. So it will be found that the arrangement of this report follows closely that of its immediate predecessors.

The statistical information contained in Part I offers very little opportunity for comment. The three interesting features are the low infant mortality figure, the increase in illegitimacy over the previous year and the high mortality from lung cancer.

Part II, dealing with epidemiology, as is to be expected contains no feature of unusual interest.

The social and personal health services, described in Part II benefited from the authorities' good fortune in being able to recruit additional medical and nursing staff during the year. The changes mentioned in previous reports on the demands on these services due to the increasing number of old people continued during 1968. They are duly commented upon.

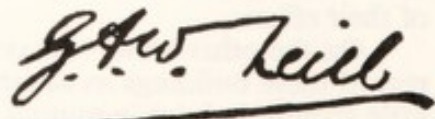
The mental health services are described in Part IV and the services for the handicapped in Part V. Comment is made where this is deemed to be appropriate.

Part VI covers the environmental health services. These are very diverse. This part contains a great deal of information regarding matters which are forgotten or taken for granted by the community until some event brings them to notice.

The statutory annual report of the Principal School Medical Officer is contained in Part VII. Here once again the emphasis appears to be moving towards work done amongst handicapped or potentially handicapped children.

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.



Medical Officer of Health and  
Principal School Medical Officer

7th August, 1969

## PART 1

### SOCIAL AND STATISTICAL INFORMATION

"It matters not how a man dies, but how he lives."

Attributed to Dr. Samuel Johnson  
BOSWELL'S *Life of Johnson*, Vol. II, p.102  
26th October, 1769.

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  
(1968 mid-year) .. .. . 75,220
5. Density of Population: 9.66 persons per acre.
6. No. of inhabited houses: 25,368.
7. Rateable value at 31st December, 1968: £2,400,872.
8. Sum represented by a penny rate: £9,450.

### SOCIAL CONDITIONS

The information relating to employment in Barnsley supplied each year by the Barnsley Employment Exchange indicates that during 1968 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, of course, is due to the development of comprehensive social security arrangements. The figures received relating to unemployment for 1968 are as follows:

	MEN 18 AND OVER	WOMEN 18 AND OVER	TOTAL
As at 11.12.67			
Wholly unemployed .. ..	1,306	140	1,446
Temporarily unemployed ..	136	9	145
As at 9.12.68			
Wholly unemployed .. ..	1,828	116	1,944
Temporarily unemployed ..	17	2	19



## VITAL STATISTICS

<b>Births:</b>	MALES	FEMALES	TOTAL
Legitimate .. .. .	715	655	1370
Illegitimate .. .. .	65	54	119
	780	709	1489

Birth rate per 1,000 population .. .. . 19.79  
 Adjusted by the application of the comparability factor of 0.98 19.39  
 Illegitimate live births (percentage of total live births) .. .. 7.99

<b>Stillbirths:</b>	MALES	FEMALES	TOTAL
Legitimate .. .. .	8	5	13
Illegitimate .. .. .	3	1	4
	11	6	17

Rate per 1,000 total births (live and still) .. .. . 11.28  
 Total live and stillbirths .. .. . 1506

### **Infant Mortality:**

Infant deaths under 1 year of age .. .. . 24

### **Infant Mortality Rates:**

Total infant deaths per 1,000 live births .. .. . 16.11  
 Legitimate infant deaths per 1,000 legitimate live births .. 16.05  
 Illegitimate infant deaths per 1,000 illegitimate live births .. 16.8

### **Neo-Natal Mortality Rates:**

Deaths under 4 weeks per 1,000 total live births .. .. . 12.76

### **Early Neo-Natal Mortality Rate:**

Deaths under 1 week per 1,000 total live births .. .. . 11.41

### **Perinatal Mortality Rate:**

Stillbirths and deaths under 1 week combined per 1,000 total  
 live and stillbirths .. .. . 22.57

### **Maternal Mortality:**

1 maternal death was registered in the County Borough during  
 1968.

Maternal mortality rate .. .. . 0.66

## ANALYSIS OF PERINATAL MORTALITY

The total perinatal deaths (i.e. stillbirths plus deaths under 1 week of age) numbered 34. Of these deaths 17 were stillbirths and 17, although born alive, subsequently died within one week of birth. Of the 17 live births who died within 1 week of birth only 2 were full term when born, all remaining 15 having premature birth weights of varying degree, ranging between 5 lbs. 4 ozs. down to 1 lb 6 ozs. Of the 15 premature live births, 4 weighed less than 2 lbs. at birth, 3 weighed between 2 lbs. and 3 lbs. at birth, 3 weighed between 3 lbs. and 4 lbs. at birth, 4 weighed between 4 lbs. and 5½ lbs. at birth and 1 was not weighed at birth.

Of the 17 stillbirths, 6 when born were full term and 11 were premature. Of the 11 premature stillbirths, 3 weighed less than 2 lbs. at birth, 3 weighed between 2 lbs. and 3 lbs. at birth, 1 weighed between 3 lbs. and 4 lbs. at birth, 3 weighed between 4 lbs. and 5½ lbs. at birth and 1 was not weighed at birth.

#### Deaths in First Week of Life

*Non-Viable Prematurity .. .. .	2
Extreme Prematurity .. .. .	2
Prematurity and Respiratory Distress Syndrome .. .. .	2
Tentorial Tear and Prematurity .. .. .	2
Prematurity and Atelectasis .. .. .	2
Cerebral Haemorrhage and Prematurity .. .. .	1
Prematurity .. .. .	1
Tension Pneumothorax .. .. .	1
Multiple Congenital Abnormalities .. .. .	2
Anencephaly .. .. .	1
Oesophageal Atresia .. .. .	1

\*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. Technically speaking therefore these infants who usually survive a few hours only are the products of abortion, though in fact being born alive, they are live births and hence appear in statistics as perinatal deaths.

#### Stillbirths

A total of 17 infants were stillborn and the causes of stillbirth were as follows:—

Anephrogenesis .. .. .	1
Anencephaly .. .. .	1
Gross Foetal Malformation .. .. .	1
Placental Insufficiency .. .. .	3
Intra-uterine asphyxia .. .. .	3
Rh. incompatibility .. .. .	1
Ante-Partum Haemorrhage .. .. .	1
Prolapsed Cord .. .. .	1
Tentorial Tear .. .. .	1
Asphyxia and Cardiac Distress .. .. .	1
*Inattention at birth .. .. .	1
Cause unknown .. .. .	2

\*Findings of Coroner's inquest.

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

A total of 7 infants died under 1 year of age but over 1 week of age and the causes were as follows:—

- Lobar Pneumonia
- Acute Respiratory Infection
- Aspiration Pneumonia and Gastro-Enteritis
- Asphyxia due to inhalation of regurgitated food
- Gastro-Enteritis and Acute Bronchitis
- Status-Epilepticus, Meningitis and Cerebral Abscesses
- Status-Epilepticus, Septicaemia and Venous Sinus Thrombosis

### MATERNAL MORTALITY:

It will be observed that one death was attributed to other complications of pregnancy in the classified return of deaths received from the Registrar General (Table I). This gives a maternal mortality figure of 0.66 per 1,000 live births.

In addition to this, another death occurred in which pregnancy was a major factor. The circumstances were investigated and the results communicated to the Registrar General who decided that no addition should be made to the original recorded cause of death. This death is therefore omitted from the calculation of the maternal mortality figure.

### DEATHS:

Males	.. .. .	490
Females	.. .. .	386
		876
Crude Death Rate per 1,000 population	.. .. .	11.64
Adjusted Death Rate by application of comparability factor of 1.22	.. .. .	14.20

Comparison with 1967 shows an increase 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 accounted for 4 deaths.

Pneumonia and bronchitis were credited with 128 deaths, 32 more than in 1967.

Cancer deaths amounted to 172, 2 more than in 1967. In 48 cases the cancer was situated in the lung, an increase of 3 over the previous year.





The findings at inquests held by H.M. Coroner during 1968 on Barnsley residents were as follows:

	MALE	FEMALE
1. Deaths certified from natural causes .. ..	1	1
2. Deaths certified as road traffic accidents ..	6	—
3. Deaths certified as occupation accidents ..	2	—
4. Deaths certified as home and other accidents	6	11
5. Deaths certified as suicide .. .. .	2	2
6. Deaths certified as homicide .. .. .	—	—

**Comment:**

Both the birth rate and the death rate show increases when compared with those for 1967. These increases lie well within the variations to be expected for a community the size of Barnsley and therefore do not call for particular comment. It is interesting to note that they approximate to similar figures for 1966.

The number of illegitimate live births registered for the year is 119. It would seem that the steady increase in illegitimacy in Barnsley which has been observed since the beginning of the decade has been resumed after last year's pause.

The infant mortality figure is particularly satisfactory. Not only is it the lowest ever recorded for the County Borough but this is the third occasion in the last seven years when this figure has been below the National average. It is not proposed to comment at length on this. In past reports when figures were not so pleasing, attention was drawn to the particular social problems which exist in Barnsley and to the need with a small community to use the average of a number of years when comparing with National statistics.

The occurrence of one death attributed statistically to the complications of pregnancy and another in which pregnancy was a probable factor is not so satisfactory. This is a salutary reminder of the hazards which still beset pregnancy. These are only to be avoided by continuous vigilance and team work on the part of all who are concerned with the care of the pregnant women.

The number of deaths attributed to causes as classified by the Registrar General are shown in Table I. Again the principal matter calling for comment in this table is the further increase in mortality from cancer of the lung. In last year's report the 45 deaths from this cause were referred to as the highest on record and attention was drawn to the fact that their numbers had more than doubled since 1958.

It should be appreciated that the 48 lung cancer deaths in 1968 represent very nearly one per week for the whole year. Public interest would almost certainly be aroused if through the year, a death occurred each week from either suicide or road traffic accidents. Doubtless there would be some considerable agitation for steps to be taken to reduce such a loss of life.

The relationship between lung cancer and cigarette smoking is at least as well defined as that between the taking of alcohol and road accidents. In the case of the latter, public opinion accepted when ordinary methods of persuasion failed, legislative changes of a kind without precedent in English law as a measure to reduce mortality on the road. So far no legislation of a similar nature has been contemplated to deal with the destruction of life by the cigarette. It must be emphasised that in Barnsley in 1968, 48 people died from lung cancer and 6 in road traffic accidents.

It is just possible that legislative action in the case of road accidents was demanded because in twentieth century society there are few more public or dramatic ways of dying than in a road accident. On the other hand, the secretiveness which attaches to any malignant disease makes lung cancer one of the more private ways of ending life. This could be unfortunate in that only those who are in attendance upon the patient have the opportunity of observing the long drawn out pain and discomfort which is an invariable characteristic of the disease. Anybody who has had to watch a human being die from lung cancer would crave for him the quick and relatively merciful end accorded to the victim of a road accident.

This is an interesting suggestion but it is not easy to test its validity. Perhaps some day, in the best interests of the community—some courageous lung cancer patient will promote a day to day film record of his terminal illness. This would be supported by testamentary instruction for the showing of the film on television. It is just possible, if no detail of all that death from lung cancer involves were omitted, the sheer horror of it would stimulate some action to curb the sale and distribution of cigarettes.

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

YEAR	TOTAL (EST.) POPULATION	LIVE BIRTHS				DEATHS				DEATHS UNDER 1 YEAR OF AGE		MATERNAL MORTALITY		YEAR
		NUM-BER	RATE PER 1000 POP. BARNLSLEY ADJUSTED	RATE FOR ENGLAND AND WALES	NUMBER	RATE PER 1000 POP. BARNLSLEY ADJUSTED	RATE FOR ENGLAND AND WALES	RATE PER 1000 LIVE BIRTHS BARNLSLEY	NUMBER	RATE FOR ENGLAND AND WALES	RATE PER 1000 LIVE BIRTHS			
											BARNLSLEY	ENGLAND & WALES		
1949	75250	1436	19.08	16.7	803	10.67	11.7	41	59	32	0.00	0.82	1949	
1950	75780	1444	19.06	15.8	814	10.74	11.6	34	50	29	2.03	0.86	1950	
1951	74890	1342	17.92	15.5	883	11.97	12.5	32	43	29	0.73	0.79	1951	
1952	74730	1374	18.38	15.3	876	11.72	11.3	38	53	27.6	0.71	0.72	1952	
1953	74740	1370	18.33	15.5	813	12.83	11.4	37.22	51	26.8	0.00	0.76	1953	
1954	74850	1263	16.70	15.2	759	12.43	11.3	32.42	41	25.4	1.54	0.69	1954	
1955	74760	1255	16.62	15.0	826	13.02	11.7	39.04	49	24.9	0.00	0.64	1955	
1956	74830	1340	17.72	15.6	804	13.21	11.7	29.10	38	23.7	0.00	0.56	1956	
1957	75360	1324	17.39	16.1	802	13.19	11.5	24.92	33	23.0	0.75	0.47	1957	
1958	75580	1311	17.16	16.4	812	13.31	11.7	27.46	36	22.6	0.74	0.43	1958	
1959	75400	1382	18.15	16.5	837	13.65	11.6	23.15	32	22.2	0.00	0.38	1959	
1960	75450	1358	17.81	17.1	825	13.55	11.5	30.92	42	21.9	0.00	0.39	1960	
1961	74590	1378	18.28	17.4	871	14.33	12.0	26.85	37	21.6	0.00	0.33	1961	
1962	74910	1425	18.83	18.0	844	13.96	11.9	16.14	23	21.4	0.69	0.35	1962	
1963	75000	1414	18.47	18.2	839	13.76	12.2	23.34	33	20.9	0.00	0.28	1963	
1964	75260	1434	18.67	18.4	845	13.80	11.3	29.90	43	20.0	0.00	0.25	1964	
1965	75500	1427	18.52	18.0	828	13.26	11.5	23.12	33	19.0	0.00	0.25	1965	
1966	75760	1482	19.16	17.7	865	13.69	11.7	18.21	27	19.0	0.66	0.26	1966	
1967	75910	1318	17.01	17.2	796	12.68	11.2	22.76	30	18.3	0.00	0.20	1967	
1968	75220	1489	19.39	16.9	876	14.20	11.9	16.11	24	18.0	0.66	0.24	1968	



## PART II

### EPIDEMIOLOGY

"For the world, I count it not an inn, but an hospital,  
and a place, not to live, but to die in."

*Religio Medici, pt.ii 12*

SIR THOMAS BROWNE, 1605-1682.

The total number of cases of infectious disease notified in Barnsley in 1968 amounted to 1303. Comparison with figures for previous years would not on this occasion be valid by reason of the changes brought about consequent upon the addition of the Health Services and Public Health Act, 1968 to the Statute Book. New regulations made under this Act have made significant alterations both in the list of diseases to be notified to the Medical Officer of Health and in the procedures to be adopted in the reporting and putting into effect measures to prevent the spread of communicable illness.

The changes have resulted in pneumonia and puerperal pyrexia being excluded as conditions no longer notifiable, whilst amongst the new additions are infective jaundice, tetanus and yellow fever. Meningococcal infection is now notifiable as "acute meningitis".

As a whole the new legislation is most welcome in that it facilitates and simplifies the various actions which must be undertaken by the authority's officers to ensure that individuals do not wantonly spread infectious illness through the community.

Notifications received provided information relating to the following diseases:

**Scarlet Fever:**

41 cases. A further decrease in the number of notifications received compared with the previous 3 years.

**Diphtheria:**

Once again no notifications in 1968.

**Pneumonia:**

48 notifications were received until 1st October, 1968 after which this condition was removed from the list of notifiable diseases.

**Acute Meningitis:**

3 notifications. Previous to 1st October, 1968 this was reported as meningococcal infection.

**Measles:**

1,003 notifications were received. June and July were the months of highest incidence. It is interesting to note that the incidence fell from 430 cases in July to 92 in August and 18 in September. Measles vaccination for selected groups of children was commenced during the month of June.

**Whooping Cough:**

31 notifications were received. This compares with 126 in 1967.

**Dysentery and Food Poisoning:**

124 cases of dysentery and 27 of food poisoning were notified. The arrangements which have existed in Barnsley over the past fourteen 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 124 cases shows a decrease from the previous year. A number of factors may contribute to this including climatic ones. The 27 cases of food poisoning which were notified are of little significance.

**Comment:**

Despite the changes in the list of diseases to be notified, it is not difficult to draw the conclusion that epidemiologically 1968 was a satisfactory year in Barnsley. Once again, none of the killing diseases—typhoid, diphtheria, poliomyelitis or, the new addition to the list, tetanus made an appearance—while the less virulent ones remained well under control. The decline in the incidence of whooping cough once again illustrates the value of protection by immunisation.

The position as regards measles is very interesting indeed. It would be most pleasing to be able to attribute the fall in the incidence of this disease after July to the introduction of immunisation in June. Calculations involving the incubation period and the time taken to develop immunity could be made in support of this. However, the acceptance rate for this procedure amongst eligible children was not high. It seems quite unlikely therefore that the relatively small number of children who received the vaccine could have had more than a coincidental effect on this epidemiological pattern.

In the case of dysentery, 47 of the 124 cases were reported in the first two months of the year. As such they represented a carry over of the relatively high incidence from December, 1967 to which attention was drawn in last year's report. Apart from this, 1968 was remarkably free from Sonné dysentery.

**Tuberculosis:**

Notifications of pulmonary tuberculosis amounted to 21 during 1968 and there were 2 notifications of the non pulmonary form of the disease. There were 4 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 21 notifications of the pulmonary form of this disease compared with 23 for the previous year calls for no comment. It would appear that the factors described in the reports for previous years continue to operate towards the eventual elimination of tuberculosis. Nevertheless, the need still continues for the adult population to make use of the protection offered to them by mass x-ray examinations at regular intervals. This is particularly important in the individual who has recently developed a "smoker's cough" or who finds "colds on the chest" are frequent in winter time.

**Venereal Diseases:**

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

Syphilis	.. .. .	4
Gonorrhoea	.. .. .	40
Other conditions	.. .. .	283

Though these figures represent an increase in the numbers attending the clinic over the previous years, they do not constitute a cause for concern. They are well within the year to year fluctuations which have been observed in the past. In addition to this it must be borne in mind that these figures relate only to those Barnsley residents who seek treatment at the local centre. It is by no means unusual in these days of easy travel for individuals who suspect they may have a venereal disease to seek attention at a special treatment centre at some considerable distance from their domicile, nor is the giving of a false address at the centre unknown.

Analysis of the histories obtained indicates that of the 4 new cases of syphilis treated, it would appear that in 2, the infection was contracted outside the United Kingdom and in the other 2, in a locality other than Barnsley. Of the 40 cases of gonorrhoea it would appear that in 11, infection occurred elsewhere than in the locality of the treatment centre.

**Scabies:**

Figures relating to scabies in Barnsley in 1968 are as follows:

*Children*

Number treated.. .. .	119
Number of attendances .. .. .	172

*Adults*

Number treated.. .. .	48
Number of attendances .. .. .	70

**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 1968										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	Ardsley Ward	Monk Bretton Ward	Carlton Ward	Home Cases	Kendray Isolation Hospital	St. Helen Hospital	Beckett Hospital	Other Hospitals		
Scarlet Fever .. .. .	41	—	4	11	21	4	1	—	3	3	3	5	2	—	6	13	6	41	—	—	—	—	—		
Whooping Cough .. .. .	31	5	7	5	10	2	—	2	—	—	1	8	—	—	5	4	11	28	3	—	—	—	—		
Measles .. .. .	1003	51	315	314	308	9	3	3	124	18	61	72	89	24	9	309	167	994	9	3	—	—	—		
Pneumonia... .. .	48	1	3	1	1	—	2	40	6	2	2	3	2	—	—	9	7	34	10	1	—	—	1		
Acute Meningitis .. .. .	3	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	—	—	—		
Dysentery .. .. .	124	2	16	20	39	13	6	28	29	4	9	14	3	—	28	24	12	120	4	—	—	—	—		
Puerperal Pyrexia .. .. .	2	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	2	—	—	—		
Food Poisoning .. .. .	27	2	1	—	3	3	8	10	—	—	4	1	1	—	—	5	11	23	4	—	—	—	—		
Erysipelas .. .. .	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—		
Infective Jaundice .. .. .	22	—	—	1	4	5	2	10	2	—	1	—	3	—	9	1	3	20	2	—	—	—	—		
Malaria .. .. .	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—		
<b>TOTALS .. .. .</b>	<b>1303</b>	<b>62</b>	<b>347</b>	<b>352</b>	<b>387</b>	<b>36</b>	<b>23</b>	<b>96</b>	<b>166</b>	<b>28</b>	<b>73</b>	<b>94</b>	<b>122</b>	<b>35</b>	<b>12</b>	<b>189</b>	<b>218</b>	<b>1262</b>	<b>34</b>	<b>4</b>	<b>2</b>	<b>—</b>	<b>1</b>		

TABLE II. Notifiable Infectious Diseases (excluding Tuberculosis)  
Table showing monthly prevalence during the year 1968.

NOTIFIABLE DISEASES	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Scarlet Fever ..	4	5	7	5	—	2	3	—	—	3	5	7	41
Whooping Cough ..	1	3	10	1	2	2	1	1	—	2	7	1	31
Measles ..	11	15	7	30	86	229	430	92	18	20	40	25	1003
Pneumonia ..	19	10	4	5	4	—	3	—	3	—	—	—	48
Acute Meningitis ..	1	—	—	—	—	1	—	—	—	1	—	—	3
Dysentery ..	30	17	6	9	9	12	16	3	3	2	3	14	124
Puerperal Pyrexia ..	—	—	—	—	—	—	—	—	2	—	—	—	2
Food Poisoning ..	—	—	—	—	3	1	3	9	6	3	1	1	27
Erysipelas ..	—	1	—	—	—	—	—	—	—	—	—	—	1
Infective Jaundice ..	—	—	—	—	—	1	4	—	1	7	3	6	22
Malaria ..	—	—	—	—	—	—	—	—	—	—	1	—	1

**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	
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
1968	21	4	0.05	2	1	0.01	0.06

**TABLE IV**  
**Tuberculosis—New Cases and Deaths 1968**  
**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	1	—	—	—	—	—	—
10—15 ..	1	—	—	1	—	—	—	—
15—20 ..	—	—	—	—	—	—	—	—
20—25 ..	—	1	—	—	—	—	—	—
25—35 ..	2	—	—	1	—	—	—	1
35—45 ..	2	—	—	—	—	—	—	—
45—55 ..	2	3	—	—	—	1	—	—
55—65 ..	3	1	—	—	1	—	—	—
65—75 ..	2	—	—	—	1	—	—	—
75 and over	—	1	—	—	1	—	—	—
Totals ..	13	8	—	2	3	1	—	1

## PART III

### SOCIAL AND PERSONAL HEALTH SERVICES

#### National Health Service Acts, 1946-52

#### National Assistance Acts, 1948 and 1951

"Where there is much desire to learn, there of necessity will be much arguing, much writing, many opinions; for opinion in good men is but knowledge in the making."

*Areopagitica,*  
JOHN MILTON, 1608-1674.

The practice found to be convenient in the past of considering these services under the heading of the section of the statute authorising their provision will be observed once more in the pages which follow:

### HEALTH CENTRES

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

Purpose designed buildings have been provided at Laithes Lane, Athersley, Littleworth Lane, Lundwood, 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.

The arrangements whereby two groups of practitioners use Lundwood Clinic for branch surgery accommodation and three groups use Athersley Clinic have been mentioned in previous reports. A further similar arrangement was negotiated during the year for the use of accommodation at New Street Clinic. This was to some extent complicated by reason of the fact that technically, New Street Clinic belongs to the Education Committee.

The health authority carries out services there for that part of the community which does not attend school, merely as a tenant. However, any difficulties arising from this have been overcome and one further step has been taken towards housing health services under a single roof.

The proposal to extend Lundwood and Athersley Clinics to provide general practitioner suites has received a considerable degree of attention during the year. The tedious procedure laid down by the Department of Health and Social Security to treat this as Health Centre provision must needs be followed. The various administrative preliminaries were not, in fact, completed until after the 31st December, 1968. There is, however, a distinct possibility that the report for 1969 will state that these clinics have become health centres by reason of the provision of the practitioners branch surgery suites.

It would appear that the designation of the buildings matters little. The important thing is that the provision of this accommodation will enable the home nurses, health visitors and domiciliary midwives to work under the same roof and at the same time as the practitioners without either getting in each other's way. This can not be other than beneficial to the community which receives care and attention from all of them.

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

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

The services provided under this section at the end of 1968 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.
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:**

	BARNSELY	ATHERSLEY	ARDSLEY	LUNDWOOD	CARLTON	TOTAL
<b>Ante-Natal Clinics:</b>						
1. No. of sessions held during year	51	48	51	48	25.5	223.5
2. No. of women who attended during the year . . . . .	210	104	133	100	46	593
3. No. of new cases included in the above . . . . .	169	96	103	91	35	494
4. No. of attendances made during the year . . . . .	755	458	436	349	164	2,162
<b>Post-Natal Clinics:</b>						
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 210 Ante-Natal Cases none were transferred to St. Helen Hospital.
- Of Athersley's 104 Ante-Natal Cases 9 were transferred to St. Helen Hospital.
- Of Ardsley's 133 Ante-Natal Cases 6 were transferred to St. Helen Hospital.
- Of Lundwood's 100 Ante-Natal Cases 8 were transferred to St. Helen Hospital.
- Of Carlton's 46 Ante-Natal Cases 3 were transferred to St. Helen Hospital.

443 Maternity Outfits were issued to patients during the year.

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

<b>INFANT WELFARE</b>	<b>BARNSELEY</b>	<b>ATHERSLEY</b>	<b>ARDSLEY</b>	<b>LUNDWOOD</b>	<b>CARLTON</b>	<b>JORDAN HOUSE</b>	<b>MONK BRETTON</b>	<b>TOTAL</b>
1. No. of sessions held during year at centres	146	62	62	51	25.5	54	51	451.5
2. No. of children who first attended at centre during the year and at their first attendance were under 1 year of age . . . . .	390	241	218	138	54	140	117	1,298
3. No. of children who attended during the year and who were born in:—								
1968 . . . . .	363	228	185	105	42	142	98	1,163
1967 . . . . .	292	172	154	84	24	120	101	947
1966-63 . . . . .	176	106	130	79	10	123	94	718
4. Total No. of children who attended during the year . . . . .	831	506	469	268	76	385	293	2,828
5. No. of attendances during the year made by children who at the date of attendance were:—								
0-1 years . . . . .	3,878	2,061	2,099	1,233	451	1,684	1,403	12,809
1-2 years . . . . .	552	303	420	314	60	268	323	2,240
2-5 years . . . . .	199	76	102	84	20	42	50	573
6. Total No. of attendances made during the year	4,629	2,440	2,621	1,631	531	1,994	1,776	15,622

**Note:—**Of Barnsley's 831 Infant Welfare cases, 38 attended the Paediatric clinic at New Street Clinic, and made 109 attendances in 40 sessions. 124 children were referred to Specialists during the year.

## Dental Care of Mothers and Young Children 1968:

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 on the Service for treatment under this heading remains low due mainly to the efficiency of general dental practitioners in dealing with the adult population and eligible patients rightly seeking routine treatment from the National Health Service. Accordingly, this work has been regarded as an emergency service and whole sessions have not been devoted to it.

### 2. Children under 5 years of age

The success of the auxiliary scheme in providing dental treatment for pre-school children has continued to maintain the availability of this service. Hopes to continue or develop this work will largely depend upon the continued employment of auxiliaries and the possibility of increasing facilities to allow additional auxiliary staff to be employed.

### 3. General

Following Department of Health and Social Security Circular 24/68 it was felt necessary to tender evidence of the general dental condition of Barnsley children, together with professional explanation and advice to the Health Committee. Accordingly a small D.M.F.\* survey of Barnsley children aged 5-11 years was carried out by the Dental Department and showed an average of 9.55 D.M.F.\* teeth per child in this age group. The full results were presented to the Committee along with the following report:

"The Local Authority Dental Service in Barnsley cares for approximately 50 per cent of the school population at present. The remainder either obtain attention from general dental practitioners or remain neglected. During 1967 the following treatment of dental decay was carried out on school children:—

3,139 teeth extracted  
1,034 general anaesthetics administered  
5,554 teeth filled

"In terms of Barnsley children's discomfort and distress, these figures represent approximately:

50 gallons of blood shed into clinic drains  
1,034 hangovers following the inhalation of 20,680 gallons  
of nitrous oxide gas  
11½ lbs. of silver amalgam where natural tooth substance  
should be

"It is estimated that these figures should be doubled to present the picture in Barnsley as a whole and further increased to include pre-school children and recent school leavers. That youth protests is vehemently expressed in sobs and tears in the recovery rooms every day.

\*Decayed, Missing and Filled.

