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*Hoyland Nether*  
*Urban District Council*



ANNUAL  
REPORT

of

**The Medical Officer of Health**

for the Year

**1949**





## Hoyland Nether Urban District Council.

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### HEALTH COMMITTEE, 1949.

Councillor G. CLARKE (Chairman).

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„ V. J. HOULTON.

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### STAFF OF THE HEALTH DEPARTMENT.

**Medical Officer of Health:**

J. MAIN RUSSELL, M.B., Ch.B. (Edin.), B.Hy., D.P.H.


**Deputy Medical Officer of Health:**

J. McA. TAGGART, M.B., B.Ch., B.A.O., D.P.H.

(Appointed 1/4/49.)

**Sanitary Inspector:**

WM. G. DANKS, M.S.I.A., Cert. M. & F.I.



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# Hoyland Nether Urban District Council.

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## **ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1949.**

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**To the Chairman and Members of the Hoyland Nether  
Urban District Council.**

Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Hoyland Nether Urban District for the year ending 31st December, 1949.

The Ministry of Health have made some suggestions with regard to the Report for 1949. First of all the suggestion was made that the Report should follow upon similar lines to that for 1948 and previous years. The suggestion was also made that the Report should contain details of water supplies, sewage and sewage disposal, and the inspection of Meat and other foods. On the question of food, it was mentioned that details of any outbreaks of Food Poisoning within the district and any propaganda campaign in the interests of clean food handling should be mentioned. Another important subject which was to be reported upon was the working of the Local Health Services under Part III of the National Health Service Act, 1946.

In that part of the Report dealing with Sanitary Circumstances prepared by my Chief Sanitary Inspector, all the necessary information in connection with water supplies, sewage and sewage disposal is given. The fact is that both water supplies and sewage and sewage disposal are very satisfactory within the area. With regard to the inspection of Meat and other foods, that is also commented upon in the latter part of the Report, and I have included a comment upon Food Poisoning and the campaign for clean food handling.

I have included in the latter part of this Report, that part dealing with General Public Health, a resumé of the work done in connection with the Part III Services within the area. This is more or less a report of the Local Health Authority's services on a Divisional basis. It is hardly possible to prepare statistics and comments for each separate County District within the Division, but I consider that a general picture of the Divisional work as a whole will be more interesting and informative.

As you are aware, the administration of these services is exclusively that of the Local Health Authority, i.e., the West Riding County Council. County District Councils have no immediate administrative control over any of these services. There is, however, the Divisional Scheme of Preventive Medical Services in operation in the West Riding, and this scheme provides for the Divisional Medical Officer fulfilling the office of Medical Officer of Health for each of the constituent County Districts forming the Division. In short, therefore, I, as the Divisional Medical Officer, am responsible for the day to day administration of the Local Health Services within the Division, subject, of course, to the overriding policy at County level, while at the same time, as Medical Officer of Health, I am conscious of the value to the district of the benefits from this day to day administrative control of the wider Preventive Medical Services. From my experience I have found that County District Councillors are in very close contact with the people of the district which they serve, and although the County District Council does not administer the wider health services, they are still entitled to the fullest information as to what services are available within that district. It is because of this that I have included in this Report statistics and comments on matters which are exclusively Local Health Authority matters, but which are fundamentally of the utmost importance to the welfare of the people, and about which each Councillor should be fully informed.

To comment on the statistics generally, one notices that the Birth Rate has fallen slightly as compared to 1948, although the rate is higher than that for England and Wales, and for the aggregate of Urban Districts within the administrative County of the West Riding.

The Crude Death Rate for the year under review was the same as the record low rate for 1948, a rate of 8·9 per 1,000 of the total population. The Death Rate for England and Wales was 11·7 and that for the aggregate of Urban Districts within the County was 12·5. This year the Registrar General has been able to provide an Areal

Comparability Factor. Each district is supplied with such a factor and when this factor is applied to the Crude Death Rate it creates an adjusted rate. When each district has thus adjusted the Crude Death Rate, then it is possible to compare such adjusted rates, and so determine the comparative healthiness of one district with another. I generally explain this point by comparing two imaginary districts, one where the majority of the population is in the higher age groups and where the living conditions are poor, and the other where there is a young virile population living under ideal conditions. You would naturally expect a higher Crude Death Rate in the former district, yet it is doubtful whether the healthiness of the area was comparably of a worse standard. A similar situation might arise if one district had a particularly large number of one sex as compared to the other. Thus it is that the Registrar General arrives at a factor which, when it is applied to the Crude Death Rate, will render it comparable with that adjusted rate for another district. So far as Hoyland is concerned, the Comparability Factor is 1.09, making the adjusted rate 9.7; a rate which still compares very favourably indeed with the rest of the Country. Out of 139 deaths attributed to the district, 81 were in the "Over 65" age group, and 11 were in the "Under 1 year" age group.

This brings me to the question of Infantile Mortality, the rate of which for Hoyland was 38 per 1,000 related live births. The rate for 1948 was 17, the lowest ever recorded in Hoyland district. The rate is higher than that for England and Wales and for the aggregate of Urban Districts within the administrative County of the West Riding. One deplores the loss of 11 infants before they reached the age of 1 year, and one is deeply conscious that the problem of infantile deaths has got to receive more and more attention by Preventive Medicine Practitioners as time goes on. Certainly a tremendous lot has been done over the years, even from the beginning of the century when over 100 infants out of every 1,000 died before they reached the age of one, to to-day, when we complain bitterly about a rate in the 30's. The rate must come down, however, and to that end every encouragement is given for better Ante-Natal care, better Midwifery care, better attention to the Premature baby, and an increase of Health Visitor's supervision.

Of the number of infants who died, 7 deaths were the result of prematurity and congenital conditions. Some conditions under these headings may be unavoidable, but I venture to suggest that some are avoidable, and it is for this reason that I emphasise the need for Ante-Natal care and care of the Premature baby. The other 4 deaths

amongst infants were due to upper respiratory infections and infection of the gastro-intestinal tract. I am certain that deaths amongst infants from those infections can be, and must be, prevented. After all, some authorities have said that the Infantile Mortality Rate is one of the most delicate indices of the health of the district. Up until 1947 the rate was approximating to 50 and since then it has dropped to 17 and 38 respectively.

The Still-Birth Rate for 1949 was less than that for 1948, but is still higher than that for England and Wales.

Before concluding this introduction, I would like to put on record my thanks to the Chairman and members of the Health Committee for their continued support and encouragement during the year. I wish to thank the Clerk and other members of the staff for their helpful advice most willingly given throughout the year, and especially do I thank my Chief Sanitary Inspector, Mr. Danks, for his loyal co-operation in the working of the Health Department.

To Dr. Taggart, the Deputy Medical Officer of Health, I would like to pay tribute for his continued support and considerable advice since his appointment in April last.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.

## DISTRICT STATISTICS IN BRIEF.

The Hoyland Nether Urban District covers an acreage of 1,999 acres. The district is divided into four wards, and the approximate acreage and the number of houses in each is as follows:—

Ward.	Acreage.	Number of Houses.
Hoyland ... ..	259	1,194
Hoyland Common ...	374	1,204
St. Peter's ... ..	744	1,041
Elsecar ... ..	622	1,174
Total ... ..	1,999	4,613

The Rateable Value of the district is £55,603, whilst the product of a penny rate is £200 as at 31st March, 1950.

## VITAL STATISTICS.

**Population.** The Registrar General has given his estimation of the population as at mid-1949 as 15,640. This is an increase of 60 over the figure for 1948.

**Births.** There were 289 live births registered in the district during the year. Of these 149 were males and 140 females. This figure is 13 less than that for 1948. There were 7 illegitimate births, 4 male and 3 female.

