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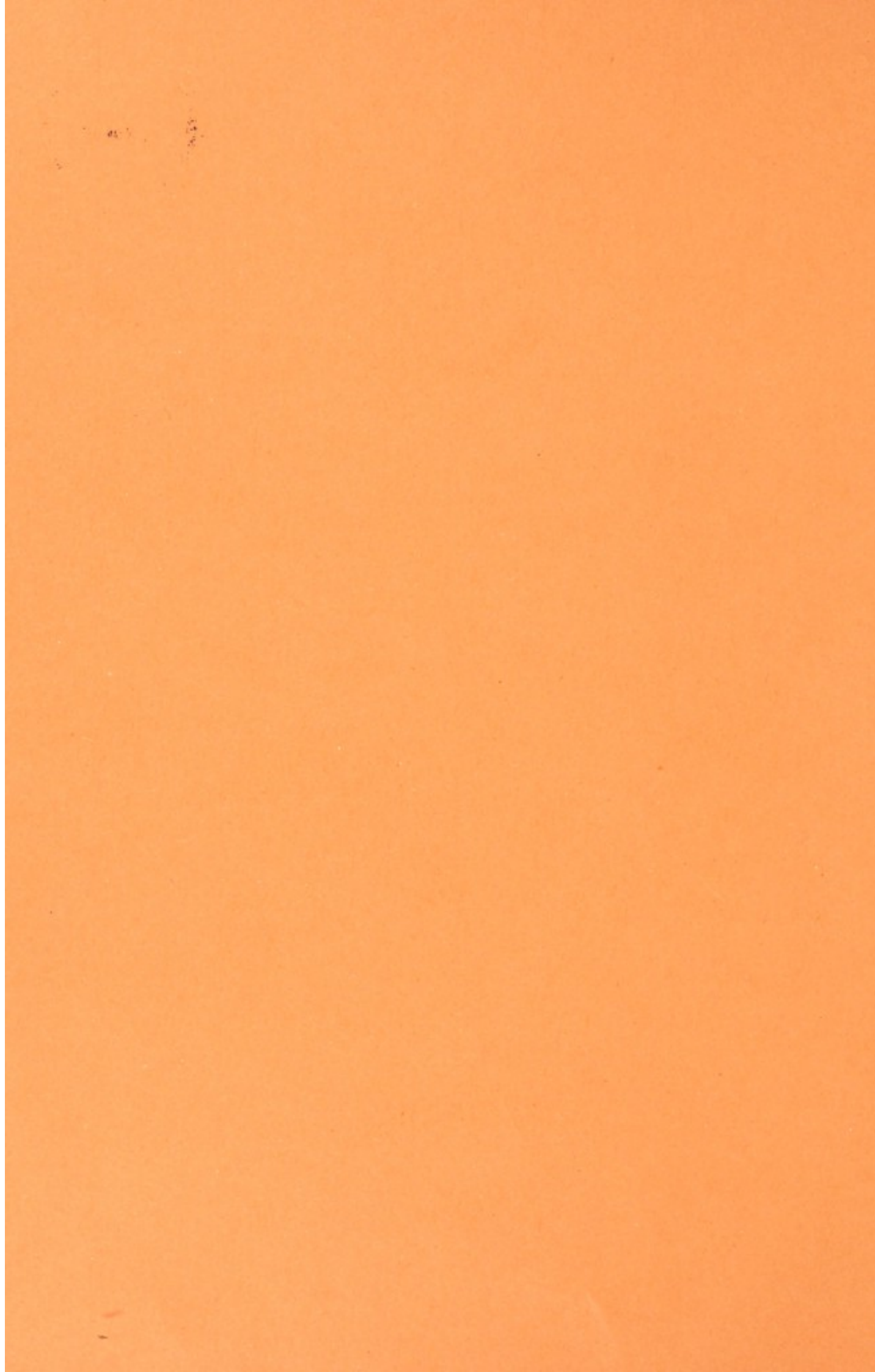
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THE HEALTH
OF
BARNESLEY

1972



THE HEALTH OF BARNSLEY

1972




The Annual Report of the Medical Officer of Health

The Annual Report of the Principal School Medical Officer

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FOREWORD

"My sword, I give to him that shall succeed me in my pilgrimage, and my courage and skill to him that can get it."

Pilgrim's Progress

John Bunyan, 1628—1688

This report for 1972 may well be the last Annual Report on the Health of Barnsley to be presented in a form which has become almost traditional. As to the 1973 Report, it is difficult to see how a useful report can be prepared in the absence of the Registrar General's statistics. For many years these have been received in the month of May and, as a result, it has not been possible to complete reports earlier than this. After 1st April, 1974 the Authority to whom the Report for 1973 should be presented — the Barnsley County Borough Council — will no longer exist. Perhaps the Department of Health and Social Security may see fit to offer specific guidance to Medical Officers of Health as to how their statutory duties in respect of the statistical content of their Annual Reports for 1973 are to be discharged. It would be regrettable if reports which will in effect be testamentary dispositions on the disappearance of an office were of necessity to be presented statistically incomplete.

On this account thought was given to reviewing in some detail the work of the Council's Health Services since the inception of the National Health Service in 1948. No doubt it would be both instructive and interesting to do so. At this juncture, however, it would appear to be more profitable to look forward rather than backwards. Apart from this, such a review is hardly necessary. The comparative statistical table in Part I summarises the achievements of the past twenty years both factually and adequately.

The forthcoming Reorganisation of both Local Government and the National Health Service has, during 1972, exerted an ever increasing influence on the Council's Services and on those who work in them; the need for a much closer association between the three parts of the National Health Service has long been apparent. This is evident from several matters which figure in the pages of this report. However, whether integration as envisaged in the prolixity of documents and circulars which have been issuing from Government Departments will effect this closer association, will remain to be seen.

In Barnsley, perhaps to a greater extent than in many other parts of the country the elements of the Health Service have found common ground. Hospital consultants hold sessions in the Authority's clinics, there are the weekly geriatric case conferences, domiciliary midwives attend confinements in the General Practitioner Maternity Unit at the Barnsley District General Hospital. During 1972 nursing support has been provided by the Local Authority for general practitioners in their surgeries. It is to be hoped that integration will not only preserve but extend working arrangements such as these which have proved to be so beneficial to the community.

Some of the preliminary work necessary for Reorganisation has

been entrusted to an Area Joint Liaison Committee composed of officers of the bodies who provide Health Services in territory to be covered by the future Barnsley Area Health Authority. This committee has proved to be a quite unexpectedly useful body. Through it the unappreciated problems of each service have been clearly demonstrated to the others. Recognition has also emerged of the vital necessity of effecting a true integration of services rather than by continuing the status quo as integration in name only. This has now been understood and accepted. It would seem that there is only one possible obstacle to its achievement.

It is perhaps inevitable in a service of growing complexity that central direction should play an increasing part. In accepting a degree of direction and guidance as necessary, the hope must be expressed that this will be offered tactfully and in such a manner as to stimulate and encourage the new authority. If direction were to take the form of the overriding of advice given or decisions taken to meet specific local needs the results would be unfortunate. They would be doubly so should this appear to be done to ensure conformity with national administrative convenience or expediency. Service with a Health Authority under such circumstances would simply not be acceptable to either members or officers of the calibre necessary to ensure its effectiveness. They would, without doubt, feel both their time and their talents to be wasted. They would therefore forsake the Health Service for spheres of activity where they could regard themselves as being more profitably employed. This realisation of the possible effects of inept central guidance and direction is probably one of the more useful outcomes of the deliberations of the Joint Liaison Committee for the Barnsley area. As this may well have a far reaching influence on the Health of Barnsley in the future it is but proper that mention should be made of it here.

The contents of the report have been again arranged in the order adopted last year.

Part I —contains statistical and epidemiological information. The most striking feature in this part is that the deaths attributed to lung cancer amounted to 50, or rather more than 5 per cent of all the deaths recorded during the year. All the evidence suggests that lung cancer deaths are at least as preventable as fatal road accidents. Indeed, many are of the opinion that they are more readily prevented. It is not very difficult to imagine the emotive atmosphere which would be evoked if 5 per cent of the deaths in Barnsley had resulted from road accidents. There would certainly be a demand for action such as the imposition of speed limits and the provision of subways. Yet, the pattern of behaviour which leads to lung cancer is a deliberate disregard of a known hazard spread over many years. The road accident results from a single moment of reckless thoughtlessness or even from simple inattention.

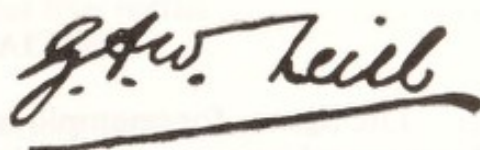
Part II —deals with the Personal Health Services. Here interest

centres on the development of the Community Nursing Services, perhaps the most valuable contribution the Council will make to the new Area Health Authority. The unsatisfactory position regarding the Dental Services is to be regretted. It would seem that the necessity to equate the conditions of service of the Council's dentists with those of other Local Government Officers is the cause of this. Whatever arguments there may have been for the retention by local authorities of Personal Health Services this situation would seem to support those in favour of integration.

Part III—is concerned with Environmental Health. Traditionally Environmental Health only attracts attention to itself when something goes wrong with the machinery for its maintenance. That this part of the report contains nothing of outstanding interest, can therefore be noted without regret.

Part IV—constitutes the statutory report to the Education Authority on School Health by the Principal School Medical Officer. The feature to be noted here is the development of care and education facilities for the handicapped pupil.

The sword being for the present returned to its scabbard in preparation for presentation to the pilgrim's successor, it remains only to thank all those people whose efforts and goodwill have contributed to a successful year's work. It is also 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

15th August, 1973

PART I

STATISTICAL AND EPIDEMIOLOGICAL INFORMATION

For thy sake, Tobacco, I
Would do any thing but die.

A Farewell to Tobacco, l. 122.

Charles Lamb
1775—1834

1. Geographical Situation: Latitude 53° 33'' N.
Longitude 1° 29'' W.
2. Elevation: 125ft. to 575 ft.
3. Area of County Borough: 7,817 acres.
4. Population: (a) Census 196174,650
(b) Registrar General's estimate74,880
(1972 mid-year)
5. Density of Population: 9.58 persons per acre.
6. No. of inhabited houses: 25,525.
7. Rateable value at 31st December, 1972: £2,560,210.
8. Sum represented by a penny rate: £23,567.

SOCIAL CONDITIONS

The figures for unemployment at the end of 1972 show a significant decrease when compared with those at the beginning of the year. This is most reassuring as it suggests that the Council's policy of encouraging industrial development is now producing recognisable effects. There is no need to emphasise in a report such as this, the value of prosperity and security to the health, both physical and mental of a close knit community such as Barnsley.

The figures received relating to employment for 1972 are as follows:

	Men		Women		Total	
	18 and over		18 and over			
	WU	TS	WU	TS	WU	TS
At 31.12.71.	2820	94	239	26	3059	120
At 31.12.72.	1999	—	242	—	2241	—

WU—wholly unemployed
TS—temporarily suspended

VITAL STATISTICS

Births:	Males	Females	Total
Legitimate	577	567	1144
Illegitimate	40	50	90
	<hr/>	<hr/>	<hr/>
	617	617	1234

Birth rate per 1,000 population.....16.50

Adjusted by application of the area comparability factor of .98

16.20

Illegitimate live births (percentage of total live births)..... 7.00

Stillbirths:	Males	Females	Total
Legitimate	8	11	19
Illegitimate	1	—	1
	<hr/>	<hr/>	<hr/>
	9	11	20

Rate per 1,000 total births (live and still)16.00

Total live and stillbirths.....1254

Infant Mortality:

Infant deaths under 1 year of age 21

Infant Mortality Rates:

Total infant deaths per 1,000 live births..... 17

Legitimate infant deaths per 1,000 legitimate live births..... 18

Illegitimate infant deaths per 1,000 illegitimate live births —

Neo-Natal Mortality Rates:

Deaths under 4 weeks per 1,000 total live births 12

Early Neo-Natal Mortality Rate:

Deaths under 1 week per 1,000 total live births 12

Peri-Natal Mortality Rate:

Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths 28

Maternal Mortality:

No maternal deaths were registered in the County Borough during 1972.

ANALYSIS OF PERINATAL MORTALITY

The total perinatal deaths (i.e. stillbirths plus deaths under 1 week of age) numbered 35. Of these deaths, 20 were stillbirths and 15, although born alive, subsequently died within one week of birth.

Deaths in the first week of life

Non-viable Prematurity	4
(estimated periods of gestation in these cases were 23 weeks, 24 weeks, 24 weeks and 26 weeks)	
Extreme Prematurity.....	1
(birth weight 2 lbs. estimated period of gestation 28 weeks)	
Extreme Prematurity and Asphyxia Neonatorum.....	1
(birth weight 3 lbs. 13 ozs.)	
Extreme Prematurity and Cerebral Haemorrhage.....	1
Anencephaly and Congenital Malformations of the Nervous System	1
Atelectasis and Precipitate Labour	1
Massive Atelectasis and Cardiac Failure	1
Intracranial Haemorrhage and Prematurity	1
Intracranial Haemorrhage, Atelectasis and Prematurity	1
Failure of initiation of respiration and Tentorial Tear	1
Haemorrhagic Disease of the Newborn, Atelectasis and Prematurity	1
Cerebral Anoxia, Myelomeningocele and Respiratory Distress Syndrome	1
	<u>15</u>

Stillbirths

Placental Insufficiency	2
Anencephaly	2
Intra-uterine asphyxia	2
Hydrocephalus.....	2
Accidental Haemorrhage	1
Concealed Accidental Haemorrhage	1
Ante-partum Haemorrhage.....	1
Foetal Abnormalities	1
Atelectasis	1
Intra-partum Anoxia	1
(Intra-uterine Death).....	1
(Pre-eclampsia	
(Intra-Cranial Haemorrhage	1
(Pre-eclampsia	
Cause unknown	4
	<u>20</u>

ANALYSIS OF INFANT DEATHS: 1 week — 1 year

Acute Sudden Death in Infancy Syndrome	2
Transposition of the Great Vessels and Congenital Heart Disease.....	1
Sinus Thrombosis and Acute Mastoiditis.....	1
Congenital Heart Disease and Congestive Cardiac Failure	1
Spina Bifida and Hydrocephalus	1
	<u>6</u>

DEATHS:

Males	498
Females	409
	<hr/> 907 <hr/>

Crude Death Rate per 1,000 population12.1

Adjusted Death Rate by application of area comparability
factor of 1.15.....13.9

The vital statistics for Barnsley for 1972 compared with those for England and Wales and with those for previous years will be found in Table I appended to this part of the report.

The deaths attributable to the various causes in the Registrar General's short list are shown in Table II.

Comment:

The overall total of live births is 133 less than for 1971. Illegitimate live births are fewer by 19.

The stillbirths at 20 are decreased by one when compared with 1971.

The number of deaths of infants under 1 year is 20 as against 27 in 1971. With the lower birth rate this represents a substantial improvement in the infant mortality rate which, at 17 per 1,000 live births, corresponds with the national average — this figure cannot be regarded as an unsatisfactory achievement in a predominantly industrial community.

Again the year passed without the necessity to record a maternal death.

The number of deaths showed an increase of 70 over the previous year and this resulted in an increase in the adjusted death rate to 13.9. In view of the increasing proportion of deaths being attributed to the 75 and over age group this need not be a cause for concern.

Table II shows that the trend towards a greater number of deaths from Lung Cancer continues. 50 were attributed to this cause compared with 42 in 1972. Thus, more than 5 per cent of those who died in Barnsley during the year died from Lung Cancer. It would be interesting to know how many, if any, of these people had been lifelong non smokers. It might be fair comment, in view of this, to observe that each year in Barnsley an increasing number of people demonstrate that their devotion to tobacco is greater than that declared by Charles Lamb.

There is an increase of 31 in the number of deaths from Heart Disease compared with the previous year. Some 78 of these occurred in people under 65 years of age, from the condition which is described as "Coronary Thrombosis". This represents an increase of 15 over the comparable figure for 1971.

Apart from the above two points, Table II offers the occasion for comment.

INFECTIOUS DISEASES:

1777 notifications were received; statistical details are set out in Tables III and IV.

There were 1603 notifications of Measles, 1401 of which were received during the months of May, June and July.

Reference has been made in previous reports to the several problems which have been encountered in promoting vaccination against measles in Barnsley. It would seem that this high incidence in 1972 may well have added to these. Clinically, the disease was described as being moderately severe. It is, therefore, of interest that only one death occurred from it.

Scarlet Fever accounted for 138 notifications, an increase of 65 over those recorded in 1971. The disease has generally been mild and uncomplicated.

Whooping Cough (one notification), and Infectious Jaundice (9 notifications) show substantial decreases. Both these diseases are capable of causing severe and permanent disability long after recovery from the acute stage. Their decline during 1972 should be noted with satisfaction.

Notifications of 7 cases of Dysentery and 9 cases of Food Poisoning, would seem to indicate that the improvements in food handling and general hygiene mentioned in relation to these diseases in last year's report have been maintained.

Seventeen cases of Pulmonary Tuberculosis were notified and 4 deaths from the disease were recorded. These figures may be regarded as highly satisfactory although they do not approach the 1971 "record" figures. Study of Table VI shows that in 14 of the 17 cases notified the patient was over 35 years of age and 11 were over 45. It is older people suffering from a chronic and not very disabling form of the disease who are the principal remaining reservoirs of tuberculous infection in the community. Detection of the true cause of their "bad chests" is now the most important measure in the ultimate elimination of the disease.

Venereal Diseases:

The figures for new cases attending Barnsley Special Treatment Centre and giving Barnsley addresses are:

Syphilis	4
Gonorrhoea	27
Other conditions	265

Although there is a marginal increase in the number of new cases of Gonorrhoea attending the Centre compared with 1971, these need not give rise to concern and are quite insufficient to suggest that sexually transmitted diseases are becoming a problem in Barnsley.

There is a substantial increase in the number of "other conditions" attending. This is a satisfactory feature as it indicates that members of the community who may have reason to suspect infection are seeking advice and treatment. Co-operation between the Health Department and the Special Treatment Centre could hardly be better. The standard of work done there is of an extremely high order and "follow-up" undertaken by the authority's staff suggests that this is appreciated and that most infections in Barnsley people are treated at the Centre. The number of "other conditions" treated also suggests local confidence in the Centre.