### Preventive methods

"Dental decay is one of the most widespread diseases found in mankind generally and in the British Isles in particular. The causative factors associated with dental decay are complex and no single preventive measure can eliminate the disease entirely, but a combination of efforts over a long period would materially reduce the social and economical problems associated with it.

"The two main factors involved are the nature of the diet and the chemical construction of the hard tooth substance and preventive methods are mainly directed towards both physical cleansing and stimulation of the mouth and the provision of adequate nutrients, vitamins and elements for the formation of the teeth in early years.

"Due to the refined nature of modern foodstuffs and understandable indulgence in confection, this method of prevention has to be supplemented by instruction in manual methods of mouth cleansing and understanding of the importance of time to the effects of such measures.

"Regular inspection, early diagnosis and treatment check the progress of existing decay and combined with individual efforts which are hard to obtain with children, some degree of control can be attained. Due to the extremely personal nature of these preventive methods it is not possible to evaluate their effectiveness in numerical terms and because of the natural lack of co-operation of small children, they cannot reduce the incidence of decay to within manageable limits.

"Scientific evidence of the inhibitory effect of fluoride salts in tooth enamel leads logically to methods of ensuring sufficient fluoride is available during tooth formation. The effects of surface application are disappointing due to poor absorption at the tooth surface and the lengthy process of applying preparations in perfect dryness even to a limited number of teeth. Fluoride toothpastes are equally ineffective due to inaccessibility of the decay prone areas of teeth and less effective absorption in the presence of moisture. Fluoride in tablet form can only be effective if taken daily by expectant mothers from the third month of pregnancy to the birth and by the child from birth to 8 years. It is clearly not practicable to administer daily tablets to a baby in arms and the presence of tablets for regular consumption, which rapidly become regarded with indifference, represent a hazard in the home to mothers of small inquisitive children practised in the art of swallowing them.

"The statistical information obtained from both natural and artificially fluoridated water areas makes domestic water fluoridation the choice method of distribution. This method has undergone such elaborate scientific investigation that its sole effectiveness can and has been evaluated at 50 per cent reduction in the incidence of decay.

## The problem in Barnsley

"The incidence of dental decay shown by the foregoing figures is such that the full effort of dental surgeons in Barnsley, both in local authority service and general practice is concentrated on the treatment of existing decay. Treatment provided demonstrates that only 63.3 per cent of decayed teeth in school children can be saved at present. There remains no time for the implementation of preventive techniques or educational projects and it is unlikely that time will ever become available until the flow of children in urgent need of treatment can be checked.

## Conclusions

"The professional staff of the Dental Department advise that the fluoridation of Barnsley domestic water supply to a level of 1 part per million would (after a period of five years and subsequently) reduce the rate of dental decay amongst school children sufficiently to enable other preventive methods to be employed and thus gain effective control of the disease."

In view of the rejection of fluoridation proposals, together with only scant acceptance of the advice tendered to the Health Committee in February, 1967 following a Ministry Inspection report, it is difficult to forecast any hope for improvement in the general dental condition of the Barnsley school population beyond the present extremely poor state.

## Dental Services for Expectant and Nursing Mothers and Children under 5 years—statistics for 1968:

### A. Attendances and Treatment:

Number of Visits for Treatment During Year:

	CHILDREN 0-4 (INCL.)	EXPECTANT AND NURSING MOTHERS
First Visit .. .. .	209	63
Subsequent Visits .. .. .	188	133
Total Visits .. .. .	397	196
Number of Additional Courses of Treatment other than the First Course commenced during year .. .. .	17	9
Treatment provided during the year:		
Number of Fillings .. .. .	144	50
Teeth Filled .. .. .	125	45
Teeth Extracted .. .. .	384	215
General Anaesthetics given .. .. .	158	30
Emergency Visits by Patients .. .. .	113	28
Patients X-Rayed .. .. .	—	1

	CHILDREN 0-4 (INCL.)	EXPECTANT AND NURSING MOTHERS
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis) .. .. .	36	10
Teeth Otherwise Conserved .. ..	—	—
Teeth Root Filled .. .. .	—	1
Inlays .. .. .	—	—
Crowns .. .. .	—	2
Number of Courses of Treatment Completed during the year .. ..	133	42

**B. Prosthetics**

Patients Supplied with F.U. or F.L. (First Time) ..	12
Patients Supplied with Other Dentures .. .. .	11
Number of Dentures Supplied .. .. .	34

**C. Anaesthetics**

General Anaesthetics Administered by Dental Officers	62
--	----

**D. Inspections**

	CHILDREN 0-4 (INCL.)	EXPECTANT AND NURSING MOTHERS
Number of Patients given First Inspections During Year .. .. .	143	36
Number of Patients in A and D above who required Treatment .. .. .	98	34
Number of Patients in B and E above who were offered treatment .. ..	97	34

**E. Sessions**

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to Maternity and Child Welfare Patients:	
For Treatment .. .. .	57
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 .. .. .	51
Re-examinations .. .. .	104

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

	BARNSELY	ATHERSLEY	ARDSLEY	LUNDWOOD	TOTAL
Sessions . . . . .	88	41	44	40	213
New patients . . . . .	153	51	71	61	336
Other attendances	906	232	272	191	1,601

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

**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 25 children under 5 years of age made 164 attendances for speech therapy. The appointment of speech therapist was vacant after 1st September, 1968. The services of the audiology technician may also be called upon for this group. 57 children under 5 years underwent a hearing test during the year.

**Nursing Homes:**

There are no nursing homes in the County Borough.

**Homes for Mothers and Babies:**

"*Ad hoc*" arrangements for expectant mothers were made with voluntary bodies in 12 cases during the year. This compares with 12 in 1967.

	Illegitimate Births		
	1966	1967	1968
Live Males . . . . .	59	39	65
Live Females . . . . .	42	42	54
Stillbirth Males . . . . .	1	—	3
Stillbirth Females . . . . .	—	—	1

Though there was a marked increase in the number of illegitimate births mentioned in Part I of the report, it was necessary to make only the same number of "mother and baby home" arrangements as in 1967. Again there would appear to be no specific reasons for this and it would not be prudent to draw any conclusions. This statistical fact does not indicate that the authority does not pay attention to the unmarried mother. The health visitors keep in close contact with all cases which come to their notice to ensure that they receive adequate ante-natal care. Should it appear that mother and baby home accommodation is the best solution in any individual case, arrangements are made and the girl concerned is persuaded to avail herself of the facilities offered to her.

### 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 dealt with "children likely to be neglected in their own homes."

### At Risk Children

Remaining on the register at 31.12.68.

Simply at risk	..	..	..	..	..	..	..	..	197
Special at risk register	..	..	..	..	..	..	..	..	381
Live births during 1968	..	..	..	..	..	..	..	..	1489

### 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 in respect both to live and stillbirths.

Children with malformations reported in 1968—19.

### 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 an annual grant of £250 is made on the understanding that cases specifically referred by the authority would be advised without cost.



## WELFARE FOODS

	BARNSELEY	ATHERSLEY	ARDSLEY	LUNDWOOD	CARLTON	JORDAN HOUSE	MONK BRETTON	TOTAL
<b>Free Issues</b>								
<b>DRIED MILK</b>								
Total cost to the committee:								
1967 .. .. .	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
1968 .. .. .	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Receipts for the year: 1967								
Dried Milk .. .. .	£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
1968								
Dried Milks .. .. .	£1,641 1 2	£514 0 5	£553 12 10	£331 8 6	£12 10 3	£488 19 2	£393 3 6	£3,934 15 10
Welfare Foods .. .. .	£1,098 17 2	£160 16 2	£184 10 6	£143 14 0	£10 5 0	£166 14 10	£175 14 2	£1,940 11 10

CARLTON CLINIC—From 1st April, 1968, no stocks of food were kept in this clinic, therefore cash for all sales of dried milks and Welfare foods is included in 'Barnsley' cash.

## WELFARE FOODS

	COD LIVER OIL		VITAMIN A & D TABLETS		ORANGE JUICE		NATIONAL DRIED MILK							
	Free	Paid	Free	Paid	Free	Paid	FULL CREAM		HALF CREAM					
							Free	Paid	Free	Paid	Free	Paid	Free	Paid
BARNSELEY .. .. .	237	384	49	498	994	6,477	239	986	2,277	—	—	—	—	9
ATHERSLEY .. .. .	74	100	7	64	251	1,018	64	106	314	—	—	—	—	—
ARDSLEY .. .. .	63	69	3	104	205	1,573	25	59	263	—	—	—	—	—
LUNDWOOD .. .. .	41	65	—	149	102	803	333	327	185	—	—	—	—	—
CARLTON .. .. .	—	1	—	2	7	64	—	3	25	—	—	—	—	—
JORDAN HOUSE .. .. .	34	84	—	135	104	1,383	—	49	239	—	—	—	—	—
MONK BRETTON .. .. .	1	88	—	96	4	1,521	29	74	231	—	—	—	—	—
	450	791	59	1,048	1,667	12,839	690	1,604	3,534	—	—	—	—	9

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 1968 amounted to £3,934 15s. 10d. (£3,767 0s. 2d. in 1967).

The health authority undertakes the distribution of the various Welfare Foods and diet supplements provided by the Department of Health and Social Security, 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.

### **Comment:**

The figures for attendances at the authority's clinics show a slight increase over those for 1967. There are several explanations for this, e.g. the availability of additional medical staff, particularly in the case of the ante-natal clinics and the higher number of births. It would be wrong to base any conclusion on these figures by themselves in a part of a service which is gradually evolving to a much more closely integrated one. Clinic attendance figures considered in isolation without examination of the field work carried out by the health visitors give little idea of the overall care provided by the authority for mothers and young children. This will become more and more the case when extensions at the clinics allow of health visitors being available to advise and take instructions whilst general practitioners are holding surgery sessions. This will undoubtedly be very much more convenient for the community. In being so it will inevitably result in a much better use being made of the authority's resources.

Full use was made of the specialist services provided, though recruitment difficulties have temporarily prevented the provision of physiotherapy, speech therapy and audiometer screening.

## MIDWIFERY

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

At the end of 1968, 8 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 combine these duties with those of superintendent home nurse and assistant. The arrangements are such that an administrative officer is available on call at all times to ensure proper deployment of the midwives and allocation of duties. The midwives have a room at the district nursing centre adjacent to the New Street Clinic where facilities exist for the sorting and stocking of their bags and exchange of equipment. This has proved to be of great value to them as it provides facilities (sterilization, etc.) not normally available in the homes and offers them a common ground for discussion and exchange of ideas.

### Medical Aid

Medical aid was summoned in accordance with the provisions of Section 14(1) of the Midwives Act 1951, as follows:—

(i) Where the medical practitioner had arranged to provide the patient with maternity services under the National Health Service .. .. .	40
(ii) Other .. .. .	4

### Domiciliary Midwifery and Institutional Confinement

During 1968 in Barnsley:—

417 domiciliary confinements were attended by the authority's midwives and a doctor was booked in each case.

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

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

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

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

623 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 (440 in 1967).

7,459 visits were paid by midwives during the puerperium (up to the 14th day) to patients delivered at home (6,768 in 1967).

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

2,747 visits—ante-natal—were paid to women in their own homes by the authority's midwives (2,516 in 1967).

3,095 visits were paid by midwives to women who were discharged from hospital before the 14th day (2,435 in 1967).

328 other visits were paid by midwives.

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

1,751 attendances were made by expectant mothers to ante-natal classes including relaxation exercises (held by midwives).

No. of miscarriages attended—4.

#### **Resuscitation of the Newborn Infant**

As a result of a lecture given by Dr. O'Neill, Consultant Paediatrician, each midwife added the Sparklet Infant Resuscitator and Portex Infant Airway to her equipment.

#### **Analgesia Supplied**

The Tecota Mark 6 Inhaler  
Pethidine Hydrochloride  
Dechloralphenazone tablets

#### **Supervision of Midwives**

Every aspect of the work of the midwife was supervised during the year.

#### **Test for Congenital Dislocation of the Hip**

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

#### **Obstetric Emergency Service**

The obstetric team was called out once by the domiciliary service as follows:—

(i) Ante partum haemorrhage

### **Health Education**

20 Courses consisting of 8 classes were held during the year for Mothercraft and Relaxation. Midwives and health visitors gave the talks.

### **Midwifery Education**

Second Part Midwifery Training: 4 pupil midwives completed 3 months domiciliary training.  
Obstetric Course: 14 student nurses received a 5-day domiciliary course.

### **Observation Visits**

22 student nurses from the Beckett Hospital spent a morning with the service.  
20 pupil nurses from St. Helen Hospital spent 1 week with the service.  
2 police cadets spent one day with the service.  
All were introduced to the Domiciliary Midwifery and Allied Services by the way of talks and visits.

### **Post Graduate Courses**

1 midwife attended the course as required by the Central Midwives Board.  
4 midwives attended a 2-day Psychiatric Study Course at Middlewood Hospital, Sheffield.  
7 midwives attended a Sisters Study Day at the Jessop Hospital, Sheffield.  
3 midwives attended a Relaxation Course at Grantley Hall.

### **Comment:**

The year was largely devoid of incident for the Authority's Domiciliary Midwifery Services. The usual minor changes in personnel took place. Reference to the figures will show that the midwives were quite noticeably busier than in 1967. This was only to be expected in view of the increase in the birth rate.

Perhaps the most interesting and encouraging fact recorded in relation to this service is that more women booked with the midwives early in pregnancy than in previous years. For some time past an annual analysis of the week in pregnancy at which bookings were made has been carried out. This was done because concern was felt that in many cases, ante-natal care was not commenced early enough. Out of 570 bookings, 58 were made by the 12th week (31 in 1967), and 143 by the 16th week (95 in 1967).

It would seem that at last there is some sign that the educative efforts of the midwives, health visitors and medical staff are beginning to have some little effect.

**HEALTH VISITING SERVICE**  
**National Health Service Act, 1946, S.24**

The figures showing the number of visits made by health visitors during 1968 as compared with those of the two previous years are as follows:

	1966	1967	1968
Children under 5 years visited for the first time ..	5754	6167	6471
Children under 1 year: 1st visit .. .. .	1416	1259	1415
Total .. .. .	5858	6167	6144
Children between 1 and 2 years visited .. .. .	3877	4139	4407
Children between 2 and 5 years visited .. .. .	7331	8134	9580
Total number of visits made to children under 5 years	17066	17877	20131
Expectant Mothers: 1st Visit .. .. .	644	461	609
Total .. .. .	943	719	999
Neonatal Death Enquiries .. .. .	29	22	26
Stillbirth Enquiries .. .. .	24	26	24
Visits to Tuberculous Households .. .. .	448	370	385
Visits re non-Tuberculous chest conditions .. .. .	137	125	274
Gastro-Enteritis enquiries .. .. .	1618	2167	1959
Ineffective visits .. .. .	2821	4049	5824
Total Households visited .. .. .	16166	18242	25953
Geriatric visits (to persons aged 65 and over) .. .. .	2310	3185	4233
Visits to the mentally disordered .. .. .	72	87	113
Visits to chronic sick persons under 65 years of age ..	681	595	893
Hospital after-care visits .. .. .	196	145	153
Social and Moral Welfare visits .. .. .	895	968	1314
Visits to problem families .. .. .	1735	1575	2580
Visits to households re infectious diseases .. .. .	1720	1800	2409

On 31st December, 1968, 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 .. .. .	4
Area Health Visitor and School Nurse .. .. .	8
State Registered Nurse .. .. .	2
State Enrolled Nurse .. .. .	3
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, 13 certificated health visitors were in post in addition to the Superintendent. Two left the service for various reasons, one was recruited and one student completed her training and took up full duties in October. One health visitor student was recruited to take the Course at Leeds University, one State Registered Nurse retired and one State Enrolled Nurse transferred to the Mental Health Service. 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 conference 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 1968, liaison was continued along these lines. Co-operation has greatly improved in those areas where the health visitors and general practitioners are working under the same roof. A further improvement may be expected when the doctors are provided with their purpose designed surgery suites at Lundwood and Athersley Clinics. This will reduce congestion and will enable both practitioners and health visitors to hold their respective sessions at the same time and will make possible better communication.

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

Mention of this is made in that part of the 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 1/69.

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 327 hospital sessions during the year.

### **Comment:**

Whilst it has always been maintained in reports on The Health of Barnsley that undue significance must not be accorded to statistics when studying a social service, those relating to health visiting in 1968 are most interesting.

The increase in the birth rate roughly accounts for the increase in visits to children under a year old and to expectant mothers. It is likely that the increase in visits to older children, geriatric visits and to the chronic sick may be accounted for as part of the increasing co-operation between the health visitor and the family doctor. In addition to this, the service saw somewhat less staff changes than usual and ended the year with the gain in strength of one trained health visitor.

Again, recruitment could not be described as easy but towards the end of the year, there were indications of interest in health visiting amongst younger members of the nursing profession. This is most encouraging and may well be the long term results of visits of instruction paid by student nurses to the authority's clinics and activities in the community.



## HOME NURSING SERVICE

National Health Service Act, 1946, S.25

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

	1964	1965	1966	1967	1968
Cases .. .. .	2,084	2,044	2,031	1,919	1,890
Visits .. .. .	39,270	37,172	36,461	34,992	40,226
Whole-time nurses	18	16	16	16	16

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

TYPE OF CASES	NUMBER OF CASES	NO. OF VISITS PAID TO THESE PATIENTS
Tuberculosis .. .. .	12	1,168
Influenza .. .. .	1	10
Pneumonia .. .. .	45	340
Maternal Complications .. .. .	19	128
Erysipelas .. .. .	—	—
Infectious Diseases .. .. .	—	—
Miscarriage .. .. .	5	61
Carcinoma .. .. .	109	3,182
Burns and Scalds .. .. .	17	330
Diabetes .. .. .	32	2,352
Post-operative .. .. .	198	2,685
Bones and Joints .. .. .	69	2,642
Eye, Ear, Nose and Throat .. .. .	81	369
Cerebral Haemorrhage .. .. .	82	2,618
Cardiac .. .. .	96	2,976
Circulatory .. .. .	277	5,548
Chest, other than pneumonia .. .. .	228	4,509
Skin .. .. .	40	1,059
Others .. .. .	579	9,951
	1,890	40,226

Patients in the above figures who attended clinics:—

Visits only .. .. . 3,479

Types of injections given:

Insulin .. .. .	20	1,812
Penicillin .. .. .	265	1,358
Streptomycin .. .. .	15	1,287
Diuretic .. .. .	44	1,346
Haematinic .. .. .	81	944
Sedative .. .. .	19	527
Others .. .. .	380	10,394
	824	17,668

### Night Service:

	NUMBER OF CASES	NO. OF VISITS PAID TO THESE PATIENTS
Cases visited between 8.00 p.m. and 6.00 a.m. (included in the above figures)	112	923

### Age Groups Nursed:

Under 5 years .. .. .	127	784
5-15 years .. .. .	61	400
15-65 years .. .. .	776	15,309
Over 65 years .. .. .	926	23,733
	<hr/>	<hr/>
	1,890	40,226
	<hr/>	<hr/>

### Discharges:

Convalescent .. .. .	638
Hospital .. .. .	262
Died .. .. .	165
For other causes .. .. .	400
	<hr/>
	1,465
	<hr/>

Chiropody sessions .. .. . 149

### Staff:

The Home Nursing staff is shown in the staff list at the back of the report.

The Superintendent Nurse reports as follows;:—

“The District Nursing Service looks back on 1968 and from the statistics tries to analyse the work of the service and the achievements.

“The number of cases had varied very little by the end of the year although there was an increase in the nursing visits. In 1967 this picture was vice versa and the comment was made in the annual report of that year that the reason could be due to the emphasis the nursing sisters paid to the rehabilitation of patients in the appropriate case. During 1968, this was still an important part of the sister's work, usually with the patient under 80 years of age. However, although no separate record was kept of patients over this age, there was a consciousness of an increase, and the amount of concentrated nursing required. This was borne out by the laundry and linen figures also.

“There was a slight increase in the post-operative work which was a welcome step in the right direction. This helps the district nursing sisters to practise their skills in this branch of nursing, making their work varied, interesting and complete.

"A new "Night Care Scheme" allied to the Nursing Service was initiated during August, 1968. A register of qualified nurses was formed to make available at short notice, a nurse to care for the acutely ill patient, or a patient in the terminal stage of an illness. The nurse usually arrives at the patients home at 10.30 p.m. and leaves at 8.00 a.m. The idea is not only to give the patient the skilled nursing required but to relieve the relatives of some of the responsibility by sharing it, thus giving practical and moral support during a difficult period. The results have shown that in a number of cases, the patients showed an appreciation of being able to remain in their own homes.

"To some of the members of the service it was rather a sad year. It was the end of an era as the Queen's Institute of District Nursing relinquished its responsibility as a training and examination body for the District Nursing Certificate. In the past there has been a very strong affection for the Institute which was fostered by the very real interest taken in the Institute's activities by the Health Committee. However, changes mean progress. The Ministry of Health invited the authority to prepare a syllabus for the training of the State Registered Nurse for the National Certificate of District Nursing and this was submitted and approved.

"The Service now goes forward to 1969 with new plans waiting to be put into practice. Some will perhaps become part of the service to enhance it—others will inevitably be discarded but always the aim will be a very "high standard of care for the patient."

#### **Night Visiting Service**

More requests were made for this service, the principle of which is to give general nursing care, sedation and any other nursing procedure to the very ill patient. This year there was an increase in visits made to put a handicapped person to bed and lock the door. In most cases the patient lived alone but in one or two cases there were relatives living nearby who were not sufficiently interested.

#### **Home Nursing Clinics**

The attendance at the four clinics in various parts of the County Borough dropped slightly. The giving of injections account for the majority of the work so the numbers are governed by the type of treatment given by the General Practitioner.

#### **Pre-Sterilised Dressing Packs**

There was a steady increase in the use of these packs which are stocked in seven types.

#### **Sterile Disposable Syringes**

The turnover to sterile disposable syringes was almost completed. Only approximately 10 per cent autoclaved ones were used and these mostly in the New Street Home Nursing Centre.

### **Provision of Incontinence Pads**

Incontinence pads were supplied to the appropriate patient and taken to the home by the nursing sister or collected by a relative. Also the service was extended to the parents of handicapped children. In these cases, protective pants were available if requested.

### **Chiropody Service**

The number of clinics held remained the same as in previous years. The routine of each application received attention from the State Enrolled Nurse to assess the need of professional treatment.

### **Laundry and Linen Service**

A new double load Bendix Washing Machine was installed during the year which enabled the service to cope with the largely increased demand.

### **Loans**

This service played a very important part in aiding the patient to be rehabilitated and also assisted nursing in the home. Although new appliances were added to the stock, these replaced some of the old ones. It is hoped to renew the whole of the stock and extend it.

### **Post Graduate Courses**

1 nursing sister attended a course arranged by the Queen's Institute of District Nursing in London.

5 nursing sisters attended a Psychiatric Course at Sheffield.

### **Nursing Education**

3 student nurses completed their training and were successful in the examination.

4 students commenced training with the County Borough of Barnsley.

20 pupil nurses received one week's experience on the district.

23 student nurses attended lectures and observation visits.

### **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—1968

The following figures relate to the loan of sick room requisites to those nursed at home during 1968:—

ARTICLES LOANED	LOANED		STILL ON LOAN	
	DURING YEAR		AT END OF YEAR	
Air rings .. .. .	41		32	
Wheel chairs . . . . .	37		35	
Mackintosh sheets .. .. .	20		24	
Cradles .. .. .	22		24	
Crutches .. .. .	11		11	
Urinals .. .. .	68		64	
Bed pans .. .. .	125		74	
Bed rests .. .. .	78		55	
Sorbo beds .. .. .	18		18	
Feeding cups .. .. .	1		12	
Draw sheets .. .. .	49		17	
Mackintosh pillows .. .. .	1		1	
Bedsteads .. .. .	16		28	
Cots .. .. .	2		2	
Pulley & Fittings .. .. .	—		7	
Commodes .. .. .	42		67	
Walking aids .. .. .	43		63	
Walking sticks .. .. .	6		17	
Bath seats .. .. .	3		17	
Lavatory seats .. .. .	—		7	
Sputum mugs .. .. .	—		—	
Fracture Boards .. .. .	6		29	
Bath rails .. .. .	2		9	
Large sheets .. .. .	8		—	
Night gowns .. .. .	11		4	
Seat units .. .. .	—		1	
Bath mats .. .. .	5		21	
Toilet frames .. .. .	1		2	

Type of linen loaned—large sheets, draw sheets, night gowns, shirts.  
 Number of articles laundered, including uniform, bags, bag linings, etc.—  
 13,262.

#### Comment:

There is little to add in the way of comment to the report of the Superintendent Nurse.

As for several years past the tendency has been for the number of patients receiving nursing care to fall but for the amount of care that each patient receives to rise. This is well illustrated by the statistics for patients and visits. From every point of view this is a welcome feature. It would seem to indicate that the nurses are being called upon less frequently to carry out procedures of a trivial nature. At the same time, they are able to exercise their skills to the full on behalf of those patients who will benefit most from their attention. This cannot fail to offer them increasing satisfaction in their work.

The introduction of the Night Care Scheme is to some extent a consequence of this tendency for the Home Nursing Service to care for more seriously ill patients. It is early yet to draw any conclusions from the working of this scheme. Nevertheless, in those cases where it has been operated, it proved to be most valuable both to the patient and the patient's family.

The alterations in arrangements for training and examination of entrants to the Home Nursing Service were not entirely welcome. As a member authority of the Queen's Institute of District Nursing, Barnsley was always most satisfied with the arrangements made in the past by that body. It was reassuring to know that a single very high standard of training and examination was maintained throughout the services of all member authorities. Great regret was therefore felt when the Institute decided to relinquish supervision of training and examining activities. However, the necessary arrangements were made whereby entrants to the Barnsley Home Nursing Service should take the new National Certificate examination and whereby training would be continued as nearly as possible up to previous standards. The authority remains a member of the Institute, making the fullest possible use of the excellent advisory service now being provided on all aspects of district nursing. This has gone a long way in dispelling any doubts that arose over the change in training arrangements.

## 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 .. .. .	4	—
3-6 months .. .. .	1	—
6-9 months .. .. .	1	—
9-12 months .. .. .	86	13
1 year .. .. .	225	19
2-4 years .. .. .	73	10
5-15 years .. .. .	9	13
Over 15 years .. .. .	69	148
	—	—
	468	203
	—	—

### Immunisation against Diphtheria (in combination)

CHILDREN BORN IN	NO. COMPLETING PRIMARY INJECTIONS	NO. OF REINFORCING DOSES	TOTAL
1968	316	—	316
1967	573	308	881
1966	79	456	535
1965	13	15	28
1964-1961	251	1,254	1,505
Others under 16 years	9	29	38
Others over 16 years	1	2	3
	1,242	2,064	3,306

### Immunisation against Whooping Cough (in combination)

YEAR OF BIRTH	NUMBER OF CHILDREN
1968 .. .. .	314
1967 .. .. .	570
1966 .. .. .	76
1965 .. .. .	11
1964-61 .. .. .	26
Others under 16 years ..	1
Over 16 years .. .. .	—
	998

### Vaccination against Measles (commenced May 1968)

YEAR OF BIRTH	NUMBER OF CHILDREN
1968 .. .. .	—
1967 .. .. .	96
1966 .. .. .	135
1965 .. .. .	129
1964-1961 .. .. .	473
Others under 16 years ..	27
	860

### Immunisation against Tetanus

1,241 children received a course of immunisation against tetanus, either combined with other antigens or against this condition alone.

A further 49 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

	Oral Vaccine		
	NO. GIVEN 3 DOSES DURING THE YEAR	NUMBER WHO AT 31.12.68 HAD RECEIVED	
		1 DOSE ONLY	2 DOSES
Children born 1968 .. ..	165	107	109
Children born 1967 .. ..	724	38	40
Children born 1966 .. ..	113	12	23
Children born 1965 .. ..	27	3	2
Children born 1964-1961 ..	243	8	5
Children under 16 years ..	10	3	2
Others over 16 years.. ..	77	17	17
	1,359	188	198

No. of individuals given reinforcing doses of Oral Vaccine during the year—5,371.

No Salk type injections were given during the year.

### Immunisation against Typhoid and Para-Typhoid Fevers

No injections of this type were given during the year.

### Immunisation against Anthrax

7 Abattoir employees were immunised against anthrax during the year.

### 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, Barnsley. A fee of £1. 1. 0. is charged and an International Certificate of Vaccination is supplied.

The number of persons vaccinated against Yellow Fever during the year was:

Adults .. .. .	81
Children .. .. .	19
	100

### 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:

The figures for smallpox vaccination are lower than those for several years past. This is to be expected when considering a year during which the United Kingdom has been free from Smallpox.



Requests for vaccination and revaccination from persons wishing to go abroad account for most, if not all of the adult figures. This has involved an appreciable amount of work and expenditure of time by the authority's medical staff as these people require in addition to have completed an International Certificate of Vaccination. Dealing with International Certificates of Vaccination issued by general practitioners has become something of a problem and it would seem that attention ought to be drawn to this.