**Still-Births.** There were 8 still-births during the year (6 male and 2 female). There were 2 illegitimate still-births, both males.

**Deaths.** 139 deaths were attributed to the district, one less than in 1948.

Set out below are tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates, with those rates for other parts of the country. These show how the district compares with the country generally.

### Rates per 1,000 of the Population.

Year	England and Wales	126 County Boroughs and Great Towns including London	148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)	London Administrative County	Hoyland Nether U. D.
<b>LIVE BIRTHS</b>					
1949	16·7	18·7	18·0	18·5	17·8
1948	17·9	20·0	19·2	20·1	18·8
1947	20·5	23·3	22·2	22·7	22·8
1946	19·1	22·2	21·3	21·5	21·2
1945	16·1	19·1	19·2	15·7	19·7
<b>STILL BIRTHS</b>					
1949	0·39	0·47	0·40	0·37	0·51
1948	0·42	0·52	0·43	0·39	0·64
1947	0·50	0·62	0·54	0·49	0·59
1946	0·53	0·67	0·59	0·54	0·67
1945	0·46	0·58	0·53	0·40	0·47
<b>DEATHS (Crude Death Rate)</b>					
1949	11·7	12·5	11·6	12·2	8·8
1948	10·8	11·6	10·7	11·6	8·9
1947	12·0	13·0	11·9	12·8	12·1
1946	11·5	12·7	11·7	12·7	11·08
1945	11·4	13·5	12·3	13·8	9·1

**Principal Causes of Death.**

INFECTIVE DISEASES.	Male	Female	Total
Influenza ... ..	—	2	2
Syphilitic Diseases ... ..	1	—	1
Acute Poliomyelitis ... ..	1	—	1
Tuberculosis of Respiratory System	2	2	4
Other forms of Tuberculosis ...	1	—	1
<b>CANCER.</b>			
Buccal Cavity and Oesophagus ...	1	—	1
Uterus ... ..	—	1	1
Stomach and Duodenum ... ..	4	2	6
Breast ... ..	—	1	1
All other Sites ... ..	9	1	10
<b>CIRCULATORY SYSTEM.</b>			
Intra-cranial Vascular Lesions ...	8	11	19
Heart Diseases ... ..	21	23	44
Other Circulatory Diseases ...	5	—	5
<b>RESPIRATORY SYSTEM.</b>			
Bronchitis ... ..	2	2	4
Pneumonia ... ..	3	4	7
Other Respiratory Diseases ...	—	2	2
<b>DIGESTIVE SYSTEM.</b>			
Ulcer of Stomach or Duodenum ...	1	—	1
Diarrhœa (under 2 years) ...	1	—	1
Other Digestive Diseases ...	—	1	1
<b>GENITO-URINARY SYSTEM.</b>			
Nephritis ... ..	2	—	2
<b>INFANTS.</b>			
Premature Birth ... ..	—	2	2
Congenital Malformations, etc. ...	1	6	7
<b>VIOLENCE.</b>			
Other Violent Causes ... ..	3	1	4
All Other Causes ... ..	6	6	12

### Age Distribution of Deaths.

AGE GROUP	1945	1946	1947	1948	1949
Under 1 year .. ..	12 ..	16 ..	20 ..	5 ..	11
1 to 2 years .. ..	— ..	1 ..	1 ..	1 ..	—
2 to 5 years .. ..	— ..	— ..	6 ..	3 ..	2
5 to 15 years .. ..	1 ..	1 ..	1 ..	— ..	2
15 to 25 years .. ..	1 ..	1 ..	9 ..	2 ..	4
25 to 45 years .. ..	11 ..	15 ..	15 ..	10 ..	12
45 to 65 years .. ..	35 ..	44 ..	41 ..	33 ..	27
65 years and over ..	72 ..	88 ..	90 ..	86 ..	81
<b>TOTALS .. ..</b>	<b>132 ..</b>	<b>166 ..</b>	<b>183 ..</b>	<b>140 ..</b>	<b>139</b>

**Infantile Mortality.** There were 11 deaths of infants under the age of 1 year (3 male and 8 female), equivalent to a rate of 37 per 1,000 live births. This is much higher than the low record of last year and is also higher than that for the country generally which again reached a record low figure of 32.

### Deaths under 1 year.

#### RATES PER 1,000 LIVE BIRTHS.

Year	England and Wales	126 County Boroughs and Great Towns including London	148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)	London Administrative County	Hoyland Nether U. D.
1949 ..	32 ..	37 ..	30 ..	29 ..	38
1948 ..	34 ..	39 ..	32 ..	31 ..	17
1947 ..	41 ..	47 ..	36 ..	37 ..	58
1946 ..	43 ..	45 ..	37 ..	41 ..	50
1945 ..	46 ..	54 ..	43 ..	53 ..	44

**Table showing Age Distribution of  
Infantile Deaths.**

CAUSE OF DEATH	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Prematurity .. .. .	2	-	-	-	2	-	-	-	-	2
Congenital and Wasting Diseases .. .. .	4	-	-	-	4	-	1	-	-	5
Pneumonia and Bronchitis	-	-	-	-	-	1	1	1	-	3
Gastro-Intestinal Diseases..	-	-	-	-	-	-	1	-	-	1
<b>TOTALS .. .. .</b>	<b>6</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>-</b>	<b>11</b>
1948 .. .. .	1	1	-	-	2	1	2	-	-	5
1947 .. .. .	6	2	1	2	11	6	2	1	-	20
1946 .. .. .	2	-	-	1	3	3	3	1	2	12
1945 .. .. .	6	2	-	-	8	4	2	-	-	14

**Maternal Mortality.** There were no maternal deaths during 1949.

**Epidemic Diseases.** The following table shows the principal causes of death in the Epidemic Diseases (other than Tuberculosis) Group over the past five years.

DISEASE	1945	1946	1947	1948	1949
Diarrhoea (under 2 years) ..	1	4	3	..	1
Whooping Cough ..	1	..	..	..	..
Cerebro-Spinal Meningitis ..	..	..	1	..	..
Influenza ..	2	2	2	1	2
Acute Infective Encephalitis ..	1	..	..	1	..
Acute Poliomyelitis ..	..	..	2	..	1

**Inquests** were held on 5 occasions and in 16 cases the cause of death was certified by the Coroner after Post Mortem Examination without inquest.

**PREVALENCE OF, AND CONTROL OVER,  
INFECTIOUS AND OTHER DISEASES.**

**Infectious Diseases other than Tuberculosis.** During the year a total of 412 cases of Infectious Diseases were notified. Set out below are tables which are self-explanatory.