Scabies:

Treatments carried out at the clinics during the year were as follows:

Children

Number treated.....30

Adults

Number treated.....20

—
50
—

PART I APPENDIX. TABLE I
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		
		NUM- BER	RATE PER 1000 POP. BARN- SLEY ADJUSTED	RATE FOR ENGLAND AND WALES	NUMBER	RATE PER 1000 POP. BARN- SLEY ADJUSTED	RATE FOR ENGLAND AND WALES	NUM- BER	RATE PER 1000 LIVE BIRTHS BARN- SLEY	RATE FOR ENGLAND AND WALES	RATE PER 1000 LIVE BIRTHS		
											BARN- SLEY	ENGLAND AND WALES	
											BARN- SLEY	ENGLAND AND WALES	YEAR
1952	74730	1374	18.38	15.3	876	11.72	11.3	53	38	27.6	0.71	0.72	1952
1953	74740	1370	18.33	15.5	813	12.83	11.4	51	37.22	26.8	0.00	0.76	1953
1954	74850	1263	16.70	15.2	759	12.43	11.3	41	32.42	25.4	1.54	0.69	1954
1955	74760	1255	16.62	15.0	826	13.02	11.7	49	39.04	24.9	0.00	0.64	1955
1956	74830	1340	17.72	15.6	804	13.21	11.7	38	29.10	23.7	0.00	0.56	1956
1957	75360	1324	17.39	16.1	802	13.19	11.5	33	24.92	23.0	0.75	0.47	1957
1958	75580	1311	17.16	16.4	812	13.31	11.7	36	27.46	22.6	0.74	0.43	1958
1959	75400	1382	18.15	16.5	837	13.65	11.6	32	23.15	22.2	0.00	0.38	1959
1960	75450	1358	17.81	17.1	825	13.55	11.5	42	30.92	21.9	0.00	0.39	1960
1961	74590	1378	18.28	17.4	871	14.33	12.0	37	26.85	21.6	0.00	0.33	1961
1962	74910	1425	18.83	18.0	844	13.96	11.9	23	16.14	21.4	0.69	0.35	1962
1963	75000	1414	18.47	18.2	839	13.76	12.2	33	23.34	20.9	0.00	0.28	1963
1964	75260	1434	18.67	18.4	845	13.80	11.3	43	29.90	20.0	0.00	0.25	1964
1965	75500	1427	18.52	18.0	828	13.26	11.5	33	23.12	19.0	0.00	0.25	1965
1966	75760	1482	19.16	17.7	865	13.69	11.7	27	18.21	19.0	0.66	0.26	1966
1967	75910	1318	17.01	17.2	796	12.68	11.2	30	22.76	18.3	0.00	0.20	1967
1968	75220	1489	19.39	16.9	876	14.20	11.9	24	16.11	18.0	0.66	0.24	1968
1969	74880	1349	17.6	16.3	867	13.8	11.9	28	21.0	18.0	0.00	0.19	1969
1970	74470	1442	19.0	16.0	876	14.2	11.7	18	12.0	18.0	0.68	0.18	1970
1971	75040	1367	17.8	16.0	837	13.4	11.6	27	20.0	18.0	0.00	0.17	1971
1972	74880	1234	16.2	14.8	907	13.9	12.1	21	17.0	17.0	0.00	0.15	1972

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

Number of cases notified in Barnsley in 1972										Total Cases in each Ward										Removed to Hospital														
										All Ages	Under 1 year	1 year and under 3 years	3 years and under 5 years	5 years and under 10 years	10 years and under 15 years	15 years and under 25 years	25 years and over	North Ward	South Ward	East Ward	West Ward	South-East Ward	South-West Ward	Central Ward	Ardley Ward	Monk Bretton Ward	Carlton Ward	Home Cases	Kendray Hospital	Barnsley District Gen. Hosp.	Other Hospitals			
NOTIFIABLE DISEASES										138	—	6	30	76	22	2	2	8	3	5	—	17	—	58	17	23	137	1	—	—	—			
										1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
										1603	83	444	495	554	18	6	3	150	48	119	74	183	85	21	175	289	459	1603	—	—	—			
										4	—	—	—	2	1	1	1	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—		
										7	1	1	2	1	—	1	—	—	—	—	—	1	—	3	—	1	—	—	—	—	—	—	—	
										9	2	1	—	—	—	1	—	—	—	—	—	—	2	—	2	—	4	—	—	—	—	—	—	
										15	—	—	1	—	3	6	5	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
										—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS										1777	86	452	529	633	44	16	17	161	53	124	76	206	87	33	237	316	484	1768	7	2	—	—	—	—

TABLE IV. Notifiable Infectious Diseases (excluding Tuberculosis)
Table showing monthly prevalence during the year 1972.

NOTIFIABLE DISEASES	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Scarlet Fever	9	10	9	4	7	5	7	5	16	27	24	15	138
Whooping Cough	1	—	—	—	—	—	—	—	—	—	—	—	1
Measles	2	2	3	35	467	497	446	110	12	13	9	7	1603
Acute Meningitis	—	—	—	1	—	—	3	—	—	—	—	—	4
Dysentery	—	—	—	3	1	3	—	—	—	—	—	—	7
Food Poisoning	—	—	—	3	1	1	1	—	2	—	1	—	9
Infective Jaundice	—	2	3	2	2	—	2	1	—	2	—	1	15
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE V
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	
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
1969	12	7	0.09	4	1	0.01	0.10
1970	20	4	0.05	3	—	0.00	0.05
1971	6	3	0.04	4	—	0.00	0.04
1972	17	4	0.05	3	—	0.00	0.05

TABLE VI
Tuberculosis—New Cases and Deaths 1971
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.....	—	—	—	—	—	—	—	—
5—10.....	2	—	—	—	—	—	—	—
10—15.....	—	—	—	—	—	—	—	—
15—20.....	—	—	—	—	—	—	—	—
20—25.....	1	—	—	1	—	—	—	—
25—35.....	—	—	—	—	—	—	—	—
35—45.....	2	1	—	—	—	—	—	—
45—55.....	4	2	—	1	2	—	—	—
55—65.....	4	1	—	1	1	—	—	—
65—75.....	—	—	—	—	1	—	—	—
75 and over ..	—	—	—	—	—	—	—	—
Totals.....	13	4	—	3	4	—	—	—

PART II

PERSONAL HEALTH SERVICES

National Health Service Acts, 1946-52

National Assistance Acts, 1948 and 1951

I live in a constant endeavour to fence against the infirmities of ill health, and other evils of life, by mirth; being firmly persuaded that every time a man smiles, — but much more so, when he laughs, that it adds something to this Fragment of Life.

Tristram Shandy: Dedication
Laurence Sterne
1713-1768.

HEALTH CENTRES

National Health Service Act, 1946, S.21

The Health Centre at Littleworth Lane provides purpose designed branch surgery accommodation for two groups of general practitioners. That at Laithes Lane, Athersley provides similar facilities for three groups. A full range of the authority's own services is also accommodated at both Centres.

Branch surgery accommodation is provided for one group practice at New Street Clinic and for another group practice at the clinic in adapted premises at Monk Bretton.

In addition, the authority has a purpose designed clinic at Hunningley Lane, Ardsley and has premises adapted for clinic purposes in Gawber Road and at Carlton.

CARE OF MOTHERS AND YOUNG CHILDREN

National Health Service Act, 1946, S.22

The services provided under this section at the end of 1972 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.

BARNSELEY, ATHERSLEY, STAIRFOOT, LUNDWOOD & CARLTON

ANTE-NATAL CLINICS

Ante-Natal and Post-Natal Clinics:

Ante-Natal Clinics:

	BARNSELEY	ATHERSLEY	STAIRFOOT	LUNDWOOD	CARLTON	TOTAL
1. No. of sessions held during year	50	47	50	47	26	220
2. No. of women who attended during year.	130	79	57	80	47	393
3. No. of New Cases included above	94	78	28	80	34	314
4. No. of attendances made during year.	572	379	129	374	203	1,657

POST-NATAL CLINICS:

No Post-Natal Clinics were held during the year.

Barnsley, Athersley, Stairfoot, Lundwood, Carlton, Jordan House and Monk Bretton Infant Welfare Clinics.

	BARNSELEY	ATHERSLEY	STAIRFOOT	LUNDWOOD	CARLTON	JORDAN HOUSE	MONK BRETTON	TOTAL
1. No. of sessions held during year at centres ...	147	99	99	52	26	100	50	573
2. No. of children who first attended a centre during the year, and at their first attendance were 0-1	357	203	175	156	38	104	113	1,146
3. No. of children who attended during the year and were born: 1972	308	116	145	126	30	98	103	926
1971	278	123	165	121	30	121	100	938
1970-1967	189	60	137	82	19	59	96	642
4. Total No. of children who attended during the year	775	299	447	329	79	278	299	2,506
5. No. of attendances during the year made by children who at date of attendance were:								
0-1	3,368	1,826	1,677	1,630	320	1,272	1,258	11,351
1-2	723	378	388	250	55	320	254	2,368
2-5	242	128	185	98	21	95	62	831
6. Total No. of attendances made during the year	4,333	2,332	2,250	1,978	396	1,687	1,574	14,550

NOTE: Of Barnsley's 775 I.W.C. cases 63 attended the Paediatric Clinic at New Street, and made 102 attendances in 44 sessions.

In addition 145 school children made 295 attendances at the Paediatric Clinic in 44 sessions.

196 Children were referred to Specialists during the year.

Dental Care of Mothers and Young Children 1972:

Mr. G. White, L.D.S., Chief Dental Officer, reports:

"The total number of courses of treatment in this category remains fairly static, but the continuing increase in the number of under fives attending is encouraging as this group are liable to be neglected when shortage of staff exists.

Comparisons of Barnsley's treatment figures with the national average shows that the number of teeth filled per child is approximately one half of, whilst the number of teeth extracted per child is three times the national average figure.

These figures reflect the fact that most of the treatment on these patients is commenced when it is already too late to save the teeth by filling, because the parents have waited until their children have tooth-ache before bringing them to the clinic.

What can be done in the face of such an avalanche of dental disease at this early age, with only 40% of the establishment of Dental Officers?

(a) Recruitment of Additional Dental Officers

At the moment any dentist seeking employment with a local authority can choose a post in any part of the country and get the same salary as he would be offered in Barnsley. More often than not he will also be offered inducements enabling him to earn substantially more by working part time in general practice or by doing evening sessions in the clinic. Recommendations that such inducements be offered by the Barnsley Health Authority were made on a number of occasions. They have not, however, been accepted on the ground that to do so would be to depart from the Council's policy in regard to its whole time employees whether they be accountants, surveyors, doctors or dentists.

It is to be hoped that when the National Health Service takes over in 1974 this state of affairs can be changed, and that incentive payments will be introduced to ensure that Barnsley and district attracts its fair share of the nations very limited number of dentists.

(b) Preventive Dentistry

With the present shortage of dental officers and auxiliaries, there is little hope of achieving a significant reduction in dental caries by means of application of fluorides in the surgery. There is, however, abundant evidence from reputable scientific studies to show that by adjusting the fluoride content of drinking water to one part per million, dental decay would be halved.

It has been recommended by both the Council's dental and medical advisers that the fluoride content of the Barnsley water supply be adjusted to this level. However, as often as such recommendations have been made, they have failed to find acceptance by the Council."

The statistics for 1972 are presented as follows:

Dental Services for Expectant and Nursing Mothers and Children under Five years

STATISTICS FOR 1972

A. Attendances and Treatments:

NUMBER OF VISITS FOR TREATMENT DURING YEAR:	Children under five years	Expectant and Nursing Mothers
First Visits	83	41
Subsequent Visits	88	84
	—	—
Total Visits	171	125
	—	—
Number of Fillings	61	94
Number of Extractions	197	59
Number of General Anaesthetics	70	20
Number of Patients X-rayed.....	—	1
Number of Scaling and Gum Treatments...	12	21
Number of Teeth otherwise Conserved	16	—
Number of Teeth Root Filled	—	—
Number of Inlays	—	—
Number of Crowns	—	2

B. Prosthetics

Number of Dentures Supplied	—	12
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C. Inspections

Number of Patients Inspected	83	30
Number who required Treatment	40	26
Number re-inspected during year	4	2

D. Sessions

Number of Treatment Sessions	39
------------------------------------	----

Orthopaedic Clinic:

The report of the work at the orthopaedic clinic for children under school age during the year is as follows:

Visits of Orthopaedic Surgeon	11
New patients seen	70
Re-examinations	121
Cases seen by School Doctor (routine follow-up)	90

Relaxation Classes: (carried out by midwives):

	NEW STREET	ATHERSLEY	STAIRFOOT	LUNDWOOD	TOTAL
Sessions	65	29	26	40	160
New patients.....	94	24	24	34	176
Total attendances.....	542	117	133	205	997

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

Psychiatric Services:

A Consultant 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 social service 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. A part-time Speech Therapist was appointed in November this year and clinics are held by her twice weekly. The post of Physiotherapist became vacant in April.

Nursing Homes:

There are no nursing homes in the County Borough.

The "At Risk" Register:

This was maintained throughout the year following the arrangements described in previous reports. 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 a "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 reducing "avoidable" risks to children born into such families.

At Risk Children

Remaining on the register at 31.12.72.

Simply at risk	237
Special at risk register	311

Congenital Deformities:

The arrangements for the collection of information of children born with congenital deformities were continued throughout the year. Information is received from all sources concerned with new born children, the hospitals, general practitioners, midwives and health visitors as well as from the consultant paediatrician. This information is correlated to the list of classified malformations and is submitted to the Department of Health and Social Security.

Children reported to have congenital malformations in 1972 — 12.

Family Planning:

Reference was made in last year's report to the implementation on 1st April of an agency agreement on the basis that the Service is restricted to residents of the County Borough and that there is no charge for consultation. In the case of patients referred for medical reasons, supplies are also provided without charge.

In the course of the year, a total of 2549 families availed themselves of these arrangements. Of these, 597 were regarded as being "medical references." As forecast in last year's report, steps were taken during the year to introduce a domiciliary Family Planning Service. This was accomplished by October, 1972 and by the end of the year, 29 families had received domiciliary advice and care.

Also in co-operation with the Family Planning Association arrangements are being made for the Authority's Nursing and Medical staffs to receive instruction in appropriate aspects of family planning work.

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 1972 amounted to £5,244.98½, (£5,795.58 in 1971).

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.

WELFARE FOODS

	BARNSLEY	ATHERSLEY	STAIRFOOT	LUNDWOOD	JORDAN HOUSE	MONK BRETTON	TOTAL
FREE ISSUES							
DRIED MILK							
Total cost to the Committee:							
1971	NIL	NIL	NIL	NIL	NIL	NIL	NIL
1972	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Receipts for the year:							
1971							
Dried Milk	£2,223.42½	£902.28	£707.29½	£521.60½	£730.50½	£710.72	£5,795.88
Welfare Foods	£947.78½	£291.33	£248.23	£250.13	£239.56	£188.92½	£2,165.96
1972							
Dried Milk	£1,972.43	£793.81	£664.97½	£681.01½	£558.03½	£574.72	£5,244.98½
Welfare Foods	£327.64½	£108.73	£83.66	£88.30½	£63.60½	£34.83	£706.77½

WELFARE FOODS

	VITAMIN DROPS A C & D		VITAMIN TABLETS		ORANGE JUICE		NATIONAL DRIED MILK		
	FREE	PAID	FREE	PAID	FREE	PAID	FULL CREAM	HALF CREAM	Full Price
BARNSLEY	366	733	27	222	7	742	—	—	1,144
ATHERSLEY	198	216	12	19	—	150	—	—	432
STAIRFOOT	101	308	17	83	—	139	—	—	262
LUNDWOOD	133	191	12	73	—	111	—	—	334
JORDAN HOUSE	60	344	—	58	—	186	—	—	150
MONK BRETTON	23	286	6	33	—	189	—	—	27
	881	2,078	74	488	7	1,517	—	—	2,349

MIDWIFERY

National Health Service Act 1946, S.23

During 1972 Miss S. Abbott and Mrs. Woodhead left practical domiciliary midwifery. Mrs. Lockwood, a district nursing sister, was transferred to the Midwifery Service. At the end of the year, 8 midwives (three of these being approved teachers), were in post.

Medical Aid

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

1. Where the medical practitioner had arranged to provide the patient with maternity services under the National Health Service	15
2. Other	—

Domiciliary Midwifery and Institutional Confinement

During 1972 in Barnsley:—

- 4 women who had not booked doctor were attended by a domiciliary midwife.
 - 17 women who booked a doctor were attended by municipal midwives and a doctor was present during labour.
 - 4 women who booked a doctor were attended by municipal midwives and a doctor was present at delivery.
 - 13 women who booked a doctor were attended by municipal midwives and a doctor was present at labour and at the time of delivery of the child.
 - 274 women who booked a doctor were attended by municipal midwives and a doctor was not present at either labour or delivery of the child.
 - 756 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 (875 in 1971).
 - 3146 visits were paid to women who were discharged from hospital before the 10th day of the puerperium.
 - 5123 visits were paid by midwives during the puerperium (up to the 14th day) to patients delivered by the midwife (4909 in 1971).
 - 144 post-natal visits were paid to women in their own homes after the 14th day.
 - 2301 ante-natal visits were paid to women in their own homes by the authority's midwives (2301 in 1971).
 - 1060 other visits were made by midwives.
 - 311 attendances at ante-natal clinics were made by midwives.
 - 256 attendances at General Practitioners ante-natal clinics were made by midwives.
 - 1012 attendances were made by expectant mothers to ante-natal classes including relaxation exercises (held by midwives).
- Number of miscarriages attended — 3.

Analgesia supplied

Entonox (Nitrous Oxide 50% and Oxygen 50%)

The Tecota Mark 6 Inhaler

Pethidine Hydrochloride

Dechloralphenazone tablets

Supervision of Midwives

In accordance with the Midwives Act routine supervision of each midwife in the standard of work performed in her own home and on the district was carried out. All registers and records were examined and signed. The safe keeping of dangerous and other drugs was ascertained and the maintenance and storage of equipment and uniform checked. To assess the quality of her work on the district, she was accompanied to a newly delivered mother and baby and observed carrying out the technique of a complete nursing care of the mother and baby.

The Ortolani Test

A routine examination to detect the presence of congenital dislocation of the hip was carried out on all newborn infants. Two cases were suspect and referred to the Paediatrician.

Screening of the Newborn for Phenylketonuria

This was done by the Guthrie Blood Test on all newborn infants with the permission of the parents; only in one case was this refused. No positive result was recorded in the County Borough during the year.

Obstetric Emergency Service

The service was requested by the Domiciliary Midwifery Service on one occasion. The case was booked for a home confinement. During the first stage of labour, ante partum haemorrhage was diagnosed. The patient was given Dextrose intravenously and transferred to hospital.

Health Education

Mothercraft and relaxation classes were held in the health centres and clinics. These were programmed in a course of eight classes covering all the subjects available. A midwife or a health visitor covered the various topics concerned with their own field of work.

There was a drop in the number of attendances towards the end of the year due possibly to the introduction of classes at the Barnsley District General Hospital, especially the evening session where both parents were invited.

General Practitioner Maternity Unit — Barnsley District General Hospital

During 1972, 198 cases were attended by the Authority's domiciliary midwives in the General Practitioners Unit in accordance with the integrated arrangements described in last year's report.

The patients were nursed for the initial days in the ward and followed out on to the district when discharged home by the general practitioner obstetricians. This enables the mother and baby to receive a continuity of nursing care.

The scheme proved to be very popular with the staff, largely due to the team spirit of all the areas of midwifery involved with it.

Midwifery Education

Second Part Midwifery Training:

10 pupil midwives completed the above training of 3 months duration.

5 were successful and were entered on the Roll of Midwives.

1 resigned before completing the training due to ill health.

4 have still to complete the full training.