Experience of travellers abroad and especially in those countries which have recently attained independence has shown that a great deal of unpleasantness and delay can arise when even the most trivial irregularity is detected in an International Certificate of Vaccination. An example of this is a certificate on which the date of vaccination is not filled in in the way prescribed in the notes on the form.

Now general practitioners are of necessity, individualists and as such tend to regard form filling of any sort as a task fit only for the bureaucrats who, they believe, design forms largely for the irritation of busy doctors. Thus, in many cases the vaccinator fails to acquaint himself with the simple directions for completion printed on the form. This naturally results in all kinds of irregularities which would greatly delight the heart of any officious port health inspector or cause dismay to the less intelligent one who is trying to be conscientious.

International Health Regulations require for very obvious reasons that the signatures of all doctors on vaccination certificates should be authenticated by the local medical officer of health. This is done by inspecting the certificate and impressing the official stamp upon it. In the course of inspection, these irregularities are observed. Some are so obvious that it is impossible to ignore them. It is not unknown for a certificate showing only the doctor's signature to be presented for authentication.

Now the only statutory obligation on the medical officer of health is to satisfy himself that the doctor's signature is genuine and when he has done this, to impress the stamp. On the other hand, there is a moral obligation to ensure that Barnsley residents do not suffer avoidable inconvenience at foreign airports or seaports. It is also most undesirable that the deficiencies of the British National Health Service should be demonstrated to foreigners.

On this account then a printed slip has been prepared and is given to those who present irregular certificates. This slip points out the irregularity and advises that the certificate be returned to the doctor for replacement by a new one. It should be noted that any correction or erasure invalidates one of these certificates.

The issue of these slips has caused quite a lot of unpleasantness and it is not unknown for the recipient of one to be abusive to the authority's staff. Having regard to the difficulties and acrimony which arises over the authentication of practitioners' certificates it would seem preferable that when vaccination or revaccination is carried out prior to a trip abroad, this should be done by the health authority's medical staff. They are accustomed to filling up forms accurately and in this way, valid certificates will be issued first time. In the end it would be much less trouble to the authority's medical staff to do the vaccination and prepare the certificate than to become involved in these frequently recurring arguments as to validity.

The figures for immunisation against diphtheria, whooping cough and tetanus are similar to those for the previous year. Barnsley's figures for these procedures are marginally above the National average. It would be much better if they were substantially above. However, having regard to the social structure of the community, this position must be regarded as satisfactory.

In the case of poliomyelitis, again the figures for primary vaccination may be regarded as parallel to those of the previous year. The occurrence of a case of the disease towards the end of the year in a not far distant area was made the occasion for an offer of a reinforcement dose of oral vaccine to all children attending schools in the county borough. By the 31st December, 5371 reinforcing doses had been administered compared with 1,046 for 1967.

Vaccination against measles was introduced in accordance with the National scheme outlined by the central government. There had been a degree of controversy in professional circles regarding the effectiveness of various kinds of measles vaccine and the side-effects provoked by them. On this account, although this vaccination was made available for eligible children in Barnsley, no campaign was mounted to encourage vaccination. The vaccine was there for those parents who wished their children to have it and their attention was drawn to its availability. At the same time, until it had been possible to obtain first-hand experience of the effectiveness and the side effects of vaccination, no effort was made to get parents to accept it.

In the light of the withdrawal at the time of writing of one of the preparations supplied by the government to local authorities, it would seem that this approach was fully justified. In any case it will be seen that some 860 children received measles vaccination. It is as yet early to say what the effect of this has been on the incidence of measles in Barnsley.

## **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.

The financial arrangements made in 1967 were revised during the year and slight adjustment made.

#### **Other Authorities**

With authorities other than the West Riding County Council, an approved scale of charges for Ambulance transport undertaken by one authority on behalf of another is laid down.

These charges are reviewed from time to time.

#### **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, works or home 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 1967 are given for the purpose of comparison.

Return of Ambulance Patients Conveyed.

MONTH	COUNTY BOROUGH				WEST RIDING AND OTHER AUTHORITIES				GRAND TOTALS			
	ORDINARY		EMERGENCY		TOTALS		ORDINARY		EMERGENCY		TOTALS	
	1967	1968	1967	1968	1967	1968	1967	1968	1967	1968	1967	1968
JANUARY ..	1960	2237	170	192	2130	2429	57	44	33	37	90	81
FEBRUARY ..	1819	2143	166	151	1985	2294	49	50	26	41	75	91
MARCH ..	1955	2100	224	180	2179	2280	53	42	28	32	81	74
APRIL ..	1697	2064	175	184	1872	2248	70	62	44	43	114	105
MAY ..	2000	2405	153	220	2153	2625	59	45	42	37	101	82
JUNE ..	2058	2049	251	189	2309	2238	60	50	34	38	94	88
JULY ..	2201	2306	201	215	2402	2521	51	36	61	51	112	87
AUGUST ..	1926	2115	186	183	2112	2298	29	37	26	34	55	71
SEPTEMBER ..	2105	2049	211	221	2316	2270	52	54	31	32	83	86
OCTOBER ..	2142	2720	163	213	2305	2933	43	82	27	34	70	116
NOVEMBER ..	2131	2520	161	183	2292	2703	74	39	22	25	96	64
DECEMBER ..	1873	2145	235	216	2108	2361	44	50	46	41	90	91
TOTALS ..	23867	26853	2296	2347	25163	29200	641	591	418	445	1061	1036
											27224	30236

**Details of patients conveyed**

The figure of 30,236 ordinary patients conveyed is an increase of 3,012 as compared with last year.

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

**To Hospitals etc., within the Borough:**

Beckett Hospital .. .. .	7111
St. Helen Hospital .. .. .	2531
Pindar Oaks Maternity Home .. .. .	116
Kendray Hospital .. .. .	1541
New Street Clinic .. .. .	303
Queens Road Clinic .. .. .	2448
Lundwood .. .. .	17
Mount Vernon Hospital .. .. .	1150
Others .. .. .	69

**To Hospitals etc., out of the Borough:**

Penistone Annexe .. .. .	177
Sheffield .. .. .	2580
Wath .. .. .	230
Kirkburton .. .. .	53
Wakefield .. .. .	208
Mexborough .. .. .	16
Leeds .. .. .	18
Doncaster .. .. .	17
Others .. .. .	28

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

St. Helen Hospital .. .. .	805
Beckett Hospital .. .. .	5171
Kendray Hospital .. .. .	132
New Street Clinic .. .. .	294
Queens Road .. .. .	1593
Mount Vernon Hospital .. .. .	941
Others .. .. .	28

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

West Riding .. .. .	1036
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**House to house removals (Borough):** .. .. . 26

**Journeys made—Patients not conveyed:** .. .. . 1596

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30236

**Mentally Retarded Children conveyed:** .. .. . 9188

**Midwives conveyed:** .. .. . 90

**Geriatrics (Commenced July 1968)** .. .. . 2102

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41616

The total number of journeys made to convey the 41,616 patients was 7,114 being an average of 5.8 patients per journey being slightly less than the average for the previous year.

## Mentally Retarded Children

Mentally retarded children continued to be taken by ambulance coach to and from the Centre each day.

During the period under review the coaches made 431 journeys and carried 9,188 passengers, which shows a decrease of 1,040 journeys and 9,088 passengers compared with last years figures—due to the fact that the adult patients now make their own way to the Adult Training Centre.

## Geriatrics

This is a new service which commenced 1st July, 1968. Patients are conveyed from their homes at approximately 0900 hours each day to the Day Hospital at Kendray and returned about 1600 hours.

## Vehicles

An ambulance coach replaced the ambulance car during the year.

No major breakdowns occurred during the year due no doubt to the routine attention given to the vehicles.

## Establishment

	AUTH. ESTAB. 31.12.68	ACTUAL STRENGTH 31.12.68
Sub Officer .. ..	1	1
Leading Drivers .. ..	4	4
Driver/Attendants .. ..	19	19
	—	—
	24	24
	—	—

## Mileage

During the year the fleet covered 138,595 miles on ambulance duties made up as follows:—

Ambulances .. ..	76,598
Ambulance coach .. ..	54,820
Sitting Car .. ..	7,177

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

1962 .. .. .	157,295
1963 .. .. .	156,470
1964 .. .. .	145,196
1965 .. .. .	134,057
1966 .. .. .	129,800
1967 .. .. .	133,314
1968 .. .. .	138,595

### **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 two hospitals, Beckett and St. Helen.

### **Short Wave Radio**

Short wave radio is now accepted as an important and integral part of a modern ambulance service. Due to age it will be necessary to replace the radio system in the ambulance service this coming year by new and more modern equipment.

### **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 hours:

Monday—Friday from 5.30 p.m. to 9 a.m. the following morning  
Saturdays—from 12 noon until 9 a.m. on Monday, Public and Bank Holidays.

During the period under review 90 requests were dealt with, which is a reduction of 1 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 the Sheffield hospital.

During 1968, 399 Hearing Aids were taken for repair which is a decrease of 163 over the previous year.

### **Medical Officer of Health, Mental & Home Nursing**

Arrangements continue with the Medical Officer of Health whereby when the services of the Medical Officer of Health, a Mental Health Welfare officer or the Superintendant 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 a minimum of delay.

## **Infectious Diseases**

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

## **Liasion with Hospitals**

Liasion with all hospitals and the Hospital Management Committee continues at a very high level and any problem which may arise, is discussed amicably. Mr. Nunn, Mr. Garret, Mr. Depledge and Mr. Wood continue to help in every way. They 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 are fitted to all ambulances to ensure speedier and safer transport of emergency cases and certain vehicles are fitted with safety straps for both personnel and patients.

All vehicles are 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 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.

Twenty two of the ambulance personnel successfully passed the Higher First Aid Examination. These awards were the subject of congratulations from the Health Committee as they were awards of a more advanced nature than the conditions of service require. In this connection the valuable work of Sub Officer Hughes of the Fire Service who gave the tuition must be recorded.



## 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 1968. 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

The falling incidence of tuberculosis in Barnsley during recent years has tended to result in preventive measures being focused more and more on the detection of the unsuspected carrier. The most useful instrument in this is the use of mass x-ray. This has long been recognised in Barnsley and as usual in 1968, the county borough received its annual visit of the Sheffield Mass X-Ray Unit in June and July. Attendances were as follows:

Miniature Films:	MALE	FEMALE	TOTAL
General Public .. ..	1,619	1,682	3,301
Booked Groups .. ..	492	699	1,191
School Children .. ..	194	204	398
Doctors Patients .. ..	8	7	15
Ante-Natal Patients .. ..	—	1	1
Total Miniature Films .. ..	2,313	2,593	4,906
Large Film Recalls .. ..	75	24	99
<b>Total attendance at Unit .. ..</b>	<b>2,388</b>	<b>2,617</b>	<b>5,005</b>

Patients referred to:	MALE	FEMALE	TOTAL
Chest Clinic .. .. .	24	12	36
General Hospital .. ..	1	—	1
Re-check at Barnsley Town			
Hall in one year .. ..	13	5	18
Patient's own doctor .. ..	60	13	73

	PATIENTS REFERRED TO CHEST CLINIC PROVISIONAL DIAGNOSIS		OTHER ABNORMALITIES DISCOVERED	
	MALE	FEMALE	MALE	FEMALE
Active Tuberculosis .. ..	**9	3	—	—
Inactive Tuberculosis .. ..	4	4	8	5
Malignant Neoplasms .. ..	1	—	—	—
Non-Malignant Neoplasms ..	—	—	—	—
Metastases .. .. .	1	—	—	—
Lymphadenopathies .. ..	—	—	—	—
Sarcoids .. .. .	—	1	—	—
Heart Disease .. .. .	—	—	11	12
Pneumoconiosis .. .. .	1	—	48	—
Pneumoconiosis with P.M.F.	—	—	1	—
Pleural Effusion .. .. .	—	—	—	—
Acute Inflammatory Lesions	5	2	—	1
Bronchitis & Emphysema ..	1	—	8	1
Bronchiectasis .. .. .	—	1	1	—
Unilateral Emphysema .. ..	—	—	—	—
Emphysematous Bulla ... ..	—	—	—	—
Post Inflammatory Fibrosis ..	2	—	2	—
Interstitial Fibrosis... ..	—	—	—	—
Thyroid Enlargement .. ..	—	—	—	1
Eventration of the Diaphragm	—	—	—	—
Hiatus Hernia .. .. .	—	—	—	—
Honeycomb Lung .. .. .	—	—	—	—
Spontaneous Pneumothorax	—	—	—	—
Benign Tumour .. .. .	—	—	—	—
Healed Tuberculosis .. ..	—	—	—	3
Diaphragmatic Hernia .. ..	—	—	1	—
Pleural Thickening .. ..	1	—	3	—
Intrathoracic Goitre .. ..	—	—	1	—
Right Sided Aorta .. .. .	—	—	1	—

\*\*The ages of the Active cases of Tuberculosis are as follows:—  
Males—25, 42, 54, 60, 62, 63, 64, 64, 66      Females—28, 35, 56.

It is disappointing to note that despite the effort expended on encouraging the community to make use of the facility of mass x-ray examination, in 1968 attendances were over 1000 less than in 1967. Perhaps this is understandable when the danger of contracting the disease is diminishing annually.

In addition to mass x-ray, the Health Visiting Service carries out continuous follow-up of notified and suspected cases and their contacts. This is done by liaison visits to the Chest Clinic and to Wathwood Hospital. Special attention is paid to ensure that B.C.G. vaccination is made available to children of families in whom the existence of tuberculosis has been confirmed. In circumstances where any community group is in close contact with a known carrier of the disease, arrangements are made for special investigations to be carried out including tuberculin testing and where appropriate, special x-ray examination.

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

The arrangements already in existence for vaccination against tuberculosis were continued during 1968. The work done is 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 (Circular 19/64)

Number skin tested	..	..	..	..	714
Number found positive	..	..	..	..	38
Number found negative	..	..	..	..	666
Number vaccinated	..	..	..	..	191

#### B. School Children and Students (Circular 19/64)

Number skin tested	..	..	..	..	1,088
Number found positive	..	..	..	..	89
Number found negative	..	..	..	..	952
Number vaccinated	..	..	..	..	952

#### Table of Vaccinations done by the School Medical Officer:

SCHOOL	SKIN TESTED	FOUND POSITIVE	FOUND NEGATIVE	FOUND VACCINATED
Barnsley & District Holgate				
Grammar School.. ..	138	24	111	111
Broadway Grammar .. ..	170	13	155	155
Edward Sheerien County				
Secondary .. .. .	126	14	110	110
Longcar Central .. .. .	25	1	20	20
Littleworth County Secondary	88	5	69	69
Oaks County Secondary ..	106	6	98	98
Racecommon Road County				
Secondary .. .. .	95	6	83	83
Raley County Secondary ..	117	5	109	109
St. Helen's County Secondary	105	1	102	102
St. Michael's County Secondary	97	6	83	83
	1,067	81	940	940

The increase in the number of contacts skin tested by the school medical officer is accounted for by an incident in which it was ascertained that a school teacher was found to be suffering from an infectious form of tuberculosis. Testing and examination were offered to all contacts. Subsequently, in 1969 arrangements were made for the results to be confirmed by a special mass x-ray survey at the school.

## Venereal Disease

Although there was an increase in the number of cases the demand and need for social work and contact tracing did not show an appreciable rise. The problem in this field of preventive work was to be found amongst defaulters from treatment. Some of these people will discuss any thing but their own health. Despite the fact that they suffer both anxiety and discomfort, it is no easy task to get them to attend for necessary treatment.

## Cervical Cytology

Clinics at which "the smear test" can be taken to exclude or detect liability to cancer of the cervix uteri were continued throughout the year as follows:—

New Street Clinic	..	..	507
Ardsley Clinic	..	..	25
Lundwood Clinic	..	..	105
Athersley Clinic	..	..	4
			—
			641
			—

In addition the Family Planning Association took 576 smears from women resident in the county borough.

It is pleasing to note that there is a substantial increase in the number of women presenting themselves for smear test when these figures are compared with those for 1967. Nevertheless, despite the very hard work put in by the health visitors, the number of women at greatest risk—those over 35 with two or more children in Social Classes IV and V—who present themselves for examination is disappointingly small. So far the most effective way of ensuring their attendance for examination is personal persuasion by health visiting staff in each individual case.

## Care and After-Care Geriatric Patients and Chronic Sick

Liasion 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. 4,233 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. The recently opened geriatric day hospital ensures more speedy rehabilitation and relief to patients in need and those 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 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 near to their own families could take place 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.

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

### **Health Education**

Over the years it has been the practice to describe in some detail the work done by the authority on health education. Comment has also been made on various aspects of disseminating knowledge on health matters to the public. The authority's activities in this direction have been continued in the same way throughout 1968. It would seem that it is unnecessary to devote space in this report to a detailed description of each facet of the work done.

As in previous years effort was directed at personal approach to those individuals and groups who appear to be receptive. Where a glow of interest is evident every reasonable means are applied to form it into a flame. On the other hand, resources are conserved rather than expended in dealing with the disinterested and the unreceptive and over exhorted elements of the community.

Observation of present trends in the media of mass information indicates that the wider questions involving health education are much more effectively dealt with by national rather than local publicity. The national newspapers, broadcasting and television are increasingly coming to have the major role in the stimulation of interest in the great health and biological problems of the day such as family planning, drug dependency, venereal disease, tobacco and routine screening procedures. In an area like Barnsley, experience has shown that the resources available to the health authority are best employed in dealing more individually with questions raised by national or regional stimulation of interest. As years go by this becomes more and more apparent.

There is perhaps room for the development of an intermediate link from the national level to the local authority level in the case of television and radio. This could well take the form of regionalised discussions which could deal with the more local aspects of the various problems and could direct those whose interest is stimulated towards the health departments and those who are equipped to advise and, if necessary, reassure. In the case of the press there is also a place for co-ordination between the great national papers and what might be termed the regional ones. This could work to avoid some of the difficulties which in the past have arisen from public interest being roused in problems which do not exist in a given locality. The strictly local press has always co-operated well with the health departments on matters of health education. On their part, those interested in health education have appreciated this co-operation and the community of interest that it implies.

One further point relative to health education merits attention. Only an ostrich would deny that there exists a hard core of feckless and anti-social people who care neither for their own health nor for that of those who are unfortunate enough to be in their proximity. With such individuals it must be recognised that modern health education methods represent what in biblical terms might be described as "an offering of pearls".

Serious thought must be given as to the justification of the expenditure of public money on the provision of such an offering. This was appreciated in the days of our Victorian forebears in their legislation to deal with all kinds of sanitary nuisances in an age when property was perhaps even more sacrosanct than personal liberty is today. It is perhaps too much to hope that this permissive society would follow Victorian example in backing up the demand for health education with sanctions aimed at those whose efforts appear to be concentrated upon the maintenance of disease and ignorance in the community.

Nevertheless, health education could not but benefit from the adoption of a firmer and perhaps less tolerant attitude on the part of the "converted".

The Corporation continued the annual subscription to the Health Education Council. 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 1968. 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—149.

CATEGORY	NO. OF PATIENTS TREATED	FIRST VISIT	OTHER ATTENDANCES	TOTAL
Expectant Mothers ..	—	—	—	—
School Children.. ..	—	—	—	—
Old Age Pensioners ..	364	62	978	1,040
Handicapped:—				
Deaf .. .. .	—	—	—	—
Blind .. .. .	9	1	26	27
Physically .. ..	15	2	35	37
	388	65	1,039	1,104

### Speech Therapy

5 Adults were treated by the speech therapist during the year.

### Audiometry

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

## HOME HELP SERVICE

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

During 1968 a total of 909 cases were served by the Home Help Service showing an increase of 68 cases over 1967. The number of cases served on an average each week also increased from 688 per week in 1967 to 748 in 1968.

The number of new applications for the Service also grew from 280 in 1967 to 305 in 1968.

Owing to the national economic situation the hoped for expansion in the Service was not possible. Therefore, new applicants for home help could not be given assistance until existing patients ceased to require the service. As vacancies occurred they were soon absorbed by the most needy applicants on the waiting list, which at one stage of the year totalled 51 cases. This list included applicants who were more in need of help than some of the patients already in receipt of home help. In order to make assistance available for these cases, an attempt was made to withdraw home help from the more active recipients, who had close relatives in Barnsley. Some patients and their relatives were very helpful but others were not inclined to co-operate. In spite of this lack of co-operation, it was possible, through re-organisation of the allocation of help, to cope with the increased demand. In some cases help was withdrawn; in others, the amount of help received by the patient was reduced and home helps were required to attend a higher number of cases per week in order to accommodate the higher case load.

Unfortunately, the rate of resignations amongst home helps increased in 1968 to 32; in 1967 only 19 home helps resigned. It is felt that this increase may have been caused, to some extent, by the increase in a home help's weekly case load. Resigning home helps did complain about the demands made upon them by some patients and felt that there were times when their efforts were not appreciated.

The vacancies created by these resignations were soon filled by experienced women because of the introduction of a scheme to employ casual home helps. This scheme has been of great value to the smooth running of the Service. It has made it possible to employ staff at short notice and has given the Organisers an opportunity to assess the capabilities of the employee before offering a permanent appointment. The casual home helps have had an opportunity to decide whether or not they like the work before deciding to accept a permanent post. It has, therefore, proved beneficial both to employee and employer.

Barnsley is still fortunate that the Home Help Service does not lack suitable recruits. However, it is felt that if the rate of resignations continues to rise this may start to present a problem.

The home helps are required to undertake a variety of duties and during 1968 there was an increase in the demand for the cleaning of neglected homes. Because of the dirty and insanitary conditions of these homes it was necessary to send two or even three home helps at the same



time to undertake this unpleasant task. At no time did the home helps prove unco-operative. They completed their work cheerfully in spite of the difficulties and the change brought about by their efforts was miraculous.

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

#### Classification of cases attended during 1968

AGED 65 OR OVER ON 1ST JANUARY, 1968	AGED UNDER 65 ON 1st VISIT IN 1968				TOTAL
	CHRONIC SICK AND T.B.	MENTALLY DISORDERED	MATERNITY	OTHERS	
820	70	8	3	8	909

Staff at 31st December, 1968:

Organiser  
2 Assistant Organisers  
129 part-time Home Helps

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

Patients carried forward from 1967	.. .. .	688
New applications investigated Jan/Dec.	.. .. .	305
Patients carried forward to 1969	.. .. .	13
No. of visits, enquiries and investigations made by the Organiser and Assistants during 1968	.. .. .	8,493

### CARE OF THE AGED

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

#### National Assistance Act 1948, S.21

In previous reports a very great deal of comment has been made on the care of the aged in Barnsley and the problems encountered have been described in some detail.

These problems continued to exist throughout 1968 and some aspects of them became more difficult of solution. The authority's services, as in previous years found that the only interest taken in a proportion of the aged by their relatives was to find a means of disposing of them with a minimum of trouble. Again, some of these people were ready to apply any and every pressure to the authority's staff to obtain their ends.

Now by reason of the weekly case conferences between the consultant geriatric physician and the authority's staff, an assessment is readily available of the needs of all aged folks recommended for hospital or special care by family doctors. Some of the pressures which are exerted by relatives are based on untrue statements of fact. Nevertheless, these statements must be investigated. Not only do such cases endanger the proper use of the limited resources available, but investigation of them diverts professional skill away from clinical care and this the community can ill afford.

The opening of the day rehabilitation unit at Kendray Hospital has played a notable part in keeping mobile and in the community aged persons who would otherwise become immobile and dependent. This will without doubt further prolong their lives.

The effect of this prolongation of life has been evident in the authority's domiciliary services. It has already been observed in the report on home nursing that though the number of cases on the books has fallen, the nursing care required by each patient has increased materially. In addition to this it has been necessary to introduce the "Night Care Scheme" by reason of the increasing number of seriously ill and terminal patients. These call for much more continuous care than can be provided by the ordinary night nursing service and it is significant that the majority are in the geriatric age group.

As care of the aged develops it is necessary to face the fact that an increasing number of lives will be prolonged into the over 80 age group and even into the over 90. This would not present a serious problem to the health services if advances in maintaining physical and mental activity kept pace with those for continuing vegetative existence. Having regard to this situation as it exists now, it must be accepted that some time must elapse before attainment of this kind of balance becomes even a possibility.

In the meantime, preparations must be made to extend both institutional and domiciliary services to deal with an increasing number of aged persons who will be dependent on others for the greater part of their everyday needs. The top priority in these preparations should, in a community with Barnsley's social structure, be expansion of institutional accommodation, both hospital and residential. The domiciliary services, being already aware of the need, will find it relatively easy to adapt to the new requirements provided sufficient financial resources are made available.

All this makes it vitally important that the effects of the constantly sustained effort to prolong life should be fully appreciated by those who will be called upon to meet the cost of the supportive services by taxation of various kinds. Put quite bluntly, if people are going to live for additional unproductive years, someone is going to have to pay the bill and it is most important that this should be understood. Also if this bill is going to be kept in manageable proportions, the relatives of the aged must needs be prepared to shoulder considerably more of the burden of caring for them than they seem to be at present.

#### **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 2,580 special visits for this purpose to 31 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 (473 compared with 491 in 1967). The detail of the purposes of the examinations is as follows:—

Child Delinquents .. .. .	114
Boarded-out Children .. .. .	39
Candidates for Training Colleges .. .. .	74
Superannuation, Fitness for Employment .. .. .	222
Police Force Recruits .. .. .	10
Fire Service Recruits .. .. .	14

## PART IV

### MENTAL HEALTH

"Be wise to-day; 'tis madness to defer."

The Complaint: *Night Thoughts*, p.390  
EDWARD YOUNG, 1683-1765.

The year saw considerable advances in the service the authority offers to those suffering from mental subnormality. The new Adult Training Centre in Broadway was taken into use on 8th January and was formally opened on the 25th April.

The Centre provides accommodation for 80 trainees and should, having regard for modern thinking on the care of the subnormal, cater for the needs of Barnsley in the foreseeable future. To be fully effective it will be necessary to have associated with the Centre one or more residential hostels. These will provide accommodation for those subnormals whose parents have died or who are otherwise alone in the world. They will thus be able to live fuller and more useful lives in the community than if, as in the past, they were obliged to enter closed institutions for custodial purposes.

The report of the work done during the year at the Adult Training Centre will be found in the pages which follow. There is one point, however, to which attention might be directed at this juncture. Most subnormals are capable of a great deal more intellectual effort than they are given credit for. Modern training centre practice recognises this and the whole object of this practice is to encourage the exercise of this effort in order to develop intellectual ability as fully as possible. Amongst the subnormals, as in all other groups in the community, there are those who would accept a less full and useful life rather than expend effort and energy.

Lack of understanding of this, coupled with the very natural tendency to over protect and accede to the wishes of the weakest member of the family resulted in several problems arising in the early weeks after the opening of the Centre. Every opportunity has been taken to explain this to the families of trainees. It is to be hoped therefore that relatives will make an attempt to overcome the emotions which arise from their very natural protective instincts. Yielding to these instincts by allowing the trainees to relax their efforts when not at the Centre can only result in their deriving a very limited benefit from the facilities the authority has provided.

It would seem that the Barnsley Health Authority has made considerable progress in discharging the obligations arising from the Mental Health Act of 1959.

Examination of the situation regarding mental illness shows that throughout 1968 the situation which has been described at some length in previous reports continued. Mental hospital provision at Storthe's Hall is still by *ad hoc* arrangement with the Leeds Regional Hospital Board. Some progress has, however, been made in that building operations on the psychiatric wing of the new district hospital continued throughout the year. The Sheffield Regional Hospital Board, however, has not yet accepted the suggestion that the consultant medical staff of the new unit should be appointed in advance of completion of the building to co-operate with the local health authority in building up supportive services, particularly in the field of psycho-geriatric medicine.

It would seem then that during 1968, those parts of the mental health services provided by the hospital authorities in Barnsley failed to keep pace with those parts provided by the local health authority.

**(1) Administration**

(a) The duties of a Mental Health Sub-Committee are carried out by the Handicapped Persons Sub-Committee of the Health Committee. This sub-committee on which no co-opted members sit consists of 11 members, 3 of whom are women. The sub-committee meets monthly.

(b) The number and qualifications of the staff:

The Medical Officer of Health

The Deputy Medical Officer of Health and

The Senior Clinical Assistant Medical Officer are approved for the purpose of S.28 of the Mental Health Act, 1959.

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

Three 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 as a whole time centre throughout 1968 for children under 16 suffering from mental subnormality. The Supervisor is in possession of the Diploma qualification of the National Association for Mental Health. There are in addition, one trainee assistant supervisor and 3 untrained assistant supervisors, one of whom is an S.E.N. The internal administration of the centre is carried out by the Supervisor under the direction of the Medical Officer of Health.