DISEASE	1949	1948	1947
Scarlet Fever .. ..	65	64	40
Pneumonia .. ..	42	38	26
Whooping Cough .. ..	40	148	44
Measles .. ..	225	287	296
Erysipelas .. ..	13	6	11
Diphtheria .. ..	1	..	4
Puerperal Pyrexia .. ..	2	1	1
Cerebro-Spinal Meningitis ..	3	..	1
Ophthalmia Neonatorum ..	..	..	1
Poliomyelitis and Polioencephalitis ..	19	1	25
Food Poisoning .. ..	2	1	..
<b>TOTALS .. ..</b>	<b>412</b>	<b>546</b>	<b>449</b>

**Attack Rate of Commoner Infectious Diseases.**

DISEASE	England and Wales	148 Smaller Towns	Hoyland Nether U.D.
Scarlet Fever .. ..	1.63	1.83	4.15
Diphtheria .. ..	0.04	0.04	0.06
Pneumonia .. ..	0.80	0.65	2.67
Cerebro-Spinal Meningitis ..	0.02	0.02	0.17
Measles .. ..	8.95	9.18	14.36
Whooping Cough .. ..	2.39	2.39	2.55
Erysipelas .. ..	0.19	0.19	0.83

**Distribution of Infectious Diseases by Age Groups.**

DISEASE	0 - 1	1 - 2	2 - 3	3 - 4	4 - 5	5 - 10	10 - 15	15 - 25	25 - 35	35 - 45	45 - 65	65 and over	TOTALS
Scarlet Fever .. .. .	..	..	5	3	18	30	7	1	1	..	..	..	65
Pneumonia .. .. .	5	3	3	4	4	5	..	2	6	3	5	2	42
Whooping Cough .. .. .	4	4	7	7	4	13	1	..	..	..	..	..	40
Measles .. .. .	11	29	30	45	36	73	..	1	..	..	..	..	225
Erysipelas .. .. .	..	..	..	..	..	..	..	..	1	3	7	2	13
Diphtheria .. .. .	..	..	..	1	..	..	..	..	..	..	..	..	1
Puerperal Pyrexia .. .. .	..	..	..	..	..	..	..	..	2	..	..	..	2
Cerebro-Spinal Meningitis .. .. .	..	..	..	1	..	..	..	..	..	..	1	1	3
Poliomyelitis and Polioencephalitis .. .. .	1	3	3	2	1	2	2	1	3	1	..	..	19
Food Poisoning .. .. .	..	..	..	..	..	1	..	..	..	..	1	..	2
TOTALS .. .. .	21	39	48	63	63	124	10	5	13	7	14	5	412

**Scarlet Fever.** During the year 65 cases of Scarlet Fever were notified as compared with 64 in 1948. Two of the cases were not confirmed, giving a nett total of 63. Of these cases, 45 were treated in hospital and the remaining 18 cases were isolated at home. All the cases were of a mild type, and there were no deaths.

**Diphtheria.** There was one notification of Diphtheria during the year. The patient was admitted to Kendray Isolation Hospital and after investigation was diagnosed as a case of Tonsilitis. Thus for the second year in succession no confirmed case has been reported. This reflects great credit on all those who have been actively engaged in the campaign to encourage parents to become "Immunisation-conscious." There is no doubt of the success of the scheme. But we have not yet reached the goal. There are still a number of complacent parents among us, and we shall have to renew our efforts to "sell" them the idea.

Facilities for immunisation are available at the Child Welfare Centres or through private Medical Practitioners, under the scheme of the West Riding County Council. During 1949, 113 children under the age of five were immunised, as were 164 children between the ages of five and fourteen. In addition, 295 children received a reinforcing dose of the antigen at about the age of five years.

**Measles.** During the year, 226 cases of Measles were notified, as compared with 287 in 1948 and 297 in 1947. It would appear that the relatively high incidence of the infection has remained with us over a fair period of time, but a marked decline in the incidence was apparent towards the end of the year. The last quarter of 1948 produced 104 cases. The first quarter of 1949 had only 11 cases, but there was a flare-up during the second quarter when 168 cases were notified. Thereafter there was a gradual fall, when 45 cases were notified in the third quarter and only 2 in the last quarter. The notifications covered cases from all parts of the Hoyland district. There were no deaths reported and no resultant morbidity.

**Whooping Cough.** During the year there were 39 cases of Whooping Cough notified compared to 148 for 1948. Of the total number, 27 were notified in the first quarter of the year, and they seemed to affect children from all parts of the Hoyland Urban District.

I would like to point out that these figures emphasise the very infective nature of these diseases. Both Measles and Whooping Cough are considered about the most highly infectious diseases we have. They are also considered extremely serious diseases, as children are generally attacked, and after effects can be most devastating. Why is it, therefore, that both diseases are taken so lightly by parents and/or guardians of children?

Whooping Cough possibly claims some attention from the parents by virtue of the fact that the child has spasmodic bouts of coughing and the child is terribly distressed. I do not think the parents are terribly over-anxious about the effect of the dissemination of the germs when the child coughs.

With Measles, particularly of a mild type, the child may come in contact with susceptible children and so spread the infection. I want to emphasise, as much as it is in my power to do so, that both these diseases are dangerous diseases, and it behoves all in charge of children to keep the child who is suffering from Measles or Whooping Cough, and, in fact, any other infectious disease, isolated, until a Doctor says that the child is free to mix with other children. This is only fair to the child concerned and to the other innocent children who are at risk.

**Poliomyelitis.** During the year there were 17 cases of Poliomyelitis and 2 cases of Polioencephalitis notified. Besides these numbers, 1 case which was originally notified as Scarlet Fever proved on investigation to be Poliomyelitis. After correction, following investigation in hospital, the final figures were 9 cases of Poliomyelitis and 1 of Polioencephalitis. Of the original number of 20 cases, 13 were admitted to Lodge Moor Hospital, Sheffield, 2 to Wath Wood Hospital, 2 to the Children's Hospital, Sheffield, 1 to the Kendray Hospital, Barnsley, 1 to the Infectious Diseases Hospital, Rotherham, and 1 to the City General Hospital, Sheffield.

There was one death, a child aged 15 years, from Milton Road, Hoyland, who died in Lodge Moor Hospital. All those cases suffering from residual paralysis are still under the care of the Orthopædic Surgeon.

The 1949 attack rate for Poliomyelitis for England and Wales was 0·13, and for Polioencephalitis 0·01. For Hoyland the attack rate for Poliomyelitis was 0·56, and for Polioencephalitis 0·06.

Towards the end of the Summer the incidence of this disease became more obvious, and many of the public were beginning to become apprehensive about any extension of this incidence. Every effort was made to tell the public what the position was. Propaganda material was distributed within the area, and small leaflets were available at the Health Department and the Public Health Clinics.

The question often asked of members of the Health Department was "What can we do to safeguard ourselves against this disease?" This is a reasonable thing to ask, and on every occasion we try to reassure the questioner. It is not such an easy matter to give a

complete answer to the question since the mode of transmission of the disease is not quite definite as yet. There are one or two facts about the disease which are worth bearing in mind. The disease is one of high Summer, when the weather is warm and dry. The first case occurs and has possibly received the infection from a carrier who could have been an old cured case or a healthy carrier.

When the disease is present in the district, there is no doubt, I think, that the mode of spread is by droplet infection. To parody the slogan, coughs and sneezes have spread this disease. It means, therefore, that all cases giving the early symptoms of the disease, such as headaches, malaise, Influenzal symptoms, should immediately go to bed, keep at complete rest, keep isolated from the other members of the family, until the Doctor has investigated the symptoms.

The carrier problem is a difficult problem. The germ which causes Poliomyelitis has been isolated from the sewage from a district where cases are prevalent. The germ is voided in the bowel contents of the infected person, and will be so voided from a carrier. How does the germ get from here to the patient? There are flies, there is lack of personal hygiene, uncleanliness of clothing and person, which are all predisposing factors to such a mode of spread. It will minimise the risk of the spread of this infection amongst the public if people will live a normal life, getting as much fresh air as possible, and especially so in sleeping quarters. People should avoid crowded places, particularly if the atmosphere is stale. The nose and mouth should be covered during coughing and sneezing, and strict attention to personal cleanliness and hygiene is essential. THOROUGH washing of the hands after using the toilet is most important, and particularly so immediately before partaking of a meal. Children, during the prevalence of Poliomyelitis in the district, should not be allowed to become overtired, and should be encouraged to get as much rest as possible. It is still a very good habit to see that children go to bed early. Above all, people should not get over-anxious about this disease.