Obstetric Training:

During the year discussions were held by the Principal Midwifery Tutor and the Supervisor of Midwives to look at the community experience given to the obstetric nurse and it was agreed that part of the programme was a duplication of the syllabus of the first year of the State Registration nurse training where the student receives two days in the community. It was decided to reduce the five days course to a one day observation visit.

8 nurses paid the one day observation visit.

Post-Graduate Courses and In-Service Training

Miss Abbott and Mrs. Horne attended a statutory midwifery post-graduate course at Hull.

2 midwives attended a first line management course at Huddersfield.

2 midwives attended a two day family planning course at Sheffield.

Throughout the year, the staff received an invitation to attend a half day study day on a variety of subjects in the midwifery field from the Midwifery School of the Barnsley District General Hospital and these were accepted when possible.

Comment:

The service has maintained a high standard of midwifery and continues gradually to integrate more duties with the general practitioner by attending his ante natal clinics, and with the hospital service, by being part of the General Practitioners Unit. Meetings were held in the hospital and midwives, both hospital and domiciliary staff, from all areas were encouraged to discuss any problems arising within the service.

HEALTH VISITING SERVICE

National Health Service Act, 1946, S.24

The figures showing the number of visits made by health visitors during 1972 as compared with those of the two previous years are as follows:

	1970	1971	1972
Children under 5 years visited for the first time ..	6068	5844	5211
Children under 1 year: 1st visit	1366	1309	1187
Total	6374	5393	3785
Children between 1 and 2 years visited	5243	5459	3597
Children between 2 and 5 years visited	9387	8149	6171
Total number of visits made to children under 5 years	21004	19001	13553
Expectant mothers: 1st Visit	655	432	352
TOTAL.....	1072	676	568
Neonatal Death Enquiries.....	21	28	19
Stillbirth Enquiries	17	22	22
Visits to Tuberculous Households.....	365	239	206
Total Households visited	22858	20660	26128
Geriatric visits (to persons aged 65 and over).....	5500	5129	4289
Visits to the mentally disordered.....	154	98	125
Visits to chronic sick persons	812	833	527
Hospital after-care visits.....	163	140	124
Social and Moral Welfare visits	1257	1070	887
Visits to households re infectious diseases	998	347	1693

On 31st December, 1972, the staff in post was as follows:

Nursing Officer, Health Visiting and School Nurse	1
Senior Health Visitor and School Nurse	3
Area Health Visitor and School Nurse.....	7
State Registered Nurse.....	1
State Enrolled Nurse	6

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

The Director of Nursing Services reports as follows:—

“The work of the health visitor has changed considerably through the year due to many factors, the first and most important one being the reduction of staff through retirement; one member sought promotion with another authority, and a death. Secondly, every encouragement was given to the staff to equip themselves with the necessary experience to apply for a variety of posts in the Reorganisation of the Health Service when they arose.

“Thirdly, numerous opportunities were presented for them to attend In-service training on many subjects.

“Fourthly, new ventures were promoted, e.g. the Health Visitor Liaison Officer for Coronary Care and Domiciliary Family Planning, the result being a limited number of overall hours available for visiting.

“Every means possible was attempted to recruit trained health visitors or students. Several nurses were given an appointment for an interview but their education, qualifications, etc. failed to reach the necessary requirements asked at the training centres. Other staff in the Community Nursing Service were given day release to enable them to attend the Technical College for further academic education. Advertisements were placed in the local papers and professional journals. The result was extremely disappointing.

“Due to Reorganisation of the National Health Service and the recommendations in the Asa Briggs report for the health visitor of the future, there was an air of uncertainty and insecurity. To help to allay the fears, meetings were held and current information passed on. Consideration was given to each member to encourage her to reach her potential and gain job satisfaction. Opportunities were made available to attend First and Middle Line Management Courses, to train for a further certificate in another field of nursing and a Post-Graduate Course, either on a special subject or a Refresher on health visiting.

“The In-Service Training programme contained courses ranging from five days to a half-day study day covering Mental Health, Special Clinics, Future of the Nursing Services, Integration of the National Health Service and a short Health Education course. There was an interchange of staff with the Barnsley District General Hospital.

“Towards the end of the year, it was realised that to cover the service adequately, in all its aspects and complete the training programme, a more realistic look had to be taken into the work of the health visitor.

“The decision was taken to trim down the routine family visits and introduce a more selective scheme of visiting. The work concentrated on the essentials, meant that the Health Visiting staff lost some of the contact and confidence of the parents which was only gained by the constant home visiting where doubts and worries were discussed in a relaxed environment.

“Parents were encouraged to attend the Health Centre at various stages of the child's development after the sixth week when assessments e.g. hearing test, immunisation and vaccination programme, etc. birthday visits were also stressed.

“The Health Education programme was reverted back to the area health visitor to plan and put into practice.

“Each senior health visitor was allocated a state enrolled nurse with district training to work under her supervision to cover school hygiene, follow-up visits, geriatric visits and clinics.”

The Coronary Care Liaison Officer

Dut to a report that there had been a lapse of eight days between a patient being discharged from the Coronary Care Unit and a visit from an area health visitor, it was suggested from the Consultant of the Coronary Care Unit, the possibility of a liaison officer being appointed. Meetings were held to discuss the advantages and what the duties of the health visitor should be. It was agreed to implement the scheme on the 25th October, 1972 the two principles being:

- (a) to visit the family to make sure the home is suitable for the patient to be discharged home and also give moral support
- (b) to investigate the possibility of the patient returning to work.

The work consisted of the liaison officer paying three visits a week to the Unit and wards, home visiting and administration. Up to the end of the year, 33 patients were notified. It is too early to comment on the scheme but the general feeling was in favour, that it was very worthwhile.

Co-operation between the General Practitioner and Health Visitor

As in previous years, this was conducted on a very informal basis. More contact was made when the health visitor was present in the Health Centre when a surgery was being held. Since the district nursing sister started to attend the surgery, more work has been directed to the health visitor. On other occasions the contact was made by telephone.

Arrangements for follow-up of hospital cases by the health visitor

Geriatrics:

A geriatric register is kept of all persons aged over 60 brought to the notice of the Health Department from various quarters. Patients placed on the waiting list for admission to hospital are kept under review by the health visitor and reported to the Consultant Geriatrician and the Medical Officer of Health on any changes in their circumstances at the weekly geriatric meeting. She also discusses the services required for those who do not need hospitalisation.

Paediatrics:

The health visitor attended the consultant paediatrician's clinics held at New Street Clinic and Barnsley District General Hospital. In the majority of cases, she was able to give a full picture of a child's home background. She reported back to her colleagues on children who attended outside her own area. Reports of the treatment of children are posted to the Health Department.

Obstetrics:

Lists of patients delivered in the Barnsley District General Hospital are sent to the Health Department and they are visited by the health visitor after the 14th day.

Liaison with Chest Clinic and Wathwood Hospital was continued as previously.

Weekly meetings with the medical social workers at the hospital were attended.

Training Participation:

One health visitor student was sponsored by the County Borough to the City of Bradford Training Centre. The practical experience was conducted by the Health Visiting Field Instructor.

Two Health Visitor Students from Oxford Training Centre came here for one week observation experience.

Two talks on "The Work of the Health Visitor with Children" and "School Health" were given to the Nursery Nurses.

Forty Student Nurses from the Barnsley District General Hospital came on observation visits. Talks were given to them on various aspects of the Service.

HOME NURSING SERVICE

National Health Service Act, 1946, S.25

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

	1968	1969	1970	1971	1972
Cases	1,890	2,016	1,935	2,031	2,456
Visits	40,226	42,597	44,139	45,561	46,463
Whole-time nurses	16	16	16	15	16
Part-time nurses		3	3	4	3

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

TYPE OF CASE	NUMBER OF CASES	NO. OF VISITS PAID TO THESE PATIENTS
Tuberculosis	3	65
Influenza	2	11
Pneumonia	7	27
Maternal Complications	12	100
Erysipelas	—	—
Infectious Diseases	1	11
Miscarriage	1	7
Carcinoma and Neoplasm	142	4,022
Burns and Scalds	24	198
Diabetes	38	4,592
Post-operative	258	4,430
Bones and Joints	125	3,515
Eye, Ear, Nose and Throat	88	211
Cerebral Haemorrhage	88	1,849
Cardiac	80	1,871
Circulatory.. .. .	336	5,568
Chest, other than pneumonia	209	6,151
Skin	41	1,183
Others	1,001	12,652
	<hr/> 2,456	<hr/> 46,463

Patients in the above figures who attended clinics:—

Visits only	3,048
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Types of injections given:

Insulin	15	3,706
Penicillin	91	346
Streptomycin	13	172
Diuretic	11	317
Haematinic.. .. .	141	1,315
Sedative	47	1,020
Others	472	10,750
	<hr/> 790	<hr/> 17,626

Night Service:NUMBER
OF CASESNO. OF VISITS
PAID TO THESE
PATIENTS

Cases visited between 8.00 p.m. and 6.00 a.m. (included in the above figures)	184	1,525
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Night care cases	12	27
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Age Groups Nursed:

Under 5 years	120	731
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5-64 years	1,118	14,472
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65 years and over	1,218	31,260
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Discharges:

Convalescent	879
----------------------	-----

Hospital	269
------------------	-----

Died	193
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For other causes	560
--------------------------	-----

Classification of cases nursed:

Medical	1,646
-----------------	-------

Surgical	448
------------------	-----

Infectious diseases	1
-----------------------------	---

Tuberculosis	1
----------------------	---

Maternal complications	13
--------------------------------	----

Others	347
----------------	-----

Chiropody Sessions:

No. of sessions	290
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No. of patients	594
-------------------------	-----

No. of attendances	2,166
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Nursing support in G.Ps.' surgeries:

Attendances by Home Nursing staff	212	(S.R.N.) 172
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(S.E.N.) 40

No. of cases	514
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No. of treatments	692
---------------------------	-----

Bathing Sessions (held at Handicapped Persons Centre):

No. of sessions	210
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No. of patients	937
-------------------------	-----

Night Nursing

The rota system for patients needing care during the night has been continued most effectively during the year. There was an increase in the number of patients visited at night. The Night Nursing Service has proved itself most valuable in the help and reassurance given to acutely ill patients and their relatives.

Night Care Service

The policy of offering relief to relatives of extremely ill patients during the night hours was continued and appreciated. The figures were similar to that of previous years.

Home Nursing Clinics

There was a slight decrease in the number of attendances at all Health Centres and at the Home Nursing Centre during the year. At two of the Health Centres the number of sessions where a home nurse attended was reduced accordingly.

Nursing Support for General Practitioners

The principle of providing nursing support in their surgeries was accepted by the Authority during the year. Initially, trials were carried out with the co-operation of two groups of practitioners. The support provided consists of the attendance of a nursing sister and a nurse at the morning surgery sessions. In the afternoon, they visit the patients of the practice where this is appropriate.

By the end of the year, the sister had attended these surgeries on 172 occasions and the nurse on 40.

514 patients had received nursing attention and 692 treatments had been given.

In view of the success of this the Authority in November prepared to provide this facility for all practitioners who wish to avail themselves of it. With this in view, an increase in the establishment of home nursing staff from 18 to 24 was authorised.

Rehabilitation Aids and Loans

Maximum use was again made of this service. There has been a better response from the public to return loans once their use to them is no longer required. We are still left with a small waiting list for wheel-chairs and commodes on which there is an ever increasing demand. Articles on loan were checked throughout the year.

Linen, Loan and Laundry Service

This service has been constant throughout the year and proved beneficial in the nursing care of the geriatric patient.

Bathing Sessions

The demand for baths provided, in co-operation with the Social Services Department at the Centre for the Handicapped, increased to such an extent that the number of these sessions was increased from four to five per week.

For those attending the additional session on Monday, the Social Services Department has arranged the provision of lunch at the Centre.

Chiropody

There is still a great demand for this service and even with the extra sessions made available in 1971, there is still a considerable time gap between appointments. The Nursing Service continued to assess each patient, treatment being given, if possible, or recommendation for the Chiropody Service.

Provision of Equipment for Incontinent Patients

Every help was given throughout the year with the provision of incontinence pads and other equipment for the nursing of the incontinent patient. There was a constant and a growing demand for this service throughout the year.

Other Equipment

All equipment available and on loan has proved invaluable in the cases where the patient is extremely ill, and the other equipment in the rehabilitation of patients.

Post-graduate Courses

Two district nursing sisters attended Management Courses.

One district nursing sister attended a Practical Work Instructors Course.

Loans — Statistics — 1972

The following figures relate to the loan of sick room requisites still on the register at the end of the year.

Articles still on loan:

Green fireside chair.....	1
Air beds	—
Sorbo beds	24
Bedsteads	32
Bed pans	82
Bedrests	64
Bedtables	—
Bedcradles	39
Walking aids & Crutches.....	138
Cot mattress	3
Cot.....	2
Wheelchairs	36
Housechairs.....	2
Commodes	103
Zimmer walking frames.....	34
Draw sheets.....	42
Fracture boards.....	29
Feeding cups.....	5
Lavatory seats.....	10
Mackintosh sheets	50

Pulley & fittings	10
Air & Sorbo Rings	43
Bath mats	42
Bath rails	9
Bath seats	17
Urinals (male)	101
Urinals (female)	8
Shoe lifts	1
Toilet frames	2
Sheets (large)	—
Nightgowns	—
Tray	1
Bowls	1
Waterproof mattress covers	5
Ripple beds	1
Spina-bifida table	1
Cot sides	1
Long reach hand	1
Wooden stand for pulley and fittings	—
Rollator walkers	4
Mecalifts	1
Anti-pressure pads	2
Sanitary cushion	1
Croupaire machine	—
Moulinex liquidiser	1
Inflatable lavatory seat	1

Visits made by staff to check on loans — 688

Articles laundered — 17,264

Comment:

As in previous years the steady increase in the demand for domiciliary nursing care has continued. From time to time this has proved difficult to meet when, for various reasons, staffing problems have arisen. Whilst the number of new cases shows a modest rise, the increase in the total number of visits paid is disproportionately higher. This is attributable to visits paid to post operative patients and long term care called for in terminal illness due to cancer. The provision of nursing support to general practitioners at their surgeries has also been a factor in increasing the load of work on the Service.

The closer working with the hospitals which has been achieved has proved beneficial to all categories of patients. This is particularly evident in the case of geriatric patients who attend the Day Unit at Kendray Hospital whilst the Bath Sessions at the Social Services Centre are an example of the co-operation which exists between the Community Health Services and the Social Services Department.

The part played by the Home Nursing Service in Nurse Education, notably the integrated training for pupil nurses, has made a most useful contribution towards closer working with the hospitals.

VACCINATION AND IMMUNISATION

National Health Service Act 1946, S.26

Vaccination against Smallpox:

AGE AT DATE OF VACCINATION	NUMBER VACCINATED	NUMBER RE-VACCINATED
0-3 months	—	—
3-6 months	—	—
6-9 months	2	—
9-12 months	1	—
1 year	4	—
2-4 years	15	3
5-15 years	12	11
Over 15 years	77	192
TOTAL	111	206

Immunisation against Diphtheria (in combination)

CHILDREN BORN IN YEAR	NO. OF CHILDREN COMPLETING COURSE OF PRIMARY INJECTIONS IN 1972	NO. RECEIVING RE-INFORCING DOSE IN 1972	TOTAL
1972	20	—	20
1971	773	8	781
1970	191	7	198
1969	19	1	20
1968-1965	127	849	976
Others under 16 years	3	9	12
Others over 16 years	2	1	3
TOTAL	1,135	875	2,010

Immunisation against Whooping Cough (in combination) number completing Primary Course

YEAR OF BIRTH	NUMBER OF CHILDREN
1972	20
1971	753
1970	186
1969	12
1968-1965	26
Others under 16 years	—
Others over 16 years	—
TOTAL	997

Vaccination against Measles

YEAR OF BIRTH	NUMBER OF CHILDREN
1972	—
1971	142
1970	226
1969	19
1968-1965	18
Others under 16 years	—
Others over 16 years	—
TOTAL	405

Vaccination against Rubella

YEAR OF BIRTH	NUMBER OF CHILDREN
1972	—
1971	—
1970	—
1969	—
1968 to 1965	—
Others under 16 years	432
Over 16 years	—
TOTAL	432

Immunisation against Tetanus

A total of 1,141 children received a course of immunisation against tetanus, either combined with other antigens, or against this condition alone.

A further 36 persons over the age of 16 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

	No. given 3 doses during the year	No. who at 31.12.72 had received	
		1 dose only	2 doses
Children born 1972	8	128	233
Children born 1971	779	51	181
Children born 1970	199	12	17
Children born 1969	16	5	6
Children born 1968-1965	208	23	23
Children under 16 years	12	—	2
Others over 16 years	45	1	6
	1,267	220	468

No. of individuals given reinforcing doses of Oral Vaccine during the year — 967.

No Salk type injections were given during the year.

Immunisation against Anthrax

6 employees at the Abattoir were given a reinforcing dose of anthrax vaccine.

Yellow Fever

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 £1.05 is charged, and an International Certificate of Vaccination against Yellow Fever is supplied. Injections were as follows:

Adults.....	100
Children.....	25
	<hr/>
	125
	<hr/>

Vaccination against Influenza

A total of 572 persons were vaccinated against Influenza during the year. The categories vaccinated were Nursing Staff, Fire and Ambulance Staff, the old people and staff in the Corporation's Homes and the Hospital Nursing Staff.

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.

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 amicably with the West Riding Ambulance Service.

We have an agreement to transport infectious diseases, emergency and maternity cases from certain parts of their territory to hospitals within the County Borough, and also effect a proportion of these discharges from hospitals within the Borough back into the West Riding.

The financial arrangements made in 1971 were reviewed during the year and a slight adjustment made.

Other Authorities

With authorities other than the West Riding County Council, an approved scale of charges for ambulance transport undertaken by one authority on behalf of another is laid down. These charges are reviewed from time to time.

Authority to order ambulances

Requests for the Ambulance Service are not normally accepted from the General Public only from —

Doctors

Hospitals

and Other Authorised persons

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

Return of ambulance patients conveyed

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

Figures for 1971 are given for comparison.

Details of Patients Conveyed

In the year under review, the Ambulance Service has been called upon to deal with 36,102 ordinary patients, compared with 32,660. This shows an increase of 3,442 ordinary patients carried during the year.

The number of patients carried on behalf of the West Riding County Council and other authorities shows an increase of 51 patients.

Return of Ambulance Patients Conveyed.