The Adult Training Centre was available as a whole time centre from 8th January, 1968 for persons over 16 suffering from mental subnormality. The manager is a Registered Mental Nurse and there is an assistant manager and 3 instructors. The administration of the centre is carried out by the manager under the direction of the Medical Officer of Health.

(c) A consultant psychiatrist employed on behalf of 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 two sessions weekly and holds a clinic for adolescents at Kendray Hospital once weekly. There are no officers jointly employed by the local authority and the Regional Hospital Board. After-care of patients discharged from mental hospitals or institutions is carried out 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 to 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 71.

In addition to visits to patients requiring admission to hospital the mental health officers also made 1,127 after-care visits to patients who had been discharged from hospital and 413 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 1,188 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. Sixty places were available. An Adult Training Centre of 80 places was available at Woodland Drive, Broadway.

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

A total of 31 children attended the centre to August when 4 boys reached the age of 16 and were transferred to the Adult Training Centre. Thereafter the number of children in attendance was 27.

The curriculum at the centre meets the needs of all children. Outings are arranged to shops, markets, the bus station, park and police station at regular intervals. The annual day's outing to Cleethorpes was arranged and 30 children and staff 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 was held in December. This too was well attended by parents and friends who enjoyed the Nativity Play in which the children took part.

The local authority's Christmas party was held on the 19th December and a visit to the local pantomime was again arranged.

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

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

No. of children on register (at 31.12.68):

Males	..	..	..	..	..	..	..	..	16
Females	..	..	..	..	..	..	..	..	11
									—
Total	..	..	..	..	..	..	..	..	27

Average attendance:

Males	..	..	..	..	..	..	..	..	12.10
Females	..	..	..	..	..	..	..	..	8.40

Dinners:

No. of children receiving and paying for dinners	..	..	..	..	..	..	..	..	26
No. of children receiving free dinners	..	..	..	..	..	..	..	..	5
Total number having dinners	..	..	..	..	..	..	..	..	31
No. of dinners provided and paid for	..	..	..	..	..	..	..	..	3,687
No. of dinners provided for children (free)	..	..	..	..	..	..	..	..	890
No. of dinners provided for staff—paid	..	..	..	..	..	..	..	..	—
No. of dinners provided for staff—free	..	..	..	..	..	..	..	..	422
Total no. of dinners provided	..	..	..	..	..	..	..	..	4,999
No. of $\frac{1}{2}$ pt. bottles of milk delivered for children	..	..	..	..	..	..	..	..	4,422

NOTE: From January to April, dinners were 1/- each—thereafter they were increased to 1/6d.

## The Adult Training Centre

The Centre premises were taken into use on the 8th January when 32 trainees transferred from the Junior Training Centre were admitted. Between then and the year end a further 15 trainees have joined the Centre. One trainee obtained employment, 6 trainees were discharged and 1 was transferred to St. Catherine's Hospital, Doncaster. On 31st December, 1968, 39 trainees were in attendance.

The staff initially consisted of the manager, deputy manager, two instructors, clerk, caretaker and cook with a part time dinner helper. An additional instructor and an assistant cook were appointed later.

The activities of the Centre are divided mainly between the three departments—workshop, domestic science room and classroom. The workshop is chiefly devoted to woodwork and has a full range of wood-working machinery. Some light assembly jobs are also undertaken. In the domestic science department, training is given in basic household chores as well as cooking and dressmaking, etc. The work of the classroom covers the very large range of social training, as well as reading, writing and number work.

The formal opening of the Centre by the Chairman of the Health Committee (Councillor W. Wagstaff) took place on 25th April, 1968.

### Attendances:

Total number on Roll	..	..	..	..	..	..	39
Number of days open	..	..	..	..	..	..	237
Total attendances ..	..	..	..	..	..	..	6,804
Average attendance	..	..	..	..	..	..	28.6
Highest attendance	..	..	..	..	..	..	36
Lowest attendance	..	..	..	..	..	..	14

Total amount of money collected from trainees for meals and beverages—£798 5s. 0d. Total amount of money collected from staff not on dinner duty—£22 10s. 0d.



**Position regarding patients in Psychiatric Hospitals**

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

<b>Mentally ill</b>	MALES	FEMALES	TOTAL
Storthes 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
	—	—	—

**Subnormal and Severely Subnormal**

St. Catherine's Hospital, Doncaster .. .. .	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, 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
St. Elizabeth's Home, Much Hadham, Herts. ..	—	2	2
	—	—	—
	60	51	111
	—	—	—

**Number of patients known to have been admitted to Psychiatric Hospitals  
during the twelve months ended on the 31st December, 1968**

<b>Mentally ill</b>	MALES	FEMALES	TOTAL
Storthes Hall Hospital—first admission .. ..	17	18	35
Storthes Hall Hospital—had previous admission	32	46	78
Stanley Royd Hospital—first admission .. ..	—	—	—
Stanley Royd Hospital—had previous admission	—	1	1
West Riding case (admitted to Middlewood Hospital from the Police Station—had previous admission)—	—	1	1
West Riding case (admitted to Stanley Royd Hospital from her mother's home—had previous admission)—	—	1	1
	—	—	—
	49	67	116
	—	—	—

<b>Subnormal and Severely Subnormal</b>	MALES	FEMALES	TOTAL
Thundercliffe Grange Hospital—"Informal" .. .. .	—	1	1
St. Catherine's Hospital, Doncaster—"Informal" .. 1	1	2	3
St. Catherine's Hospital, Doncaster—Section 60 .. 1	1	—	1
Rampton, Nr. Retford, Special Hospital (transfer from Storthes Hall Hospital) .. . . . . . 1	1	—	1
	<hr/>	<hr/>	<hr/>
	3	3	6
	<hr/>	<hr/>	<hr/>

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

Dronfield Hospital .. . . . . .	—	—	—
Thundercliffe Grange Hospital .. . . . . .	—	1	1
St. Catherine's Hospital .. . . . . .	6	11	17
(repeated admission for short stay period) .. . . . . .	—	5	5
	<hr/>	<hr/>	<hr/>
	6	17	23
	<hr/>	<hr/>	<hr/>

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

<b>Mentally ill</b>	MALES	FEMALES	TOTAL
Storthes Hall Hospital .. . . . . .	37	59	96
Stanley Royd Hospital .. . . . . .	1	1	2
Storthes Hall Hospital (patients discharged on Extended Leave—Section 26) .. . . . . .	1	—	1
West Riding cases from Storthes Hall Hospital .. 1	1	1	2
West Riding cases from Stanley Royd Hospital .. —	—	1	1
	<hr/>	<hr/>	<hr/>
	40	62	102
	<hr/>	<hr/>	<hr/>

**Subnormal and Severely Subnormal**

St. Catherine's Hospital .. . . . . .	2	—	2
St. Elizabeth's Home, Much Hadham .. . . . . .	—	1	1
	<hr/>	<hr/>	<hr/>
	2	1	3
	<hr/>	<hr/>	<hr/>

**Deaths during the twelve months ended 31st December, 1968**

<b>Mentally ill</b>	MALES	FEMALES	TOTAL
Storthes Hall Hospital .. . . . . .	10	10	20
Stanley Royd Hospital .. . . . . .	—	—	—
	<hr/>	<hr/>	<hr/>
	10	10	20
	<hr/>	<hr/>	<hr/>

**Subnormal and Severely Subnormal**

St. Catherine's Hospital .. . . . . .	—	1	1
---------------------------------------	---	---	---

**Number of patients known to be in Psychiatric Hospitals on 1st January 1969**

Storthes Hall Hospital, Nr. Huddersfield .. . . . 65	62	127
Stanley Royd Hospital, Wakefield .. . . . . . 1	5	6
Menston Hospital, Ilkley, Nr. Leeds .. . . . . 3	—	3
Runwell Hospital, Nr. Wickford .. . . . . . 1	1	2
Cheadle Royal Hospital, Cheshire (private patient) —	1	1
	<hr/>	<hr/>
	70	139
	<hr/>	<hr/>

Included in the number of patients in hospital on 1st January 1969 are the following males who are over 65 years and females over 60 years of age:

	MALES	FEMALES	TOTAL
Storthes Hall Hospital .. .. .	11	31	42
Stanley Royd Hospital .. .. .	—	4	4
Menston Hospital .. .. .	1	—	1
	—	—	—
	12	35	47

**Subnormal and Severely Subnormal**

	MALES	FEMALES	TOTAL
St. Catherine's Hospital .. .. .	46	45	91
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) .. .. .	3	—	3
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	2
Whittington Hall Hospital, Chesterfield .. .. .	—	1	1
Wales Court Hospital, Kiveton Park, Sheffield ..	—	1	1
St. Elizabeth's Home, Much Hadham, Herts. ..	—	1	1
	—	—	—
	62	52	114

**Number of Subnormal and Severely Subnormal under care and guidance**

	MALES	FEMALES	TOTAL
Subnormal .. .. .	64	54	118
Severely subnormal .. .. .	83	71	154
	—	—	—
	147	125	272

**Analysis of Visits to Patients**

No. of visits to patients after treatment in Psychiatric Hospitals, after-care visits .. .. .	365	762	1127
No. of visits to patients reported mentally ill, pre-care visits .. .. .	128	285	413
No. of ineffective visits .. .. .	65	100	165
Visits made re patients in Psychiatric Hospitals and to patients on week-end leave .. .. .	48	36	84
No. of Child Guidance visits .. .. .	86	64	150
Visits made to subnormal and severely subnormal patients (including the educationally subnormal)	512	676	1188
No. of ineffective visits .. .. .	69	86	155
Persons interviewed in the office and the problem dealt with, thus obviating home visit .. .. .	117	154	271
	—	—	—
	1390	2163	3553

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

	MALES	FEMALES	TOTAL
Mentally ill while on "Compulsory Order" .. ..	5	—	5
"Informal" (persuaded to return as unfit for discharge)	3	4	7
	—	—	—
	8	4	12
	—	—	—

**Analysis of County Borough cases investigated and dealt with by the Mental Health Officers during the year 1968**

<b>Mental Health Act 1959</b>		MALES	FEMALES	TOTAL
<b>Section 5—informal admission.</b>				
First admission to Psychiatric Hospital		8	13	21
Additional admission to Psychiatric Hospital .. .. .		17	29	46
<b>Section 29—Compulsory admission (emergency) for observation for a period not exceeding 72 hours.</b>				
First admission to Psychiatric Hospital		8	4	12
Additional admission to Psychiatric Hospital .. .. .		11	14	25
<b>Section 25—Compulsory admission for observation for a period not exceeding 28 days</b>				
First admission to Psychiatric Hospital		1	1	2
Additional admission to Psychiatric Hospital .. .. .		1	3	4
<b>Section 26—Compulsory admission for treatment</b>				
First admission to Psychiatric Hospital		—	—	—
Additional admission to Psychiatric Hospital .. .. .		—	—	—
Re-admitted from extended leave ..		3	—	3
<b>Section 60—By Order of the Magistrates Court</b>				
Subnormal (First admission).. .. .		1	—	1
Patient admitted for short stay period..		—	1	1
		—	—	—
		50	65	115
		—	—	—

**Number of patients on whom medical recommendations were completed in hospital**

	MALES	FEMALES	TOTAL
Section 26 .. .. .	6	3	9
Section 25 .. .. .	—	—	—
	—	—	—
	6	3	9
	—	—	—

**Guardianship Cases—None.**

**West Riding cases admitted to Psychiatric Hospitals from Beckett Hospital**

	MALES	FEMALES	TOTAL
Section 5—First admission to Psychiatric Hospital	—	—	—
Additional admission to Psychiatric Hospital .. .. .	—	2	2
Section 29—First admission to Psychiatric Hospital	—	—	—
Additional admission to Psychiatric Hospital .. .. .	—	—	—
Section 25—First admission to Psychiatric Hospital	—	—	—
Additional admission to Psychiatric Hospital .. .. .	—	—	—
	—	2	2
	—	—	—

**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 1968**

	MALES	FEMALES	TOTAL
Section 5—First admission to Psychiatric Hospital	4	9	13
Additional admission to Psychiatric Hospital .. .. .	3	12	15
Section 29—First admission to Psychiatric Hospital	2	3	3
Additional admission to Psychiatric Hospital .. .. .	—	3	3
Section 25—First admission to Psychiatric Hospital	—	—	—
Additional admission to Psychiatric Hospital .. .. .	—	—	—
Section 26—Admission from Extended Leave .. ..	2	—	2
Admission for short stay period .. ..	—	1	1
	11	28	39
	—	—	—

**Psychiatric Social Club**

	MALES	FEMALES	TOTAL
Total attendance including guests .. ..	90	190	280
New patients .. .. .	2	4	6
	92	194	286
	—	—	—

October, 1968—The Psychiatric Social Club was transferred from Jordan House to the new Handicapped Persons' Social Centre and meetings then held weekly.

**Waiting List of Subnormal and Severely Subnormal Patients as at 31st December, 1968**

	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	—	—	1	3	8
Subnormal .. .. .	—	—	—	1	—	—	2	—	3
<b>Total .. .. .</b>	<b>—</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>—</b>	<b>—</b>	<b>3</b>	<b>3</b>	<b>11</b>



**Number of persons referred to Local Health Authority during year ended 31st December, 1968**

	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 . . . . .	—	—	14	25	—	—	—	—	—	—	—	—	—	—	—	—	39
(b) Hospitals, on discharge from in-patient treatment . .	—	—	13	15	—	—	—	—	—	—	1	1	—	—	1	—	31
(c) Hospitals, after or during out-patient or day treatment	—	—	12	14	—	—	—	—	—	—	—	—	1	1	—	—	28
(d) Local education authorities . . . . .	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	1	4
(e) Police and courts . . . . .	—	—	15	5	—	—	—	—	—	—	1	1	—	—	—	—	22
(f) Other sources . . . . .	—	—	4	21	—	—	—	—	—	—	1	—	—	—	1	1	28
(g) Total . . . . .	—	—	58	80	—	—	—	—	—	—	5	2	1	1	3	2	152



**Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1968**

	Mentally Ill				Elderly mental 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. 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	—	—	—	1	3	6	
(c) Total . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	3	4	11		
2. Number of admissions for temporary residential care (e.g. to relieve the family):																				
(a) To N.H.S. hospitals . . . . .	—	—	—	—	1	1	—	—	—	—	—	—	1	2	2	8	3	7	25	
(b) To L.A. residential accommodation . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Elsewhere . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(d) Total . . . . .	—	—	—	—	1	1	—	—	—	—	—	—	1	2	2	8	3	7	25	

(OVER)

**Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1968—(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)	(17)
L.H.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. (a) Admissions to guardianship during the year . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
L.H.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Total number under guardianship at end of year . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

## PART V

### THE HANDICAPPED

"We must, however, acknowledge, as it seems to me, that man with all his noble qualities, . . . still bears in his bodily frame the indelible stamp of his lowly origin."

*Descent of Man* vol. II, ch. 21.  
CHARLES ROBERT DARWIN, 1809-1882

The year saw far reaching changes in the authority's services for the handicapped. This was consequent upon the completion in September of the new Social Centre and Administrative Offices at Moorland Avenue, Broadway. When this building, which cost £81,000 became available, the activities carried on at the old blind welfare offices at 39 Pitt Street, at the centre for the deaf at St. Augustine's Hall, Kingstone and at the handicraft social centre, Westgate were transferred to it, along with the administrative offices for the handicapped services.

These moves have involved what amounts to a complete reorganisation of the services and the acquisition of much new equipment. They posed many expected and unexpected problems which exercised the ingenuity and patience of both the authority and the officers for a period which extended well into the early months of 1969. Until many of these problems were solved it was not possible to open the centre formally or to do a great deal more than continue previous activities in the new venue.

One such problem was the spiritual needs of the deaf. At St. Augustine's Hall, the deaf, with the support of the Barnsley and District Mission for the Deaf had established an extremely fine Chapel and had acquired over the years a quantity of most excellent carved oak Chapel furniture. A Chapel was planned in the new building and it was agreed that this furniture should be adapted and utilised to the new premises. To facilitate this the Barnsley and District Mission for the Deaf most generously undertook to contribute to the furnishing and decoration of the new Chapel. When the time came to plan the move of the Chapel equipment and furnishings to the new building it became clear that the adaptation necessary was more extensive than had been anticipated and furthermore that the move would have to be carried out before the final completion of the building.

This would inevitably result in the interruption of the religious and spiritual facilities available for the deaf and if the dedication of the new Chapel were to await the formal opening of the centre, this interruption would have been one of many months. Discussions were initiated between representatives of the various churches, the builders and the architects, with the result that the maximum possible effort was made to prepare the Chapel for use and to arrange for its dedication as soon as possible after completion of the building. These discussions were most fruitful and the Chapel was dedicated by the Rt. Rev. W. G. Fellows, Bishop of Pontefract, on the 27th October. Clergy of the Roman Catholic and Free Churches took part in this Service. In this way the interruption in religious services caused by the move was reduced to a minimum.

The resignation of the Welfare Officer for the Deaf and the Welfare Assistant for the Deaf to take more senior appointments with other authorities placed an additional burden on the Senior Welfare Officer, which continued to the end of the year.

Details of the provisions made by the authority for the various categories of the handicapped and the report of the Manager of Barnsley Light Industries will be found in the pages which follow.

## 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 1968

The number of registered blind persons under the care of the Department as at the end of 1968 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.. ..	1	1	2	1	2	3
16—20.. ..	4	1	5	1	3	4
21—49.. ..	14	12	26	13	11	24
50—64.. ..	15	22	37	24	28	52
65 and over..	46	74	120	69	140	209
	—	—	—	—	—	—
	80	111	191	108	184	292
	—	—	—	—	—	—

In the Barnsley area 23 new cases were registered as blind and 22 deaths occurred, 1 person removed out of the area and 4 were decertified, thus making a decrease of 4 for the year.

In the West Riding area, subject to supervision by agency arrangements, 36 new cases were registered as blind and 10 persons removed into the area. 37 deaths occurred among those previously registered blind. There were 5 removals out of the area and 1 person was decertified. The number on the register therefore shows a net increase of 3.

### Prevention and Incidence of Blindness

Conforming with the national trend, out of a total of 23 new cases in the Barnsley area, 20 were over the age of 65 years, and out of a total of 36 new cases registered in the West Riding area 27 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.

#### **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.

#### **Types of Employment of Blind Persons**

e.g. :—

- Home Teachers of the Blind
- Machine Knitters
- Masseur
- Labourer
- Craftsmen and Production Process Workers
- Telephone Operator
- Typists
- Brushmaker
- Matmaker
- Machine Operators

#### **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 2,672 visits were made to individual homes in Barnsley and 3,682 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 .. .. .	672	976
Mr. H. V. Davis .. .. .	749	651
Miss E. White .. .. .	620	958
Mrs. J. M. Chapman .. .. .	631	1,097

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.

In September the activities of the Barnsley Centre were transferred to the new Social Centre at Moorland Avenue, but the Wombwell, Hoyland and Thurnscoe Centres continued to function as in previous years. Games of dominoes were very popular and each Centre has a domino team which competed at the Annual Domino Tournament held in October, 1968 in Barnsley.

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 Sports Day was again held at Wortley Hall, which was enjoyed by all the blind people.

During the winter months organised parties of blind persons attended concerts, plays and other entertainments and, a Christmas Party was held for the first time in the New Social Centre.

The Y.M.C.A. continue to show much interest in the blind who attend the Barnsley Blind Centre, and on a number of occasions members of the Y.M.C.A. Parents' Association have taken part in the social evenings; this is thoroughly enjoyed by the blind people.

Blind and partially sighted children were again invited to the Handicapped Children's Christmas Party, which was held in the Town Hall. The party was very much enjoyed by 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

The blind persons attending the handicraft classes which were held weekly on Tuesdays (till September) 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 1968 there were 85 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 1968 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.

#### **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 1968 of blind handicraft articles were £232 19s. 1d.

## WELFARE OF THE DEAF

The Corporation's Scheme for the welfare of the deaf continued to be implemented during the year under review. The Corporation provide welfare services for the County Borough area and in addition, under agency arrangements with the County Council of the West Riding of Yorkshire, provide these services for the surrounding districts within an approximate radius of seven miles from the centre of the town.

The 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.

In April, 1968 the Welfare Assistant for the Deaf obtained another post, and in September 1968 the Welfare Officer for the Deaf also took up another appointment. The Senior Welfare Officer temporarily undertook the duties of the Deaf Welfare.

### Registration of the Deaf

The classification for the Registers for the Deaf and Hard of Hearing were set out in the 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. Registrations at the end of 1968 are as follows:—

Barnsley County Borough		West Riding County Council	
Deaf	Hard of Hearing	Deaf	Hard of Hearing
71	112	89	117

### Employment of the Deaf

The employment of the deaf during 1968 remained satisfactory.



## Types of Employment of Deaf Persons

### Males

#### SKILLED OR SEMI-SKILLED

Boilerman .. .. .	1
Boot and shoe repairers ..	3
Bricklayers .. .. .	4
Core maker—Steelworker ..	1
Glassworker	1
Bricklayer apprentice .. ..	1
Gardener .. .. .	1
Joiners .. .. .	2
Joiner apprentice .. .. .	1
Motor Body Builders ..	2
Painters .. .. .	2
Painter apprentice .. .. .	1
Plasterers .. .. .	2
Upholsterer .. .. .	-
Watch Maker .. .. .	1
Blacksmith Striker .. .. .	1
Dental Mechanic apprentice	2

#### UNSKILLED

Brewery Worker .. .. .	1
Colliery Surface Worker ..	4
Driver's Mate .. .. .	1
Dustman .. .. .	1
Labourers (Building) .. ..	10
Labourers (Chromework) ..	1
Labourers (Glassworks) ..	5
Labourers General .. .. .	3
Labourers (Plasterers) ..	1
Labourers (Remploy) ..	3
Mill Hand .. .. .	3
Road Sweeper .. .. .	1
Skin Cleaner .. .. .	1
Steelworkers .. .. .	2

### Females

#### SKILLED OR SEMI-SKILLED

Copy Typist .. .. .	1
Dressmaker .. .. .	1
Machinists .. .. .	7
Quiltmaking .. .. .	1
Seamstress .. .. .	1
Toy Making .. .. .	1

#### UNSKILLED

Dinner Helper .. .. .	1
Packers .. .. .	1

## 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.

### Social Activities

Social activities for the Deaf were transferred to the new Handicapped Persons' Social Centre in September. Social Evenings for all deaf persons are held on Tuesday, Thursday and Saturday evenings. Games, 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 held in the new Centre, and an outside firm catered and served tea, which was very much enjoyed. Tea was followed by games and other social activities from 6.30 p.m. to 10.30 p.m.

### 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 Dedication of St. Augustine's Chapel was performed by the Lord Bishop of Pontefract, the Rt. Revd. William Gordon Fellows on the 27th October, 1968. He was assisted by the Vicar of St. Edward's, the Revd. Wetherley, the Revd. J. Skidmore, B.A. (Methodist), Canon C. H. O'Flaherty, V. F. (Roman Catholic). The Services in the Chapel are held every Sunday, and they are well attended by the deaf community.

### **Hard of Hearing**

The Barnsley and District Hard of Hearing Fellowship moved their Social Activities to the new Centre in October, and the hard of hearing community have settled down very well in their new surroundings. Their membership is increasing.

### **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 the 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 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 and 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.

### Registration

At the end of 1968 there were 420 registered physically handicapped persons as compared with 407 at the end of 1967. 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 cases, clothing allowances, supply and maintenance of wheelchairs through the Ministry of Health, home nursing equipment, domestic help services, gadgets and structural adaptations and other similar welfare services.

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

	MEDICAL			TOTAL
	CLASSIFICATION	MALES	FEMALES	
Amputation .. .. .	A/E	30	7	37
Arthritis and Rheumatism .. ..	F	19	43	62
Congenital Malformations and deformities .. .. .	G	18	13	31
Diseases of the digestive and genito urinary system, of the respiratory system (other than tuberculosis) and of the skin .. .. .	H/L	29	15	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	34	18	52
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ..	V	90	68	158
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
		<u>241</u>	<u>179</u>	<u>420</u>

No. of Domiciliary Visits made by Welfare Officers — 1,910.

## **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 Remploy Factory, and five 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 were held at the Westgate Centre, Monday to Friday, for the generally handicapped until September, 1968 when these activities were transferred to the new Social Centre, Moorland Avenue. The Craft Instructors are in attendance and also give instruction to house-bound handicapped.

## **New Social Centre, Moorland Avenue**

In September, 1968 the department moved into a new administrative and social rehabilitation Centre. The old Westgate and St. Augustine's Social Centres together with administrative offices at 39 Pitt Street were closed, and Social Centre activities and administrative work transferred to the new premises.

The Centre is located on a site at Moorland Avenue and gives an ideal panorama of the local countryside. The premises have been specifically designed for the use of all categories of handicapped people. In the main it is a single storey building, but includes a double storey, which consists of an administrative block. It has been carefully planned to ensure that Centre users have easy access to every facility available. The Centre has been divided into entertainment, occupational and recreational areas. The entertainment section embraces an assembly hall with seating accommodation for four hundred people and comprehensively equipped stage, which can be used by seriously handicapped people. The main features are spot stage lighting, dressing-rooms and emphasis placed on wide access to corridors and dressing-rooms.

## **Recreation and Rehabilitation**

The multi-purpose area in which furniture and equipment may be moved to suit the needs of the moment; the occupational Centre consists of general handicraft rooms and storage rooms. The recreational area promotes direct entry from a large entrance hall, where the uninterrupted

space provides maximum manoeuvrability for persons confined to wheelchairs. There is a games room where billiards and darts can be played. Additional accommodation includes a refreshment area, a main kitchen, a bathroom, rest room, shop and committee room. The latter is also used for other miscellaneous activities.

The administration offices are centrally situated and overlook the assembly hall and recreation area. Close by is the handicraft display and sales area.

### **St. Augustine's Chapel**

One of the special features of the Centre is a chapel, St. Augustine's, which was dedicated by the Bishop of Pontefract, the Rt. Reverend William Gordon Fellows on the 27th October, 1968. Some of the furniture was transferred from the old deaf chapel and additional furniture purchased. Other items in the chapel include a fitting of wall sockets for the use of additional head sets for the deaf. The chapel is interdenominational and is used by all the handicapped people.

### **Other Principal Design Features**

The assembly hall, recreation and occupational areas are under-floor heated. Some of the rooms can be divided by special screens—the main hall can be divided into three separate areas; this allows the Centre to be used by voluntary organisations and various groups of handicapped people.

The rehabilitation kitchen particularly has received the architect's careful attention, for not only has he considered surface requirements for working—surface heights for persons in wheelchairs—but all equipment embracing a wide variety of consumer durables has some special feature.

The bathroom will be used to help people (recovering after a long disablement) how to re-adjust and overcome some of the problems likely to be encountered daily. Space is available for the installation of a projection unit at the rear of the Main Hall. Guide rails are also placed at convenient situations for use by the partially handicapped, and a hoist has been placed adjacent to the stage and dressing-rooms for the use of the generally handicapped.

### **Social Activities**

On the 18th July, 1968 the disabled and epileptic annual outing to Derbyshire and Wortley Hall was held and in October a trip was made to the Illuminations at Blackpool. The Christmas Party was held for the first time in the new Centre and outside caterers provided the refreshments. Many other voluntary organisations also held their annual Christmas parties in the new premises.

Some new activities are now taking place in the Centre. A Youth Club and Darby and Joan Club have been formed.

### **Transport for Physically Handicapped Persons**

The contract arrangements with the Yorkshire Traction Company for the use of an adapted vehicle continued throughout 1968. Transport was also provided by the Department's twelve seater Ford Transit vehicle.

### **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 several adaptations to be carried out for handicapped people.

### **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 the Ministry of Health Circular 17/61, the Health Committee agreed to the Scheme of the provision of car badges for severely disabled persons who came within the priorities listed in the circular. During the year further badges were issued to severely disabled persons.

### **Liaison with other Authorities**

The problems 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 paraplegic cases with assistance, 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.

### **Marketing of Goods Made by Physically Handicapped Persons**

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. This shop continued to be open during 1968.

### **"COUNTY BOROUGH OF BARNSELEY LIGHT INDUSTRIES"**

(Workshop for the severely disabled)

The Manager reports as follows:—

The Light Industries Department made substantial progress over 1968 increasing its disabled workforce to 27 and decreasing its costs per worker substantially.

Although the knitting department continued to employ four people over the year, this was only achieved by seconding the personnel for considerable periods to packing. Orders for knitted socks declined and costs increased. This is a general state of affairs throughout the country with regard to these products and the knitting department is due to be closed at the 1968/69 financial year end.

The radio and T.V. department employs two workers who are engaged on the repair of radio and T.V. sets and similar electronic equipment. This work is of a very skilled nature requiring complex part ordering and keen application when one considers the multitudinous number of appliances used by the public.