**Pneumonia.** During the year there were 42 cases of Pneumonia notified. Of these, 33 were cases of Acute Primary Pneumonia and the remaining 9 were Influenzal Pneumonia. The disease affected all age groups. There were 7 deaths.

**Tuberculosis.** During the year 18 new cases of Tuberculosis were notified, 14 of which were Pulmonary and 4 Non-Pulmonary. The following table shows the age and sex distribution of the new cases.

**Tuberculosis.**  
**New Cases notified during 1949.**

Age Group	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
0 — 5 years ... ..	1	2	...	...
5 — 15 years ... ..	2	...	3	1
15 — 25 years ... ..	3	...	...	...
25 — 35 years ... ..	1	3	...	...
35 — 45 years ... ..	...	1	...	...
45 — 65 years ... ..	1	...	...	...
65 years and over ...	...	...	...	...
Totals ... ..	8	6	3	1

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under Section 172 of the Public Health Act, 1936.

## NATIONAL ASSISTANCE ACT, 1948.

There was no occasion to use the provisions of Section 47 of the above Act during 1949. It was a relief not to have a case to deal with in this manner. Whilst there is no gainsaying the fact that in certain cases persons suffering from chronic illness and not apparently cared for should be removed for that care, it is nevertheless true that if an order is made these poor souls are virtually imprisoned for a minimum of three months. How much more kindly it would be if accommodation was set aside within the curtilage of some Hostel or Convalescent Home where they could fulfil their days in rest and quiet.

### FOOD POISONING.

This is a subject which commanded a great deal of attention during 1949. It had always been a matter of vital importance that the food we ate should not only be wholesome in quality, but should not in any way be contaminated and thus liable to cause Food Poisoning. I was privileged during the year to attend a lecture in the London School of Hygiene on the subject of Food Poisoning, and was amazed at the extent of the problem. Food Poisoning may be caused by the appearance in the food of metals obtained from the utensils in which the food was cooked, or any other accidental ways. Outbreaks of metallic Food Poisoning are very rare. The main causes of Food Poisoning to-day are bacterial. Organisms of the ordinary Blood Poisoning group, the Dysentery group and the Typhoid group are the principal offenders. No one can suffer from Food Poisoning who has not swallowed the germ. Germs are transmitted from the infected person by :

- (1) Moisture from the nose and throat, e.g., in cases of Septic Tonsillitis.
- (2) From Septic Foci on hands and arms, face, etc.
- (3) Through the bowel contents and occasionally the urine contents, e.g., Dysentery ; Typhoid and its allied organisms.

Food Poisoning, therefore, is a type of infection which is eminently preventable. If everyone adopted strict attention to personal hygiene, I doubt if we would ever have a case of organismal Food Poisoning. Scrupulous care in the covering up of the nose and throat to avoid droplet infection to the complete occlusion of all Septic Foci on the body, and the insistence upon thoroughly washing hands after using the Toilet, are common sense routine principles to adopt.

During the year there were 2 cases of Food Poisoning notified in the Hoyland Nether Urban District. These occurred during the first quarter of the year and each was a single case. The causal agent was not identified.

I must emphasise that the symptoms of Food Poisoning are demonstrated as an attack of Acute Gastro-Enteritis, Diarrhœa, and sometimes Sickness. It has been said that all cases of sickness and diarrhœa are really Food Poisoning. I have heard from time to time that there had been "a lot of diarrhœa in one part of the district." I never got to know about the outbreak, and although each rumour was investigated, no positive evidence upon which we could work was forthcoming. If a case of Food Poisoning has got to be investigated epidemiologically, with a view to eliminating the cause, it is essential that the Medical Officer of Health must know about the case at once. Twenty-four hours delay is sometimes too late. I do not consider it is necessary to leave it to the General Practitioner to notify the Medical Officer of Health. The head of the house in which the infection occurs should be encouraged to report to the Health Department when any symptoms like those of Food Poisoning are prevalent within the home.

We must concentrate on instructing the public in the hygiene of food handling. During the latter part of the year I discussed the matter at certain Parent Teacher Association Meetings at School, and I mentioned it occasionally in School Canteens during the course of routine visits. During the first few days of 1950 it was arranged that I should give a comprehensive lecture on this subject to a gathering of food handlers in Schools, in the hall of the Ecclesfield Grammar School. At the same time I was considering asking you and the other District Councils within the Division to purchase Film strips for teaching purposes, with a view to having a propaganda campaign in the early part of 1950.

We must face up to this problem of Food Poisoning, for there is no doubt that there has been an increase in the amount of Food Poisoning since the commencement of the last War. In 1940, 150 outbreaks were reported, and in 1949, 800 outbreaks were reported throughout the Country. Some of these cases were sporadic outbreaks in one's and two's. The feeding habits of the people changed during the last decade. There was hardly a home where someone did not eat out in Communal Feeding Centres, School Feeding Centres, cheap eating houses, etc., etc. The chances of infection were thus very much more enhanced. Of course, there is also the predisposing factor of an increased consumption in the amount of prepared food, such as pies, sausages, brawn, etc. They are made in Factories, transported to retailers, then to Shops, where they may be kept for days on end. There is far too much handling, and far too little provision for keeping the goods at a temperature where bacterial growth will not take place. Then there is the question of the ordinary house fly, whose relationship to the spread of infection is proverbial. It seems to me, therefore, that most of the Food Poisoning in the country would be eliminated if food were handled with more care.

## HEALTH EDUCATION.

Besides Health Education in matters of clean food handling, I am convinced that the more the public at large are informed about health matters generally, the more interested they become in the manner in which they live. Health Education is a most important factor in the Public Health Department's work, and every opportunity is taken to talk to groups of people on health matters.

The West Riding County Council provide posters prepared by the Central Council for Health Education, and these are available for show throughout the area. It is my intention to take advantage of every poster and every pamphlet that is available. At the present moment posters are issued to Clinics, and in most of those buildings small pamphlets are issued on various aspects of public health.

Upon reflection, I am more convinced than ever that the people generally will co-operate and will act upon any advice given by the Health Department if they have already had explained to them the advantages of the principles concerned. It is my intention to take every opportunity to inform the public on matters which vitally affect their health.

## GENERAL PROVISION OF THE HEALTH SERVICES.

### Hospitals.

**INFECTIOUS DISEASES.** All cases of Infectious Disease, if they require hospital treatment, are hospitalised by the Regional Hospital Board. From your district the cases are generally admitted to Wath Wood Hospital. Some may go to Lodge Moor Hospital, Sheffield, and the Kendray Hospital, Barnsley. Not every case of Infectious Disease, however, requires admission to hospital. Such cases as mild Scarlet Fever may be retained at home, and there is no doubt that if the conditions at home are suitable, the child is better left at home. On the other hand, if I consider that in the interests of general public health the case should be hospitalised, there is no difficulty in arranging for the admission of the case.

**GENERAL HOSPITALS.** General Hospitals are easily available to residents within the district. The Sheffield Hospitals are within easy reach and the Barnsley Beckett Hospital is also available.

**Laboratory Services.** The Medical Research Laboratories at Wakefield, and if need be at the City General Hospital, Sheffield, are always available for Laboratory examinations. The Directors of these respective Laboratories are always happy to assist at any time we may require the benefit of their long experience in epidemiological work.