MONTH	COUNTY BOROUGH						WEST RIDING AND OTHER AUTHORITIES						GRAND TOTALS	
	ORDINARY		EMERGENCY		TOTALS		ORDINARY		EMERGENCY		TOTALS			
	1971	1972	1971	1972	1971	1972	1971	1972	1971	1972	1971	1972	1971	1972
JANUARY ..	2155	2385	205	224	2360	2609	44	49	74	50	118	99	2478	2708
FEBRUARY ..	2042	2576	165	196	2207	2772	25	60	45	57	70	117	2377	2889
MARCH ..	2471	2539	206	216	2677	2755	32	51	73	60	105	111	2782	2866
APRIL ..	2205	2300	179	174	2384	2474	37	39	70	57	107	96	2491	2570
MAY ..	2450	2813	227	207	2677	3020	24	41	73	68	101	109	2778	3129
JUNE ..	2535	2722	219	196	2754	2918	32	38	67	43	99	81	2853	2999
JULY ..	2639	2583	231	211	2870	2794	20	37	50	62	70	99	2940	2893
AUGUST ..	2325	2719	198	178	2523	2897	20	38	52	59	72	97	2595	2994
SEPTEMBER	2287	2839	204	165	2591	3004	45	57	71	60	116	117	2707	3121
OCTOBER ..	2598	3186	273	204	2871	3390	48	45	45	61	93	106	2964	3496
NOVEMBER	2647	3170	241	172	2888	3342	50	42	54	50	104	92	2992	3334
DECEMBER ..	2355	3788	227	212	2582	3000	56	51	65	52	121	103	2703	3103
TOTALS ..	28709	32620	2575	2355	31384	34975	433	548	739	679	1176	1227	32660	36102

To hospitals etc. within the Borough:

Beckett Hospital	7,190
Barnsley District General Hospital.....	3,777
Pindar Oaks	236
Kendray Hospital	1,543
New Street Clinic	512
Queen's Road Clinic	3,082
Mount Vernon	1,936
Others	296

To hospitals out of the Borough:

Wakefield	176
Wath	157
Penistone	117
Leeds	63
Sheffield	3,074
Mexborough	7
Huddersfield	1
Doncaster.....	2
Others	62

To home addresses within the Borough from:

Beckett Hospital	4,897
Barnsley District General Hospital.....	1,147
Kendray Hospital	123
New Street Clinic	490
Queen's Road	1,769
Mount Vernon	1,454
Others	630

To home addresses out of the Borough:	West Riding.....	1,227
House to House Removals (Borough).....		38
Journeys made — Patients not conveyed		2,089
		<hr/>
		36,095

Mentally retarded children to and from school.....	8,415
Midwives	18
Geriatric patients to and from the Day Hospital	7,318
	<hr/>

Full total of patients conveyed51,846

During the year, 7,598 journeys were made to convey the 51,846 patients, an average of 6·8 patients per journey, a slight increase on the average for the previous year.

Mentally Retarded Children

Mentally retarded children are taken by coach to and from the Centre each day. During 1972 the coaches made 386 journeys and carried 8,415 patients.

Geriatrics

1,089 journeys were made to carry the 7,318 patients to and from the Day Hospital at Kendray.

Vehicles

One ambulance was replaced during the year.

Coronary Ambulance

The Coronary Ambulance has now been in service for three years and continues to give the prompt specialised treatment necessary to these patients.

During the year the vehicle covered 5,761 miles and carried 502 patients.

Establishment

	Authorised 31.12.72	Actual 31.12.72
Sub Officer	1	1
Leading Drivers	5	5
Amb. Driver/Attendants.....	24	24
	<hr/> 30	<hr/> 30

Mileage

During the year, the fleet covered 163,496 miles on ambulance duties comprising:

Ambulance	80,632
Coach	76,657
Coronary Ambulance	5,761

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

1966	129,800
1967	133,314
1968	138,595
1969	143,757
1970	157,696
1971	161,945
1972	163,496

Communications

Calls for the Ambulance Service, by Doctors, Members of the Public, and other authorised persons are received on Barnsley 3366 and in emergency cases through the '999' system.

Direct lines are in use between the Control Room and the Barnsley District General and Beckett Hospitals.

Short Wave Radio

This equipment has now become an essential priority with the ever increasing need for Ambulance Transport and contributes to the overall efficiency of the Service.

All the Ambulance Vehicles are fitted with the latest transistorised equipment which provides excellent communication facilities.

Conveyance of Midwives

The service continues to place a vehicle at the disposal of the Medical Officer of Health for the conveyance of Midwives, weekdays from 5.30 p.m. to 9.00 a.m., the following morning and Saturdays from 12 noon until the following Monday at 9.00 a.m. — also Public and Bank Holidays.

During 1972, 18 requests for transport by the midwives were dealt with.

Medical Officer of Health, Mental and Home Nursing

By arrangement with the Medical Officer of Health, the Control Room staff can contact with a minimum of delay, at the request of a medical practitioner at weekends or Bank Holidays, the services of the Medical Officer of Health, a social worker for mental health duties, or the Nursing Officer on duty.

Liaison with Hospitals

Liaison continues to be excellent with the Hospital Management Committee. Mr. Nunn, Mr. Depledge and Mr. Wood continue to co-operate in every way and help to keep ambulance requirements to a minimum.

Ambulance Service Accommodation

All vehicles are housed at the Ambulance Garages, Broadway; the Emergency Ambulance and the Coronary Ambulance occupy bays in the Fire Station Appliance Room.

Training

1 Ambulance Driver/Attendant attended the West Riding County Council Training Centre at Cleckheaton for a 6 weeks residential Training Course and 3 men attended a 2 weeks Refresher Course. All men satisfactorily completed the course and received certificates of competence.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

National Health Service Act 1946, S.28

Despite the transfer of some of the administrative responsibilities of the Health Department to the Social Services Department the overall arrangements made by the Authority under this part of the Act were continued during 1972.

Co-operation between the Health Visiting and Home Nursing and such services as Home Helps, Meals on Wheels, Mental Health and the Care of the Handicapped was fully maintained. Pooling of information about those likely to require assistance of a medico-social nature proved invaluable. In this way the health visitors are able to ensure that appropriate attention is offered to those whose needs had hitherto been unknown to the Health Service.

Prevention of Illness — Tuberculosis

Once again the response to the visit of the Sheffield Regional Hospital Board's Mass Radiography Unit was disappointing. The total number of people availing themselves of the opportunity of a check up was 4,796 or 81 fewer than in 1971. This calls once again for the comment that if only twice as many people would come forward for Mass X-ray the final eradication of tuberculosis would be achieved twice as soon. Possibly also, some of those who die prematurely from lung cancer might be granted a prolongation of life.

Attendances were as follows:

	Males	Females	Total
Miniature films:			
General Public	1506	1644	3150
Booked Groups	482	534	1016
School Children	294	324	618
Doctors Patients	6	6	12
Ante-Natal Patients	—	—	—
Total Miniature Films	2288	2508	4796
Large Film Recalls	47	36	83
Total Attendances at Unit	2335	2544	4879

	Males	Females	Total
Patients referred to:			
Chest Clinic	20	12	32
Re-check at Barnsley Town Hall in one year	—	—	—
Patient's own doctor	33	31	64

	PROVISIONAL DIAGNOSIS			
	PATIENTS REFERRED TO CHEST CLINIC		PATIENTS REFERRED TO OWN DOCTORS	
	MALE	FEMALE	MALE	FEMALE
Active Tuberculosis	4	—	—	—
Inactive Tuberculosis	5	—	1	—
Malignant Neoplasms	1	—	—	—
Non-Malignant Neoplasms ..	—	—	—	—
Metastases	—	—	—	—
Lymphadenopathies	—	—	—	—
Sarcoids	—	1	—	—
Heart Disease	—	—	8	21
Pneumoconiosis	1	—	*44	—
Pneumoconiosis with P.M.F.	—	—	—	—
Pleural Effusion	—	—	—	—
Acute Inflammatory Lesions	5	3	2	3
Bronchitis & Emphysema ..	—	—	14	1
Bronchiectasis	—	—	—	—
Unilateral Emphysema ..	—	—	—	—
Emphysematous Bulla	—	—	—	—
Post Inflammatory Fibrosis ..	1	—	3	—
Interstitial Fibrosis	—	—	—	—
Thyroid Enlargement	—	—	—	—
Eventration of the Diaphragm	—	—	—	1
Hiatus Hernia	—	—	1	1
Honeycomb Lung	—	—	—	—
Spontaneous Pneumothorax	—	—	—	—
Benign Tumour	—	—	—	—
Old Healed Tuberculosis ..	—	—	1	2
Tuberculoma	—	—	—	—
Cystic Lung	—	—	—	—
Neurofibroma	—	—	—	—
Pleural Thickening	—	2	—	—
Post Radiation Fibrosis ..	—	—	—	—
Segmental Collapse	—	—	—	—
?	3	6	—	—
? Cyst	—	—	—	1

* This figure includes 10 known cases.

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 1972. 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	35
Number Positive	—
Number Negative	35
Number Vaccinated	35
B. School Children and Students (Circular 19/64)	
Number Skin Tested	904
Number Positive	135
Number Negative	731
Number Vaccinated	727

School	Skin Tested	Found Positive	Found Negative	Vaccinated
Barnsley Girls' High	143	11	129	129
Barnsley and District Holgate Grammar	83	15	67	67
Broadway Grammar	81	13	66	65
Charter County Secondary	88	16	66	66
Edward Sheerien County Secondary	97	15	75	74
Littleworth County Secondary	74	21	50	49
Oaks County Secondary	94	7	79	79
Raley County Secondary	93	8	79	78
St. Helen's County Secondary	83	23	59	59
St. Michael's R.C. Secondary	42	6	35	35
Springwood Special (Entrants)	19	—	19	19
Total	897	135	724	720

The figures are higher this year than in 1971 and this is due to two factors:

1. This was the first year that the Girls' High School has been included in the programme. In previous years when School Health Services for this school were pursued under reciprocal arrangements with the West Riding Education Authority, they were vaccinated at 11 years of age and as they are done in Barnsley at 13 years of age, this was the first year that figures for this school have been included in this way.
2. There were no vaccinations done in Edward Sheerien County Secondary School in 1971, as it had been necessary to do the routine vaccinations in this school in late 1970.

Venereal Disease

The incidence of venereal disease has already been discussed in Part I of this report. How far "closed community" conditions have contributed to this or how far other circumstances which might well suggest themselves in the case of Barnsley have played their part is not at all clear. In such cases where infection has been confirmed, contact tracing presents no serious difficulty because of the very close liaison which exists between the Special Treatment Centre and the Health Visiting Service. The only problems encountered have arisen in the persuasion of a few persistent defaulters to continue their treatment to a satisfactory conclusion.

Follow-up by the Health Visiting Service is most valuable in providing indications as to where educational projects relating to venereal disease might be very discreetly launched. Such projects take the form of talks to small groups both in the community and as part of more general health education in the schools. Where it appears to be advisable some of this work is undertaken by the medical staff as well as by the health visitors.

Having regard to the fact that no material increase in the incidence of venereal disease has been recorded in Barnsley over a period of some years, it would appear that these arrangements are meeting local need adequately. At the same time, in view of the situation elsewhere, the local statistics are being kept under constant observation.

Screening Clinics — Cervical Cytology

In March 1972, the Authority made arrangements to participate in the National Scheme for the recall of women over 35 years of age who have previously presented themselves for Cervical Cytology screening and in doing this, screening facilities have been made available at New Street and Stairfoot Clinics and at Lundwood and Athersley Health Centres for women who elect to make use of the Authority's service. A full screening is carried out on each woman who presents herself. This includes examination of the breasts as well as the taking of a cervical smear.

Attendances were as follows:

New Street Clinic	668
Stairfoot Clinic	26
Athersley Clinic	76
Lundwood Clinic	55
	—
Total	825
	—

128 of these resulted from the National Recall Scheme.
There were 3 referrals to a Consultant Gynaecologist.

Care and After-Care Geriatric Patients and Chronic Sick

The arrangements whereby patients on the waiting list for geriatric beds in the Barnsley Hospital group are reviewed each week, were continued throughout the year. In this way, the hospital medical and nursing staffs, the Community Nursing Services, the Social Services and the Housing Department together keep those aged and chronic sick people who appear to be in need of care, under constant review. Various aspects of this have been described and commented upon in some detail in the reports for previous years.

During 1972 the co-operation between the services was not only maintained but developed. Attention was also given to providing for continuation along these lines after the forthcoming reorganisation of the National Health Service. It is appreciated that nothing should be done which would in any way fetter the new area health authority in its planning and development. However, where an integration has been achieved, as it seems to have been here, it is perhaps important to preserve it until it can be replaced by something better.

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 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 Wathwood Hospital admissions and newly notified tuberculous patients are prepared. Each case is dealt with individually.

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

Chiropody

The arrangements for treatment continued as in previous years. Both chiropodists, Mr. Aldam and Mr. Parry, attended 3 sessions per week.

All treatments are carried out at the Medical Services Clinic, New Street, Barnsley. The service is for pensioners, expectant and nursing mothers and physically handicapped persons.

A medical certificate is required from the patient's general practitioner before treatment can begin. The general practitioner also requests the provision of transport for appropriate cases, the Ambulance Service being available for this purpose.

Number of treatment sessions — 251

Treatment days:

Mr. Aldam — Monday and Thursday mornings and Friday afternoons.

Mr. Parry — Tuesday afternoons, Wednesday and Friday mornings.

Category	No. of patients treated	First Visit	Other Attendances	Total
Expectant Mothers	—	—	—	—
School Children	—	—	—	—
Old Age Pensioners	571	104	1993	2097
Handicapped Persons..... (under 65 years)	22	13	56	69
	593	117	2049	2166

Health Education

The media of mass information are tending more and more to give attention to health matters and to stimulate interest in health. This is to be welcomed as it is much more likely to be effective than the earlier forms of health education which were largely based on experience gained in commercial advertising.

In Barnsley "advertising" methods of health education were abandoned long ago and educative effort has been concentrated on the personal approach to the individual. This policy was continued throughout the year. Thus, where any individual or group of individuals have shown any interest in any aspect of health the opportunity to stimulate that interest further was always taken. Such opportunities present themselves to various members of the staff but the health visitors encounter them most often. Even on the most ordinary of routine visits some question asked allows of advice being given which is of an educative character. Visits to schools and contact with the teaching staffs are occasions on which health information may be imparted to those most likely to benefit from it. In addition to this, should any community group request the services of a speaker, particular care is taken to ensure that the most suitable member of the staff undertake the assignment.

An annual contribution is made to the funds of the Health Education Council. From time to time, selections are made of exhibition material provided by that body for display in the clinics. Similar material offered by the General Dental Council is also used in the dental clinics.

CARE OF THE AGED

National Health Service Act 1946, S.28

In previous annual reports attention has been given to the problems of the aged in Barnsley. Nothing occurred during 1972 which lessened these problems. They have been described in some detail before and there would seem to be little point in doing so once more. Briefly the difficulties arise from increased longevity to a degree much greater than that originally estimated. This results not only in more old people but much more infirmity amongst the aged. In addition to this, the social composition of the community is such that a higher proportion than usual of relatives are likely to be unable to provide a reasonable degree of home care.

Both of these factors place a strain primarily on the hospitals. The hospitals cannot so readily vary their arrangements to meet this situation, particularly their accommodation, as the local health authority can expand supportive services. Very comprehensive arrangements for co-operation and co-ordination have, therefore, been developed over the years in order to make the best use of the resources available.

During 1972 co-operation in meeting and assessing the needs of the aged between the Council's Health and Social Services Departments was maintained at a satisfactorily high level. The well established Friday morning case conference between the Authority's services and those provided by the hospital continued to provide a most useful channel of communication. Facilities for the elderly have been extended and co-ordinated in both the nursing and social care fields. At the same time, additional geriatric hospital accommodation is in the course of construction. In this way, steps are being taken, if not to solve, at least to keep pace with the problems posed by increasing longevity.

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.

MEDICAL EXAMINATIONS

As in previous years, medical examinations for various purposes were carried out by the Corporation's medical officers (449 compared with 409 in 1971). The detail of the purposes of the examinations is as follows:

Child Delinquents	19
Boarded-out Children.....	32
Candidates for Colleges of Education	108
Superannuation, Fitness for Employment.....	281
Fire and Ambulance Service Recruits	9
	—
	449
	—

PART III

ENVIRONMENTAL HYGIENE

Some circumstantial evidence is very strong, as when
you find a trout in the milk.

Unpublished MSS. in *Miscellanies*,
Biographical Sketch (1918), vol. x, p.30.

Henry David Thoreau
1817 — 1862.

This part of the report contains the facts and figures relevant to the maintenance of a wholesome environment. As in those for other recent years, these do not reveal anything of a spectacular nature — not a single trout in all the bottles of milk consumed during the year. Nevertheless, the pages which follow contain the record of many hours of unremitting effort. Sometimes, this receives something of the appreciation it merits. The Public Health Inspector whose report results in an Improvement Grant is a welcome visitor to the home concerned. At other times, it is met with abuse. Food handlers often object volubly and loudly to having it pointed out that by smoking whilst they work, they may be committing an offence subject to legal sanction. The Chief Public Health Inspector records his concern over staffing problems and it is right that he should do so, for inadequate supervision and inspection is a potential cause of breakdowns in Environmental Hygiene.

Again and again it must be emphasised that hygiene receives a scant share of public attention. Even this share is most likely to be accorded where a breakdown has occurred and when it does, it usually takes the form of a hunt for a “scape goat”.

It would seem prudent to examine the causes of staff shortages in the Public Health Inspectorate before breakdown occurs from lack of supervision. It might be well to identify them factually now rather than in the emotive atmosphere which must prevail in such circumstances.

First, there is the general lack of appreciation already mentioned on the part of members of the community of the job being done on their behalf. Human nature being what it is, there is not much that can be done about this. However, the media might help here by giving more attention to the placid preservation of health rather than to the more dramatic aspects of illness. Increased job satisfaction arising from more sympathetic understanding of the debt owed by the public, would probably help to improve recruitment. Then, there have been perpetual wrangles over remuneration and conditions of service. The existence of these as a factor detrimental to recruitment must be accepted though comment on such matters would be out of place in this report.

Finally, there is the uncertainty as to the future of the Public Health Inspector arising from the Reorganisation of Local Government and the National Health Service. Suitable recruits are unlikely to come forward for a service where the status and career structure are not clearly defined and may vary from one employing authority to another.

It will be evident that the problem of continued adequate and efficient supervision of Environmental Hygiene will face the new local authorities. They would be ill advised to take for granted that existing standards can be maintained in the absence of a solution to the diminishing availability of a trained Public Health Inspectorate.

Despite problems and difficulties no serious outbreak of acute disease occurred which was attributable to a failure in food hygiene. Furthermore, some progress was made in the long term improvement in the environment. This should, in time, contribute to the reduction of some of the more chronic sicknesses in which environmental problems are merely a contributory factor.

The Chief Public Health Inspector, Mr. F. Midgley, prefaces his statistical report as follows.

"This was a most difficult year because of staff shortages and the ever increasing demand for the improvement of older houses; the greater proportion of your Inspectors' time was spent on the Improvement Grants Scheme which meant that some other aspects of environmental health work had to be neglected.

"The post of Smoke Abatement Officer was not filled so that it was not possible to re-commence the work needed for further extension of the Smoke Control Area Programme until the beginning of November.

"For many years disquiet had been felt concerning the haphazard dumping of many poisonous or dangerous waste materials which are produced by Industry, and this resulted in the new Deposit of Poisonous Waste Act 1972, which came into operation on the 3rd August. One of the local worked out brickworks quarries then became the depository for many and various waste products and by the end of November more than 1,000,000 gallons of liquid waste had already been deposited; the condition of the tip then was such that the owners were instructed not to deposit any more liquid on the tip until further notice. This situation remained unaltered to the end of the year.