An increasing number of job opportunities and a substantially lower cost per worker has been achieved in the plastics and packing section. A substantial part of the work on this section is for export and top class service and delivery have been given to important firms. Brook Motors, Waddingtons, Standard Fireworks and Hoylands have all highly praised the great efforts made to quite literally "catch the boat" for export.

The knowledge of the importance of their work has boosted the morale of the Workshop employees, who were considered unemployable one or two years ago.

## PART VI

### ENVIRONMENTAL HYGIENE

"It is a general popular error to imagine the loudest complainers for the public to be the most anxious for its welfare."

*The present state of the nation.*  
EDMUND BURKE, 1728-1797.

As year succeeds year the services which maintain a healthy environment for the community come more and more to be taken for granted. There are a number of reasons for this. In the first place, more and more attention is given by the media of mass information to the personal health problems of individuals, perhaps because there is more emotional appeal in a young child than there is in a faulty drain. In the second place, the environmental health services, when compared with many other public services, go wrong less often and finally their effect in preventing death and disease is devoid of drama. The epidemic that did not happen and the people who do not die are not news.

The result of all this is that very little thought is given to these services. Even those quite closely associated with them fail to obtain a clear understanding of the principles under which they work. In the first place, the powers, duties and obligations of the Sanitary Authority and its officers are closely defined by law. The manner in which these particular powers are exercised and in which these individual obligations are to be discharged is prescribed in varying and frequently minute detail. There is good reason for this and it is right that it should be so in a democratic society. Thus it is ensured that even when matters as evocative of emotion as the fear of disease are involved, the "rule of law" must be observed. So long as the rule of law is observed then the rights of the individual are safeguarded and the Sanitary Authority and its officers are prevented from becoming the instruments of mass emotion or even of private feud.

The officers who carry out the executive duties of maintaining the environmental hygiene of the community are very conscious of this position before the law. This is as it should be having regard to their training. In many aspects of their work they act merely as advisers to the authority and for certain of their functions they must not only advise but must also seek instructions. They may even be instructed to follow a course which is contrary to the advice they have tendered. Nevertheless, however much sympathy may be felt when complaints are made but no legal remedy exists it would be quite indefensible for a public authority to act otherwise than in accordance with the law. In such circumstances an attempt is made to explain the legal position and that the course suggested might only be followed if the law were altered. Often this is accepted, perhaps unwillingly. In a few the explanation is met with threats and abuse when it becomes clear to the complainant that the authority's resources cannot be used in the manner demanded.



Such incidents are time consuming, unpleasant and disruptive of the ordinary work of the authority. For this reason it has been felt necessary to record at some length here that the authority and its officers should not be regarded as being totally omnipotent in matters of environmental health. They are, in fact, merely creatures of the legislation which creates their offices. They could carry out the obligations and duties imposed by that same law for the benefit of the community much more effectively if this were more fully understood.

Those concerned with environmental health are well aware of the tedious processes involved when it becomes necessary to invoke the majesty of the law. They also know full well that legal process is very time consuming. Thus the use of full statutory powers results in each individual achieving a great deal less in the end than by the employment of persuasive methods. Apart from all this the Sanitary Authority can be the very real friend of every member of the community and its objectives are better and more effectively attained by persuasion and co-operation than by the use of legal sanctions.

The figures in the pages which follow bear this out well. When they are studied with understanding they illustrate the way in which the officers of the Sanitary Authority work. Unfortunately, over the years, fewer and fewer members of the community—just because environmental hygiene is so good—take the trouble to acquire this understanding. It is not realised that many of the inspections and reinspections are in fact visits at which expert advice is tendered and very considerable assistance given to the various parties concerned. A measure of this may be gained from the relation between the total defects remedied and the total number of formal notices abated. It is, of course, appreciated that much of the terminology and many of the figures quoted in this part of the report call for some technical knowledge.

For this reason, from time to time in the Annual Reports on the Health of Barnsley, attempts have been made—indeed these lines themselves are such an attempt—to assist the community and its representatives in obtaining such knowledge. Perhaps insufficient effort has been expended in this direction.

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 the 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 | .. .. . | 2,471 |
| (b) Council owned   | .. .. . | 6,784 |
- (2) Number of houses built during 1968 (calendar year):
- |                     |         |     |
|---------------------|---------|-----|
| (a) Privately owned | .. .. . | 253 |
| (b) Council owned   | .. .. . | 356 |

(3) Private streets:

Wentworth Street (79 yards), Honeywell Place (95 yards), Smithies Street (part) (22 yards), Stone Street (144 yards), Clanricarde Street (187 yards), Halifax Street (172 yards), have been made up during 1968 but the final cost is not yet available.

The following streets have been officially declared highways to be maintained at public expense during 1968.

- Bishops Way (part)
- Canons Way
- Footpath from Canons Way to Long Causeway
- Chapter Way
- Chapter Way Footpath
- Chancel Way
- Darton Street (part)
- Windsor Crescent
- Burton Avenue (part)
- Middlesex Street (part)
- Clarence Road (part)
- Abbey Lane (part)
- Roehampton Rise (part)
- St. Leonards Way
- Nottingham Close
- St. Paul's Parade (part)
- Tennyson Road (part)
- Norfolk Close
- Honeywell Grove
- Carlton Street
- Issott Street (part)
- Smithies Street (part)

## WATER SUPPLY

The following information is supplied in accordance with the requirements of Ministry of Health Circular 1/69.

1. Rainfall was recorded as follows:
 

Jordan Hill, Barnsley .. .. .	29.54 inches (750mm)
Midhope Reservoir .. .. .	53.24 inches (1350mm)
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 0.11 mg. per litre.
3. 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.
<b>RAW WATER</b>			
Midhope Reservoir ..	44	16	18+
Ingbirchworth Reservoir	40	17	18+
Royd Moor Reservoir ..	46	20	18+
<b>TREATED WATER</b>			
Laboratory .. .. .	164	-	-
Public Analyst .. ..	104	6	5

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

No trace of lead was found in any of the samples examined. All the reservoir waters are treated with lime to remove the possibility of plumbo-solvent action.

### Fluoridation of Water Supplies

In Department of Health and Social Security Circular 1/69 a specific request was made for information as to the action taken by the council under Circulars 12/63 and 24/68 with a view to the flouridation of the public water supplies. No action was taken during 1968 in respect of Circular 12/63.

The minutes of the council, No. 873 and 1365 of 1968/69 relevant to the consideration of Circular 24/68 read as follows:—

Minute 873

“Further to Minutes Nos. 3276 and 4001(1967-68) the Town Clerk submitted Ministry of Health Circular 24/68 under the above heading. Recommended that consideration of the said circular be deferred until the next ordinary monthly meeting of the Committee.”

Minute 1365

“Further to Minute No. 873 the Town Clerk reported on Ministry of Health Circular 24/68 under the above heading and submitted letters from the Darfield, Dodworth, Penistone and Royston Urban District Councils requesting the flouridation of water supplied to their districts, together with a letter from the West Riding Divisional Education Officer forwarding a report on a dental survey carried out in the Staincross area schools which was linked with the non-fluoridation of the water supply. The Committee

considered the supplementary dental report of the Principal School Dental Officer on this matter (a copy of the same had previously been circulated to each member of the Committee).

“Recommended that the said circular and letters be received and no action be taken in the matter.”

It is submitted that quotation of these minutes constitutes compliance with the request in Circular 1/69.

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.

**Note**—A summary of the content of the report of the Principal School Dental Officer mentioned in Minute No. 1365 is to be found in Part III of this report (page 22).

### SEWAGE DISPOSAL WORKS

The main treatment plant at Lundwood and the small plant at Carlton have both produced consistently good effluents throughout 1968. Because of exceptionally long and heavy rainstorms on one or two occasions, discharges of settled storm sewage have been greater than average.

The present method of sludge disposal on open drying beds is far from satisfactory and the council is looking into a scheme for the mechanical dewatering of sludge which will be carried out by an indoor plant.

### FOOD AND FOOD POISONING

A total of 23 cases of food poisoning were notified. In 16 of these *Salmonella panama* was the causal agent. *Salmonella typhimurium* was recovered from the remaining 7 cases. In no case was it found possible to isolate the organism from an article of food.

### 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 .. .. .	5,671
Total number of Re-inspections made .. .. .	4,127
Total number of Defects found .. .. .	1,300
Total number of Defects remedied .. .. .	1,066
Total number of Informal Notices served .. .. .	272
Total number of Formal Notices served .. .. .	92
Total number of Informal Notices abated .. .. .	185
Total number of Formal Notices abated .. .. .	40

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

**Dwellinghouses:**

NO. INSPECTED	INSPECTIONS	RE-INSPECTIONS
Re: Filthy Condition .. .. .	18	55
Re: Verminous Condition .. .. .	215	315
Re: Other Conditions .. .. .	1939	3006
Houses in Multiple Occupation .. .. .	20	—
Common Lodging Houses .. .. .	12	—
Tents, Vans and Sheds .. .. .	80	24

**INSPECTION OF:**

Dairies .. .. .	17	1
Ice Cream Premises .. .. .	94	14
Premises re. noise .. .. .	12	—
Knackers Yard .. .. .	20	—
Food Preparing Premises.. .. .	25	—
Pet Animals Premises .. .. .	5	3
Markets .. .. .	88	1
Licensed Premises .. .. .	62	50
Food Shops .. .. .	543	129
Animal Boarding Establishments .. .. .	2	4
Factories with Power .. .. .	50	18
Factories without Power .. .. .	1	2
Catering Premises .. .. .	78	41
Bakehouses.. .. .	22	19
Hawkers Premises .. .. .	58	1
Hairdressers Premises .. .. .	19	9
Offices, Shops etc. .. .. .	241	225
Cinemas and Theatres .. .. .	5	19
Scrap Metal Dealers .. .. .	99	—
Offensive Trades .. .. .	16	1
Diseases of Animals—premises .. .. .	79	—
Smoke Observations .. .. .	338	1
Smoke Visits to Plant .. .. .	109	—
Smoke Control Area Visits .. .. .	861	3
Other Premises—Visits and Interviews .. .. .	543	161
<b>TOTAL NUMBER OF DEFECTS FOUND ..</b>	<b>1166</b>	<b>134</b>
<b>TOTAL NUMBER OF HOUSES AFFECTED ..</b>	<b>885</b>	<b>100</b>
<b>TOTAL NUMBER OF OTHER PREMISES</b>		
<b>AFFECTED .. .. .</b>	<b>217</b>	<b>5</b>

TABLE III

SUMMARY OF NUISANCES ABATED  
AND IMPROVEMENTS EFFECTED

**Dwellinghouses:**

INTERNAL:

Floors repaired or renewed .. .. .	31
Walls repaired or renewed .. .. .	63
Ceilings repaired or renewed .. .. .	43
Fireplaces repaired or renewed .. .. .	32
Flues repaired or renewed .. .. .	3
Windows repaired or renewed .. .. .	27
Doors repaired or renewed .. .. .	10
Staircase repaired or renewed .. .. .	3
Sinks repaired or renewed .. .. .	10
Waste pipes repaired or renewed .. .. .	17
Coppers repaired or renewed .. .. .	2
Foodstores provided or improved .. .. .	3
Fuel Stores provided or improved .. .. .	1
Cleansed or limewashed .. .. .	2
Freed from vermin .. .. .	84
Damp conditions abated .. .. .	42

EXTERNAL

Roofs repaired .. .. .	31
Eaves spouts repaired or provided .. .. .	23
Eaves spouts cleansed .. .. .	3
Downspouts repaired or provided .. .. .	7
Walls repaired or repointed .. .. .	18
Chimney stacks repaired or repointed .. .. .	6
Doors repaired or renewed .. .. .	12
Steps repaired or renewed .. .. .	4
Yard Paved .. .. .	2
Yard paving repaired .. .. .	14

**Drains:**

Cleansed .. .. .	146
Repaired .. .. .	59
Reconstructed .. .. .	4
Self cleansing gullies provided .. .. .	3

**Inspection Chambers:**

Built .. .. .	1
Repaired or improved .. .. .	9

**Water Closets:**

Provided for houses—additional .. .. .	2
Provided in substitution of privies .. .. .	1
Structure repaired or improved .. .. .	25
Fittings repaired or improved .. .. .	58

**Waste Water Closets:**

Abolished .. .. .	2
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**Ashbins:**

Provided in substitution of Ashpits .. .. .	1
Renewed for houses .. .. .	53

**Bakehouses:**

Cleansed or limewashed .. .. .	7
Premises improved .. .. .	7

**Hawkers Premises:**

Premises improved .. .. .	3
---------------------------	---

**Dairies:**

Premises improved .. .. .	1
---------------------------	---

**Catering Premises:**

Premises improved .. .. .	43
---------------------------	----

**Food Preparing Premises:**

Cleansed and limewashed .. .. .	8
Premises improved .. .. .	17

**Food Shops:**

Improved .. .. .	88
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**Offensive Accumulations:**

Removed .. .. .	3
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**Licensed Premises:**

Improved .. .. .	19
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**Factories:**

Sanitary Conveniences:	
Cleansed and limewashed .. .. .	2
Additional provided .. .. .	3
Internal ventilated space provided .. .. .	1
Artificial light provided .. .. .	2

**Other Premises:**

Nuisances abated .. .. .	5
TOTAL DEFECTS REMEDIED .. .. .	1066
TOTAL HOUSES AFFECTED .. .. .	911
TOTAL OTHER PREMISES AFFECTED .. .. .	106

TABLE IIIa

HOUSING INSPECTIONS

	INSPECTIONS	RE-INSPECTIONS
<b>Individual Unfit Houses:</b>		
No. inspected .. .. .	73	13
<b>Clearance Areas:</b>		
No. of houses inspected .. .. .	98	125
No. of other buildings inspected ..	1	—
<b>Overcrowding:</b>		
No. of houses inspected .. .. .	20	1
<b>Improvement Grants:</b>		
No. of Visits .. .. .	427	153
<b>Improvement Area:</b>		
No. of Visits .. .. .	222	42
<b>Housing Act, 1964:</b>		
No. re: Section 19—Applications ..	4	

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	10	3	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	225	109	1	—
3. Other premises in which Section 7 is enforced by the Local Authority .. .. .	8	3	1	—
<b>TOTAL</b>	<b>243</b>	<b>115</b>	<b>2</b>	<b>—</b>



## 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 .. .. .	1	3			
(b) Unsuitable or defective	1	2			
(c) Not separate for sexes					
Other offences against the Act					
TOTAL ..	2	5			

### Caravan Sites

There are no permanent sites provided for caravan dwellers in the area. The only persons desiring such sites are itinerant caravan dwellers and the Council consider that there are no suitable sites available in the area; indeed there is no necessity to provide accommodation at the present time.

The number of itinerant caravan dwellers passing through the district appears to be on the decline and move on when requested so to do.

### Common Lodging Houses

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

A new keeper of the lodging house was registered in the Autumn of the year and the co-operation between the keeper and the Department continued to be satisfactory, especially with respect to the notification and treatment of verminous persons.

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

### Cinemas and Theatres

There are only two cinemas in the district and these premises, together with the Civic Hall and other premises where occasional stage plays are presented, have been brought up to a suitable standard of hygiene and have been conducted in a satisfactory manner.

### **Offensive Trades**

The following offensive trades are in operation in the area:—

1 Tripe Boiler

1 Bone Boiler and Fat Extractor.

Consent to the renewal of establishment was approved during the year.

The premises are properly conducted and only occasionally is nuisance caused by effluvia which is readily corrected by the firm concerned.

### **Knackers Yard**

These premises are adjoining the offensive trade premises of the bone boiler and fat extractor. There is only a small trade and practically all the animals are shot on the farm and brought in dead. The premises have been kept in a clean and satisfactory condition.

### **Scrap Metal Dealers Act, 1964**

Applications for registration by 12 persons with respect to 7 premises were received during the year.

Notifications were received from 9 persons requesting registration to be continued after the initial 3 year registration period.

At the end of the year there were 58 persons and 37 premises on the register.

A number of smoke nuisances due to low level burning of scrap were dealt with informally.

### **Noise Nuisances**

A number of minor noise nuisance complaints were received during the year and investigated. These complaints ranged from production noise in factories, loud transistor radios used by workmen to continual barking by dogs.

Most of these complaints were abated after informal action and are chiefly due to thoughtlessness, but in two cases of neighbourhood noise (noise caused by slamming of doors, "revving" of car engines, loud television and radios and noise from barking of dogs kept in breeding kennels) were the subject of formal notices.

Education of the public in noise control was dealt with by the issue of copies of a pamphlet entitled "No noise is good noise," to persons at factories and offices.

The Council have sanctioned the attendance of two more Public Health Inspectors at a special course on noise problems.

### **Smoke Abatement**

This most important aspect of environmental health continued with the establishment of further smoke control areas and the Council provided capital monies for the implementation of the subsequent Orders.

The Clean Air Act, 1968, which will come into operation during 1969 will strengthen the Clean Air Act, 1956 in a number of ways. One section which prohibits the acquisition and sale of an unauthorised fuel in a smoke control area is particularly welcome.

There is no serious nuisance from excessive smoke and grit emission from factory chimneys although in two cases statutory notices were served with respect to two small boiler installations and the nuisances subsequently abated by the provision of new plant or adaptation of the existing plant.

### **Smoke Control Areas**

The following six smoke control Orders were confirmed by the Minister during the year. In one Order objection was made by a number of persons, but the objection was subsequently withdrawn and from this evidence it would appear that most people are in favour of smoke control.

#### **List of Smoke Control Orders**

##### **Barnsley Smoke Control Order No. 4, 1967**

Confirmed 16th February, 1968. Operative date 1st September, 1969.  
Comprises 1,730 dwellinghouses and 28 other premises.  
Area: 263 acres.

##### **Barnsley Smoke Control Order No. 5, 1967**

Confirmed 23rd May, 1968. Operative date 1st March, 1969.  
Comprises 100 dwellinghouses (building)  
Area: 14.57 acres.

##### **Barnsley Smoke Control Order No. 6, 1967**

Confirmed 23rd July, 1968. Operative date 1st July, 1969.  
Comprises 50-60 dwellinghouses (building).  
Area: 5.76 acres.

##### **Barnsley Smoke Control Order No. 7, 1967**

Confirmed 26th September, 1968. Operative date 1st April, 1969.  
Comprises 200 dwellinghouses (building).  
Area: 247 acres.

##### **Barnsley Smoke Control Order No. 8, 1968**

Confirmed 19th December, 1968. Operative date 1st September, 1969.  
Comprises 382 dwellinghouses and 11 other premises.  
Area: 258 acres.

##### **Barnsley Smoke Control Order No. 9, 1968**

Confirmed 17th December, 1968. Operative date 1st July, 1969.  
Comprises 73 dwellinghouses (building).  
Area: 77 acres.

### **Clean Air Act, 1956**

Notice of intention to install a furnace was received in respect of the following 12 premises:—

W. Sutcliffe & Co. Ltd., Stanley Road, Stairfoot.  
Barnsley Football Club Ltd., Grove Street.  
Alhambra Theatre, Doncaster Road.  
Royal Hotel, Church Street.  
W. Dugdale, Westgate.  
Gawber Road Working Men's Club and Institute.  
East Midlands Gas Board, Old Mill Lane.

J. Gibson & Son, Church Street.  
S. R. Gent & Co., Heelis Street.  
National Coal Board, Monk Bretton Colliery.  
Friends Meeting House, Huddersfield Road.  
K. & R. Mawby, 35 Highstone Road.

Prior approval with respect to the installation of a furnace was received and approved in the following 2 cases:—

W. Dugdale, Westgate.  
National Coal Board, Monk Bretton Colliery.

### **Chimney Height**

14 plans were submitted showing new chimney erections.  
13 were approved and in one case alterations were required and the plan subsequently approved.

### **Colliery Spoilbanks**

There were no colliery spoilbanks on fire in the area and no nuisance was caused.

### **Air Pollution**

Co-operation with the Warren Spring Laboratory of the Department of Education and Science continues with the national survey of air pollution.

Barnsley maintain four smoke and sulphur continuous recording stations at Athersley (clinic), Stairfoot (clinic), Monk Bretton (clinic) and Beckett Hospital. The Athersley station has recorded the highest concentrations for a number of years and it will be of interest to note the results after the 1st September, 1969 when the No. 4 Smoke Control Order (which embraces all Athersley North area) comes into operation.

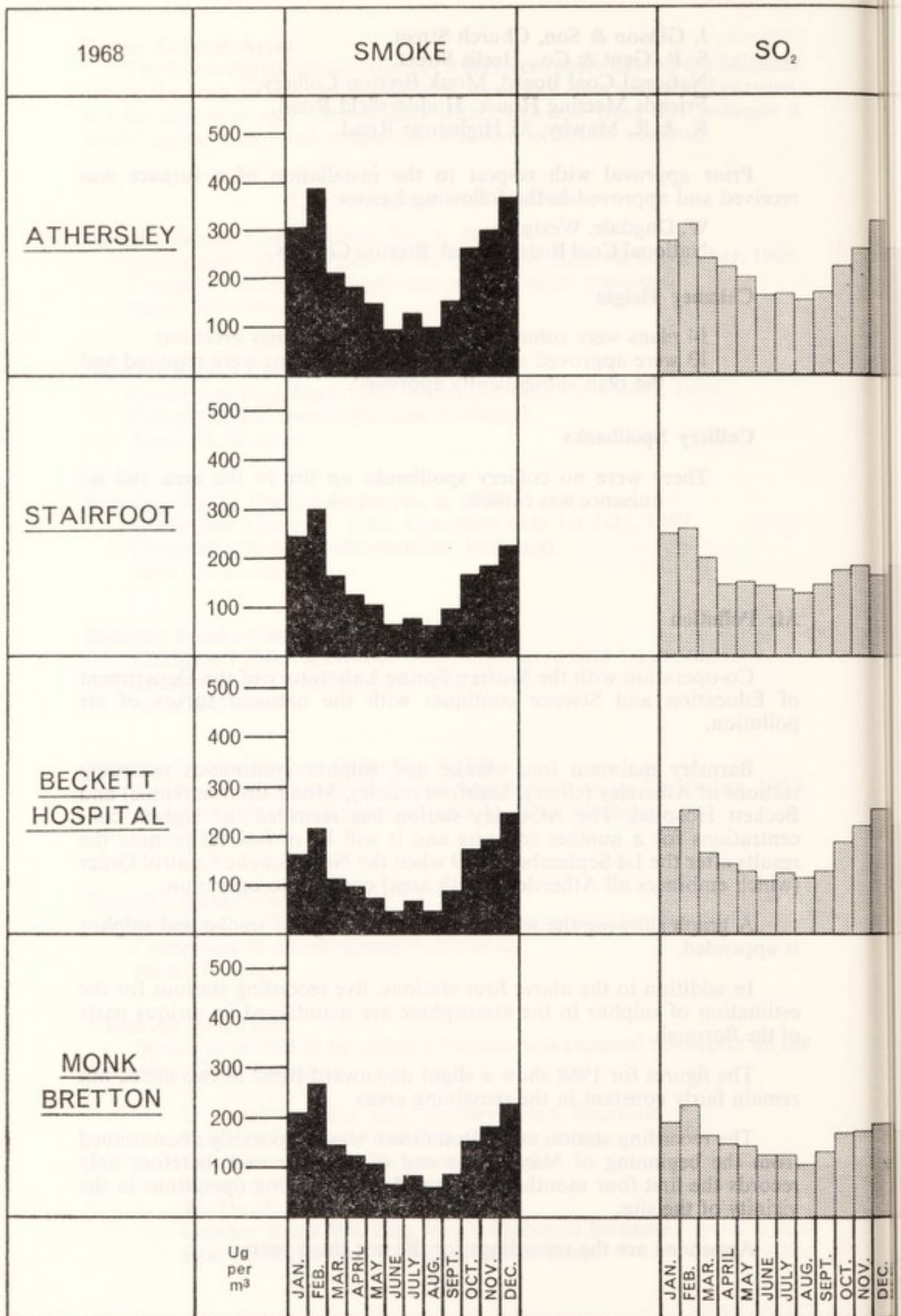
A graph showing the results of the recordings of smoke and sulphur is appended.

In addition to the above four stations, five recording stations for the estimation of sulphur in the atmosphere are maintained in various parts of the Borough.

The figures for 1968 show a slight downward trend in two areas, but remain fairly constant in the remaining areas.

The recording station at Carlton Green was temporarily discontinued from the beginning of May to the end of the year and therefore only records the first four months. This was due to building operations in the vicinity of the site.

Appended are the recordings for the last three years.



### Estimation of Sulphur by the Lead Dioxide Method

STATION	AVERAGE DAILY FIGURES IN		
	MILLIGRAMS PER 100 SQ. CENTIMETRES		
	1966	1967	1968
Kendray Hospital . . . . .	2.19	2.11	2.09
Public Abattoir . . . . .	2.04	2.28	2.41
Girls High School . . . . .	1.76	1.79	1.86
147 Lindhurst Road . . . . .	1.40	1.29	1.40
Carlton Green . . . . .	1.40	1.82	1.76

#### Hairdressers and Barbers

These premises require registration under the Barnsley Corporation Act, 1949 and are regulated by Byelaws made thereunder. Routine inspections showed the premises to be conducted in a satisfactory manner and no infringement of the Byelaws was found.

During the year 8 persons and premises were registered.

At the end of the year there were 110 persons and 100 premises on the register.

#### Disinfection and Disinfestation

##### *Disinfection*

5 dwellinghouses comprising 7 livingrooms and 12 bedrooms were disinfected.

6 hospital wards disinfected.

1 other premises disinfected.

27 articles of bedding and clothing disinfected.

##### *Disinfestation*

58 Local Authority houses treated for bugs.

29 Local Authority houses treated for cockroaches.

24 Local Authority houses treated for clover mite.

8 Local Authority houses treated for other purposes.

1 Local Authority premises blankets treated for fleas.

13 privately owned houses treated for bugs.

3 other premises treated for cockroaches.

2 sets of furniture treated for bugs.

3 persons and their clothing disinfested at the Cleansing Station.

#### Rodent Control

Two rodent operatives are employed fulltime in the Department for the eradication of rats and mice.

A free service is provided to dwellinghouses but a charge is made on a cost-plus basis for treatments carried out on business premises and some Local Authority premises.

Complaints of surface infestations are still continuing at a high level, but none of these are major infestations.

One sewer treatment comprising 690 manholes was carried out during the year. It is proposed to carry out a sewer treatment by direct poisoning next year.

The following surface infestations were dealt with:—

841 private dwellinghouses for rats

95 private dwellinghouses for mice

49 other premises for rats

12 other premises for mice.

### Swimming Baths

The public swimming baths, Race Street, and the school swimming baths at Raley School and St. Helen's School are subject to routine sampling of bath water and are submitted to the Public Health Laboratory for bacteriological examination.

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

#### Public Baths, Race Street

<i>Large Bath</i> —24 samples taken .. .. .	22 satisfactory
	2 unsatisfactory
<i>Small Bath</i> —26 samples taken .. .. .	24 satisfactory
	2 unsatisfactory
<b>Raley School Bath</b> —17 samples taken .. .. .	17 satisfactory
<b>St. Helen's School Bath</b> —18 samples taken .. .. .	11 satisfactory
	7 unsatisfactory.

### Rag Flock and Other Filling Materials Act, 1951

There is only one premises in the Borough registered under the above Act.

Five samples of filling materials were taken during the year and all the samples conformed to the Regulations.

The samples taken were as under:—

- 1 sample of Terylene
- 1 sample of Dacron
- 1 sample of Kapok
- 1 sample of Down
- 1 sample of Feathers

—  
5

### Fertilisers and Feeding Stuffs Act, 1926

Samples taken under the provisions of the above Act comprised 2 samples of feeding stuffs and 11 samples of fertiliser. These samples were sent to the Agricultural Analyst for analysis.

All the samples were found to be satisfactory and conformed to the Regulations.

The following is a list of samples taken:—

#### Feeding Stuffs

Sow and Weaner Meal .. .. .	1 sample
Grow Lean Meal .. .. .	1 sample
	—
	2 samples
	—

### Fertilisers

Lawn Fertiliser .. .. .	1 sample
Liquid Blood Manure .. .. .	1 sample
Bio Plant Food .. .. .	1 sample
Basic Slag .. .. .	1 sample
Chrysanthemum Fertiliser .. .. .	1 sample
Potash .. .. .	1 sample
Sulphate of Ammonia .. .. .	1 sample
General Liquid Fertiliser .. .. .	1 sample
Bone Meal .. .. .	1 sample
Toproses .. .. .	1 sample
Tomato Fertiliser .. .. .	1 sample

—  
11 samples  
—

### Pet Animals Act, 1951

Two applications for licences under the above Act were received during the year. One application was granted and one was withheld because the conditions in the licence were not carried out.