**Ambulance Facilities.** The Hoyland district is covered by an Ambulance Service from the Depot sited in Hoyland, which is under the control of the Local Health Authority. When the occasion demands, extra vehicles are available from the Wath Depot. The Ambulance Service has done a very good job of work over the last two years, starting as it did more or less "from scratch" and with a none too efficient fleet of vehicles. There were terrific demands made upon the Ambulance Service, and it is not to be wondered at that on occasion the strain on this new service reached breaking point. However, there was never a complete breakdown in the service, and tribute must be paid to those who manned the vehicles for maintaining a service during some of the extremely bad weather which we experienced during the year. During fog and snow the Ambulances still carried on. New vehicles have been coming along to the service, and the improvement is continuing. It must be remembered that this is a County service, and that certain areas of the County are having an Ambulance Service now which they never had before. I do not think it is too much of a sacrifice for those districts which were well serviced to give up a "little" so that others should get "some."

There have been various reports about misuse of the service, and all those reports are not exaggerations. There has been a discussion going on in some quarters as to the proper authority for ordering the Ambulance. Should it be the Hospitals or should it be the General Practitioner? One naturally has one's own opinion about this, but it is certain that if the service is going to be available at all hours for every emergency, intending users will have to be honest with themselves and ask themselves if it is fair to use this service when they could proceed to the hospital by other means. I am certain if the people were invited to think about this matter that they would be reasonable, and what is more important still, would be helpful and relieve the service of some strain.

**Clinics.** Infant Welfare Centres are established at Hoyland and Hoyland Common. Ante-Natal Clinics are also held at these Centres. Minor Ailment Clinics and occasional Ophthalmic Clinics are also held at the same premises.

**Tuberculosis.** The district is served by the Chest Clinic at 46, Church Street, Barnsley, and also, if required, at Rotherham and Sheffield.

**Mortuary.** Mortuary accommodation is available at the Sanitary Depot, West Street, Hoyland, and serves the whole area.

## SANITARY CIRCUMSTANCES.

### Water Supply.

The water in the district is supplied by the Dearne Valley Water Board, which is composed of representatives of constituent Authorities in the Dearne Valley. The water supplied by the Board is pure and wholesome. Each house has water laid on to the sink.

The following information of the water supply to Hoyland has been given by the Manager of the Dearne Valley Water Board.

- (a) Piped chlorinated water supply from the resources of the Dearne Valley Water Board. Raw water examined bacteriologically — weekly — house tap supplies intermittent tests at approximately fourteen day intervals.
- (b) Additional samples taken after test result obtained—sterilisation of individual service — and increased chlorine dose given.
- (c) (1) Extensions of 6", 4" and 3" mains for Greenfield Housing Scheme.
- (2) Hosepipe and swilling restrictions from 5/10/49 to 15/12/49 at the request of the Sheffield C.B. from whence Dearne Valley Water Board obtains a proportion of the water supplied to the Hoyland Nether U.D.C. area.
- (d) The Colliery subsidence continued in the district, affecting the Hoyland Common area particularly. Twenty-five burst mains were repaired during 1949.

In certain parts of the district the service pipes are too small or have become "furred up" inside to such an extent as to be unable to meet the demands made on them on every occasion with the result that the flow of water is unsatisfactory. During the year several cases of this kind have been dealt with, and new lengths of water service pipe of the requisite size put in.

Forty-one samples of water were taken from the household taps in the area, 38 of which were classified as satisfactory and 3 as unsatisfactory. These samples were obtained by an official of the Water Board and examined by the Board's Analyst.

A complaint was received from the tenant of 39, King Street, alleging that the household water supply tasted of lead. A sample of the water was obtained, and also a check sample was taken from No. 41, King Street, and submitted to the Public Analyst with the request that the samples be examined with particular reference to the possibility of contamination by lead. The Analyst reported that there was no lead present in either of the two samples.

### Rainfall and Temperatures for 1949.

Month.	Rainfall.	Temperatures.	
		Maximum.	Minimum.
January ...	·99 inches	48 degrees	30 degrees
February ...	·82 „	52 „	24 „
March ...	·92 „	58 „	32 „
April ...	2·22 „	66 „	36 „
May ...	1·21 „	66 „	36 „
June ...	·56 „	78 „	48 „
July ...	3·15 „	80 „	52 „
August ...	1·29 „	74 „	52 „
September ...	1·22 „	76 „	54 „
October ...	2·64 „	66 „	40 „
November ...	3·29 „	52 „	34 „
December ...	2·73 „	50 „	34 „
	21·04		

Temperatures taken in the shade with a Fahrenheit Thermometer  
at Elsecar Sewage Works 170 feet above sea level.

Readings taken at 9 a.m. each day for the 24 hours.

Hottest day in 1948 ... 82 degrees ... 30th July.

Hottest day in 1949 ... 80 degrees ... 13th July.

Coldest days in 1948 ... 28 degrees ... 21st and 22nd February.

Coldest days in 1949 ... 24 degrees ... 5th, 6th and 7th February.

Greatest rainfall for one month in 1948 ... 4·90 inches ... August.

Greatest rainfall for one month in 1949 ... 3·29 inches ... November.

Greatest rainfall for one day ... 1·36 inches ... 16th July.

Total rainfall for 1948 ... 21·84 inches.

Total rainfall for 1949 ... 21·04 inches.

The longest period during the year without rain was from the  
14th June to the 14th July — 30 days.

Only on two days in the year did the rainfall exceed 1 inch,  
i.e., 7th April — 1·17 inches, and 16th July — 1·36 inches.

## Sewerage and Sewage Disposal.

During the year 1949 there were no extensions to any sewers in the district.

A scheme is in course of preparation for the relaying of the sewer in Millhouses Street and it is hoped that during the coming year this scheme will be approved and work commenced.

At the Elsecar Works a considerable quantity of parts for renewals of sprinklers has been ordered. Some of these parts have been received and it is hoped that early in the year these will be erected and working so as to get the best use out of the whole of the works. Despite the bad state of repair of a considerable amount of the apparatus, a good effluent has been maintained. The pumping station at Hoyland Common has been working satisfactorily throughout the year and the small works at Shortwood has continued to give a good effluent.

## PUBLIC CLEANSING SERVICE.

The collection and disposal of house and trade refuse is carried out by direct labour, the staff consisting of one foreman, three motor drivers, nine loaders and one destructor and tip man.

No change was made in the transport of the department during the year and at the 31st March, 1950, it was as follows:—

No. 2 Motor — Karrier CK 3, 10 cubic yards all steel body.

No. 5 Motor — Karrier CK 3, 10 cubic yards all steel body.

No. 6 Motor — Morris, 7 cubic yards all steel body.

### Collection.

Table II shows the number of refuse receptacles emptied and loads removed, together with their estimated weight. During the year, for a period of four months every load of refuse was weighed and formed the basis of estimating the total weight collected.

Dustbins were emptied on the average of 41·6 times, pails 52·9 times and privies 7 times during the year.

It will be noted that the amount of refuse collected during the year was approximately 1,500 tons more than the previous year. This is attributed to two main factors:—

- (1) The number of new houses erected during the year, and
- (2) The tremendous amount of shale and stone which is present in Miners' "Home Coals".

It is a common sight when a ton of Home Coals is delivered, to see a few cwts. of stone, etc., left at the gateway for removal by the Public Cleansing Service.

The Colliery Managements have been interviewed but no solution to the problem has yet been found.

### Disposal.

Table III shows the place of disposal of the 8,262 tons of refuse collected.

The bulk of the refuse is now being tipped by controlled methods at Milton Tip in accordance with Ministry of Health's requirements.

During the coming year arrangements will be made to divert the overflow from the Milton Bottom Pond into existing drains which originally served the old Milton Foundry.

In my 1948 Annual Report I drew attention to the question of the future usage of the tip and it is hoped that a scheme will be adopted to provide additional recreational facilities on this site, which lends itself admirably for such purpose.

The time is not far distant when further tipping grounds must be found. Owing to the hilly nature of the district, controlled tipping is likely to be an expensive procedure.