"Enumerated in the statistics may be found the many and varied functions of the Department."

PROVISION OF NEW HOUSES AND STREETS

- (1) Number of houses built since the end of the war:
 - (a) Privately owned3,005
 - (b) Council owned.....7,220
- (2) Number of houses built during 1972:
 - (a) Privately owned.....153
 - (b) Council owned140
- (3) Private Streets made up during 1972:
Station Road, Lundwood

The following streets have been officially declared highways to be maintained at public expense during 1972:

West Road
Mayfield
St. Owen's Drive
St. Martin's Close
Long Causeway
Parish Way
Cumberland Drive (part)
Ambleside Grove

WATER SUPPLY

The following information is supplied in accordance with the requirements of Department of Health and Social Security Circular 1/73.

1. Rainfall was recorded as follows:

Jordan Hill650 mm
Midhope Reservoir1,026 mm

2. Water Supply:

(a) The water supply of the area has been of satisfactory quality and quantity.

(b) Where there was evidence of bacteriological contamination of the supply, flushing the affected main removed the contamination.

(c) All the houses in the County Borough have a direct supply.

(d) The fluoride content of the water was less than 0.2 m.g. per litre.

3. (a) Regular examination of both raw and treated water were made in the Department's laboratory with control examinations by the Public Analyst at Sheffield.

Results obtained were:

	<i>Royd Moor Supply</i>		<i>Ingbirchworth Supply</i>		<i>Midhope Supply</i>	
	Raw Water	Treated Water	Raw Water	Treated Water	Raw Water	Treated Water
Number of samples	44	140	108	146	50	136
Number of samples with presumptive coliform counts	35	9	101	3	37	1
Highest count	1800+	18+	900	4	250	1

Of the 254 samples taken from the distribution system in the County Borough by the Department's staff, 2 gave presumptive coliform counts. The Public Analyst examined 26 samples from supply and found 1 gave a presumptive coliform count.

During the year samples of the water in the distribution system were analysed by the Public Analyst. A summary of the results can be seen in the table below.

(b) None of the treated waters are liable to have a plumbo-solvent action.

BARNSELEY CORPORATION WATER DEPARTMENT

Summary Chemical Analyses of Water in Distribution— 1972

	<i>Royd Moor & Ingbirchworth Supply</i>	<i>Midhope Supply</i>
Colour	Slightly yellow	Slightly yellow
pH	8.3	8.5
Dissolved CO ₂ (mg/l)	NONE	NONE
Chloride (mg/l)	21.0	20.0
Ammoniacal N (mg/l)	0.12	0.10
Albuminoid N (mg/l)	0.12	0.10
Nitrate N (mg/l)	1.28	1.42
Nitrite N (mg/l)	TRACE	TRACE
Total Hardness (mg/l CaCO ₃)	70.0	73.0
Alkalinity (mg/l CaCO ₃)	23.0	20.0
Iron (mg/l)	0.1	0.1
Manganese (mg/l)	0.2	0.2
Sodium (mg/l)	11.0	11.0
Calcium (mg/l)	20.0	20.0
Magnesium (mg/l)	5.5	5.2
Aluminium (mg/l)	0.3	0.3
Silica (mg/l)	3.5	3.5
Sulphate (mg/l)	42.3	42.3

Fluoridation of Water Supplies

In the Department of Health Circular 1/73, a specific request was made for information as to the action taken by the Council with a view to the fluoridation of the public water supplies. No action was taken during 1972 in respect of fluoridation of water supplies.

SEWAGE DISPOSAL WORKS

Throughout the year effluents from the small works at Carlton were consistently satisfactory in quality. At the Lundwood works, where the plant is now overloaded, daily composited samples of effluent did not comply with the standard as laid down by the River Authority for approximately 40 per cent of the time.

Plans are now at an advanced stage for the first phase of extensions to the Lundwood works and work on-site should commence in Autumn 1973.

Discharges of settled storm sewage direct to the river were minimal.

Once again the capacity of the drying beds was inadequate for treating the total sludge production and the problem was alleviated by tankering liquid sludge to farmland.

Possible schemes for sludge treatment and disposal are currently being investigated by staff of the Water Pollution Control Department in the form of a comprehensive sludge feasibility study and it is anticipated that a scheme will be included in Phase II of the extensions.

FOOD AND FOOD POISONING

A total of 9 cases of food poisoning were notified. *Salmonella typhimurium*, *S. agona* were the causal agents involved. (See Part I).

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.

INSPECTION WORK

Inspection of dwellinghouses for condition of repair and sanitary defects, various other premises for hygienic reasons and other premises for the suppression of nuisances, constitutes a large part of the Public Health Inspectors' duties.

The following Tables I and II give in statistical form details of this work. More detailed information is given under the various headings in the body of the report.

TABLE I

Total number of inspections made	8580
Total number of reinspections made	1591
Total number of defects found	841
Total number of defects remedied	536
Total number of Informal Notices served	250
Total number of Formal Notices served	23
Total number of Informal Notices abated	161
Total number of Formal Notices abated	20

TABLE II

Summary of Inspections made

Dwellinghouses

NO. INSPECTED	INSPECTIONS	RE-INSPECTIONS
Re filthy condition	3	1
Re verminous condition	106	30
Re other conditions	1807	840
Re common lodging houses	10	0
Re tents, vans and sheds	7	1

Other Premises

INSPECTION OF

Dairies	14	2
Ice-cream Premises	55	—
Catering Premises	151	66
Food Preparing Premises	43	20
Premises re Diseases of Animals	789	5
Pet Animal Premises	2	1
Markets	24	—
Premises re Noise	3	1
Licensed Premises	47	7
Food Shops	509	360
Animal Boarding Establishments	4	3
Factories with Power	16	10
Factories without Power	1	1
Bakehouses	13	10
Hawkers Premises	58	3
Hairdressers Premises	8	1
Offices, Shops and Railway Premises	566	58
Scrap Metal Dealers	15	3
Offensive Trades	6	—
Smoke Observations	7	—
Smoke Visits to Plant	17	—
Smoke Control Area Visits	293	—
Other Premises—Visits and Interviews	823	40
Total number of defects found	736	105
TOTAL number of houses affected ...	328	16
TOTAL number of other premises affected	109	27

A summary of nuisances abated and defects remedied in dwelling-houses and other premises is shown in the statistical table appended below:—

TABLE III

Dwellinghouses:

INTERNAL

Floors repaired or renewed	6
Walls repaired or renewed	23
Ceilings repaired or renewed	4
Fireplaces repaired or renewed	6
Flues repaired or renewed	1
Windows repaired or renewed	11
Doors repaired or renewed	4
Staircases repaired or renewed	2
Sinks repaired or renewed.....	1
Waste pipes repaired or renewed.....	7
Freed from vermin	23
Damp conditions abated	25
Baths renewed	3

EXTERNAL

Roofs repaired.....	2
Eaves gutters repaired or renewed	4
Downspouts repaired or renewed	5
Downspouts cleansed	1
Walls repaired or repointed.....	2
Chimney stacks repaired or repointed.....	3

Drains:

Cleansed.....	61
Repaired	31

Inspection Chambers

Built	1
Repaired	1

Water Closets

Fittings repaired or renewed	5
------------------------------------	---

Dustbins

Renewed for houses.....	37
-------------------------	----

Bakehouses

Cleansed	5
Premises improved.....	8

Hawkers Premises

Improved	2
----------------	---

Food Preparing Premises

Cleansed	6
Premises improved.....	9

Food Shops

Improved	114
----------------	-----

Catering Premises

Improved	110
----------------	-----

Offensive Accumulations

Removed.....	1
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Factories

Intervening ventilated space provided.....	1
TOTAL defects remedied	536
TOTAL houses affected	298
TOTAL other premises affected.....	106

TABLE IV

This table gives details of inspections of houses carried out under the Housing Acts:—

Individual Unfit Houses	INSPECTIONS/REINSPECTIONS	
Houses inspected	22	—
Clearance Areas		
Houses inspected	62	20
Overcrowding		
Houses inspected	20	—
Improvement Grants		
Houses inspected	2832	78
Qualification Certificates		
Houses inspected.....	252	30
Housing Act, 1964—Section 19		
Houses inspected re-representation	32	7

Disinfestation and Cleansing of Verminous Persons

Disinfestation

The following premises were treated during the year:—

- 25 Local Authority houses for bedbugs
- 8 Local Authority houses for cockroaches
- 6 Local Authority houses for redmite
- 3 Local Authority houses for other purposes
- 8 Privately owned houses for bedbugs

Cleansing of Verminous Persons

Three persons were cleansed by bathing at the cleansing station and their clothing steam disinfected.

Offensive Trades

There is now only one tripe boiler's premises remaining in the Borough and although in modern premises using proper methods this business is no longer offensive in itself it is still classified as an offensive trade.

Housing

In the private sector one of the basic principles of a good home is the maintenance of good housing conditions and to this end the Public Health Inspectors have been occupied on various functions such as slum clearance, improvement and repair of houses and the reduction of overcrowding.

Slum Clearance

The following clearance areas were declared during the year:—

Ebor Street Clearance Area No. 217 19 houses

Wilthorpe Cottages Clearance Area No. 218 4 houses

One individual unfit house was represented with a view to demolition.

Unfit houses demolished in Clearance Areas

Prospect Street Clearance Area No. 192 9 houses

Prospect Street Clearance Area No. 193 5 houses

Somerset Street Clearance Area No. 195 6 houses

King Street Clearance Area No. 197 30 houses

King Street Clearance Area No. 198 30 houses

King Street Clearance Area No. 199 10 houses

Waltham Street Clearance Area No. 200 15 houses

Summer Street Clearance Area No. 201 2 houses

Pontefract Road Clearance Area No. 203 22 houses

Sarah Ann Street Clearance Area No. 206 4 houses

Pontefract Road Clearance Area No. 207 12 houses

Newton Street Clearance Area No. 208 6 houses

151 houses

Improvement Areas

Housing Act 1969

Owing to various difficulties it has not been possible to get the proposals for Barnsley General Improvement Area No. 1 before Committee, although discussions have continued with the Borough Engineer and the Department of the Environment.

Improvement of Dwellings outside Improvement Areas

Housing Act, 1964: Section 19

31 representations were received from tenants requesting the Council to enforce the provision of standard amenities.

The following action was taken as a result of representations made:—

- 7 Preliminary Notices were served.
- 4 Immediate Improvement Notices were served.
- 12 houses were improved as a result of representations being made and applications for improvement grant have been made with respect to 16 more houses.

Improvement Grants

Applications for improvement grant totalled 1700, approximately three times the number for the previous year, and owing to staff shortages which were not resolved until November, administrative difficulties were such that a back log built up of applications awaiting approval which created many problems. Because of the Council's policy on improvement grants very few applications were made for Standard Amenities only and this has resulted in many more houses being improved to a much higher standard than before.

The following grants were approved during the year:—

525 Discretionary Grants

21 Standard Grants.

Improvements were satisfactorily completed as follows:—

346 Discretionary Grants

65 Standard Grants

Disputes in the building industry did much to curtail the amount of work which was completed during the year but despite this about 4,000 houses have now been improved in the Borough.

Qualification Certificates

Housing Finance Act 1972

Owners of tenanted houses may apply to the Council for a Qualification Certificate which states that the property possesses all the "Standard Amenities", is free from disrepair and is in other respects fit for human habitation, this he must produce to the Rent Officer in order to obtain a Certificate of "Fair Rent" and the tenancy is then changed from controlled to regulated.

During the year applications were dealt with as follows:—

Number of applications under Section 28 (1) (where the dwelling already has the required amenities).....	252
Number of applications under Section 29(1) (where the dwelling does not have all the amenities)	122
Number of Provisional Certificates granted.....	113
Number of Qualification Certificates granted.....	80
Number of applications refused.....	16

Houses in multiple occupation

Because of the sufficiency of housing accommodation both in the public and private sector, no difficulty has been experienced with multiple occupation.

Caravans and Caravan Sites

The temporary caravan site which was established by the Council was quite successful until some of the caravanners left the site during the summer and Autumn when the toilet and washing facilities were so misused as to be totally unusable and had to be withdrawn, as a result of which the trouble of unauthorised parking again occurred.

Common Lodging House

There is one common lodging house in the Borough and this was re-registered along with the same keeper and deputy keeper.

The premises are satisfactorily maintained and at all times the keeper co-operates fully with the Officers of the Department in all matters affecting the premises and the lodgers, most of whom are permanently resident there although the premises do cater for the casual lodger.

Supervision of Food Premises

One Public Health Inspector with special responsibilities for Food Hygiene deals with the supervision and inspection of food premises.

Some improvement has been made during the year on the hygiene of premises and in food handling but the same difficulties regularly arise, where, because of the rapid turnover in the occupation of the smaller type of food shop, time after time the Inspector finds a new proprietor who has little or no knowledge of food hygiene, consequently the same warnings and information have regularly to be imparted only to find a new equally uninformed person at a subsequent visit.

The course for food handlers runs in conjunction with the Royal Society of Health at the College of Technology continues to attract support from employers and employees in the food trade. The Specialist Public Health Inspector lectures on the course and at its conclusion persons sit for the Royal Society of Health examination to obtain a certificate in the hygiene of food retailing and catering. Requests have now been received to organise an advanced course in the same subjects.

Letters have been sent to the occupiers of the following premises regarding contraventions of the Food Hygiene (General) Regulations 1970:—

Works Canteens	7 letters sent
Cafes and Restaurants	13 letters sent
Food Shops	67 letters sent
Food Preparing Premises and Bakehouses	18 letters sent
Fried Fish Shops	3 letters sent
Delivery Vehicles	16 letters sent
School Kitchens	9 letters sent
Licensed Premises	7 letters sent
Old Peoples Homes	8 letters sent
Hotels	2 letters sent
Market Stalls	1 letters sent

List of Food Premises

Type of Premises Number

Bakehouses.....	16
Breweries	1
Butchers Shops	63
Catering Establishments.....	23
Clubs.....	49
Flour Confectionary Shops.....	35
Food Preparing Premises	55
Fried Fish Shops	40
Fruit and Vegetable Retailers	33
Fruit and Vegetable Wholesalers	3
Grocery and Provision Dealers Premises	216
Hawkers Food Storage Premises	61
Hotels and Public Houses	84
Ice-cream Manufacturers	2
Ice-cream Retailers	331
Milk Depots and Plants	3
Mineral Water Manufacturers	1
Off-Licence Premises	77
Premises from which milk is sold.....	173
School Kitchens	44
Slaughterhouses.....	1
Sugar Confectionary Shops.....	67
Tripe Boilers.....	1
Wet Fish Shops	3
Wholesale Confectionary Stores	2
Wholesale Grocery Warehouses	5
Works Canteens	21

Improvements in Food Premises

PREMISES	WASH BASINS PROVIDED	HOT WATER SUPPLY PROVIDED	PREMISES CLEANSED AND RE-DECORATED	FIXTURES AND FITTINGS PROV'D AND IMPROVED	WATER CLOSETS PROVIDED OR IMPROVED	PREMISES IMPROVED	DRAINAGE REPAIRED OR IMPROVED	FIRST AID EQUIPMENT PROVIDED
Food Preparing Premises	1	2	5	8	2	3	—	—
Hawkers Vehicles ..	—	—	—	2	—	—	—	—
Food Shops	6	8	44	28	13	11	—	3
Catering Establishments	1	1	35	28	7	16	1	3
Fried Fish Shops ..	—	—	2	—	—	—	—	—
Licensed Premises ..	—	—	1	—	—	—	—	—
Bakehouses	—	—	5	5	2	3	—	—

Hawkers of Food and Food Storage Premises

Hawkers of food and their storage premises are required to be registered with the Council under the Barnsley Corporation Act 1949.

10 Hawkers were registered during the year.

1 Hawkers food storage premises was registered during the year.

As at 31st December 1972 there were registered 145 Hawkers and 48 food storage premises.

Knackers Yard

There is one premises licensed under the Food and Drugs Act 1955 for the slaughter of animals not intended for human consumption. The licence was again re-issued although the premises are rarely used for the purpose.

Milk Supply

Licensing of Milk Heat-Treatment Plants and Distribution Depots

One dealers (Pasteurisers) Licence was issued.

One dealers distribution depot was licensed.

One dealers licence was in operation for the sale of ultra heat-treated milk.

173 dealers licences were in operation for the sale of Pasteurised and Sterilised Milk.

Bacteriological Examination of Milk

The routine sampling of milk for bacteriological examination has continued and all samples were submitted to the Public Health Laboratory at Wakefield for examination and report.

The following is a list of samples taken and the results of the subsequent examination:—

Methylene Blue Test

12 samples of untreated milk 12 satisfactory

27 samples of Pasteurised milk 24 satisfactory

3 void

Phosphatase Test

27 samples of Pasteurised milk 26 satisfactory

1 unsatisfactory

Colony Test

4 samples of Ultra Heat-treated milk 4 satisfactory

Turbidity Test

8 samples of Sterilised milk 8 satisfactory

Brucella Abortus

12 samples of Untreated milk 12 satisfactory

Antibiotics

12 samples of Untreated milk 12 satisfactory

Bacteriological Examination of Ice-cream

143 samples of ice-cream were taken and submitted to the Public Health Laboratory for bacteriological examination with the following results:—

Type of ice-cream	Total samples	Grade 1	Grade 2	Grade 3	Grade 4
Heat Treated	138	135	1	1	1
Cold Mix	5	5	0	0	0

The samples in Grades 1 and 2 are satisfactory and the samples in Grades 3 and 4 are considered to be unsatisfactory. The manufacturers of the unsatisfactory samples were informed and further investigation of their manufacturing processes were undertaken.

In addition to the ice-cream samples, four ice lollies were examined and no pathogens were isolated.

Special Examination of Food

25 other foods were examined bacteriologically including 15 cooked meat products, 5 creams and 5 other perishable foods, all were found to be satisfactory.

Meat and Other Foods

The slaughtering of animals for human consumption is carried out at the Public Abattoir. Meat inspection is performed by two full time Authorised Meat Inspectors.

TABLE V
Analysis of Inspection of Meat

	Cattle (Excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed	11032	1616	31	27457	29074
Number Inspected	11032	1616	31	27457	29074
All diseases except Tuberculosis and Cysticerci					
Whole carcasses condemned ..	—	5	2	14	21
Carcasses of which some part or organ was condemned	2437	692	5	1484	1102
Tuberculosis only					
Whole carcasses condemned ..	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	214
Cysticercosis					
Carcasses of which some part or organ was condemned	17	4	—	—	—
Carcasses refrigerated	2	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Cysticercus Bovis

The total number of cattle affected with *Cysticercus Bovis* was 21 (30 last year), so that for the fourth year in succession a large reduction in the incidence of this condition was recorded.

The Total Weight of Fresh Meat Condemned at the Abattoir

33 tons 1 cwt. 113 lbs.

Other Foods Condemned and Voluntarily Surrendered

Fruit and Vegetables	1,383 lbs.
Cooked Meat and Meat Products	1,383 lbs.
Fish	167 lbs.
Frozen Foods.....	5,936 lbs.
Canned Foods	21,531 lbs.