### Animal Boarding Establishments Act, 1963

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

## HOUSING

### Slum Clearance

The following Clearance Areas were declared during the year:—

Brick Terrace Clearance Area No. 182 .. ..	20 houses
Churchfield Terrace Clearance Area No. 183 .. ..	12 houses
High Street Clearance Area No. 184 .. ..	13 houses
Prospect Cottages Clearance Area No. 185 .. ..	3 houses
	—
	48 houses
	—

### Individual Unfit Houses dealt with:

- 48 Representations made with a view to closing or demolition.
- 8 Unfit Local Authority houses certified by Medical Officer of Health.
- 50 Closing Orders made.
- 4 Demolition Orders made.

### Unfit Houses Demolished in Clearance Areas:

Silver Street Clearance Area No. 171 .. ..	49 houses
Hornby Street Clearance Area No. 174 .. ..	9 houses
Summer Street Clearance Area No. 175 .. ..	6 houses
Doncaster Road Clearance Area No. 176 .. ..	11 houses
Shaw Street Clearance Area No. 178 .. ..	16 houses
	—
	91 houses
	—



**Individual Unfit Houses Closed:**

20, 22, 24, 26 Pitt Street . . . . .	4 houses
3, 4, 6, 7, 10, 12, 12B, 13, 16, 17, 19, 20, 21, 23, 24, 24A, 25, 28, 31, 34, 35, 36, 37, 39, 40, 42, 43, 44, 46, 47, 48, 49, 51, 53, 54, 58, 59, 60, 61, 64, 65, 66, 67, 68, 71, 72, 75, 76 and 79 Carlton Terrace, Carlton . . . . .	48 houses
	—
	52 houses
	—

**Individual Unfit Houses Demolished:**

1 Oxford Place, Ardsley . . . . .	1 house
	—

**Individual Unfit Houses Demolished by Agreement with Owners:**

65, 67 Highstone Road . . . . .	2 houses
4, 6, 10, 12, 14, Greenfoot Lane . . . . .	5 houses
	—
	7 houses
	—

**HOUSING ACT, 1964**

**Improvement Areas**

The Government White Paper "Old Houses into New Homes" was published in April 1968 and this, together with other matters envisaged new proposals for area improvements together with the repeal of the 1964 Housing Act. In view of these proposals no action was taken during the year to declare further Improvement Areas under the above Act. It is my fervent hope that any new legislation will be less cumbrous than the 1964 Act and will embrace all dwellinghouses whether tenanted or owner/occupied.

Implementation of the Barnsley Improvement Area No. 1, 1967 continued during the year. 36 Preliminary Notices were served and as a result, a special meeting of the Sanitary and Sewage Sub-Committee was called to interview owners and tenants; a large number of persons attended. As a result of this meeting, 27 Immediate Improvement Notices were served and 5 Suspended Improvement Notices served.

A number of applications for Improvement Grants have been received with respect to houses in this Area, but no houses had been improved at the close of the year.

**Improvement of Dwellings outside Improvement Areas**

During the year 20 tenants of private dwellinghouses made representation 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.

As a result of the above representations the following action was taken:—

- 17 Preliminary Notices were served.
- 14 Immediate Improvement Notices were served.
- 3 Notices were served by the Local Authority on one owner giving 21 days notice of intention to carry out the work in default of Immediate Improvement Notices.
- 12 dwellings were improved to the full standard during the year.

### **Improvement Grants**

Applications for improvement Grants, both discretionary and standard grants, were received in similar numbers as last year.

As in previous years, a Ministry of Housing and Local Government mobile exhibition visited the town for a week's duration, to give added publicity to the grants scheme.

The following grants were approved during the year:—

57 Discretionary Grants comprising 66 houses.

241 Standard Grants.

Improvements carried out were:—

46 Discretionary Grants comprising 46 houses.

223 Standard Grants.

The Standard Grant amenities provided were:—

Fixed baths or showers .. .. .	180
Wash hand basins .. .. .	202
Hot water supply .. .. .	186
Internal water closets .. .. .	220
Food storage facilities .. .. .	2

2,161 dwellinghouses have now been improved with the aid of grants since the inception of the scheme.

### **Closet and Refuse Accommodation**

The foul sewer which should have been provided in Wombwell Lane during 1968 was not completed, and as a result, the 10 dwellinghouses in this area are still on the conservancy system. It is confidently expected that the sewer will be provided during 1969 when the dwellings will be improved by the provision of the necessary standard amenities.

At the close of the year there were approximately 25,659 dwellinghouses in the County Borough.

Of this number 23,399 or 91% had separate water closets and 2,260 or 9% had shared sanitary accommodation.

20,484 dwellinghouses or 80% had hot water and baths and 5,175 or 20% had no hot water supply or baths.

### **Houses in Multiple Occupation**

The number of dwellinghouses used for this purpose is approximately 39 and there is no evidence of overcrowding. Most of these houses are provided with the required amenities. There is no immigrant population difficulties and housing accommodation appears to be sufficient for present needs.

### **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. It would appear that this Act has now outlived its usefulness.

### Offices, Shops and Railway Premises Act, 1963

This Act has now been in operation for nearly 5 years and almost all the premises now conform to the Act. Most of the premises have had three general inspections and contraventions found are usually of a minor character and are remedied after informal notices are served.

Four occupiers of premises who had not complied with notices served on them to remedy contraventions of the Act were to be the subject of proceedings in the Magistrates Court, but proceedings were not begun before the end of the year.

One member of the staff who was employed as a technical assistant carrying out duties in connection with offices shops and railway premises, had been absent from duty due to serious illness for most of the year, resigned from his post. This is reflected in the total number of visits made during the year.

A copy of the narrative report which was submitted to the Department of Employment and Productivity is appended herewith.

During the year 32 new premises were registered, comprising 9 offices, 22 retail shops and 1 wholesale shop, the majority of which received a general inspection.

The total number of registered premises at the end of the year was 769 (slightly less than the figure for 1967), 181 of these received a second or subsequent visit. The total number of visits of all kinds was 404.

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

CLASS OF PREMISES	LETTERS SENT OUT
Offices .. .. .	5
Retail Shops .. .. .	33
Catering Establishments .. .. .	3
Fuel Storage Depots .. .. .	1
	—
Total ..	42
	—

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

Offices .. .. .	165
Retail Shops .. .. .	485
Wholesale Shops and Warehouses .. .. .	50
Catering Establishments .. .. .	61
Fuel Storage Depots .. .. .	8
	—
Total ..	769
	—

**TABLE V**  
**Contraventions found during the year**

CONTRAVENTIONS	OFFICES	RETAIL SHOPS	WHOLESALE SHOPS AND WAREHOUSES	CATERING ESTABLISHMENTS AND CANTEENS	FUEL STORAGE DEPOTS	TOTAL
Cleanliness S.4	-	1	-	-	-	1
Temperature S.6	1	13	-	-	1	15
Ventilation S.7	-	2	-	-	-	2
Sanitary Accommodation S.9	2	38	3	1	-	44
Washing Facilities S.10	2	11	-	-	-	13
Supply of Drinking Water S.11	-	1	-	-	-	1
Accommodation for Clothing S.12	-	2	-	-	-	2
Sitting Facilities S.13	-	1	-	-	-	1
Floors, Passages and Stairs S.16	1	17	-	2	-	20
Fencing of Machinery S.17	-	1	-	-	-	1
First Aid Equipment S.24	1	8	-	1	-	10
Information for Employees S.50	1	15	-	2	1	19
<b>TOTALS</b>	<b>8</b>	<b>110</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>129</b>

**TABLE VI**  
**Contraventions Remedied**

CONTRAVENTIONS	OFFICES	RETAIL SHOPS	WHOLESALE SHOPS AND WAREHOUSES	CATERING ESTABLISHMENTS AND CANTEENS	FUEL STORAGE DEPOTS	TOTAL
Cleanliness S.4	-	4	2	-	-	6
Temperature S.6	2	4	-	-	-	6
Ventilation S.7	1	3	-	-	-	4
Sanitary Accommodation S.9	7	32	1	-	-	40
Washing Facilities S.10	4	12	4	-	-	20
Supply of Drinking Water S.11	-	1	-	-	-	1
Accommodation for Clothing S.12	-	1	-	-	-	1
Floors, Passages and Stairs S.16	1	5	-	-	-	6
First Aid Equipment S.24	1	5	-	1	-	7
Information for Employees S.50	4	21	1	6	-	32
<b>TOTALS</b>	<b>20</b>	<b>88</b>	<b>8</b>	<b>7</b>	<b>-</b>	<b>123</b>

## Accidents

Sixty seven accident notifications were received during 1968, although from these 2 were forwarded to H.M. Factories Inspector, and 2 to other Authorities, one of which was investigated as the injured person resided and was usually employed in the area of this Authority. The consequent total of 63 notifiable accidents is, however, an increase of 8 over the previous year and this suggests an increased awareness of the need of notification. This matter is continually brought to the notice of occupiers of premises during inspections and other visits to premises.

All the accidents were fully investigated. There were no fatal accidents. Of the total of 63 accidents, 41 occurred in retail shops, 10 in offices, 7 in catering establishments, 3 in wholesale shops and warehouses and 2 in canteens.

Handling of goods was the most common cause of reported accidents, accounting for 35% of the total.

The second most common cause of reported accidents was falls of persons which accounted for 30% of the total, and here 13 accounted for 35% of all accidents to women and girls.

The use of hand tools and machinery accounted for 11% of all reported accidents, all of which occurred in retail shops.

Of this full total of accidents 14 involved young persons.

Nine accidents out of the total were serious accidents involving bone fractures, severe lacerations and burns.

## Injuries from Accidents

	MALES	FEMALES	YOUNG PERSONS	
			MALES	FEMALES
Sprains and strains .. 38%	6	12	5	1
Bruising etc. .. 25%	1	10	3	2
Open wounds .. 23%	7	6	-	2
Bone Fractures .. 10%	3	2	1	-
Burns .. 3%	-	2	-	-

The nine accidents involving serious injuries were as follows:—

CASE NO. 1 Female assistant in butcher's shop, passing through meat preparing room to washing facilities, tripped and fell over tray of meat placed on the floor through lack of tables. She received a damaged leg tendon and severe bruising. She remained off work some considerable time.

CASE NO. 2 Female clerk in an office had occasion to open a double hung sash window and the moment she released the catch the upper portion dropped suddenly, due to the sash cords being broken. She received severe crushing and laceration of the fingers.

CASE NO. 3 Female assistant tripped over a loose wooden block in kitchen floor and sustained fracture of left tibia.

CASE NO. 4 Female employee working in the kitchen part of Cafe had occasion to light a large gas oven. After turning on the gas she walked away to serve a customer, returning then to ignite the gas, which by then had collected. As a result an explosion took place causing burns to arm and neck.

- CASE NO. 5 Female assistant entering shop premises behind a customer who let the glass panelled door swing back. To steady it the assistant placed her hand on the glass which broke and caused severe laceration to her arm, necessitating a skin graft.
- CASE NO. 6 Female office cleaner slipped on recently washed tiled floor, sustaining fracture to left radius.
- CASE NO. 7 Male employee in multiple store loading goods into lift, dislodged large carton of tinned goods sustaining fractured toe.
- CASE NO. 8 Male employee lifting heavy articles from off the tailboard of his van, tripped over other goods and fell to the ground, sustaining fracture of the hand.
- CASE NO. 9 Brewery employee assisting in unloading 54 gallon barrels of beer was trapped whilst in the cellar by a barrel which was allowed to slide out of control down "lowering legs" by his assistant. He sustained a fracture of the right tibia.

In four of the above cases, and in the following five cases, occupiers of the premises were written to requesting certain action to be taken to prevent repetition of such accidents.

- CASE A Female employee using external staircase to her office on the first floor was blown off balance by a strong wind, falling and injuring herself. No artificial illumination on the staircase.
- CASE B Female waitress carrying food tripped over torn carpet injuring herself.
- CASE C Edges to three brick steps from kitchen to Cafe were found to be worn, also inadequate lighting, resulting in a member of staff falling and injuring herself.
- CASE D Metal handle missing from sliding door, allowing fingers to protrude too far through the opening and became trapped against the other door causing injury.
- CASE E Edges of treads of wooden staircase being worn, and treads greasy through staff collecting fat on shoes from preparing room, causing female assistant to fall and injure herself.

#### **Prosecutions**

No legal proceedings were taken during the year, but four occupiers of premises (comprising 1 wholesale shop and 3 retail shops) which had consistently refused to remedy contraventions of the Act were to be the subject of Magistrates Court proceedings and had been entered in Court, but the cases had not been heard at the close of the year.

## Diseases of Animals Act, 1950

Since the 7th October, 1968, upon the amalgamation of the Borough and West Riding Police Forces, my Department has been responsible for the enforcement of the provisions of the above Act, together with a large number of Orders and Regulations made thereunder.

Eleven members of the staff have been appointed Inspectors for the purposes of the Act but only one member is engaged part-time in carrying out the routine duties required.

During the period 7th October to 31st December, 1968, one (1) suspected case of anthrax was reported but not confirmed.

The cattle market is supervised every Monday and to the end of the year 151 licences have been issued under the Regulation of Movement of Swine Order, 1959, the majority of which authorised the movement of pigs for immediate slaughter. 67 visits were made to premises in which store pigs had been moved under licence.

There were no legal proceedings during the year.

## Supervision of Food Premises

One specialist Inspector is engaged fulltime on food hygiene. Most of the work is in the implementation of the Food Hygiene (General) Regulations and the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations.

Special attention is given to the open food stalls in Barnsley Market and generally it is found that most stallholders carry out the requirements of the Regulations.

Twelve applications were received from stallholders under Regulation 24 of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations for exemption from Regulation 18 with respect to the provision of facilities for washing food and equipment. These applications were granted.

Letters notifying contraventions of the Regulations were sent to occupiers with respect to the following premises:—

Food Shops	.. .. .	34 Letters
Hotels and Clubs	.. .. .	32 Letters
Market Stalls	.. .. .	74 Letters
Mobile Food Shops	.. .. .	15 Letters
Cafes and Restaurants	.. .. .	14 Letters
Factory Canteens	.. .. .	15 Letters
Manufacturing Premises	.. .. .	5 Letters

189

Three persons were prosecuted because of persistent refusal to remedy contraventions of the Regulations:—

CASE A: Dirty bakehouse and other contraventions.	Fined £7.
CASE B: Absence of hot water and other contraventions in food shop.	Fined £5.
CASE C: Absence of washing facilities, first aid equipment, name and address on mobile shop.	Fined £8.



## List of Food Premises

TYPE OF PREMISES	NUMBER
Bakehouses .. .. .	16
Breweries .. .. .	1
Butchers shops .. .. .	63
Catering Establishments .. .. .	43
Clubs .. .. .	46
Flour Confectionery shops .. .. .	32
Food preparing premises .. .. .	55
Fried Fish shops .. .. .	60
Fruit and vegetable retailers .. .. .	34
Fruit and vegetable wholesalers .. .. .	3
Grocery and provision dealers .. .. .	226
Hawkers food storage premises .. .. .	58
Hotels and public houses.. .. .	96
Ice Cream manufacturers .. .. .	4
Ice Cream retailers .. .. .	250
Milk depots and plants .. .. .	2
Mineral water manufacturers .. .. .	2
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 .. .. .	4
Wholesale confectionery stores .. .. .	2
Wholesale grocery warehouses .. .. .	5
Works canteens .. .. .	23

## Improvements in Food Premises

PREMISES	WASH BASINS PROVIDED	HOT WATER SUPPLY PROVIDED	PREMISES CLEANSED AND DECORATED	FIXTURES AND FITTINGS IMPROVED	WATER CLOSETS PROVIDED OR IMPROVED	NEW PREMISES PROVIDED	PREMISES IMPROVED	FIRST AID EQUIPMENT PROVIDED	NAME AND ADDRESS INSCRIBED
Food Preparing Premises .. .. .	2	-	7	8	6	-	7	1	-
Hawkers Vehicles .. .. .	-	-	-	1	-	-	-	1	1
Food Shops .. .. .	8	7	20	19	5	-	8	4	-
Catering Establishments .. .. .	6	5	9	23	4	-	5	4	-
Fried Fish Shops .. .. .	-	-	-	-	-	3	-	-	-
Licensed Premises .. .. .	9	1	3	3	20	-	1	2	-

### **Hawkers of Food and Hawkers Food Storage Premises**

10 Hawkets of food were registered during the year.

2 Food storage premises were registered during the year.

At the end of the year the total number of hawkers of food on the register was 107.

The total number of food storage premises registered was 58.

### **Milk Supply**

The total number of distributors of milk on the register at the end of the year was 155.

The following is a list of licences in operation for the sale of designated milk:—

1 Dealers (Pasteurisers) Licence.

9 Dealers Licences for the designation "Untreated".

166 Dealers Licences for the designation "Pasteurised" or "Sterilised".

1 Dealers Licence "Ultra Heat Treated".

### **Bacteriological Examination of Milk**

Milk samples are obtained at regular intervals and submitted to the Public Health Laboratory for examination.

Three samples of Pasteurised milk and five samples of Untreated milk failed the Methylene Blue test. The three samples of Pasteurised milk were from the same vending machine and the producer was warned with respect to this matter. The five samples of Untreated milk were from producers who were warned by letter.

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

#### **Methylene Blue Test**

33 samples of Untreated milk—25 satisfactory—5 unsatisfactory—3 void.

33 samples of Pasteurised milk—28 satisfactory—3 unsatisfactory—2 void.

1 sample of cream—satisfactory.

#### **Phosphatase Test**

33 samples of Pasteurised milk—satisfactory.

1 sample of cream—satisfactory.

#### **Turbidity Test**

12 samples of Sterilised milk—satisfactory.

#### **Brucella Abortus**

31 samples of Untreated milk—negative.

#### **Antibiotics**

1 sample of Untreated milk—negative.

**Ice Cream**

84 samples of ice cream were procured and submitted for examination with the following results:—

TYPE	TOTAL SAMPLES	GRADE I	GRADE II
Heat Treated ..	84	83	1

In addition 2 samples of Yoghurt were examined and no pathogens were isolated.

**Meat and Other Foods**

**Animals Slaughtered and Inspected**

Beasts .. .. .	12,905
Sheep .. .. .	34,915
Calves .. .. .	132
Pigs .. .. .	22,832
<b>TOTAL .. .. .</b>	<b>70,784</b>

**Fresh Meat Condemned at Abattoir**

Beef .. .. .	5,919 lbs.
Beef Offal .. .. .	58,072 lbs.
Mutton .. .. .	1,283 lbs.
Mutton Offal .. .. .	11,928 lbs.
Veal .. .. .	637 lbs.
Veal Offal .. .. .	316 lbs.
Pork .. .. .	6,938 lbs.
Pork Offal .. .. .	4,564 lbs.
	<b>89,657 lbs.</b>

40 tons 57 lbs.

**TABLE VII**  
**Carcases and all Organs Condemned**

ANIMAL	TUBERCULOSIS	INFLAMMATORY DISEASES	OTHER BACTERIAL DISEASES	IMMATURITY
Bullocks	—	—	3	—
Cows ..	—	9	2	—
Calves	—	3	6	1
Sheep ..	—	31	2	—
Pigs ..	1	11	10	—

**TABLE VIII**  
**Carcases Partially Condemned**

ANIMAL	ACCIDENT	OTHER BACTERIAL DISEASES
Cows .. .. .	5	—
Sheep .. .. .	1	1
Pigs .. .. .	4	1

**TABLE IX**  
**Various Organs Condemned as Unfit for Human Consumption**

	HEADS	TONGUES	LUNGS	LIVERS	STOMACHS	KIDNEYS	HEARTS	SPLEENS	UDDERS	MESENTERIES	INTESTINES
<b>TUBERCULOSIS</b>											
Bulls .. .. .	—	—	1	—	—	—	—	—	—	—	—
Bullocks .. .. .	—	—	2	—	—	—	—	—	—	—	—
Pigs .. .. .	271	71	—	—	—	—	—	—	—	—	—
<b>INFLAMMATORY DISEASES:</b>											
Bulls .. .. .	—	—	1	5	—	10	—	—	—	—	—
Bullocks .. .. .	—	—	124	38	3	171	22	3	—	3	3
Heifers .. .. .	—	—	49	8	—	77	8	—	—	—	—
Cows .. .. .	1	1	42	277	2	298	11	3	467	2	2
Calves .. .. .	—	—	1	1	—	—	1	1	—	—	—
Pigs .. .. .	—	—	7	32	4	12	8	4	—	5	5
<b>PARASITIC DISEASES:</b>											
Bulls .. .. .	2	2	2	12	—	—	1	—	—	—	—
Bullocks .. .. .	60	60	24	962	—	—	19	—	—	—	—
Heifers .. .. .	20	20	10	—	—	—	8	—	—	—	—
Cows .. .. .	17	17	9	537	—	—	4	—	—	—	—
Sheep .. .. .	—	—	1842	2684	—	—	1842	—	—	—	—
Pigs .. .. .	—	—	243	544	—	—	243	—	—	—	—
<b>OTHER BACTERIAL DISEASES:</b>											
Bulls .. .. .	1	1	—	5	—	—	—	—	—	—	—
Bullocks .. .. .	54	54	14	472	3	—	2	—	—	2	2
Heifers .. .. .	6	6	3	106	—	—	—	—	—	—	—
Cows .. .. .	13	13	2	101	3	—	—	—	—	—	—
Pigs .. .. .	17	17	—	—	—	—	—	—	—	—	—

**TABLE X**  
**Analysis of Inspection of Meat**

	Cattle (Excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
	Number killed .. .. .	10673	2232	132	34915
Number Inspected .. .. .	10673	2232	132	34915	22832
<b>All diseases except Tuberculosis and Cysticerci</b>					
Whole carcasses condemned ..	3	11	10	33	22
Carcasses of which some part or organ was condemned .. ..	3383	1093	1	2620	642
Percentage affected with disease	31.6	48.9	8.3	7.5	2.9
<b>Tuberculosis only</b>					
Whole carcasses condemned ..					1
Carcasses of which some part or organs was condemned .. ..	3				285
Percentage affected .. .. .	0.02				1.2
<b>Cysticercosis</b>					
Carcasses of which some part or organ was condemned .. ..	112	21			
Carcasses submitted to refrigeration .. .. .	10	2			
Generalised and totally condemned .. .. .	—	—			

**Other Foodstuffs condemned and Voluntarily Surrendered**

**Fish**

Fish (Fresh) .. .. . 24 lbs.

**Other Foods**

Cheese .. .. . 68½ lbs.  
 Onion .. .. . 5 lbs.  
 Flour .. .. . 12 lbs.  
 Bacon and Ham .. .. . 217½ lbs.  
 Marizpan .. .. . 2½ lbs.  
 Margarine .. .. . ½ lbs.  
 Marshmallows .. .. . 18 lbs.  
 Chickens .. .. . 19 lbs.  
 Turkey .. .. . 12½ lbs.  
 Peanut Butter .. .. . 43 lbs.  
 Cereals .. .. . 37½ lbs.

### Frozen Foods

Packets . . . . . 1,421½ lbs.

### Preserved Foods

10,574 tins and jars . . . . . 13,386 lbs.

15,268 lbs.

Total weight 6 tons 16 cwts. 36 lbs.

### Summary of Food Condemned

	TONS	CWTS.	QRS.	LBS.
Fresh meat from Abattoir ..	40			57
Fish .. .. .				24
Other Foods .. .. .		3	3	15½
Frozen Foods .. .. .		12	2	21
Preserved Foods .. .. .	5	19	2	2
	<u>46</u>	<u>16</u>	<u>3</u>	<u>7½</u>

### Cysticercus Bovis

The total number of cattle affected with *Cysticercus Bovis* was 135 (149 last year) comprising 2 bulls, 83 bullocks, 31 heifers and 19 cows. The percentage of animals affected to total bovines slaughtered was 1.06. This figure was a reduction on last year and it would appear that there is a gradual decline from the high figure of 276 affected animals (2.06%) in 1962.

The number of viable cases found was 13 (11 bullocks and 2 cows) and these carcasses were refrigerated.

### Bacteriological examinations of meat and associated equipment

With reference to a suspected case of food poisoning a butcher's preparing room, equipment and mobile shop were swabbed and four swabs submitted for bacteriological examination, with negative results.

In connection with the above 48 rectum swabs from cows at a farm were taken and submitted for examination with negative results.

In another case where salmonellae was suspected 6 swabs were taken from a general shop and equipment and submitted for examination with negative results.

### Routine sampling at Abattoir

- 7 swabs from pig slaughterhouse and lairage were taken and examined. 6 samples were negative and 1 sample was positive (*Salmonellae panama*).
- 14 caecum swabs of pigs were taken and submitted—no pathogens isolated.
- 7 swabs of pig slaughterhouse drainage (sewer swabs) were taken and submitted. No pathogens were isolated.

### Special Examination of Foodstuffs

- Corned Beef—contained foreign matter—found to be organic dye.
- Cooked chicken portion—small number of micrococci present—no pathogens isolated.
- Sausage Roll—interior found to be sterile.
- Loaf of Bread containing a foreign substance—found to consist of charred dough.
- Potted Beef—no coliforms or pathogens isolated.
- Sausage Roll—no growth on culture.
- Gammon Ham—no growth on culture.
- Pork Sausage—no pathogens isolated.
- Beef Sausage—no pathogens isolated.
- Boiled Ham—E. Coli present—no pathogens isolated.
- Boiled Ham—small number of micrococci present—no pathogens isolated.
- Boiled Ham—no pathogens isolated.
- Boiled Ham—(3 samples)—moderate growth of micrococci—no pathogens isolated.
- Chocolate Dessert—no organisms isolated.
- Pork Pie—no organisms isolated.
- Boiled Ham—no coliforms or pathogens isolated.
- Cornish Pasty—no coliforms or pathogens isolated.
- Tongue—small number of Staphylococci—no coliforms or pathogens isolated.
- Corned Beef (2 samples)—growth of micrococci—no coliforms or pathogens isolated.
- Peas (canned)—no organisms isolated.
- Sausage Roll—no organisms isolated.

### Food and Drugs

211 samples of food and drugs comprising 48 samples of milk and 163 samples of other foods were procured and sent to the Public Analyst for chemical analysis and conformity with the Preservatives in Food Regulations.

#### Milk

The average composition of the 48 samples of milk was 4.13% milk fat and 8.79% of milk solids other than milk fat.

All the samples were genuine and conformed to the requirements of the Sale of Milk Regulations, 1939.

#### Ice Cream

13 samples of ice cream were taken for chemical analysis. All the samples were genuine containing more than 5% fat as required by the Regulations.

- 2 samples contained between 5 and 6 per cent fat
- 1 sample contained between 6 and 7 per cent fat
- 1 sample contained between 7 and 8 per cent fat
- 1 sample contained between 8 and 9 per cent fat
- 1 sample contained between 9 and 10 per cent fat
- 3 samples contained between 10 and 11 per cent fat
- 1 sample contained between 11 and 12 per cent fat
- 1 sample contained between 12 and 13 per cent fat
- 1 sample contained between 13 and 14 per cent fat
- 1 sample contained between 14 and 15 per cent fat.