### Costing.

Table IV gives details of the expenditure in connection with the collection and disposal of house and trade refuse during the year ending 31st March, 1950, and Table V summarises these costs, giving the cost per ton of refuse collected both inclusive and exclusive of general administrative, depreciation and loan charges.

### Closet Accommodation.

The following statement shows the number of the various types of Sanitary Conveniences in use in the district at the close of the year:—

Type.	No.
Water Closets ... ..	4,352
Waste Water Closets ... ..	31
Privies ... ..	17
Pail Closets ... ..	24
Total ... ..	4,424

During the year, eight waste water closets were converted into fresh water closets and three additional water closets provided.

### Public Cleansing Service.

The following report on the Public Cleansing Service is for the financial year ending 31st March, 1950.

Table I shows the number of the various types of receptacles in use in the district at the end of the year.

**TABLE I.** *Refuse Receptacles.*

Ward	Privy Middens	Dry Ashpits	Pails	Dustbins	Total
Hoyland... ..	3	...	...	1,262	1,265
Hoyland Common	1	...	...	1,263	1,264
St. Peter's ...	2	1	...	1,126	1,129
Elsecar ... ..	11	...	24	1,221	1,256
Totals ... ..	17	1	24	4,872	4,914

**TABLE II.** *Summary of Work Done.*

Receptacles	No. Emptied	No. of Loads	Estimated Weight		
			T.	C.	Q.
Dustbins ...	204,321	2,275	7,687	0	0
Dry Ashpits ...	2	2	5	10	0
Privy Middens	105	15	252	0	0
Pails ... ..	1,051	46	110	8	0
Total ...	205,479	2,338	8,054	18	0
Trade Refuse ...	4,340	302	207	2	0
Grand Total ...	209,819	2,640	8,262	0	0

Based on the estimated weight, the weight of house refuse collected per 1,000 population per day was equal to 28·33 cwts. The following statement shows the comparative figure for the past five years.

1945	...	22·5 cwts.
1946	...	22·36 „
1947	...	23·93 „
1948	...	23·60 „
1949	...	28·33 „

Refuse is disposed of by incineration and by tipping at the Milton and Hoyland Common sites. The tipping is entirely controlled, whilst the incinerator has dealt adequately with trade refuse, fish offal, etc.

**TABLE III. Public Cleansing Service — Place of Disposal.**

PLACE OF DISPOSAL	METHOD OF DISPOSAL					
	Incineration		Controlled Tipping		Agricultural Purposes	
	No. of Loads	Estimated Weight	No. of Loads	Estimated Weight	No. of Loads	Estimated Weight
REFUSE DESTROYER :—		T. C. Q.		T. C. Q.		T. C. Q.
House Refuse .. .. .	—	—	—	—	—	—
Trade Refuse .. .. .	302	207 2 0	—	—	—	—
TIPS :—House Refuse :—						
Milton Tip .. .. .	—	—	2337	8051 18 0	—	—
FARMS :—House Refuse .. .. .	—	—	—	—	1	3 0 0
TOTALS .. .. .	302	207 2 0	2337	8051 18 0	1.	3 0 0
PERCENTAGE—1948/49 .. .. .		2·95%		96·51%		1·07%
PERCENTAGE—1949/50 .. .. .		2·51%		97·45%		0·04%

**TABLE IV. Public Cleansing Service.**  
**Details of Expenditure, Year ending 31st March, 1950.**

No.	Item	£ s. d.	£ s. d.	£ s. d.
	<b>Refuse Collection.</b>			
1	Wages of Scavengers	2699 6 10		
2	Superannuation	61 3 6		
3	National Insurance	92 13 11		
4	Tools and Implements	—		
5	Transport Charges	1991 16 5		
6	Miscellaneous	60 3 5		
7	Proportion of General Charges	96 19 3		5002 3 4
	<b>Refuse Disposal.</b>			
	(a) By Incineration			
8	Wages	55 6 4		
9	Superannuation	2 13 2		
10	National Insurance	1 12 2		
11	Rents, Rates, Taxes and Insurance	—		
12	Fuel, Light and Water	1 17 6		
13	Repairs to Plant	1 2 2		
14	Tools and Implements	—		
15	Loan Charges	64 14 0		
16	Miscellaneous	1 3 11		
17	Proportion of General Charges	2 0 6	130 9 9	
	(b) By Tipping			
18	Wages	232 6 10		
19	Superannuation	9 13 10		
20	National Insurance	6 5 2		
21	Rents, Rates, Taxes and Insurance	8 19 0		
22	Tools and Implements	—		
23	Transport Charges	—		
24	Miscellaneous	8 15 0		
25	Proportion of General Charges	8 6 10	274 6 8	
	<b>Salvage.</b>			
26	Wages	313 3 3		
27	Superannuation	18 9		
28	National Insurance	11 2 2		
29	Maintenance	—		
30	Transport Charges	—		
31	Miscellaneous	15 0 7		
32	Proportion of General Charges	11 7 11	351 12 8	756 9 1
	<b>Gross Expenditure—Collection, Disposal and Salvage</b>			£5758 12 5
	<b>Less Gross Income—Collection, Disposal and Salvage</b>			597 18 3
	<b>Net Expenditure—Collection, Disposal and Salvage ..</b>			£5160 14 2

TABLE V.

Public Cleansing Service.

Annual Costing Statement.

ITEM	HOUSE & TRADE REFUSE	COLLECTION		DISPOSAL		
		Excluding Adminis- trative, Deprecia- tion, and Loan Charges	Including Adminis- trative, Deprecia- tion, and Loan Charges	INCINERATION		TIPPING
				Excluding Adminis- trative, Deprecia- tion, and Loan Charges	Including Adminis- trative, Deprecia- tion, and Loan Charges	Excluding Adminis- trative, Deprecia- tion, and Loan Charges
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1	Gross Expenditure	4506 14 2	5002 3 4	63 15 3	130 9 9	239 8 3
2	Gross Income ..	20 0 0	20 0 0	10 0 0	10 0 0	—
3	Net Cost .. ..	4486 10 2	4982 3 4	53 15 3	120 9 9	239 8 3
4	Net Cost per Ton..	10 11	12 1	2	4	7
5	Net Cost per 1000 Population ..	287 19 4	319 15 7	3 9 0	7 14 8	15 7 4
6	Net Cost per 1000 premises ..	947 6 5	1051 19 6	11 6 11	25 8 9	50 11 0
7	Net Cost equivalent rate in the £ ..	22·43d.	24·91d.	0·27d.	0·60d.	1·20d.
8	Percentage of (7) to total rates in the £ .. ..	9·12%	10·13%	0·11%	0·24%	0·49%

Estimated Population .. .. .	.. .. .
Number of Houses or Premises .. .. .	4,736
Rateable Value of District .. .. .	£55,603
Product of 1d. Rate .. .. .	£200
Total Rates in the £ .. .. .	20/6