Other Foods

The total amount of food condemned from all sources was 47 tons 9 cwts. 65 lbs.

Food and Drugs Sampling

228 samples of foods and drugs were procured for chemical analysis by the Public Analyst. These comprised 48 samples of milk and 180 samples of other foods and drugs.

Milk

The average composition of the 48 milk samples was 3.92% milk fat and 8.71% of solids other than milk fat. Only one informal sample did not conform with the minimum standard as laid down by the Sale of Milk Regulations 1939. A follow up sample taken at the farm showed that one cow was giving milk which was below the minimum standard and the farmer was advised accordingly.

Ice Cream

7 samples of ice cream were taken for chemical analysis and all were found to be genuine and conformed to the Food Standards (Ice Cream) Regulations 1959.

Particulars of Adulterated Samples of Foods other than Milk

Sample No.	Article	Result of Analysis	Remarks
778 Informal	Potted Beef Spread	Deficient in meat 4.0%	See No. 797
797 Formal	Potted Beef Spread	Deficient in Meat 1.5%	Letter of warning sent

Sample No.	Article	Result of Analysis	Remarks
818 Informal	Potted Beef Spread	Deficient in Meat 10.7%	Formal sample not obtainable, letter of warning sent.
854 Informal	Milk	Deficient in Milk fat 5.3%	Formal sample genuine
876 Informal	Instant mashed Potato Mix	Deficient in Vit. C 63%	Formal sample genuine
885 Informal	Pork sausage	Deficient in meat 4.4%	Vendor stated that beef sausage sold in error. No pork sausage sold. Verbal warning.
920 Informal	Meat and Potato Pie	Deficient in meat 14.4%	Formal sample taken. Prosecution pending.
902 Informal	Meat and Potato Pie	Deficient in meat 20.0%	Formal sample genuine.

Prosecution for Various Offences in connection with Food

Case A: Sale of minced meat which was unfit for human consumption.
Defendant fined £25 and costs.

Case B: Contraventions of Food Hygiene (General) Regulations 1966.
Defendant fined £12 and costs.

Air Pollution

Industrial Air Pollution

Clean Air Act 1956

Notice under Section 3 (3) of intention to install a furnace was received in respect of 7 premises, and all were approved.

Clean Air Act 1968

Application under Section 6 for approval of chimney height was received in respect of 5 premises, and all were approved.

Domestic Smoke Control

Three smoke control areas were declared during the year and Smoke Control Orders Numbers 15, 16 and 17 will come into operation during 1973. These orders cover an area of council house improvements at Kendray, and two areas of new development, one at Monk Bretton, the other at Stairfoot. The Smoke Inspector commenced duties on 30th October and work was commenced immediately on the survey of area No. 18 containing more than 500 houses and other premises. This work was well advanced at the end of the year.

Air Pollution Records

There are four smoke and sulphur dioxide continuous monitoring stations maintained within the Borough at Athersley, Stairfoot and Monk Bretton Clinics and at Beckett Hospital. The table shows the annual average for smoke and sulphur dioxide recorded over the last 10 years. Although these recordings have shown a steady decline over the years, they do not compare very favourably with other industrial towns.

	Athersley		Stairfoot		Beckett Hptl.		Monk Bretton		Overall Ave.	
Year	Smoke	SO2	Smoke	SO2	Smoke	SO2	Smoke	SO2	Smoke	SO2
1963	237	216	186	130	217	193	168	127	202	166
1964	203	218	186	128	157	192	162	131	177	167
1965	217	204	149	124	138	173	116	116	155	154
1966	221	199	146	120	148	143	113	106	157	142
1967	210	208	162	180	128	184	142	147	160	180
1968	223	225	153	178	127	172	147	160	163	184
1969	184	234	148	210	139	179	141	168	153	198
1970	109	172	131	181	116	159	119	154	119	166
1971	142	157	155	152	142	143	149	145	147	149
1972	115	133	127	130	114	113	106	108	115	121

Noise Nuisances

The subject of noise is receiving increasing attention as residents become more aware of the nuisance caused by excessive noise levels. The Council are subscribing members of the Noise Abatement Society.

A number of complaints were received during the year, but were mainly of neighbourhood noise nuisance and were dealt with informally.

One serious nuisance has arisen during the year from a new industrial premises, despite a planning consent condition that no nuisance should be caused from excessive noise. The matter is continuing to be investigated but as yet no satisfactory solution has been found. It is clear that much more consideration should be given to potential noise levels when new factories are to be erected, particularly when in close proximity to existing residential areas.

FACTORIES ACT 1961

The inspection of factory premises for the purposes of the health provisions and the cases in which defects were found and remedied are shewn in the table below, as required by the Secretary of State for Employment and Productivity.

TABLE VI

1. Inspections for purposes of provision 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.	8	2	—	—
2. Factories not included in (1) in which Section 7 is enforced by Local Authorities	227	26	—	—
3. Other premises in which Section 7 is enforced by Local Authorities	4	8	—	—
TOTAL	239	36	—	—

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	REME- DIED	REFERRED TO H.M.I.	BY H.M.I.	
Want of Cleanliness . . (S.1)					
Overcrowding (S.2)					
Unreasonable Temperature (S.3)					
Inadequate ventilation . . (S.4)					
Ineffective drainage floors (S.6)					
Sanitary Conveniences . . (S.7)					
Absence of Intervening Ventilated Space	1	1	—	1	—
Dirty condition	2	2	—	2	—
Defective construction	1	1	—	—	—
TOTAL . .	4	4	—	3	—

Outworkers

There were no outworkers employed in the Borough during the year.

Cinemas and Theatres

The two cinemas in the town continue to be kept in a hygienic condition and the sanitary accommodation is suitable and sufficient.

The Civic Hall and various other premises where occasional stage plays are performed are visited and inspected for cleanliness and sanitary accommodation and have been found to be satisfactory.

Scrap Metal Dealers

Under the Scrap Metal Dealers Act 1964 the Council is responsible for the registration of all persons carrying on the trade of scrap metal dealer together with their premises.

8 persons with respect to 7 premises made application for registration during the year.

At the end of the year there were 60 persons and 34 premises registered under the Act.

Hairdressers and Barbers

The registration of hairdressers and barbers with the Council is a requirement of the Barnsley Corporation Act 1949. Byelaws made under this Act require the premises and the persons employed therein to comply with a hygienic code of practice. 127 persons were registered under the Act.

Rodent and Pest Control

Two rodent Operatives are engaged full time by the Department for the eradication of rats and mice.

There were no major infestations during the year.

The following surface infestations were dealt with:—

820 Properties infested by rats

112 Properties infested by mice

Sewer Treatments

This work is carried out by direct poisoning with fluoracetamide.

The number of manholes treated during the year was 1010.

Swimming Bath Water

The bath water at the Public Baths and School Baths is sampled and examined regularly for bacterial content and residual chlorine content.

Appended is a list of the samples taken and the result of such examinations:—

Public Baths, Race Street.

Large Bath — 21 samples taken	20 satisfactory
	1 unsatisfactory
Small Bath — 19 samples taken.....	17 satisfactory
	2 unsatisfactory
Raley School Bath — 11 samples taken.....	10 satisfactory
	1 unsatisfactory
St. Helen's School Bath — 9 samples taken	7 satisfactory
	2 unsatisfactory

Rag, Flock and Other Filling Materials Act 1951

One manufacturing premises is registered under the provisions of the Act.

10 samples of filling materials were procured and sent to the Prescribed Analyst for analysis. All the samples came within the prescribed limits of cleanliness.

The materials examined were:—

Woollen flock.....	2 samples
Dacron	1 sample
Diolen	3 samples
Terylene	2 samples
Down	1 sample
Feather and down.....	1 sample
Total	10 samples

Fertilisers and Feeding Stuffs Act 1926

20 samples of fertiliser and 1 sample of feeding stuff were obtained during the year and submitted to the Agricultural Analyst for analysis. All the samples conformed to the Act and Regulations made thereunder.

Pet Animals Act 1951

There are four premises licensed under the above Act. These premises were conducted in a satisfactory manner and have complied with the conditions of the licence.

Animal Boarding Establishments Act 1963

Three premises are licensed as animal boarding establishments, these premises are maintained in a clean condition and conducted in a satisfactory manner.

Offices, Shops and Railway Premises Act 1963

All premises requiring registration under the Act have been inspected and many have had a fifth or sixth inspection.

Most of the premises conform to the Act and Orders made thereunder, what contraventions are found are usually of a minor character and are speedily remedied after the occupier has been notified of the offence.

Helpful and willing co-operation from both employers and employees assists greatly in the administration of the Act.

There were no prosecutions during the year.

Registration

61 new premises were registered during the year comprising 21 offices, 30 retail shops, 2 wholesale warehouses and 8 catering establishments.

The total number of registered premises at the end of the year was 653, an increase of 22, due to the new Centre Development and the Industrial Centre. A number of the shops owned by the Co-operative

Retail Society have been sold to private persons and re-opened. The total premises classified under different heads was as follows:—

Offices	154
Retail Shops	392
Wholesale Shops and Warehouses	48
Catering Establishments	50
Fuel Storage Depots	9
Total	<u>653</u>

Inspections

The number of registered premises receiving one or more general inspections during the year was 324. The total number of visits for all purposes was 655.

Contraventions

Fifty-nine letters (as informal notices) were sent to occupiers and owners of property drawing their attention to 124 various contraventions of the Act. A list of the class of premises and the letters sent out in each case is appended below:—

Class of Premises	Letters sent out
Offices	12
Retail Shops	40
Wholesale Shops and Warehouses	3
Catering Establishments	4
Total	<u>59</u>

Since inspections under the Act commenced, it has never been necessary to use Section 22 requiring Magistrates to make an order for putting down dangerous conditions and practices.

Contraventions of the various Sections under the different class of premises is shewn in Table VII and a list of the contraventions remedied is also shewn in Table VIII.

TABLE VII
Contraventions found during the year

CONTRAVENTION	OFFICES	RETAIL SHOPS	WHOLESALE SHOPS AND WAREHOUSES	CATERING ESTABLISHMENTS	FUEL STORAGE DEPOTS	TOTAL
Cleanliness S.4	1	2	1	-	-	4
Temperature S.6	5	3	2	4	-	14
Ventilation S.7	1	1	-	-	-	2
Lighting S.8	-	-	1	-	-	1
Sanitary Conveniences S.9	8	28	4	6	-	46
Washing Facilities S.10	4	5	-	3	-	12
Supply of Drinking Water S.11	1	-	-	-	-	1
Floors, Passages and Stairs S.16	-	1	-	-	-	1
Fencing of Machinery S.17	-	1	1	-	-	2
First Aid Provisions S.24	5	6	2	2	-	15
Information for Employees S.50	6	13	2	5	-	26
Hoists and Lifts	-	8	-	2	-	10
TOTAL	31	68	13	22	-	134

TABLE VIII
Contraventions Remedied

CONTRAVENTION	OFFICES	RETAIL SHOPS AND WAREHOUSES	WHOLESALE SHOPS	CATERING ESTABLISHMENTS	FUEL STORAGE DEPOTS	TOTAL
Temperature	3	8	1	-	1	13
Ventilation	-	1	-	-	-	1
Lighting	-	1	1	-	-	2
Sanitary Conveniences	11	18	4	-	-	33
Washing Facilities	5	4	2	-	-	11
Supply of Drinking Water	1	-	-	-	-	1
Floors, Passages and Stairs	-	3	-	-	-	3
Fencing of Machinery	1	1	-	-	-	2
First Aid Provision	1	9	-	1	1	12
Information for Employees	5	16	1	1	1	24
Hoists and Lifts	-	8	-	2	-	10
TOTAL	27	69	9	4	3	112

Accidents

43 notifications of accidents were received and all were investigated. This is a decrease over last year due probably to more care and instruction being given, and failing to report the accident especially by the smaller premises. We usually find the best co-operation from those employing large staffs.

One of the accidents reported was investigated on behalf of another Authority because the injured person resided, and was usually employed in this district. 8 of the accidents were of a serious nature, 3 resulting in fractures of the arm and 1 serious laceration. In 8 cases the management were either written or spoken to recommending certain suggestions with a view to eliminating the cause of the accident. Of the 42 reported accidents 23 occurred in Retail Shops, 9 in Wholesale Warehouses, 7 in Catering Establishments, 2 in Canteens and 1 in an Office.

The leaflet "The Safe Use of Food Slicing Machines" (S.H.W. 14) appears to be prominently displayed in all premises using food slicing machines. During the year there was only one accident involving the use of a power driven food slicing machine due to the negligence of the employee in holding a small piece of gammon with her hand instead of the "Pusher" as recommended in the leaflet.

During the year only 9 (21%) accidents occurred in Wholesale Warehouses against 25 (45%) in 1971. Of these 3 involved power driven vehicles and hand operated pallet trucks. This was a big reduction in this particular type of accident probably due to advice given by Inspectors to the management of premises where power driven trucks are used.

Between July and December 1972 additional information was obtained for H. M. Factory Inspectorate, where accidents involving power driven trucks were concerned. It is hoped this has proved useful and will eventually help in reducing this type of accident.

TABLE IX
Reported Accidents

WORKPLACE				Action Recommended			
	Number Fatal	Reported Non-Fatal	Total No. Investigated	Prosecution	Formal Warning	Informal Advice	No Action
Offices	Nil	1	1	Nil	Nil	Nil	1
Retail Shops.....	Nil	23	23	Nil	Nil	2	21
Wholesale Shops and Warehouses	Nil	9	9	Nil	Nil	4	5
Catering Establishments Open to Public—Canteens	Nil	9	9	Nil	Nil	3	6
Depots	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Total	Nil	42	42	Nil	Nil	9	33

TABLE X
Injuries from Accidents

Type of Accident	Males	Females	Young Persons		Total
			Males	Females	
Bone Fractures and Dislocations	2	3	2	—	7
Sprains and Strains	3	6	—	1	10
Open Wounds.....	6	2	2	2	12
Bruising.....	5	6	—	1	12
Other Injuries not Coded.....	—	1	—	—	1
Total	16	18	4	4	42

TABLE XI
Main Causes of Accidents

Type of Accident	Males	Females	Young Persons		Total
			Males	Females	
Power Driven Machinery —					
Vehicles in motion.....	—	1	—	—	1
Transport — Not moved by					
power — Vehicles in motion	1	—	—	—	1
Transport — Moved by power.....	3	—	—	—	3
Transport — Vehicles					
stationary.....	1	—	—	—	1
Handtools	2	1	1	—	4
Falls from fixed stairs	1	6	1	1	9
Falls from ladders	1	—	—	—	1
Falls from one level to					
another.....	—	—	1	—	1
Falls on same level.....	2	3	—	—	5
Striking against object	1	1	1	—	3
Handling goods.....	3	6	—	2	11
Struck by falling object.....	—	—	—	1	1
Not otherwise specified.....	1	—	—	—	1
Total	16	18	4	4	42

Hoists and Lifts

Since the coming into operation of the Offices, shops and Railway Premises (Hoists and Lifts) Regulations 1968, 72 lifts have been examined by the Inspector, comprising 19 passenger, 32 goods and 21 service lifts. 16 have been examined a second time. 3 goods lifts have been taken out of service, 1 passenger has been replaced and 10 new lifts have been installed in 1972, 7 goods and 3 service lifts. 2 escalators have been installed, the first in the Borough. All the prescribed F54's in respect of the lifts and escalators have been examined.

All the platform lifts, which are installed in licensed premises and are loaded in the cellar, have been examined and with one exception the access in the cellar has been suitably enclosed and conform to the regulations.

In the other case the manufacturer and management are to be met on the site with an Inspector and the safety factor discussed as this presents a different problem.

10 notices were served on the owners of hoists pointing out faults which were a safety hazard and to be put right immediately.

Further visits to the premises showed that the necessary repairs had been carried out.

Diseases of Animals Act 1950

The provisions of the Act, together with a large number of Orders and Regulations made thereunder, continue to be enforced by Inspectors appointed under the Act.

The main duties are carried out by Technical Assistants who attend the weekly sales of animals at the cattle market and issue any relevant licences that may be required. Particular attention is paid to the washing and disinfecting of cattle trucks.

During the year 492 licences were issued under the Regulation of Movement of Swine Order 1950. 327 visits were made to premises where store pigs were removed under licence.

Two cases were reported of dead pigs (one in a pen at the Public Cattle Market and one on private premises) and were treated as possible cases of Anthrax, but were negative on examination.

During the year Irish Cattle were brought into the Borough on licence for breeding purposes. A visit was paid to the premises and a condition on the licence was that the cattle must remain isolated from other cattle for 6 days.

A visit was made to a travelling circus on the Queens Ground and licences issued under Performing Animals (Regulations) Act were inspected and found to be in order.

As a result of pigs bought in Banbury Market on the 7th December 1972, and taken to a farm in the Borough, Swine Vesicular Disease Order 1972 Form "D" was served on the owner of the premises by an Inspector of the Ministry of Agriculture, Fisheries and Food, as the pigs had been in contact with other pigs brought into the Market from an Infected Place. No movement was allowed on or off the farm until 29th December 1972. The local Inspector supervised the disinfecting of the vehicles and premises before the notice was withdrawn.

On the 6th November 1972 a movement licence under Regulation of Movement of Swine Order 1959 was issued by an Inspector on duty at the Cattle Market for a sow to be taken out of the Market to premises outside the Borough.

As a result of the licence issued the premises were visited by an Inspector authorised by the outside Local Authority and it was found the sow had been moved for slaughter without first obtaining a licence. Resulting from this a man appeared in Court and was fined £5.

15 premises were licensed under the Diseases of Animals (Waste Food) Order 1957, a reduction of 4 on the previous year. This was due to an increase in owners of pigs dry-feeding instead of collecting swill. Special attention and supervision was given to these premises as the Ministry of Agriculture Fisheries and Food were satisfied that primary outbreaks of the Swine Vesicular Disease have been due to infection arising from waste food.

The Deposit of Poisonous Waste Act 1972

The Council is responsible under the provisions of the Act for keeping a register of all deposits made, of which the person making the deposit must give at least three clear days notice that a deposit is to be made giving a description of the waste material, the total amount and an analysis of its constituents.

It was obvious from the coming into operation of the Act that there were to be large numbers of deposits made at the one site within the Borough and it was found necessary to appoint an Officer to deal with the additional clerical work and visits to the site.

A close watch was kept upon the site and further help and advice were given by the Department of Water Pollution Control and the Yorkshire Rivers Authority.

The following is a record of the liquid and solid materials deposited each month:—

Month	Liquids in galls.	Solids notified in tons	Solids notified in cub. yds.
August	162,630	148.5	120
September.....	339,330	258.5	177
October	321,673	307.0	910
November.....	274,440	479.0	1,287
December	47,265	126.5	525
Totals	1,145,338	1,319.5	3,019

No deposits of liquid poisonous wastes were made after the 16th December, 1972.

Other Public Health Matters

As in previous years many talks and discussions have been given to various public bodies in the Town by members of the Department on such matters as Food Hygiene, Atmospheric Pollution, and general environmental matters, and these coupled with the talks which are given to school leavers in their final year, are considered to be of immense value not only in informing the public of standards to be aimed for but also to communicate to them some knowledge of the multifarious duties of the Public Health Inspectors Department.