**Samples of Food and Drugs (other than Milk)  
sent to the Public Analyst during 1968**

ARTICLE	TOTAL	NOT		FORMAL		INFORMAL	
		GENUINE	GENUINE	GENUINE	NOT	GENUINE	NOT
Angelica .. .. .	1	1				1	
Apple Pie .. .. .	1	1				1	
Antacid Powder .. .. .	1	1				1	
Apricot Custard .. .. .	1	1				1	
Beef Suet .. .. .	2	2				2	
Bilberry Pie .. .. .	2	2				2	
Biskcafe .. .. .	1	1				1	
Black Pudding .. .. .	3	3				3	
Buttered Teacake .. .. .	1	1				1	
Beef Paste .. .. .	1	1				1	
Blackcurrant Pastilles .. .. .	1	1				1	
Butter .. .. .	5	5				5	
Butter flavoured mints .. .. .	3	3				3	
Butterscotch .. .. .	1	1				1	
Bacon Burgers .. .. .	1	1				1	
Beef Stock Tablets .. .. .	1	1				1	
Bilberries in Syrup .. .. .	1	1				1	
Brazil Nut Toffee .. .. .	1	1				1	
Cheese and Pineapple .. .. .	1		1				1
Chicken & Mushroom Soup	1	1				1	
Chicken fillets in jelly .. .. .	2	2				2	
Coffee (instant) .. .. .	1	1				1	
Cooking Oil .. .. .	1	1				1	
Cornish Pasty .. .. .	1	1				1	
Cream .. .. .	2	2				2	
Castor Oil .. .. .	1	1				1	
Cheese Spread .. .. .	1	1				1	
Condensed Oxtail Soup .. .. .	1	1				1	
Cream Cakes .. .. .	3	3				3	
Chocolate Rolls .. .. .	1	1				1	
Citron Peel .. .. .	1	1				1	
Cream chocolates .. .. .	1	1				1	
Crystallised ginger .. .. .	1	1				1	
Cut Mixed Peel .. .. .	2	2				2	
Cider .. .. .	1	1				1	
Cheese .. .. .	6	6				6	
Chicken roll .. .. .	1	1				1	
Cough Linctus .. .. .	3	3				3	
Chicken Salad .. .. .	1	1				1	
Date Cake .. .. .	1	1				1	
Demarara Sugar .. .. .	1	1				1	
Dried Parsley .. .. .	1	1				1	
Date sandwich Spread .. .. .	1	1				1	
Dripping .. .. .	1	1				1	
Fruit Salad .. .. .	1	1				1	
Fish Cakes .. .. .	1	1				1	



**Samples of Food and Drugs (other than Milk)  
sent to the Public Analyst during 1968**

ARTICLE	TOTAL	GENUINE	NOT GENUINE	FORMAL		INFORMAL	
				GENUINE	NOT	GENUINE	NOT
Glycerin .. .. .	1	1				1	
Glace Cherries .. .. .	1	1				1	
Ground Almonds .. .. .	1	1				1	
Ground Coffee .. .. .	1	1				1	
Hermesetas .. .. .	1	1				1	
Hot Dogs .. .. .	1	1				1	
Horlicks .. .. .	1	1				1	
Ice Cream .. .. .	13	13				13	
Indian Brandee .. .. .	1	1				1	
Jams .. .. .	6	6				6	
Jellied Veal .. .. .	1	1				1	
Kompo .. .. .	1	1				1	
Lemon Curd .. .. .	2	2				2	
Lemon Meringue Tarts ..	1	1				1	
Lamb Dinner .. .. .	1	1				1	
Lime Pie Filling .. .. .	1	1				1	
Malt Vinegar .. .. .	1	1				1	
Margarine .. .. .	1	1				1	
Marmalade .. .. .	1	1				1	
Meat Tenderiser .. .. .	2	2				2	
Milk Chocolate Flavour ..	1	1				1	
Milk Chocolate Truffles ..	1	1				1	
Mincemeat .. .. .	1	1				1	
Mint Balls .. .. .	1	1				1	
Nut-mix .. .. .	1	1				1	
Oat Food .. .. .	1	1				1	
Old Fashioned Humbugs ..	1	1				1	
Pie (Meat) .. .. .	6	6				6	
Pilchards .. .. .	1	1				1	
Pork Dripping and Jelly ..	1	1				1	
Potted Beef .. .. .	4	2	2		1	2	1
Prunes .. .. .	1	1				1	
Pure Syrup .. .. .	1	1				1	
Pork Luncheon Meat .. ..	1	1				1	
Potted Salmon .. .. .	1	1				1	
Paella .. .. .	1	1				1	
Plurivite .. .. .	1	1				1	
Redi-milk .. .. .	1	1				1	
Salmon and Shrimp Paste ..	1	1				1	
Sausage (Beef) .. .. .	3	3				3	
Sausage (Pork) .. .. .	11	11				11	
Sage and Onion Stuffing ..	1	1				1	
Steaklets .. .. .	1	1				1	
Sausage (French Garlic) ..	1	1				1	
Strawberry Pop Tarts ..	1	1				1	

**Samples of Food and Drugs (other than Milk)  
sent to the Public Analyst during 1968**

ARTICLE	TOTAL	GENUINE	NOT GENUINE	FORMAL		INFORMAL	
				GENUINE	NOT GENUINE	GENUINE	NOT GENUINE
Scampi Pate .. .. .	1		1				1
Salmon Pate .. .. .	1	1				1	
Stuffed Pork Roll .. ..	1	1				1	
Sweet Magic Dessert.. ..	1	1				1	
Turkey and Sausage Dinner	1	1				1	
Tonic Water .. .. .	1	1				1	
Treacle Toffee .. .. .	1	1				1	
Toasty Grills .. .. .	1	1				1	
Vanilla Fudge .. .. .	1	1				1	
Vitamin Tonic .. .. .	1	1				1	
Yoghurt .. .. .	1	1				1	
	163	159	4		1	159	3

**PARTICULARS OF ADULTERATED SAMPLES  
OF OTHER FOODS**

SAMPLE NO.	ARTICLE	ADULTERATION OR OFFENCE	REMARKS
9480 Informal	Cheese and Pineapple	Contained 55.5% water and 35.06% fat. Should have been labelled "Full Fat Soft Cheese."	Manufacturer warned by letter.
9501 Informal	Potted Beef 100% Pure	Contained 77.6% meat and 22.4% excess water. Should not have been described as Potted Beef. Misleading label reading "Pure 100% Potted Beef."	See sample No. 9506
9506 Formal	Potted Beef 100% Pure	Contained 84.2% meat and 15.8% excess water. Should not have been described as Potted Beef. Misleading label reading "Pure 100% Potted Beef."	Refers to No. 9501
38 Informal	Scampi Pate	Contained 46% fish and 17.6% butter. Listed ingredients showed presence of cod, and therefore should have been described as Fish Pate, Scampi.	Manufacturer warned by letter.

## Prosecutions for various offences in connection with food

There were no prosecutions during the year.

### Other food offences—not prosecuted

- CASE A: Tin of sausages affected with mould growth. Vendor warned by letter.
- CASE B: Tin of tomatoes containing a caterpillar. Vendor warned by letter.
- CASE C: Sale of unsound potatoes. Vendor warned by letter.
- CASE D: Sale of unfit eggs in shell. Vendor warned by letter.
- CASE E: Tin of apricots containing an insect. Vendor warned by letter.
- CASE F: Tin of unsound baby food. Vendor warned by letter.

## Information requested in Department of Health and Social Security Circular 1/69

### Common Lodging Houses:

This has been dealt with under the appropriate heading (page 100).

### Milk supplies: Brucella Abortus

This has also been dealt with under the appropriate heading (page 117).

### Food Hygiene (General Regulations 1960)

- |   |     |
|---|-----|
| (i) Number of premises subject to the regulations .. ..           | 796 |
| (ii) Number of premises fitted to comply with Regulation 16 .. .. | 796 |
| (iii) Number of premises to which regulations apply .. ..         | 708 |
| (iv) Number of premises fitted to comply with Regulation 19 .. .. | 708 |

### Poultry Inspection

There are no poultry processing premises within the district.

## PART VII

### SCHOOL HEALTH

"Upon the education of the people of this country the fate of this country depends."  
Speech in the House of Commons,  
15th June, 1874.  
BENJAMIN DISRAELI, 1804-1881.

The successful recruitment of medical staff during the year enabled the work of the School Health Service to be extended when compared with 1967. The experience gained during the period of acute shortage of doctors has proved to be valuable. By retaining and modifying certain of the measures it had been found necessary to adopt at that time, available medical staff can now be employed with greater effect.

The continued improvement in the physique of children at school combined with the comprehensive medical care available to them from National Health Service sources has reduced the benefits the School Health Service has to offer the normal pupil. On the other hand, the service can provide increasing help and guidance for the child with a handicap. For this reason it is most important that all potential handicaps should be detected and dealt with at the earliest possible moment. Thus it is essential that scarce resources, such as medical manpower, available to the School Health Service should be directed to this end rather than carrying out repeated routine inspections on obviously normal children.

It would seem then that the first priority continues to be the medical inspection of every child as soon as possible after entry to school. In this way, actual or potential handicaps can be detected and those suffering from them marked down for follow up. The value of this inspection is now more likely to be felt in the case of children with latent or unsuspected handicaps though it provides an opportunity for documentation of the known handicapped child.

It is fortunate that today, co-operation between the hospital and local authority services is of a high order. Consequently, long before a child who suffers from a congenital defect or disabling illness enters school, the Education Authority's staff is aware of the relative facts. Thus in the case of major handicaps the pupil is either "assessed" before entering school or is undergoing the process of "assessment".

After the entrant inspection the unsuspected development of eye handicaps used to be the major cause for concern. Modern mass screening apparatus has, however, made early detection of visual defects possible by the school nurses. The excellent ophthalmic service provided by the Regional Hospital Board at the authority's school clinics follows this up with correction in cases where this is found to be appropriate. Correction of a refractive error need not therefore now await a routine medical examination at school. Handicaps which result from illness or accident occurring after entry to school are now expeditiously assessed either through the good communications which exist with the hospitals or by reason of the diligence of the school welfare officers. Indeed, during the acute shortage of school doctors, the desire of the school welfare staff to have absences attributed to illness confirmed medically proved something of an embarrassment.

It would seem then that until a fuller establishment of medical officers can be recruited, the intermediate routine medical inspection may be omitted. Examination of individual children in these age groups, where it is deemed to be advisable for any reason is, of course, carried out.

When the school leaver is considered it appears that there is priority for routine inspection second only to the entrant. Here an opportunity occurs for assessing whether there are any kinds of employment for which the individual is rendered unsuitable for health reasons. It also allows a review to be carried out of what it has been possible to do for the handicapped or potentially handicapped pupil. The value of this in the future planning of a continuing service can hardly be over-estimated.

In addition to the work carried out in the ordinary schools it was found possible to make greater use of Mount Vernon School as an assessment centre for more severely handicapped children. At the same time, the policy has been followed of ensuring that wherever possible a child with a handicap should be educated in a normal school. This is particularly important if the community is to learn to give the handicapped the place that is rightfully theirs within it. It is also important that unless there is some very good contra indication, the handicapped individual should not be segregated with others into an enclave of common misfortune.

During 1967 a consultant anaesthetist was appointed on the basis of one session per week to deal with problems in dental anaesthesia. This enables the authority's dental officers to carry out operative dentistry under the best possible conditions. It was also found that it resulted in a considerable relief of pressure on the authority's medical and dental staffs. So when the opportunity arose during the year to secure the services of a second consultant anaesthetist on a similar one session per week basis, it was taken. These arrangements have proved to be so satisfactory that a third session per week will be arranged, probably during 1969, when the opportunity to do so arises.

Mention has been made in another part of this report of a survey carried out on the dental health of children in Barnsley. From this survey it is clear that this could be a great deal better despite the fact that the Principal Dental Officer and his staff have exerted themselves to the full on the problems of dental health education. It seems that there are two ways in which the authority could take action to improve the dental health of the Barnsley school children. The first of these measures would be the recruitment of additional dental officers.

To do this it is clear that the terms of service for dentists in the School Health Service should be amended to make them more comparable with those applicable to dentists in contract with Executive Councils. For example, it is most unfortunate that a dental officer who wishes to supplement his income by working additional sessions is precluded from doing this because he is regarded as a whole time local government officer. It should be possible for him to do this for either the authority or an executive council so long as he devotes himself to the authority's work for the 38 hours per week customary to local government service.

The second measure which might be introduced with undoubted advantage to the dental health of the school children of Barnsley is the fluoridation of the water supply. It must be emphasised that mention here of this is not prompted by a desire to contribute further to any controversy which may exist on this subject. The matter has already been referred

to in the appropriate part of this report. However, the two points to which attention has now been drawn dentists terms of service and fluoridation, have been the subject of discussions with a visiting Dental Officer of the Department of Education and Science and they will, no doubt, be the subject of future reports. In these circumstances it is but proper that the opinion of the Principal School Medical Officer should be recorded in the part of the annual report devoted to school health.

The school nurses have continued during the year to adapt their activities to the changing pattern of the School Health Service. They undertake the screening for visual defects and are becoming more and more concerned with the follow up and social work for handicapped pupils. In their capacity as health visitors they are fully conversant with the difficulties which beset those school children who are unfortunate enough to be members of problem families. They are thus able to co-operate and exchange information with the school welfare officers. In this way they take some part in ensuring that such children are not allowed to stay away from school needlessly on the pretext of imaginary illnesses.

### 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 2,979; of these 1,930 were born in 1961 or later and may be regarded as having been subject to entrant examinations. 1,156 more inspections were done than in 1967. 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 3,110 other inspections, including re-inspections was carried out, compared with 3,229 in 1967.

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. Three of the children (or 0.01 per cent) were classified as of unsatisfactory physical condition. Last year the figure was 0.00 and in 1966, 0.10.

The total number of children found to require treatment for defects was, in spite of larger numbers inspected, only slightly higher than in the previous year—227 as against 205 in 1967. 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 29 compared with 252 last year. The number of inspections carried out was 33,105 or 2,983 fewer. 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 17 cleansing notices were issued in 1968 compared with 52 in the previous year. No cleansing orders were made. There is no doubt that the vigorous action taken in 1967 has not been without its effect.

### Eye Defects

The number of children requiring treatment for defective vision (excluding squint) was 83 as compared with 73 in the previous year and 71 in 1966.

Squint called for reference for treatment in a total of 8 cases—this compares with 15 cases in 1967. Other eye conditions accounted for a total of 1 case requiring treatment—in 1967 the number was 2.

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 14 children were referred for treatment on account of defective hearing—this figure compares with 10 children reported in 1967. Nose and throat defects with a total of 69 requiring treatment compared with 66 detected in 1967.

### 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 1968

### Consultant Services

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

#### Ear, Nose and Throat Clinics

Tuesday 2 p.m. to 4 p.m.

Thursday 10 a.m. to 12 noon.

#### Eye Clinic

Monday 9.30 a.m. to 12 noon.

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

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

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

#### Orthopaedic Clinic

Monthly—First Friday in each month except August.

#### School Medical Officer Consultation Clinics

Monday 9.30 a.m. to 11.30 a.m. 4.30 p.m. to 5.30 p.m.

Tuesday 2 p.m. to 4 p.m.

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

Held in conjunction with Infant Welfare Clinics except Monday 4.30 to 5.30 p.m.

#### Dental Clinics

New Street Clinic —Monday to Friday 9 a.m. to 12 noon.  
1.30 p.m. to 5 p.m.

Athersley Clinic —Monday to Friday 9 a.m. to 12 noon.  
1.30 p.m. to 5 p.m.

Ardsley Clinic —Tuesday, Thursday, Friday 9 a.m. to 12 noon  
1.30 p.m. to 5 p.m.

Lundwood Clinic —Monday 1.30 p.m. to 5 p.m.

Wednesday 9 a.m. to 12 noon 1.30 p.m. to 5 p.m.

Jordan House —Monday 9 a.m. to 12 noon.

#### Orthodontics

Available at all Treatment sessions.

#### 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  
Monday 2 p.m. to 4 p.m. Wednesday 2 p.m. to 4 p.m.\*

ARDSLEY —The Clinic, Hunningley Lane, Stairfoot, Barnsley  
Monday 9.30 a.m. to 11.30 a.m.  
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.\*  
Thursday 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, Lundwood and Ardsley 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

	1967	1968
Provided free . . . . .	279,797	478,430
Provided at full charge . . . . .	1,361,884	1,278,160
1,796,598 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 1968.

### 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 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 . . . . . 423  
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 . . 1,588

### **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 39 new cases and carried out 121 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 two sessions per week on the education authority's premises and one session per week at Kendray Hospital is as follows:—

“Two points made in the annual report for 1967 call for further comment when considering 1968. Firstly it was noticeable that when there was an improvement in the staffing of the School Health Service there was an increase in the referral of disturbed children as discovered at medical examinations. This emphasises the value of these examinations as times for assessing mental and emotional health and not merely making them routine physical examinations.

"Secondly comment was made in the report for 1967 on the difficulty in helping adolescents in the children's clinics. Early in 1968 there was a sudden opportunity to start an outpatient clinic at Kendray Hospital specially for adolescents and it was felt that this should not be missed. This necessitated a reduction in the time spent at the Athersley Clinic from three sessions to two each week, but it was generally considered that this would provide an improved service. The success of the outpatient clinic has amply justified this change.

"During the autumn a series of casework seminars were held at the Athersley Clinic attended by a group of social workers from the Mental Health, Children's and Probation Departments. These provided good discussion of the sort of disturbances seen in the children and families who are becoming the responsibility of the Children's Department in ever greater numbers. The social workers themselves gained an insight into the different approaches of the various departments, anticipating the unification of their work as proposed in the Seebohm Report.

"Work was continued with various children at residential schools for the maladjusted. Regular visits were made for treatment and supervision of boys at the William Henry Smith School, Brighouse and termly visits were made to the other similar schools in the area. The shortage of such places means that a number of children who could be helped by the intensive personal care and education available in such schools are denied these opportunities. It is hoped that further residential schools will be available in the future."

#### Speech Therapy

Up to 31st August, 1968 when the speech therapist terminated duty, the Barnsley School Health Service provided speech therapy, the figures for which are as follows:—

School children attending for treatment	.. ..	143
Attendances made by school children	.. ..	896
School children discharged during the year	.. ..	68
Visits made to schools	.. ..	46

#### 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 1968, 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.

Several items of new equipment have been added to the surgeries to conform with modern concepts of clinical practice and the New Street Clinic was adapted to provide functional recovery facilities and office space within the existing building. The necessary re-decoration of the dental suite has made considerable improvement and refurnishing plans are in hand for the waiting room.

Clinical time has again been proportional according to demand, full time operation being impossible with the present staff position.

## **2. Attendance and Treatment**

The service continues to offer a fully comprehensive range of treatment and the work done has not significantly changed either in numerical terms or in proportion of specific types of treatment from the previous year. Again, the failure to keep appointments has resulted in considerable loss of clinical time. Of 11,087 appointments made, 2,137 were subsequently not kept.

## **3. Orthodontics**

It is gratifying to report that it was not necessary to discontinue a single course of orthodontic treatment during 1968 and the dental officers are to be congratulated on their skilful selection of cases suitable for this expensive type of treatment.

## **4. Prosthetics**

The figures for prosthetic work for school children remain consistent with the previous year. Only one pupil required total extractions and full prosthesis. The majority of partial dentures replaced anterior teeth lost by accident.

## **5. Anaesthetics**

The appointment of Dr. S. Mahatme as part time anaesthetist has improved the general anaesthetic arrangements still further. With the availability of consultant anaesthetists it has been possible to treat a number of mentally handicapped patients more comprehensively than has hitherto been possible, and where conservation has been considered justified under general anaesthesia, this has been carried out with confidence and efficiency.

## **6. School Inspections**

Shortage of manpower has again thwarted the aim for 100 per cent school inspection during the year but the considerable increase in voluntary attendance for inspection at the clinics is encouraging and no doubt reflects a more favourable image of dental treatment amongst school children and parents.

Head teachers and their staffs are most co-operative, not only in assisting with inspection arrangements, but also in encouraging dental conscientiousness among their pupils.

The authority's new Adult Training Centre along with the Junior Training Centre are of priority concern and every effort is made to provide treatment facilities and regular inspections.

## **7. Dental Health Education**

Pressure of clinical work has prevented the professional staff from active work in this field apart from chairside instruction. The dental auxiliary and surgery assistants have done much to provide attractive posters in the clinics and a limited number of illustrated talks have been given in school. The Principal Dental Officer assisted with dental health education for a group of Rangers (senior girl guides) undertaking work for the Duke of Edinburgh Award Scheme and has assisted individual pupils in various projects relating to health services and dental education.

Health visitors and their colleagues carry out a great deal of education work and receive the backing and assistance of the dental department.

All new school entrants were issued with the new General Dental Council pamphlet along with an invitation to attend for inspection either at the nearest clinic or with a general dental practitioner, but the response was disappointing.

In conjunction with the General Dental Council and the Fruit Producers Council, most of the infant and junior schools were visited by Pierre the Clown for a series of dental health talks and demonstrations.

#### **8. General**

Three members of the dental assistant staff were successful in gaining the Certificate of Proficiency of the Dental Surgery Assistants Examining Board of Great Britain, and their names have been entered on the voluntary register of qualified assistants. It was not possible to continue classes for the Certificate at the Barnsley College of Technology during the academic year 1968/69 but it is hoped that the success of the first course will inspire a revival of interest in future years and permit more assistants to qualify.

The Principal Dental Officer attended meetings of the Northern Chief Dental Officers Co-ordinating Committee, British Dental Association Public Dental Officers Group and a number of professional meetings and lectures.

Dental surgery assistants have attended one day courses in instrument maintenance and handling of materials.

As recorded in the annual maternity and child welfare report, the department undertook a small D.M.F. survey and a report was submitted to the Health Committee when considering fluoridation of the domestic water supply.

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### **HANDICAPPED PUPILS**

Children to a total of 21 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 but one child was assessed as partially sighted during the year. Four 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 3 were assessed as partially hearing. Nine deaf and 4 with partial hearing were receiving education in special schools.

#### **Physically Handicapped Children**

Seven children were assessed as physically handicapped during the year and 6 were placed in special schools.

#### **Maladjusted and Educationally Subnormal Children**

Two children were assessed as maladjusted and 8 as educationally subnormal. Eight maladjusted children and 118 educationally subnormal children were receiving special education under arrangements made by the authority.

### Epileptic Pupils

No pupil was ascertained as requiring special education by reason of epilepsy. Seven epileptic pupils were receiving special education under arrangements made by the authority.

### Children Unsuitable for Education at School

Two children were found to be unsuitable for education in school in accordance with the provisions of S.57(4) of the Education Act 1944. Two 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.

103 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 1968.

The treatment and investigation has now gone on for the past eight years and a summary of the findings is as follows:—

### Children Treated

YEAR	1963	1964	1965	1966	1967	1968	TOTAL
Girls .. .. .	98	91	68	48	75	142	522
Boys .. .. .	65	58	54	27	45	85	334
TOTAL ..	163	149	122	75	120	227	856

The predominant group was again Female.

### Proportion Treated

	GIRLS	BOYS
1963	60.0%	39.0%
1964	61.0%	39.0%
1965	55.7%	44.2%
1966	64.0%	36.0%
1967	62.5%	37.5%
1968	62.5%	37.5%

The age groups were almost even with the under 11 years having 115, and the over 11 years 112.

The proportion of the total who attended Secondary School was:—

1963—53%	1966—53.3%
1964—57%	1967—49.1%
1965—77%	1968—49.3%

Not all cases attended the swimming baths, but of those who did:—

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. Helens.	
1965—36.0% attended Public Baths.	21.4% 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.	
1968—47.5% attended Public Baths.	9.1% attended Raley Baths.
43.4% attended St. Helen's Baths.	

The highest proportion of attenders in 1968 were E. Sheerien County Secondary School with 11.8% of the total, and St. Helen's County Secondary School with 9.2% of the total. The rest were spread over 31 different schools.

The proportion of the total who did barefoot P.E. was 82.3%.

## 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 1968 are as follows:

DISEASE	NO. NOTIFIED
Scarlet Fever .. .. .	25
Whooping Cough .. .. .	12
Measles .. .. .	317
Pneumonia .. .. .	1
Dysentery .. .. .	52
Food Poisoning .. .. .	6
Acute Meningitis .. .. .	1
Infective Jaundice .. .. .	9
	—
	423
	—

### Immunisation against Diphtheria

During the year 260 children of school age received a primary course of injections of anti-diphtheria antigen and 1,283 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.. .. .	697
Ear disease .. .. .	53
Tonsils and Adenoids .. .. .	38
Unclean Heads .. .. .	274
Immunisation.. .. .	128
Scabies .. .. .	43
Other skin diseases .. .. .	36
Miscellaneous .. .. .	520
	<hr/>
	1,789
	<hr/>

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 Dike Camp was visited twice weekly by the school nurses between 18th March and 25th October with the exception of those weeks when the school children were on holiday.

## 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.

## 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, 1968):

	WINTER	SUMMER
Number of children sent to baths .. .. .	5,331	4,828
Total number of attendances made .. .. .	88,040	36,795
Number of children who could swim at least 10 yards at end of session.. .. .	4,066	3,956
<b>Number of children who gained Education Committee certificates:</b>		
1st class .. .. .	1	1
2nd class .. .. .	79	34
3rd class .. .. .	850	427
<b>Number of Royal Life Saving Certificates:</b>		
Elementary .. .. .	15	8
Intermediate .. .. .	—	17
Bronze Medallion .. .. .	6	—
Bronze Bar .. .. .	—	8
Bronze Cross .. .. .	7	7
Award of Merit .. .. .	—	2
Unigrip .. .. .	—	32
Distinction .. .. .	—	1
Preliminary Safety .. .. .	123	115
Advanced Safety .. .. .	25	34
<b>Physically Handicapped</b>		
Preliminary Safety .. .. .	—	3
Advanced Safety .. .. .	—	3
Elementary Safety .. .. .	—	3
Intermediate Safety .. .. .	—	1
Bronze Safety .. .. .	—	3
<b>Number of A.S.A. Certificates:</b>		
Bronze Personal Survival.. .. .	—	52
Silver Personal Survival .. .. .	—	6
Gold Personal Survival .. .. .	—	—
<b>Total number of individual children sent to baths in 12 months ended August, 1968 .. .. .</b>	<b>5,383</b>	

**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)
1964 and later ..	140	140	—	—	2	15	17
1963 ..	928	928	—	—	15	55	70
1962 ..	734	734	—	—	19	64	77
1961 ..	128	128	—	—	6	9	14
1960 ..	37	37	—	—	4	2	6
1959 ..	26	26	—	—	2	1	3
1958 ..	25	25	—	—	—	—	—
1957 ..	20	20	—	—	1	—	1
1956 ..	18	18	—	—	—	—	—
1955 ..	18	17	1	—	1	—	1
1954 ..	384	383	1	—	9	2	10
1953 and earlier ..	521	520	1	—	24	4	28
<b>TOTAL ..</b>	<b>2,979</b>	<b>2,976</b>	<b>3</b>	<b>—</b>	<b>83</b>	<b>152</b>	<b>227</b>

TABLE II — DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

**B. Other Inspections**

Number of Special Inspections .. .. .	534
Number of Re-inspections .. .. .	2,576

**C. Infestation with Vermin**

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. 33,105
- (b) Total number of individual pupils found to be infested .. 29
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944).. 17
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944).. —

**TABLE II — DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR**

T (treatment)      O (observation)

DEFECT OR DISEASE	PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
	ENTRANTS	LEAVERS	OTHERS	TOTAL	
Skin .. .. . T	1	1	—	2	1
	O 4	—	—	4	—
Eyes: (a) Vision .. . T	45	32	6	83	—
	O 89	1	7	97	—
(b) Squint .. . T	8	—	—	8	—
	O 4	1	2	7	—
(c) Other .. . T	1	—	—	1	—
	O 3	—	—	3	—
Ears: (a) Hearing .. T	13	—	1	14	1
	O 12	2	—	14	—
(b) Otitis Media T	—	—	—	—	—
	O 5	2	1	8	—
(c) Other .. . T	2	—	—	2	—
	O 2	—	—	2	—
Nose and Throat .. T	65	4	—	69	2
	O 59	2	—	61	—
Speech .. . . . T	14	—	—	14	—
	O 28	—	—	28	—
Lymphatic Glands .. T	—	—	—	—	—
	O 11	2	—	13	—
Heart .. . . . T	—	—	—	—	—
	O 24	4	—	28	—
Lungs .. . . . T	—	—	—	—	—
	O 20	1	—	21	—
Developmental:					
(a) Hernia .. . . T	—	—	—	—	—
	O 6	—	—	6	—
(b) Other.. . . . T	1	—	—	1	—
	O 4	—	—	4	—
Orthopaedic:					
(a) Posture .. . . T	4	—	—	4	—
	O 3	1	—	4	—
(b) Feet .. . . . T	19	—	1	20	—
	O 15	1	—	16	—
(c) Other.. . . . T	7	—	—	7	—
	O 11	—	—	11	—
Nervous System:					
(a) Epilepsy .. . . T	—	—	—	—	—
	O 3	2	1	6	—
(b) Other.. . . . T	—	—	—	—	—
	O 3	—	—	3	—
Psychological:					
(a) Development .. T	2	—	—	2	—
	O 35	—	1	36	—
(b) Stability .. . . T	5	1	—	6	—
	O 43	—	3	46	—
Abdomen .. . . . T	2	—	—	2	—
	O 5	—	—	5	—
Other .. . . . T	—	—	—	—	—
	O —	—	—	—	—

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 .. .. .	14
Errors of refraction (including squint) .. .. .	715
Total ..	729
Number of pupils for whom spectacles were prescribed	600

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 .. .. .	2
(b) for adenoids and chronic tonsilitis.. .. .	105
(c) for other nose and throat conditions .. .. .	15
Received other forms of treatment .. .. .	234
Total ..	356
Total number of pupils still on the register of schools at 31st December, 1968, known to have been provided with hearing aids:—	
(a) during 1968 .. .. .	1
(b) previous years .. .. .	42

**Table C — Orthopaedic and Postural Defects**

	NUMBER KNOWN TO HAVE BEEN TREATED
(a) Pupils treated at clinics or out-patients departments	39
(b) Pupils treated at school for postural defects ..	—
Total ..	39

**Table D — Diseases of the Skin**

	NUMBER OF PUPILS KNOWN TO HAVE BEEN TREATED
Ringworm—(a) Scalp .. .. .	—
(b) Body .. .. .	—
Scabies .. .. .	167
Impetigo .. .. .	1
Other skin diseases .. .. .	398
Total ..	566