## Year ending 31st March, 1950.

DISPOSAL			SALVAGE		TOTAL COLLECTION, DISPOSAL AND SALVAGE	
TIPPING	TOTAL					
Including Administrative, Depreciation, and Loan Charges	Excluding Administrative, Depreciation, and Loan Charges	Including Administrative, Depreciation, and Loan Charges	Excluding Administrative, Depreciation, and Loan Charges	Including Administrative, Depreciation, and Loan Charges	Excluding Administrative, Depreciation, and Loan Charges	Including Administrative, Depreciation, and Loan Charges
£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
274 6 8	303 3 6	404 16 5	340 4 9	351 12 8	5149 18 5	5758 12 5
—	10 0 0	10 0 0	567 18 3	567 18 3	597 18 3	597 18 3
274 6 8	293 3 6	394 16 5	Cr.227 13 6	Cr.216 5 7	4552 0 2	5160 14 2
8	9	1 0	Cr. 7	Cr. 6	11 1	12 7
17 12 2	18 16 4	25 6 10	Cr. 14 12 3	Cr. 13 17 7	292 3 5	331 4 10
57 18 5	61 17 11	83 7 2	Cr. 48 1 4	Cr. 45 13 2	961 3 0	1089 13 6
1·37d.	1·47d.	1·97d.	Cr. 1·14d.	Cr. 1·08d.	22·76d.	25·80d.
0·56%	0·60%	0·80%	0·46%	0·44%	9·26%	10·49%

	T.	C.	Q.
Total Tonnage Collected .. .. .	8,262	0	0
Output of Refuse per 1,000 pop. per annum	530	5	3
do. do. day	1	9	0
Average length of haul .. .. .	One	Mile	

## SALVAGE OF WASTE.

The collection of Salvage has remained an integral part of the Public Cleansing Service, and below is a summary of the various materials salvaged during the year, together with details of the value, and also a summary showing the total amount of salvaged materials sold. These details do not include any materials sold either by the Housing or Highways Departments of the Council.

The Salvage Bonus Scheme introduced by the Council in order to provide an incentive for the employees to collect the maximum amount of salvageable materials has operated satisfactorily during the year. There has been an increase of 50% over the previous year, and this supports the view that increased incentives are worth while applying even on public services.

It came as rather a surprise to find that after attending a Meeting in Barnsley called by the Board of Trade (Salvage & Recovery) to arrange for a County Salvage Drive, the bottom had dropped out of the Waste Paper Market.

However, as the Council's contract for the sale of Waste Paper was with the Thames Board Mills Ltd. direct and not through merchants, an outlet for the sale of Waste Paper was assured although the prices were somewhat reduced.

### Salvage Statistics.

Year ended 31st March, 1950.

	Tons	Cwts.	Qrs.	lbs.	£	s.	d.
Paper ... ..	87	9	—	—	541	12	4
Ferrous Metals ...	3	9	2	—	8	13	9
Non-Ferrous Metals ...	—	1	—	15	1	19	5
Rags, etc. ... ..	3	3	—	21	15	12	9
	<u>94</u>	<u>2</u>	<u>3</u>	<u>8</u>	<u>£567</u>	<u>18</u>	<u>3</u>

### Total Salvage Sold.

May 1940, to March 1950.

	Tons	Cwts.	Qrs.	lbs.	£	s.	d.
Paper ... ..	659	1	3	—	3909	0	9
Ferrous Metals ...	115	7	1	—	182	12	7½
Non-Ferrous Metals ...	2	1	2	11	52	0	9
Rubber ... ..	7	4	2	—	15	19	3
Rags ... ..	24	12	3	20	236	16	1
Bones ... ..	10	3	—	3	41	17	10½
Glass ... ..	3	12	—	—	14	0	1
	<u>822</u>	<u>3</u>	<u>—</u>	<u>6</u>	<u>£4452</u>	<u>7</u>	<u>5</u>

## SANITARY INSPECTIONS.

During the year the following visits were made for the abatement of nuisances and for the supervision of work in progress :—

<b>Housing.</b>	Nature of Inspections	No. of Visits paid
	Housing and Public Health Acts ... ..	1,484
	Verminous Premises ... ..	210
	Miscellaneous Housing ... ..	24
	Housing Works in Progress .. ...	72
	Houses let in Lodgings ... ..	12
	Tents, Vans and Sheds ... ..	12
<b>Meat and Food Inspections.</b>		
	Slaughterhouses ... ..	95
	Other Premises ... ..	224
	Butchers... ..	18
	Fishmongers and Poulterers ... ..	28
	Grocers ... ..	49
	Greengrocers and Fruiterers ... ..	27
	Cowsheds, Dairies and Milkshops ... ..	30
	Ice Cream Premises ... ..	42
	Milk—Bacteriological Examination ... ..	32
	Tubercle Baccilli ... ..	6
	Food and Drugs ... ..	65
	Miscellaneous Food Visits ... ..	35
	Food Preparing Premises ... ..	38
	Shops and Stalls ... ..	23
	Restaurants ... ..	4
	Fried Fish Shops ... ..	35
	Bakehouses ... ..	57
<b>Infectious Disease.</b>		
	Inquiries and Disinfection ... ..	178
	Miscellaneous ... ..	12
<b>General Sanitation.</b>		
	Water Supply ... ..	38
	Drainage ... ..	75
	Stables and Piggeries ... ..	30

**General Sanitation—continued.**

Factories	...	...	...	...	55
Workshops	...	...	...	...	30
Public Conveniences	...	...	...	...	22
Theatres and Places of Entertainment	...	...	...	...	12
Refuse Collection	...	...	...	...	95
Refuse Disposal	...	...	...	...	83
Rats and Mice	...	...	...	...	57
Miscellaneous Sanitary Visits	...	...	...	...	38
Interviews	...	...	...	...	380
Salvage	...	...	...	...	12
Schools	...	...	...	...	36
Shops	...	...	...	...	25
					<hr/>
				Total No. of Inspections	3,800

The number of nuisances dealt with included 17 outstanding at the end of 1948. 205 informal and 37 statutory notices were served, of which 193 and 34 respectively were complied with. The number outstanding at the end of the year was 29. During the year 482 complaints were reported as follows:—

Nature of Complaint	No. Received
Dilapidations	38
Choked Drains	143
Choked Street Gully	2
Choked Sewer	4
Nuisances—Poultry and Pigs	1
Burst Water Pipes...	2
Defective W.C. Cisterns	7
Defective Drains	2
Rats and Mice	57
Verminous Premises	192
Inadequate Water Supply	3
Defective Sink Waste Pipe	1
Defective W.C. Pedestal	5
Sewage in Cellar	1
Water in Cellar	4
Miscellaneous	17
Cockroaches	3
	<hr/>
	482

## SMOKE ABATEMENT.

No nuisance from smoke was noted within the district during the year, and therefore no action was necessary under the Public Health Act, 1936.

## HOUSING.

During the year 1949 a total of 450 houses were inspected for housing defects, 1,484 visits being made for this purpose.

The repair and maintenance of existing houses is a serious problem. There are still a large number of houses with no separate W.C. accommodation and without hot water systems and bathrooms. These are amenities which every house should possess.

The problem of housing and housing repairs is indeed most depressing. There are far too many old, worn out, unfit and degrading houses in which decent people have to live because they cannot obtain better accommodation. Whilst I must admit that in all probability some of the tenants of the unfit houses will prove to be undesirable tenants of Council houses, something should be done to alleviate their wretched plight. This continued patching up of worn out property cannot go on indefinitely. Slum Clearance should be recommenced as early as possible.

An analysis of the list of applicants for Council Houses would probably reveal the fact that many of the applicants live in houses described above.

During the year 32 three-bedroom type houses and 130 permanent pre-fabricated aluminium bungalows were erected and tenanted.

Contracts were let for the erection of 56 aged people's bungalows and 52 three-bedroom type houses.

## VERMINOUS HOUSES.

During the year under review, this matter has received a considerable amount of attention. The following properties were dealt with during the year:—

Type of House	Infested	Disinfested
Council Houses ... ..	64	64
Other Houses ... ..	128	128

The preparation used for the eradication of bed bugs has again been D.D.T. liquid, excellent results being obtained.

The number of complaints of infestation by cockroaches has again been high.