PART IV

SCHOOL HEALTH

There is now less flogging in our great schools than formerly,
but then less is learned there;

So that what the boys get at one end they lose at the other.

Dr. Samuel Johnson 1709-1784

Boswell's Life of Johnson p.407, 1775.

Throughout 1972 a shadow of uncertainty as to the future hung over the School Health Service. It was not, however, a very dark shadow since the uncertainty related almost entirely as to how the Service should be administered rather than to its continued existence. At the time of writing the National Health Service Reorganisation Act 1973 has finally reached the Statute Book and has dispelled the shadow once for all. Now, with the knowledge that the School Health Service will be an integral part of the National Health Service, the important task of planning for the care of the handicapped pupil is greatly facilitated.

As in 1971, a satisfactory medical staffing position is reflected in routine medical inspection statistics. This position has also contributed towards improvement in the arrangements for providing advice on future employment for school leavers and the more frequent review of children in whom defects have been detected.

Mount Vernon Special School continued to offer assessment facilities for physically handicapped children. This proved particularly valuable during 1972 in providing data for the further development of education and care for this group. As the construction of the New Special Day School, to be known as Rockly Mount, has proceeded satisfactorily it is most necessary for assessments to be completed early and for criteria to be established well in advance of the second half of 1973 when the school will open.

Attention was also given during the year to the needs of mentally handicapped children. It has long been recognised that the building which houses Crevesford Special Day School falls far short of modern standards. The reasons for the continued use of these premises have been described serially over the years in Annual Reports on the Health of Barnsley. In 1972, concrete proposals for the replacement of the "Tin School" were at last formulated and action taken for their practical realisation. At the same time, to meet the immediate needs of more severely handicapped children until the new building would be ready, a Special Care Unit of a temporary nature was opened adjacent to the existing school. This provision, whilst it cannot offer anything approaching a full range of special care facilities, provides at least those which are basically essential.

Towards the end of the year, it became possible to recommence Speech Therapy on a limited scale through the recruitment of a part-time Speech Therapist. Study of the whole problem of Speech Therapy would indicate that this is a field in which the future health authorities will have an opportunity to find means to widen the service, now available to the school community.

It is to be regretted that, once again, it is necessary to draw attention to the inadequacy of the arrangements to preserve Dental Health. In previous reports, the professional advice given to the Council on augmentation of the flouride content of the water supply and the action taken on that advice has been recorded. No useful purpose would appear to be served at this juncture in recapitulating in detail the story of this somewhat controversial subject. Similarly, no good purpose is likely to be served by recounting the story of the advice given to the Council and the action taken to recruit School Dental Officers up to the authorised establishment. No doubt this will be one of the matters to which the Area Health Board will direct early attention. Once School Dentists cease to be employed by local authorities, it will be possible to offer inducements to secure recruitment in understaffed areas without the effect of these on the conditions of service of other local government officers being taken into consideration.

The School Nursing Service again encountered no particular problems apart from those associated with the difficulty of recruiting nurses in possession of the Health Visitors Certificate. The work done in the schools by the State Enrolled Nurses attached to the Health Visiting Service has proved to be invaluable and is to be highly commended.

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, over-crowding 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 3,141. Of these, 1,501 were born in 1964 or later and may be regarded as having been subject to entrant examinations. 590 more

inspections were done than in 1971. 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 2,621 other inspections, including re-inspection were carried out compared with 2,466 in 1971.

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.

FINDINGS AT MEDICAL INSPECTION

The findings in relation to physical condition continued the satisfactory trend which has now come to be taken for granted. No child was classified as of unsatisfactory physical condition.

The total number of children found to require treatment for defects was 280 as against 241 in 1971. 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 169 compared with 174 last year. The number of inspections carried out was 29,452 or 4,905 less. 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 6 cleansing notices were issued in 1972 compared with 23 in the previous year. No cleansing orders were made.

Eye Defects

The number of children requiring treatment for defective vision (excluding squint) was 79 as compared with 96 in the previous year and 56 in 1970.

ARRANGEMENTS FOR TREATMENT IN 1972

Consultation Services

Medical Services Clinic, New Street, Barnsley

Ear, Nose and Throat Clinics

Thursday 10 a.m. — 12 noon

Eye Clinics

Monday 9.30 a.m. — 12 noon

Friday 2 p.m. — 4 p.m.

Tuesday 2 p.m. — 4 p.m.

Orthopaedic Clinic

Monthly — First Friday in each month except August.

School Medical Officers Consultation Clinics

Monday 9.30 a.m. — 11.30 a.m.

4.30 p.m. — 5.30 p.m.

Tuesday 2 p.m. — 4 p.m.

Friday 2 p.m. — 4 p.m.

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

Dental Clinics

NEW STREET — Monday, Tuesday, Friday 9.30 a.m. — 12 noon 2 p.m. — 5 p.m. Thursday 9.30 a.m. — 12 noon.

ATHERSLEY — Monday, Wednesday, Thursday, Friday. 9.30 a.m. — 12 noon 2 p.m. — 5 p.m.

STAIRFOOT — Tuesday 9.30 a.m. — 12 noon 2 p.m. — 5 p.m. Thursday 2 p.m. — 5 p.m.

LUNDWOOD — Wednesday 9.30 a.m. — 12 noon 2 p.m. — 5 p.m.

Orthodontics

Held in conjunction with above as necessary.

Minor Ailments Clinics

Barnsley — Medical Services Clinic, New Street, Barnsley
Monday 9.30 a.m. — 11.30 a.m. 4.30 p.m. — 5.30 p.m.

Tuesday and Friday — 1.30 p.m. — 4.30 p.m.

Athersley — Laithes Lane Clinic, Athersley North
Monday and Wednesday 2 p.m. — 4 p.m.

Stairfoot — Hunningley Lane Clinic, Stairfoot
Monday and Wednesday 9.30 a.m. — 11.30 a.m.

Lundwood — Pontefract Road, Lundwood
Thursday 2 p.m. — 4 p.m.

Carlton — Old Highways Depot, Spring Lane, Carlton
Thursday 9.30 a.m. — 11.30 a.m.

Jordan House — Gawber Road, Barnsley
Tuesday and Thursday 9.30 a.m. — 11.30 a.m.

Monk Bretton — The Clinic, High Street, Monk Bretton
Friday 9.30 a.m. — 11.30 a.m.

All are in conjunction with Infant Welfare Clinics, except New Street Clinic, Monday 4.30 p.m. — 5.30 p.m.

Speech Therapy

New Street Clinic, Barnsley. Friday 9.30 a.m. — 12.30 p.m. and 1.30 p.m. to 4.30 p.m. by appointment.

Audiometric Testing

New Street Clinic, Barnsley. Thursday 10 a.m. — 12 noon on referral from E.N.T. Consultant.

General Physical Condition

There is now no purpose in commenting upon the general standards of nutrition amongst pupils observed in the course of medical inspection. In Table IA, returns now made to the Department of Education and Science state the number of children whose physical condition was found to be satisfactory or unsatisfactory at inspection. In recent years the numbers recorded as unsatisfactory have steadily decreased. In 1972, no child inspected was classified as being of unsatisfactory physical condition. In a way this is not surprising. Such children as are of unsatisfactory physical condition — in this age of social services — almost invariably come from the “problem” type of family. In a community such as Barnsley where the problem families are well known to the Health and Social Services, action is taken to ensure that adverse conditions are corrected long before they can affect a child’s physical condition sufficiently to justify the classification “unsatisfactory”.

At this point it must be borne in mind that the impression of the school medical officers is that there are very many more children whose general condition is likely to be prejudiced by parental over-indulgence than by economic deprivation. Furthermore, under existing legislation the authority has ample power to take statutory action to deal with the latter. In the present permissive society it is unlikely that there is anyone with sufficient courage to propose action — even in the best interests of the children themselves — to either control or curb the former. This position is extremely interesting. It will be observed most carefully and reported upon as the occasion presents itself.

School Meals

	1971	1972
Provided free.....	356,350	435,573
Provided at full cost.....	1,005,188	1,019,417
791,303 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 timetable shows that the existing arrangements were continued during 1972.

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 three times each week 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 II.

Ear, Nose and Throat Defects

The Consultant Ear, Nose and Throat Surgeon to the Barnsley Hospital Group, conducted one consulting session each week at the New Street Clinic. Examination of the number of cases treated shows a slight decrease when compared with last year.

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 51 new cases and carried out 55 re-examinations.

34 routine orthopaedic follow-ups were carried out by a member of the authority's school medical staff.

Children requiring surgical appliances have continued to obtain these through the Beckett Hospital, Barnsley (see appendix, tables IIC and IV).

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 Social Services Department by the attendance of social workers at the Child Guidance Centre.

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:—

"The pattern of work in 1972 at the Barnsley Child Guidance Clinic has been dominated by increasing numbers of children referred and by shortage of social work staff. This has meant that a much greater amount of the psychiatrist's time has been spent with parents as well as with the children and thus the treatment time for each case is much longer. The waiting list has grown more rapidly than cases could be seen, so by the end of the year there was a waiting time of six months for most cases; this has not happened before in the 16 years of the clinic. A further result has been extra demand from social workers for help with crisis situations, often in cases already on the waiting list! Crisis intervention is a legitimate part of the work of the clinic but with such a long waiting list it tends to overshadow the other aspects of the therapeutic work which is one of the specialised functions of the clinic.

"This situation has been improved somewhat by allocating two days for Mrs. Levesque, the social worker specially attached to the clinic, to work only on clinic cases, but it is doubtful if this will make inroads into the backlog and at best we can only hope to keep the situation from further deteriorating. The need for much greater staff and facilities — whether provided by education, social services or hospital departments — for the treatment of disturbed children is mounting and will have to be seriously considered by those departments of the Local Authority and National Health Service which are involved."

Speech Therapy

A part-time Speech Therapist, Mrs. L. C. Warden was appointed in November this year.

Number of children receiving treatment	15
Number of attendances made	66
Number under observation.....	22
Number discharged.....	40
Number of schools visited	1
Number on waiting list.....	12

Audiometric Testing

A part-time Audiometrician—Mrs. S. Wade, attended the clinic for two hours per week, at the same time that the Ear, Nose and Throat Clinic is held.

The number of school children given a hearing test in 1972 was 99.

MOUNT VERNON SCHOOL

Mount Vernon Day Special School, formerly Mount Vernon Open Air School, caters for delicate and physically handicapped children.

Originally, its principal 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.

During the year considerable progress was made with the authority's proposal to replace Mount Vernon School with a new Special Day School for physically handicapped children. The planning stages of the project were completed and by December it was possible to visualise the ultimate shape of the school by examining the work taking place on the site.

CREVESFORD DAY SPECIAL SCHOOL

This special school for mentally handicapped pupils, formerly the Health Authority's Junior Training Centre, continued to receive nursing and medical supervision through the School Health Service as in the past.

Mention has been made in the introduction to this part of the report, to the proposals to replace the present premises with a purpose designed building. This replacement is long over due and but for a sequence of most unfortunate circumstances, would have been effected a number of years ago. These circumstances have also combined to delay the provision in Barnsley of a Special Care Unit for the more severely handicapped children.

In September 1972 when the Day Nursery provided by the local branch of the Spastics Society was discontinued, the opportunity was taken of establishing a temporary Special Care Unit in premises in Pitt Street adjacent to the school. This provides the basic essentials for the day care of a number of severely handicapped children and it will prove most valuable in the assessment of the kind of facilities likely to be necessary in the new school. Unfortunately, with the limitations imposed by the space available it is not possible to provide for every child needing special care in this temporary unit.

SCHOOL DENTAL SERVICE

The following is the report on the School Dental Service during 1972 submitted by the Principal School Dental Officer, Mr. G. White, L.D.S.

In order to present a clearer picture of the problems faced by the School Dental Service in Barnsley it is proposed where possible, to give the comparable national average figures in addition to those relating to this local authority.

1. Staffing and Clinics

The staffing ratio remains very unfavourable at 7,350 school children per dental officer, which is well above the national average of 5,440. Ironically the number of school children per available surgery is below the national average of under 3,000.

2. Attendance and Treatment

The pattern of treatment in Barnsley shows some disturbing facts when compared with national figures. For instance, whilst the number of permanent teeth filled per child is average, the number of permanent teeth extracted per child is twice the national average and the corresponding figure for deciduous teeth is three times the national figure.

Orthodontic cases completed during the year were slightly below average in number, although inlays and crowns were some 40% above average, although none of them were full uppers or lowers.

3. School Inspections

Here also, with only 27% of the school population inspected we are attaining approximately half of the national figure of 59%. This is purely a staffing problem; indeed, it would be even worse were not the number of children inspected at each inspection session substantially higher at 234 than the figure of 126 nationally. Predictably the percentage of children inspected that require treatment is higher at 66% than the average of 55%.

4. General

There can be no doubt that the dental health of Barnsley's school children is worse than that of the average child in Britain. It would seem that this is exacerbated by the fact that the Council has not accepted the advice tendered by their professional officers for fluoridation of the Barnsley water supply.

HANDICAPPED PUPILS

Children to a total of 22 were ascertained during the year as belonging to one or other of the categories of handicapped pupils requiring education at special schools approved under Section 9(5) of the Education Act 1944 or boarding in boarding homes.

Blind Children

No child was assessed as blind or partially sighted during the year. One blind and 5 partially sighted pupils were receiving special education at the end of the year.

Deaf and Partially Hearing Children

No child was assessed as deaf or partially hearing. Six deaf and two with partial hearing were receiving education in special schools.

Physically Handicapped Children

Five children were assessed as physically handicapped and seven as delicate during the year.

Maladjusted and Educationally Subnormal Children

No children were assessed as maladjusted and 10 as educationally subnormal. Six maladjusted children and 187 educationally subnormal children were receiving special education under arrangements made by the authority.

Speech Defects

One child was receiving special education for speech defects.

Epileptic Pupils

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

Supervision of Physically Handicapped Children

137 visits were paid to the homes of physically handicapped children by the School Nurse/Health Visitor responsible for their supervision.

Special Investigation — Verruca Plantaris

The special investigation described in last year's report was continued during 1972.

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

Children Treated

YEAR	1967	1968	1969	1970	1971	1972	TOTAL
Girls	75	142	181	221	239	227	1,085
Boys	45	85	157	163	166	165	781
TOTAL ..	120	227	338	384	405	392	1,866

The predominant group was Female.

Proportion Treated

	GIRLS	BOYS
1967	62.5%	37.5%
1968	62.5%	37.5%
1969	53.6%	46.4%
1970	57.6%	42.4%
1971	59.0%	41.0%
1972	57.9%	42.1%

The predominant age group was under 11 years of age.

The proportion of the total who attended Secondary Schools was:

1967 — 49.1% 1968 — 49.3% 1969 — 35.5% 1970 — 39.3% 1971 — 39.5%
1972 — 39.3%

The highest proportion of attenders in 1972 was from Longcar County Primary School with 39, and Kendray Junior School with 38.

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

	Attended Public Baths	Attended Raley Baths	Attended St. Helen's Baths
1967.....	67.4%	29.2%	3.4%
1968.....	47.5%	9.1%	43.4%
1969.....	59.7%	6.2%	17.7%
1970.....	53.1%	5.2%	41.7%
1971.....	58.1%	7.6%	34.3%
1972.....	76.9%	6.2%	16.9%

The proportion who did barefoot P. E. was 73.9%.

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 1972 are as follows:—

Disease	No. Notified
Scarlet Fever	112
Whooping Cough	—
Measles.....	574
Dysentery	1
Food Poisoning	—
Acute Meningitis	3
Infective Jaundice	4
	<hr/> 694 <hr/>

Immunisation against Diphtheria

During the year 129 children of school age received a primary course of injections of anti-diphtheria antigen and 858 children received reinforcing or booster doses.

Rubella Vaccination

A total of 432 girls were vaccinated against Rubella (German Measles) during the year at the following schools:

Barnsley Girls' High	92
Broadway Grammar	45
Charter County Secondary	42
Edward Sheerien County Secondary	35
Littleworth County Secondary	39
Oaks County Secondary	35
Raley County Secondary.....	67
St. Helen's County Secondary	53
St. Michael's R.C. Secondary.....	24
	<hr/> 432 <hr/>

School Nursing

Nursing staff carried out home visits in the follow-up of defects amongst school children as follows:—

Defective vision and eye disease	713
Ear disease	22
Tonsils and Adenoids	21
Unclean Heads.....	283
Immunisation	26
Scabies	39
Other skin disease.....	30
Miscellaneous	230

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 School which is open from March to October enables large groups of senior school children to enjoy what is virtually a week's "holiday", together with their class teachers, away from the formal school environment.

All pupils are examined on the Thursday preceding their attendance and every effort made to ensure that they are fit to attend the Camp.

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.

PHYSICAL EDUCATION — SWIMMING

Swimming Statistics for 12 months ended August, 1972

	September 1971 to March 1972		Total A	April 1972 to August 1972		Total B
	Sec.	Jun.		Sec.	Jun.	
Number of children sent to Baths.	1,849	1,840	3,689	2,309	2,379	4,688
Number of attendances made	21,573	24,680	46,253	15,323	19,438	34,761
Swimmers — 10 yards.....	1,708	1,227	2,935	2,267	1,760	4,027
L.E.A. 1st Class	—	—	—	2	—	2
L.E.A. 2nd Class	22	9	31	13	15	28
L.E.A. 3rd Class.....	218	335	553	87	336	423
R.L.S.S. Intermediate.....	—	—	—	—	—	—
R.L.S.S. Bronze	—	—	—	—	—	—
A.S.A. Survival — Bronze	—	—	—	—	—	—
A.S.A. Survival — Silver	—	—	—	—	—	—
A.S.A. Survival — Gold	—	—	—	—	—	—

Total number of children sent to Baths in 12 months ending 31st August, 1972.

Secondary2,497

Junior.....2,447

4,944

Notes:— 1. Swimming instruction severely curtailed during 1971/72 due to:—

- (a) St. Helen's School Bath closed for extensive alterations between 1st September, 1971 and 26th June, 1972.
- (b) Raley School Bath closed because of National Coal Strike between 1st February, 1972 and 13th March, 1972.
- (c) Both pools at the Public Baths closed because of the National Coal Strike — Small pool 10th January, 1972 to 13th March, 1972 — Large pool 17th January, 1972 to 6th March, 1972.