**Table E — Child Guidance Treatment**

	NUMBER KNOWN TO HAVE BEEN TREATED
Pupils treated at Child Guidance clinics .. .. .	75

**Table F — Speech Therapy**

	NUMBER KNOWN TO HAVE BEEN TREATED
Pupils treated by speech therapist .. .. .	143

**Table G — Other Treatment Given**

	NUMBER KNOWN TO HAVE BEEN TREATED
(a) Pupils with minor ailments .. .. .	194
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	—
(c) Pupils who received B.C.G. vaccination .. .. .	940
(d) Other than (a), (b) and (c) above .. .. .	—
Total (a)—(d)	1134

**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 1968		
		ADMINISTRATIVE DUTIES	CLINICAL DUTIES	
			SCHOOL SERVICE	M. & C.W. SERVICE
<b>(a) OFFICERS EMPLOYED ON A SALARY BASIS:—</b>				
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>(b) OFFICERS EMPLOYED ON A SESSIONAL BASIS (including orthodontists) .. . . .</b>	2	NIL	0.16	0.04
Totals of (a) and (b) ..	5	0.10	2.21	0.89

	NUMBER	Full time equivalent		
		DENTAL HEALTH EDUCATION	TREATMENT	
			SCHOOL SERVICE	M. & C.W. SERVICE
<b>(c) DENTAL AUXILIARIES AND HYGIENISTS .. . . .</b>				
Dental Auxiliaries .. . . .	1	0.10	0.66	0.24
Dental Hygienists .. . . .	NIL	NIL	NIL	NIL

	NUMBER	FULL TIME EQUIVALENT
<b>d) OTHER STAFF</b>		
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

	FIXED CLINICS				MOBILE CLINICS		TOTAL NUMBER OF SESSIONS WORKED IN 1968
	NO. WITH ONE SURGERY ONLY	NO. WITH TWO OR MORE SURGERIES	TOTAL NUMBER OF SURGERIES		TOTAL NUMBER OF CLINICS		
			AVAILABLE	IN USE	AVAILABLE	IN USE	
Provided directly by Authority ..	4	1	6	6	NIL	NIL	NIL
Under arrange- ments made with Hospital Author- ities .. . . .	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 .. . . .	1306	1163	124	2593
Subsequent Visits .. . . .	2499	2936	399	5834
Total visits .. . . .	3805	4099	523	8427
Additional courses of treatment commenced .. . . .	176	175	14	365
Fillings in permanent teeth .. . . .	1453	2552	396	4401
Fillings in deciduous teeth .. . . .	899	137	—	1036
Permanent teeth filled .. . . .	1221	2273	355	3849
Deciduous teeth filled .. . . .	825	121	—	946
Permanent teeth extracted .. . . .	104	518	133	755
Deciduous teeth extracted .. . . .	1918	502	—	2420
General anaesthetics .. . . .	684	311	31	1026
Emergencies .. . . .	58	175	32	265

Number of Pupils X-rayed .. . . .	133
Prophylaxis .. . . .	1368
Teeth otherwise conserved .. . . .	109
Number of teeth root filled .. . . .	13
Inlays .. . . .	1
Crowns .. . . .	51
Courses of treatment completed .. . . .	1992

### 3. ORTHODONTICS

Cases remaining from previous year .. ..	33
New cases commenced during year .. ..	48
Cases completed during year .. .. .	23
Cases discontinued during year .. .. .	—
No. of removable appliances fitted .. ..	46
No. of fixed appliances fitted .. .. .	7
Pupils referred to Hospital Consultant .. ..	2

### 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) .. .. .	3	11	3	17
Number of dentures supplied .. .. .	3	11	6	20

### 5. ANAESTHETICS

General Anaesthetics administered by Dental Officers .. .. .	440
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### 6. INSPECTIONS

(a) First inspection at school. Number of Pupils	3651
(b) First inspection at clinic. Number of pupils	1309
Number of (a) + (b) found to require treatment .. .. .	3325
Number of (a) + (b) offered treatment ..	3262
(c) Pupils re-inspected at school or clinic ..	777
Number of (c) found to require treatment	391

### 7. SESSIONS

Sessions devoted to treatment.. .. .	1449
Sessions devoted to inspection .. .. .	27
Sessions devoted to Dental Health Education	86

TABLE V

ORTHOPAEDIC CLINIC

Visits of Orthopaedic Surgeon .. .. .	11 sessions
Patients seen—new cases .. .. .	39
Other attendances/re-examinations .. .. .	125

*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

1968

CATEGORY	NUMBER IN SCHOOL 1ST JAN. 1968	NUMBER ADMITTED	NUMBER DISCHARGED	NUMBER REMAINING AT 31.12.68
Delicate .. .. .	3	—	1	2
Respiratory Diseases:				
Asthma .. .. .	6	1	1	6
Bronchiectasis .. .. .	3	1	2	2
Chronic Bronchitis .. .. .	4	—	2	2
Orthopaedic disorders .. .. .	3	1	1	3
Congenital Deformities .. .. .	5	5	1	9
Congenital Heart Disease	5	2	2	5
Post Poliomyelitis .. .. .	1	—	—	1
Cerebral Palsy .. .. .	6	1	1	6
Muscular Dystrophy .. .. .	3	—	—	3
Epilepsy .. .. .	6	—	1	5
Emotional Instability .. .. .	6	1	3	4
Speech Defect .. .. .	3	—	1	2
Dermatomyositis .. .. .	1	—	—	1
Purpura .. .. .	1	—	—	1
Partial Hearing .. .. .	1	—	—	1
Partial Sight .. .. .	—	1	—	1
Brain Tumour .. .. .	—	1	—	1
	57	14	16	55



Year	Number of students	Number of teachers	Number of classes	Number of hours	Number of days	Number of weeks	Number of months	Number of years
1950	100	5	10	1000	10	10	10	10
1951	120	6	12	1200	12	12	12	12
1952	150	8	15	1500	15	15	15	15
1953	200	10	20	2000	20	20	20	20
1954	250	12	25	2500	25	25	25	25
1955	300	15	30	3000	30	30	30	30
1956	350	18	35	3500	35	35	35	35
1957	400	20	40	4000	40	40	40	40
1958	450	22	45	4500	45	45	45	45
1959	500	25	50	5000	50	50	50	50
1960	550	28	55	5500	55	55	55	55
1961	600	30	60	6000	60	60	60	60
1962	650	32	65	6500	65	65	65	65
1963	700	35	70	7000	70	70	70	70
1964	750	38	75	7500	75	75	75	75
1965	800	40	80	8000	80	80	80	80
1966	850	42	85	8500	85	85	85	85
1967	900	45	90	9000	90	90	90	90
1968	950	48	95	9500	95	95	95	95
1969	1000	50	100	10000	100	100	100	100
1970	1050	52	105	10500	105	105	105	105
1971	1100	55	110	11000	110	110	110	110
1972	1150	58	115	11500	115	115	115	115
1973	1200	60	120	12000	120	120	120	120
1974	1250	62	125	12500	125	125	125	125
1975	1300	65	130	13000	130	130	130	130
1976	1350	68	135	13500	135	135	135	135
1977	1400	70	140	14000	140	140	140	140
1978	1450	72	145	14500	145	145	145	145
1979	1500	75	150	15000	150	150	150	150
1980	1550	78	155	15500	155	155	155	155
1981	1600	80	160	16000	160	160	160	160
1982	1650	82	165	16500	165	165	165	165
1983	1700	85	170	17000	170	170	170	170
1984	1750	88	175	17500	175	175	175	175
1985	1800	90	180	18000	180	180	180	180
1986	1850	92	185	18500	185	185	185	185
1987	1900	95	190	19000	190	190	190	190
1988	1950	98	195	19500	195	195	195	195
1989	2000	100	200	20000	200	200	200	200
1990	2050	102	205	20500	205	205	205	205
1991	2100	105	210	21000	210	210	210	210
1992	2150	108	215	21500	215	215	215	215
1993	2200	110	220	22000	220	220	220	220
1994	2250	112	225	22500	225	225	225	225
1995	2300	115	230	23000	230	230	230	230
1996	2350	118	235	23500	235	235	235	235
1997	2400	120	240	24000	240	240	240	240
1998	2450	122	245	24500	245	245	245	245
1999	2500	125	250	25000	250	250	250	250
2000	2550	128	255	25500	255	255	255	255
2001	2600	130	260	26000	260	260	260	260
2002	2650	132	265	26500	265	265	265	265
2003	2700	135	270	27000	270	270	270	270
2004	2750	138	275	27500	275	275	275	275
2005	2800	140	280	28000	280	280	280	280
2006	2850	142	285	28500	285	285	285	285
2007	2900	145	290	29000	290	290	290	290
2008	2950	148	295	29500	295	295	295	295
2009	3000	150	300	30000	300	300	300	300
2010	3050	152	305	30500	305	305	305	305
2011	3100	155	310	31000	310	310	310	310
2012	3150	158	315	31500	315	315	315	315
2013	3200	160	320	32000	320	320	320	320
2014	3250	162	325	32500	325	325	325	325
2015	3300	165	330	33000	330	330	330	330
2016	3350	168	335	33500	335	335	335	335
2017	3400	170	340	34000	340	340	340	340
2018	3450	172	345	34500	345	345	345	345
2019	3500	175	350	35000	350	350	350	350
2020	3550	178	355	35500	355	355	355	355
2021	3600	180	360	36000	360	360	360	360
2022	3650	182	365	36500	365	365	365	365
2023	3700	185	370	37000	370	370	370	370
2024	3750	188	375	37500	375	375	375	375
2025	3800	190	380	38000	380	380	380	380

1. The number of students is increasing steadily over the years. The number of teachers is also increasing, but at a slower rate than the number of students. The number of classes is increasing in direct proportion to the number of students. The number of hours is increasing in direct proportion to the number of students. The number of days is increasing in direct proportion to the number of students. The number of weeks is increasing in direct proportion to the number of students. The number of months is increasing in direct proportion to the number of students. The number of years is increasing in direct proportion to the number of students.

Year	Number of students	Number of teachers	Number of classes	Number of hours	Number of days	Number of weeks	Number of months	Number of years
1950	100	5	10	1000	10	10	10	10
1951	120	6	12	1200	12	12	12	12
1952	150	8	15	1500	15	15	15	15
1953	200	10	20	2000	20	20	20	20
1954	250	12	25	2500	25	25	25	25
1955	300	15	30	3000	30	30	30	30
1956	350	18	35	3500	35	35	35	35
1957	400	20	40	4000	40	40	40	40
1958	450	22	45	4500	45	45	45	45
1959	500	25	50	5000	50	50	50	50
1960	550	28	55	5500	55	55	55	55
1961	600	30	60	6000	60	60	60	60
1962	650	32	65	6500	65	65	65	65
1963	700	35	70	7000	70	70	70	70
1964	750	38	75	7500	75	75	75	75
1965	800	40	80	8000	80	80	80	80
1966	850	42	85	8500	85	85	85	85
1967	900	45	90	9000	90	90	90	90
1968	950	48	95	9500	95	95	95	95
1969	1000	50	100	10000	100	100	100	100
1970	1050	52	105	10500	105	105	105	105
1971	1100	55	110	11000	110	110	110	110
1972	1150	58	115	11500	115	115	115	115
1973	1200	60	120	12000	120	120	120	120
1974	1250	62	125	12500	125	125	125	125
1975	1300	65	130	13000	130	130	130	130
1976	1350	68	135	13500	135	135	135	135
1977	1400	70	140	14000	140	140	140	140
1978	1450	72	145	14500	145	145	145	145
1979	1500	75	150	15000	150	150	150	150
1980	1550	78	155	15500	155	155	155	155
1981	1600	80	160	16000	160	160	160	160
1982	1650	82	165	16500	165	165	165	165
1983	1700	85	170	17000	170	170	170	170
1984	1750	88	175	17500	175	175	175	175
1985	1800	90	180	18000	180	180	180	180
1986	1850	92	185	18500	185	185	185	185
1987	1900	95	190	19000	190	190	190	190
1988	1950	98	195	19500	195	195	195	195
1989	2000	100	200	20000	200	200	200	200
1990	2050	102	205	20500	205	205	205	205
1991	2100	105	210	21000	210	210	210	210
1992	2150	108	215	21500	215	215	215	215
1993	2200	110	220	22000	220	220	220	220
1994	2250	112	225	22500	225	225	225	225
1995	2300	115	230	23000	230	230	230	230
1996	2350	118	235	23500	235	235	235	235
1997	2400	120	240	24000	240	240	240	240
1998	2450	122	245	24500	245	245	245	245
1999	2500	125	250	25000	250	250	250	250
2000	2550	128	255	25500	255	255	255	255
2001	2600	130	260	26000	260	260	260	260
2002	2650	132	265	26500	265	265	265	265
2003	2700	135	270	27000	270	270	270	270
2004	2750	138	275	27500	275	275	275	275
2005	2800	140	280	28000	280	280	280	280
2006	2850	142	285	28500	285	285	285	285
2007	2900	145	290	29000	290			

**TABLE VIII**

West Riding County Council Pupils attending Barnsley Schools  
examined by Barnsley School Medical Officers during 1968

**Periodic Medical Inspection**

	YEAR OF BIRTH		
	1952		
Number of Pupils Inspected .. .. .	13	-	-
General Condition of Total Pupils Inspected:			
Number Satisfactory .. .. .	13	-	-
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 .. .. .	-	-	-
(c) Total individual pupils .. .. .	-	-	-

**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 .. .. .								
(b) Squint .. .. .				1				
(c) Other .. .. .								
EARS (a) Hearing .. .. .								
(b) Otitis Media .. .. .								
(c) Other .. .. .								
NOSE OR THROAT								
SPEECH								
LYMPHATIC GLANDS								
HEART & CIRCULATION								
Lungs								
DEVELOPMENTAL—								
(a) Hernia .. .. .								
(b) Other .. .. .								
ORTHOPAEDIC—								
(a) Posture .. .. .				1				
(b) Feet .. .. .								
(c) Other .. .. .								
NERVOUS SYSTEM—								
(a) Epilepsy .. .. .				1				
(b) Other .. .. .								
PSYCHOLOGICAL—								
(a) Development .. .. .								
(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 1968

	Form V		Selectives		Year of Birth		specials
	1951	1952	1953	1954	1955	1956	
Number of Pupils Inspected . . . .	20	40	—	2	4	7	13
General Condition of Total Pupils Inspected:							
Number Satisfactory . . . .	20	40	—	2	4	7	
Number Unsatisfactory . . . .	—	—	—	—	—	—	
Number of Individual Pupils found at Periodic Medical Inspection to require treatment:							
(a) for defective vision (excluding squint) . . . . .	1	1	—	—	—	—	
(b) for any other condition recorded below . . . . .	—	—	—	—	1	1	
(c) Total Individual pupils . . . .	1	1	—	—	1	1	

**Table of Defects Found**

T—treatment      O—observation

Defect	Periodic Inspections								Specials	
	Entrants		Leavers		Others		Total		T	O
	T	O	T	O	T	O	T	O		
SKIN . . . . .										1
EYES (a) Vision . . . . .					2	9				
(b) Squint . . . . .					1					
(c) Other . . . . .					1					
EARS (a) Hearing . . . . .					1					
(b) Otitis Media . . . . .										
(c) Other . . . . .										
NOSE OR THROAT . . . . .										
SPEECH . . . . .										
LYMPHATIC GLANDS . . . . .										
HEART & CIRCULATION . . . . .					1					
LUNGS . . . . .					1					
DEVELOPMENTAL—										
(a) Hernia . . . . .										
(b) Other . . . . .										
ORTHOPAEDIC—										
(a) Posture . . . . .										
(b) Feet . . . . .										
(c) Other . . . . .										
NERVOUS SYSTEM—										
(a) Epilepsy . . . . .										
(b) Other . . . . .					1					
PSYCHOLOGICAL—										
(a) Development . . . . .										
(b) Stability . . . . .										
ABDOMEN . . . . .										5
OTHER DEFECTS . . . . .						2			1	2

**HEALTH COMMITTEE**  
(as at 31.12.68.)

*Chairman:* Councillor F. Kaye

*Vice-Chairman:* Councillor A. Williams

THE WORSHIPFUL THE MAYOR: Alderman A. Lowery, J.P.

Alderman T. R. Brown, B.E.M.	Councillor Mrs. M. Button, M.B.E.
Alderman G. Whyke, J.P.	Councillor Mrs. M. Copley
Alderman A. Butler, J.P.	Councillor W. E. Blackburne
Councillor Mrs. E. B. Blackburne	Councillor R. Firth
Councillor Mrs. M. Brannan	Councillor E. Galvin
Councillor Mrs. M. J. Slater	Councillor E. Hamilton
Councillor Mrs. S. J. Fox	Councillor K. Shaw

*Co-opted Members:*

Dr. M. C. Duggan                      Dr. D. H. Pick

**SANITARY COMMITTEE**  
(as at 31.12.68.)

*Chairman:* Councillor G. Moore

*Vice-Chairman:* Alderman W. Martin-Chambers

THE WORSHIPFUL THE MAYOR: Alderman A. Lowery, J.P.

Alderman G. Skelly	Councillor Mrs. M. J. Slater
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 Mrs. M. Button, M.B.E.	Councillor J. H. Dossett
Councillor Mrs. S. J. Fox	Councillor R. Firth

**EDUCATION COMMITTEE**  
(as at 31.12.68.)

*Chairman:* Councillor Mrs. M. Brannan

*Vice-Chairman:* Councillor B. Varley

Alderman T. Hinchcliffe, J.P.	Councillor Mrs. M. Copley
Alderman F. Lockwood	Councillor F. B. Crow, J.P.
Alderman A. Butler, J.P.	Councillor J. H. Dossett
Alderman G. Whyke, J.P.	Councillor W. R. Gundry
Councillor Mrs. E. B. Blackburne	Councillor F. Kaye
Councillor Mrs. M. J. Slater	Councillor F. Lunn
Councillor H. Brain	Councillor H. Thwaites
Councillor H. Burgin, M.B.E.	Councillor G. Moore
Councillor A. Williams	

*Co-opted Members:*

Miss H. K. Mosley	Very Rev. Canon C. H. O'Flaherty
Mr. H. Owen	Rev. J. C. K. Brumpton
Mrs. D. L. Hirst	Rev. J. Skidmore



**STAFF OF THE PUBLIC HEALTH DEPARTMENT**  
(as at 31.12.68.)

*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.ST.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.  
S. S. Mahatme, M.B., B.S., D.A. (Commenced 25.2.68.)

*Senior Assistant Clinical Medical Officer of Health and School Medical Officer:*  
S. Joan A. Raymond, M.B., CH.B., D.C.H. (Commenced 22.8.68.)

*Assistant Medical Officer of Health and School Medical Officer:*  
Radha Ramaswami, B.A., M.B.B.S., D.C.H. (Part-time)  
Stephanie Shaw, M.B., CH.B. (Commenced 1.2.68.)

**Health Visiting Service:**

*Superintendent Health Visitor and School Nurse:*  
Mrs. E. Inman, S.R.N., S.C.M., (Part 1), H.V. Certificate

*Deputy Superintendent Health Visitor and School Nurse:*  
Miss S. Abbott, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate

*Senior Health Visitors and School Nurses:*  
Mrs. M. Lonsdale, S.R.N., S.C.M., H.V. Certificate  
Mrs. J. E. Sweetnam, S.R.N., S.C.M., H.V. Certificate  
Mrs. K. Tomlinson, S.R.N., S.C.M., H.V. Certificate  
Mrs. A. Marshall, S.R.N., S.C.M., H.V. Certificate

*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  
Miss I. Reilly, S.R.N., S.C.M., H.V. Certificate  
Mrs. D. Hayward, S.R.N., S.C.M. (Part 1), H.V. Certificate  
(Terminated 28. 2.68.)  
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  
Mrs. W. P. Shepherd, S.R.N., S.C.M. (Part 1), H.V. Certificate  
Miss C. B. Lawton, S.R.N., S.C.M., H.V. Certificate  
Mrs. C. P. Moore, S.R.N., S.C.M., H.V. Certificate (Commenced 13.5.68)  
(Terminated 25.9.68.)  
Mrs. J. A. Livesley, S.R.N., S.C.M., (Part 1), Q.I.D.N., Certificate  
(Commenced 25.9.68.)

*Student Health Visitors:*  
Mrs. J. A. Livesley, S.R.N., S.C.M. (Part 1), Q.I.D.N.  
(Terminated 24.9.68.)  
Miss J. Broadhead, S.R.N., S.C.M. (Commenced 14.9.68.)

*Clinic/School Nurses:*

Miss E. A. Hazelhurst, S.R.N. (Retired 1.12.68.)  
Mrs. F. J. Garner, S.R.N.  
Mrs. M. McCobb, S.R.N.

*State Enrolled Nurses:*

Mrs. G. R. Oxley, S.E.N.  
Mrs. I. Lodge, S.E.N.  
Mrs. M. Featherstone, S.E.N. (Terminated 31.3.68.)  
Mrs. M. C. Hill, S.E.N.

**Midwifery Service:**

*Non-Medical Supervisor of Midwives:*

Mrs. M. E. L. Goody, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate

*Assistant Non-Medical Supervisor of Midwives:*

Miss R. A. Chamberlain, S.R.N., S.C.M., Q.I.D.N.

*Domiciliary Midwives:*

Mrs. G. Bailey, S.R.N., S.C.M., Q.I.D.N. (Senior Midwife)  
Mrs. L. Woodhead, S.R.N., S.C.M., Q.I.D.N.  
Mrs. A. Taylor, S.R.N., S.C.M.  
Miss J. Broadhead, S.R.N., S.C.M. (Terminated 13.9.68)  
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. (Terminated 31.10.68.)  
Mrs. R. Gray, S.C.M. (Terminated 26.5.68.)  
Mrs. D. C. Parr, S.R.N., S.C.M. (Commenced 9.9.68.)

**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 R. A. Chamberlain, S.R.N., S.C.M., Q.I.D.N.

*District Nurses:*

Mrs. E. Davies, S.R.N., Q.I.D.N., (Senior District Nurse)  
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. (Terminated 1.9.68.)  
Miss M. Turner, S.R.N., Q.I.D.N. (Terminated 15.9.68.)  
Miss S. A. Goldthorpe, S.R.N., Q.I.D.N.  
Mrs. B. Sharpe, S.R.N., Q.I.D.N.  
Miss P. A. Lockett, S.R.N., Q.I.D.N. (Terminated 17.1.68.)  
Mrs. A. Hawkins, S.R.N., Q.I.D.N. (Terminated 22.12.68.)  
Mrs. C. Holding, S.R.N., Q.I.D.N. (Commenced 5.2.68.)

Mrs. D. Dyson, S.R.N.  
 Mrs. D. V. Brooks, S.R.N. (Commenced 5.2.68.)  
 (Terminated 16.6.68.)  
 Mrs. B. Cooper, S.R.N. (Commenced 1.8.68.)  
 Mrs. G. Cooper, S.R.N. (Commenced 1.8.68.)  
 Mrs. E. Higgins, S.R.N. (Commenced 25.11.68.)  
 Mr. M. Fletcher, S.R.N. (Commenced 18.11.68.)  
 Mrs. J. Shield, S.E.N. (Retired 13.6.68.)  
 Mrs. S. Burnham, S.E.N.  
 Mrs. M. McGuinness, S.E.N.

*Orderly:*

Miss F. A. Taylor (Died 26.5.68.)  
 Mrs. N. Milburn (Commenced 3.9.68.)

**Handicapped Services Department:**

Mr. S. Holmes, A.I.S.W., Senior Welfare Officer  
 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  
 Mrs. J. Chapman, nee 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 (Terminated 29.9.68.)  
 Mrs. H. R. James, Welfare Assistant for the Deaf  
 (Terminated 16.4.68.)  
 Miss C. Gaimster, Welfare Assistant for the Handicapped  
 Mrs. J. M. Warttig, Shorthand Typist (Terminated 27.10.68.)  
 Mrs. D. Stones, nee Spaxman, Clerk  
 Mr. R. W. Hatherly, Trainee Craft Instructor  
 Mr. G. P. Guest, Clerk (Commenced 2.1.68.)  
 Miss P. Sewell, Shorthand Typist (Commenced 3.12.68.)

*Barnsley Light Industries—Sheltered Workshop:*

Mr. N. A. Todd, General Manager  
 Mrs. A. A. Gregory, Clerk-Typist (Terminated 29.9.68.)  
 Mrs. S. Donoghue, Clerk-Typist (Commenced 21.10.68.)  
 Mr. S. Wragg, Foreman  
 Mr. D. Williamson, Assistant Foreman (Commenced 25.11.68.)  
 Miss C. Lowe, Clerk

**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  
 Mrs. P. M. Gutteridge, Mental Welfare Assistant

### Junior Training Centre:

Miss E. Wilde, Supervisor (Qualified)  
Mrs. M. Roebuck, Assistant Supervisor (Unqualified)  
Mrs. M. Oxley, Assistant Supervisor (Unqualified)  
(Transferred 2.1.68.)  
Mrs. V. Fowler, Assistant Supervisor (Unqualified)  
(Transferred 2.1.68.)  
Mrs. M. Marrian, Assistant Supervisor (Unqualified)  
Miss E. Gill, Trainee Assistant Supervisor  
Mrs. M. Featherstone, S.E.N., Assistant Supervisor (Unqualified)  
(Commenced 1.4.68.)

### Adult Training Centre:

Mr. J. H. Power, Manager  
Mr. K. Winterbottom, Deputy Manager  
Mrs. M. Oxley, Instructor  
(Transferred from Junior Training Centre 2.1.68.)  
Mrs. V. Fowler, Instructor  
(Transferred from Junior Training Centre 2.1.68.)  
Miss C. Smith, Clerk-Typist (Commenced 2.1.68.)  
Mr. M. Nixon, Instructor (Commenced 9.9.68.)

### Home Help Service:

Miss D. W. France, I.H.H.O. Cert., Home Help Organiser  
Mrs. I. Hackney, I.H.H.O. Cert., Assistant Home Help Organiser  
Mrs. E. Allison, Assistant Home Help Organiser

### Audiology Technician:

Mrs. E. Holling, M.S.A.T.

### Speech Therapist:

Mrs. L. C. Warden, L.C.S.T. (Terminated 1.9.68.)

### Dental Service:

Mr. I. O. Pinkham, B.D.S., L.D.S., R.C.S., Chief Dental Officer  
Mr. G. White, L.D.S., Senior Dental Officer  
Mr. J. Bowman, B.CH.D., L.D.S., Senior Dental Officer  
Mr. J. H. Walker, Temporary Part-Time Dental Surgeon  
(Retired 15.3.68.)  
Mrs. M. J. Rowntree, Dental Auxiliary  
Miss R. Sharp, Dental Clerk  
Mrs. B. Ashurst, Dental Surgery Assistant  
Mrs. K. Charlton, nee Whitham, Dental Surgery Assistant  
(Terminated 2.9.68.)  
Mrs. C. Matthews, Dental Surgery Assistant  
Miss J. Newsome, Dental Surgery Assistant  
Miss D. Christie, Dental Surgery Assistant (Commenced 4.9.68.)

**Chiropody Service:**

Mr. A. A. Aldham, 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  
Mrs. K. M. Porrill, nee McKenning, Clerk  
Miss H. C. Fieldsend, Clerk  
Miss J. Walker, Senior Clerk, Care of Mothers and Young Children  
Miss N. Wade, Clerk, School Health Service  
Miss J. Wildsmith, Clerk, School Health Service  
Miss K. Bent, Clerk, Care of Mothers and Young Children  
Mrs. B. Ramsden, Clerk, Care of Mothers and Young Children  
Miss A. Williams, Clerk, Care of Mothers and Young Children  
(Terminated 3.1.68.)  
Miss V. Brown, Clerk-Typist, Care of Mothers and Young Children  
(Commenced 22.1.68.)

**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, District Public Health Inspector  
Mr. E. Carr, District Public Health Inspector  
Mr. R. Whittles, District Public Health Inspector  
Mr. J. S. Smith, District Public Health Inspector  
(Commenced 26.8.68.)  
Mr. F. Smith, Authorised Meat Inspector (Commenced 25.11.68.)  
Mr. H. Tomlinson, Technical Assistant  
Mr. A. C. Penn, Technical Assistant (Resigned 5.11.68.)  
Mr. D. R. Worrall, Senior Clerk  
Mrs. H. Lax, Clerk-Typist  
Mrs. P. Saxton, Senior Shorthand Typist  
Miss J. Hoyle, Shorthand Typist (Terminated 15.4.68.)  
Miss C. Evans, Shorthand Typist (Commenced 3.6.68.)  
Mr. S. Horton, Clerk/Student Public Health Inspector  
Mr. R. E. Shackleton, Clerk/Student Public Health Inspector  
Mr. P. Hobson, Clerk









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CHRONICLE PRINTERS BARNLEY

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