PART IV — 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.	UNSATIS- FACTORY NO.		FOR DEFECTIVE VISION (EXCLUDING SQUINT)	FOR ANY OTHER CONDITION	TOTAL INDIVIDUAL PUPILS
1968 and later ..	144	144	—	—	—	6	6
1967	752	752	—	—	12	72	76
1966	513	513	—	—	14	52	60
1965	56	56	—	—	2	11	11
1964	36	36	—	—	2	5	7
1963	17	17	—	—	—	2	2
1962	12	12	—	—	—	2	3
1961	59	59	—	—	1	2	5
1960	683	683	—	—	30	38	63
1959	311	311	—	—	6	16	22
1958	6	6	—	—	—	—	—
1957 and earlier	552	552	—	—	9	20	25
TOTAL	3,141	3,141	—	—	79	226	280

B. Other Inspections

Number of Special Inspections.....	599
Number of Re-Inspections	2,022

C. Infestation with Vermin

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons.....29,452
- (b) Total number of individual pupils found to be infested.....169
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944)....6
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944)—

TABLE II
TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS

(Including Nursery and Special Schools)

A — Eye Diseases, Defective Vision and Squint

	NUMBER OF CASES KNOWN TO HAVE BEEN DEALT WITH
External and other, excluding errors of refraction and squint	47
Errors of refraction (including squint)	762
Total ..	809
Number of pupils for whom spectacles were prescribed	542

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	47
(b) for adenoids and chronic tonsillitis	89
(c) for other nose and throat conditions	13
Received other forms of treatment	233
Total ..	382
Total number of pupils still on the register of schools at 31st December, 1972, known to have been provided with hearing aids:—	
(a) during 1972	—
(b) previous years	30

Table C — Orthopaedic and Postural Defects

	NUMBER KNOWN TO HAVE BEEN TREATED
(a) Pupils treated at clinics or out-patients departments	51
(b) Pupils treated at school for postural defects ..	6
Total ..	57

Table D — Diseases of the Skin

	NUMBER OF PUPILS KNOWN TO HAVE BEEN TREATED
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	30
Impetigo	15
Other skin diseases	504
Total ..	549

Table E — Child Guidance Treatment

	NUMBER KNOWN TO HAVE BEEN TREATED
Pupils treated at Child Guidance clinics	81

Table F — Speech Therapy

	NUMBER KNOWN TO HAVE BEEN TREATED
Pupils treated by speech therapist	15

Table G — Other Treatment Given

	NUMBER KNOWN TO HAVE BEEN TREATED
(a) Pupils with minor ailments	220
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	720
(d) Other than (a), (b) and (c) above	—
Total (a)—(d)	940

TABLE III

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY AUTHORITY

1. STAFF.

(a) DENTAL OFFICERS (including Orthodontists)

	NUMBER OF OFFICERS IN LOCAL AUTHORITY SERVICE		FULL TIME EQUIVALENT INCLUSIVE OF EXTRA PAID SESSIONS WORKED			
	FULL TIME	PART TIME	ADMINIS- TRATIVE DUTIES	CLINICAL DUTIES		TOTAL FULL TIME EQUIVALENT
				SCHOOL SERVICE	M. & C.H. SERVICE	
Principal School Dental Officer	1		NIL	0.8	0.2	1.0
Salaried Dental Officers	1		NIL	0.7	0.3	1.0
Sessional Dental Officers		—		—	—	—
Total (a)	2	—	NIL	1.5	0.5	2.0

(b) DENTAL AUXILIARIES AND HYGIENISTS

Dental Auxiliaries ..	NIL	—		—	—	—
Dental Hygienists ..	NIL	—		—	—	—

(c) OTHER STAFF:

	NUMBER OF OFFICERS	FULL TIME EQUIVALENT (ONE PLACE OF DECIMALS)
Dental Technicians .. .	NIL	—
Dental Surgery Assistants .. .	3	2.3
Clerical Assistants .. .	1	1.0
Dental Health Education Personnel ..	NIL	—

2. SCHOOL DENTAL CLINICS.

	FIXED CLINICS				MOBILE CLINICS	
	NO. WITH ONE SURGERY ONLY	NO. WITH TWO OR MORE SURGERIES	TOTAL NUMBER OF SURGERIES		TOTAL NUMBER OF CLINICS	
			AVAILABLE	IN USE	AVAILABLE	IN USE
Provided directly by Authority ..	3	1	5	5	NIL	NIL

3. INSPECTIONS.

	INSPECTED	NUMBER OF PUPILS REQUIRING TREATMENT	OFFERED TREATMENT
(a) First inspection—school ..	2,989	2,630	2,524
(b) First inspection—clinic ..	1,000		
(c) Re-inspection—school or clinic	48	30	—
Totals	4,037	2,660	2,524

4. VISITS (for treatment only).

	AGES 5—9	AGES 10—14	AGES 15 and over	TOTAL
First visit in the calendar year	713	627	168	1,508
Subsequent visits	1,259	1,792	487	3,538
Total visits	1,972	2,419	655	5,046

5. COURSES OF TREATMENT.

Additional courses commenced ..	21	13	8	42
Total courses commenced	734	640	176	1,550
Courses completed				1,025

6. TREATMENT.

Fillings in permanent teeth	585	1,681	587	2,853
Fillings in deciduous teeth	667	69		736
Permanent teeth filled	415	1,305	460	2,180
Deciduous teeth filled	602	64		666
Permanent teeth extracted	114	473	145	732
Deciduous teeth extracted	2,059	734		2,793
Number of general anaesthetics ..	498	327	50	875
Number of emergencies	292	208	47	547

Number of pupils X-rayed	60
Prophylaxis	682
Teeth otherwise conserved	136
Teeth root filled	3
Inlays	—
Crowns	18

7. ORTHODONTICS.

New cases commenced during the year	19
Cases completed during the year	19
Cases discontinued during the year	3
Number of removable appliances fitted	46
Number of fixed appliances fitted	6
Number of pupils referred to Hospital Consultants	1

8. DENTURES.

	AGES 5—9	AGES 10—14	AGES 15 and over	TOTAL
Number of pupils fitted with dentures for the first time:—				
(a) with full denture	—	—	—	—
(b) with other dentures	—	13	8	21
Total	—	13	8	21
Number of dentures supplied (first or subsequent time)	—	13	8	21

9. ANAESTHETICS.

Number of general anaesthetics administered by Dental Officers ..	34
---	----

10. SESSIONS.

	ADMINI- STRATIVE SESSIONS	NUMBER OF CLINICAL SESSIONS WORKED IN YEAR					TOTAL SESSIONS
		SCHOOL SERVICE			M. & C.H. SERVICE		
		Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education	
Dental Officers (incl. P.S.D.O)	1	13	844	—	39	—	897
Dental Auxiliaries . .			—	—	—	—	—
Dental Hygienists . .			—	—	—	—	—
Total	1	13	844	—	39	—	897

TABLE IV
ORTHOPAEDIC CLINIC

	SESSIONS
Visits of Orthopaedic Surgeon	11
Patients seen — new cases	51
Other attendances-re-examinations	55
No. of routine 'follow-up' cases seen by School Medical Officer	34

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

TABLE V
MOUNT VERNON SCHOOL
STATISTICAL SUMMARY OF CHILDREN IN ATTEN-
DANCE

1972

CATEGORY	Number in School 1st Jan. 1972	Number Admitted	Number Discharged	Number Remaining at 31.12.72
Respiratory Diseases:				
Asthma	8	2	1	9
Bronchiectasis	1	—	—	2
Chronic Bronchitis	3	—	—	2
Congenital Heart Disease	6	2	5	3
Cerebral Palsy	6	4	1	9
Spina Bifida and Hydrocephalus	5	3	1	7
Muscular Dystrophy	6	1	3	4
Emotional Instability	7	—	4	3
Epilepsy	4	—	1	3
Rectal Atresia	2	2	1	3
Ulcerative Colitis	—	1	1	—
Adrenal Tumour	—	1	—	1
Orthopaedic Disorder	1	—	—	1
Speech Defect	1	—	—	1
Purpura	1	—	—	1
Partial Hearing	1	—	—	1
Partial Sight	3	—	—	3
Rheumatoid Arthritis	1	—	1	—
Disseminated Sclerosis	1	—	1	—
Totals	57	16	20	53

TABLE VI
RETURN OF HANDICAPPED CHILDREN
New assessments and placements

DURING THE CALENDAR YEAR ENDED 31ST DECEMBER, 1972:—		BLIND (1)	P.S. (2)	DEAF (3)	PT. HG. (4)	P.H. (5)	DEL. (6)	MAL. (7)	E.S.N. (8)	EPIL. (9)	S.P. DEF. (10)	Total (11)
A. Handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes	boys	—	—	—	—	2	4	—	6	—	—	12
	girls	—	—	—	—	3	3	—	4	—	—	10
	boys	—	—	—	—	2	5	—	6	—	—	13
	girls	—	—	—	—	3	1	—	4	—	—	8
B. Children newly placed in special schools or boarding homes	(i) of those included at A above	—	—	—	—	1	—	1	—	—	—	2
	(ii) of those assessed prior to January, 1972	—	—	—	—	1	—	—	—	—	—	1
	(iii) TOTAL newly placed—B(i) and (ii)	—	—	—	—	3	5	1	6	—	—	15
		—	—	—	—	4	1	—	4	—	—	9

HEALTH AND HOUSING COMMITTEE

(as at 31.12.72)

Chairman: Councillor Mrs. M. J. Slater

Vice-Chairman: Councillor G. Moore

THE WORSHIPFUL THE MAYOR: Alderman F. Lunn, A.M.R.S.H.

Alderman T. R. Brown, B.E.M.	Councillor Mrs. M. Copley
Alderman H. Dancer	Councillor Mrs. S. J. Fox
Alderman T. Hinchcliffe, J.P.	Councillor L. Hanson
Alderman W. Hunt, O.B.E., J.P.	Councillor C. Hardy
Alderman A. E. McVie, C.B.E., J.P.	Councillor R. Horbury, J.P.
Alderman G. Whyke, J.P.	Councillor T. Lindley
Councillor Mrs. M. Brannan	

EDUCATION COMMITTEE

(as at 31.12.72)

Chairman: Councillor Mrs. M. Brannan

Vice-Chairman: Councillor R. Fisher

THE WORSHIPFUL THE MAYOR: Alderman F. Lunn, A.M.R.S.H.

Alderman A. Butler, J.P.	Councillor H. Brain
Alderman T. Hinchcliffe, J.P.	Councillor J. H. Dossett
Alderman B. Varley, F.Inst.L.Ex.	Councillor L. Hanson
Alderman G. Whyke, J.P.	Councillor D. Hinchcliffe, B.A.
Councillor Mrs. E. B. Blackburne	Councillor G. Jepson
Councillor Mrs. G. Bright	Councillor F. Kaye
Councillor Mrs. M. Button, M.B.E.	Councillor W. Sinfield
Councillor Mrs. M. J. Slater	Councillor A. Williams
Councillor W. E. Blackburne	

Co-opted Members:

Miss H. K. Mosley	Very Rev. Canon C. H. O'Flaherty
Mr. D. L. Hirst	Rev. Canon J. C. K. Brumpton, M.A., R.D.
Mr. H. Owen	REV. M. S. DENNISON, B.A., B.Sc., B.D.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

(as at 31.12.72)

Medical Officer of Health and Principal School Medical Officer:

G. A. W. Neill, O.B.E., O.S.J., T.D., M.D., F.F.C.M., 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., M.F.C.M., D.P.H.

Consultant Anaesthetists (Part-time):

R. C. Davison, M.R.C.S., L.R.C.P., D.A.

S. S. Mahatme, M.B., B.S., D.A.

Senior Clinical Medical Officers in Department:

S. Joan A. Raymond, M.B., Ch.B., D.C.H., M.F.C.M.

Rhada Ramaswami, B.A., M.B.B.S., D.C.H.

Medical Officers in Department:

Corinne A. M. Barraclough, M.B., Ch.B., (Natal).
Lakshmi Rajan, M.B., B.S., Dip. Obst. Gyn. (Part-time).

Director of Nursing Services:

Mrs. M. E. L. Gooddy, S.R.N., S.C.M., Q.I.D.N., H.V.

Health Visiting Service:

Nursing Officer (Health Visiting)

Mrs. E. Inman, S.R.N., S.C.M. (Part I), H.V.

Senior Health Visitors and School Nurses:

Miss J. Broadhead, S.R.N., S.C.M., H.V. (appointed 1.3.72, terminated 31.8.72).
Mrs. M. Lonsdale, S.R.N., S.C.M., H.V.
Miss M. Stott, S.R.N., S.C.M., Q.I.D.N., H.V. (appointed 1.9.72).
Mrs. J. E. Sweetnam, S.R.N., S.C.M., H.V.
Mrs. K. Tomlinson, S.R.N., S.C.M., H.V. (deceased 2.9.72).

Health Visitors and School Nurses:

Miss M. Stott, S.R.N., S.C.M., Q.I.D.N., H.V. (promoted 31.8.72).
Mrs. V. G. Hinchliffe, S.R.N., S.C.M., (Part I) H.V. (commenced 1.10.72)
Miss I. Reilly, S.R.N., S.C.M., H.V.
Mrs. B. Robinson, S.R.N., S.R.F.N., S.C.M., H.V.
Miss J. Broadhead, S.R.N., S.C.M., H.V. (terminated 29.2.72).
Mrs. E. C. Bolt, S.R.N., S.C.M., H.V.
Mrs. W. Felton, S.R.N., S.C.M. (Part I) H.V.
Mrs. J. Goodyear, S.R.N., S.C.M. (Part I) H.V.
Mrs. A. Wilkinson, S.R.N., S.C.M. (Part I) H.V.

Student Health Visitors:

Mrs. V. G. Hinchliffe, S.R.N., S.C.M. (Part I). (terminated 30.9.72).

Clinic School Nurses:

Mrs. F. J. Garner, S.R.N.

State Enrolled Nurses:

Mrs. G. R. Oxley, S.E.N., Q.I.D.N.
Mrs. I. Lodge, S.E.N., Q.I.D.N. (transferred to Home Nursing 6.3.72).
Mrs. M. C. Hill, S.E.N., Q.I.D.N.
Mrs. D. Parkin, S.E.N., Q.I.D.N.
Miss N. Corner, S.E.N., N.C.D.N.
Mrs. A. G. Hawley, S.E.N., Q.I.D.N.

Midwifery Service:

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. (terminated 31.5.72)
Mrs. A. Taylor, S.R.N., S.C.M.

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

Mrs. E. Lockwood, S.R.N., S.C.M., N.C.D.N.

(transferred from Home Nursing 1.7.72.)

Mrs. A. Horne, S.C.M.

Mrs. M. Owen, S.C.M.

Mrs. M. M. Frid, S.C.M.

Mrs. C. Metcalfe, S.C.M.

Home Nursing Service:

Nursing Officer (Home Nursing)

Miss S. Abbott, S.R.N., S.C.M., Q.I.D.N., H.V. (terminated 30.11.72)

Nursing Officer (Training)

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

District Nurses:

Mrs. I. B. McGowan, S.R.N., S.C.M., Q.I.D.N. (terminated 20.8.72)

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.

Miss S. A. Goldthorpe, S.R.N., Q.I.D.N.

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

Miss M. C. Holding, S.R.N., S.C.M., N.C.D.N. (commenced 10.7.72.)

Mrs. P. Cooper, S.R.N., N.C.D.N. (commenced 1.6.72.)

Mrs. P. J. Salter, S.R.N., N.C.D.N. (commenced 1.7.72)

Mrs. D. J. Steele, S.R.N., N.C.D.N. (commenced 1.9.72.)

Mrs. H. Buckle, S.R.N., N.C.D.N. (terminated 31.12.72)

Mrs. I. Lodge, S.E.N., Q.I.D.N. (transferred from Health Visiting 6.3.72)

Mrs. S. Burnham, S.E.N., Q.I.D.N.

Mrs. M. McGuinness, S.E.N., Q.I.D.N.

Mrs. J. Greaves, S.R.N., N.C.D.N.

Mrs. M. E. Turton, S.R.N., N.C.D.N.

Mrs. S. Wall, S.R.N., N.C.D.N.

Mrs. M. Sidlow, S.E.N., Q.I.D.N.

Mrs. E. Lockwood, S.R.N., S.C.M., N.C.D.N. (transferred to Midwifery 1.7.72)

Mrs. M. Barraclough, S.E.N. (Part-time)

Mrs. F. Ward, S.E.N. (Part-time)

Mrs. R. Felton, S.R.C.N. (Part-time)

Orderly:

Mrs. R. M. Hansbury

Dental Service:

Mr. G. White, L.D.S., Chief Dental Officer

Mr. D. R. Nteka, L.D.S., Dental Officer

Miss R. Sharp, Dental Clerk

Mrs. B. Ashurst, Dental Surgery Assistant

Mrs. J. Thorne, nee Newsome, Dental Surgery Assistant
(terminated 11.6.72)

Mrs. D. Felton, Dental Surgery Assistant
Miss L. McConnell, Dental Surgery Assistant (commenced 26.6.72)

Chiropody Service:

Mr. A. A. Aldam, M.Ch.S. (Sessional basis)
Mr. L. R. Parry, M.Ch.S. (Sessional basis)

Audiology Service:

Mrs. S. Wade, Physiological Measurement Technician (student technician) (sessional basis)

Speech Therapy Service:

Mrs. L. C. Warden, L.C.S.T., Speech Therapist (sessional basis)
(commenced 10.11.72)

Administrative Clerical Staff:

Mr. A. G. Scott, Administrative Assistant (commenced 17.1.72)
Mrs. S. Clarke, Clerk-Typist
Miss C. M. Senior, Clerk-Typist
Miss P. J. Fleetwood, Clerk (terminated 20.2.72)
Miss J. Walker, Senior Clerk, Care of Mothers and Young Children
and School Health Service
Miss N. Wade, Clerk, Care of Mothers and Young Children
Mrs. K. Firth, Clerk, School Health Service
Miss H. C. Fieldsend, Clerk, School Health Service
Miss L. White, Clerk, Care of Mothers and Young Children
Mrs. B. Hobson, Clerk-Typist
Miss S. Broadhead, Clerk-Typist, Care of Mothers and Young Children
Miss P. Sheerien, Clerk, Care of Mothers and Young Children
(commenced 1.3.72.)
(terminated 31.10.72)

Sanitary Service:

Mr. F. Midgley, Chief Public Health Inspector
Mr. E. S. Hackney, Deputy Chief Public Health Inspector
Mr. H. J. A. Ackroyd, Public Health Inspector (Food Hygiene)
Mr. D. Powers, Public Health Inspector (Air Pollution Control)
(commenced 30.10.72)
Mr. D. Perkin, Public Health Inspector (Improvements Officer)
(commenced 1.11.72)
Mr. P. Walker, Public Health Inspector
Mr. P. R. Hunt, Public Health Inspector
Mr. R. Whittles, Public Health Inspector
Mr. K. M. Dodd, Public Health Inspector
Mr. F. Smith, Authorised Meat Inspector
Mr. S. Blackburn, Authorised Meat Inspector
Mr. H. Tomlinson, Technical Assistant
Mr. D. Orr, Technical Assistant
Mr. N. M. Nutton, Technical Assistant (commenced 2.10.72)
Mr. R. E. Haw, Technical Assistant (commenced 11.12.72)

Mr. C. B. Riby, Student Public Health Inspector
Mr. P. M. Hobson, Student Public Health Inspector
Mr. D. R. Worrall, Senior Clerk
Mrs. H. Lax, Clerk-Typist
Mrs. P. Rushforth, Senior Shorthand Typist (resigned 15.7.72.)
Mrs. J. M. Burland, Senior Shorthand Typist (commenced 30.10.72.)
Mrs. S. A. Atkinson, Shorthand Typist (commenced 8.5.72.)
Miss F. Trepczyk, Junior Clerk