The free issue of D.D.T. liquid, D.D.T. Powder and Gammexane Dust has been continued and good results have been achieved.

One is inclined to speculate as to whether the cockroach population is increasing or whether the efficacy of the newer disinfectants, also free, is responsible for the higher number of complaints.

## INSPECTION AND SUPERVISION OF FOOD.

### Milk.

During the year 27 samples were taken, 18 of milk produced in Hoyland and 9 of milk produced outside Hoyland. Of these, 13 were satisfactory and 14 were unsatisfactory.

One supplementary licence to retail Tuberculin tested milk and one to retail Pasteurised milk in the area were granted.

### Ice Cream.

During the year 5 samples of Ice Cream were obtained and submitted to the Public Health Laboratory Service for examination. Four of these were found to be satisfactory and 1 unsatisfactory.

### Meat and Other Foods.

The carcasses of 327 pigs were inspected during the year, the pigs being killed for the owners' personal use by licensed slaughtermen. The following items were condemned :—

TUBERCULOSIS. 2 entire carcasses and all internal organs.  
7 pigs' heads.  
9 pigs' plucks.  
3 pigs' mesenteries.

CIRRHOSIS. 3 pigs' livers.

**Carcases Inspected and Condemned.**

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed (if known) ...					372
Number Inspected ...					327
All diseases except Tuberculosis:					
Whole carcasses condemned ...					3
Carcasses of which some part or organ was condemned					
Percentage of the number ins- pected affected with disease other than Tuberculosis ...					0.91
Tuberculosis only:					2
Whole carcasses condemned ...					
Carcasses of which some part or organ was condemned ...					19
Percentage of the number inspected affected with Tuberculosis ...					6.42

Items of other foodstuff found unfit for human consumption were as follows:—

<b>Tinned Foodstuffs.</b>					No. of Cans or Jars
Grape Fruit	...	...	...	...	5
Salad Cream	...	...	...	...	4
Baked Beans	...	...	...	...	9
Puddings	...	...	...	...	2
Jam	...	...	...	...	2
Milk	...	...	...	...	18
Fish	...	...	...	...	13
Tomatoes	...	...	...	...	69
Vegetables	...	...	...	...	4
Salmon...	...	...	...	...	1
Pineapples	...	...	...	...	3
Peas	...	...	...	...	15
Coffee and Chicory	...	...	...	...	3
Luncheon Meat	...	...	...	...	43
Sausage Meat	...	...	...	...	1
Soup	...	...	...	...	6
Sauce	...	...	...	...	9
Chocolate Spread...	...	...	...	...	1
Tomato Juice	...	...	...	...	5
Plums	...	...	...	...	1
Spaghetti	...	...	...	...	1
Beetroot	...	...	...	...	2
Rhubarb	...	...	...	...	1
Peaches	...	...	...	...	3
Grapes	...	...	...	...	1
<b>Other Foodstuffs.</b>					
Fish	...	...	...	...	56 lbs.
Fruit Malt Loaves	...	...	...	...	24

### Clean Food Campaign.

This is a subject which has always been given great attention by the Health Department Staff. The Council has now adopted the Ministry of Food Model Byelaws (Series 1) for the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air.

An extremely well attended General Meeting of the Local Chamber of Trade was addressed by the Chief Sanitary Inspector on the subject of Clean Food, with excellent results.

It is hoped that very shortly every food shop and food preparing premises in the district will have hot and cold running water laid on over white porcelain or stainless steel sinks.

### **Food and Drugs Act, 1938.**

This Act is administered by the West Riding County Council who have a scheme whereby samples of milk may be taken and submitted to the Public Analyst by the district Council Sanitary Inspector.

During the year 1949, 30 samples of new milk were obtained under this scheme, and the results of the analyses are shown in Table VI.

With respect to Samples Numbers 756 and 767, the Analyst reported that whilst the solids not fat fell below the presumptive limit of 8.5% the freezing point indicated that water had not been added.

Samples Numbers 746, 749 and 751 were reported by the Analyst as containing only 98% of the minimum amount of fat required. The producers were cautioned by the Clerk of the County Council.

### **RATS AND MICE (DESTRUCTION) ACT, 1919.**

During the year there were 57 complaints of infestation by rats and mice. The mice were quickly and easily disposed of. In the cases of rat infestations pre-baiting and poisoning on the lines suggested by the Ministry of Food was carried out.

The Council's Sewage Works and Salvage Depot were treated on three and four occasions respectively.

Three Schools were reported to have infestations of mice in the School Canteens. These complaints were dealt with promptly and with 100% success in each case.

### **MOVEABLE DWELLINGS.**

There are two moveable dwellings in the district which have been occupied for many years. It is very doubtful if the Caravans could be moved for many yards after remaining in the one place for so long a period.

Each Caravan is connected to the Water Board Mains and each has the use of Water Closets. The total occupants of both Caravans consists of two persons, an elderly male in each Caravan.

### SHOPS ACTS, 1912 - 1938.

Twenty-five visits were made during the year under the above Acts. Three cases were found where unsatisfactory conditions existed and these were dealt with by informal action.

### FACTORIES AND WORKSHOPS.

There are 51 Factories and Workshops registered in the district, and 85 inspections have been carried out during the year. No complaints have been received regarding the condition or insufficiency of sanitary conveniences or cleanliness in general. There were 3 cases of uncleanness, one case of defective sanitary convenience and one case where there were no separate conveniences for the different sexes, which were found during the inspection of Factories and Workshops, and all were remedied as a result of informal action.

### BUILDING BYELAWS.

During the year 30 plans were passed as follows :—

Garages, 14.

Bungalows for Owner Occupiers, 5.

Private Houses for Owner Occupiers, 4.

Extensions and alterations to various types of buildings, 7.

**TABLE VI. Food and Drugs Act, 1938.**

No. of Sample	Specific Gravity	Total Solids %	Milk Fat %	Solids not Fat %	Ash %	Preservative
744	1.0315	12.36	3.74	8.62	.72	..
745	1.0326	12.02	3.24	8.78	.73	..
746	1.0326	11.38	2.70	8.68	.72	..
747	1.0318	12.70	3.96	8.74	.73	..
748	1.0316	11.80	3.25	8.55	.71	..
749	1.0316	11.28	2.82	8.46	.71	..
750	1.0318	11.28	3.61	8.67	.72	..
751	1.0334	11.72	2.83	8.89	.74	..
752	1.0304	12.94	4.44	8.50	.71	..
753	1.0328	12.66	3.73	8.93	.74	..
754	1.0320	12.44	3.71	8.73	.73	..
755	1.0319	13.02	4.21	8.81	.73	..
756	1.0309	12.00	3.56	8.44	.71	..
757	1.0310	12.22	3.72	8.50	.71	..
758	1.0316	12.14	3.54	8.60	.72	..
759	1.0313	12.64	4.02	8.62	.72	..
760	1.0314	11.92	3.39	8.53	.71	..
761	1.0320	12.40	3.67	8.73	.73	..
762	1.0316	12.50	3.83	8.67	.72	..
763	1.0302	13.18	4.68	8.50	.71	..
764	1.0317	12.48	3.80	8.68	.72	..
765	1.0317	12.42	3.75	8.67	.72	..
766	1.0312	12.30	3.75	8.55	.71	..
767	1.0310	11.74	3.32	8.42	.71	..
768	1.0330	13.56	4.44	9.12	.76	..
769	1.0310	13.16	4.50	8.66	.72	..
770	1.0328	12.86	3.90	8.96	.74	..
771	1.0317	12.48	3.80	8.68	.72	..
772	1.0310	13.34	4.66	8.68	.72	..
773	1.0314	13.12	4.39	8.73	.73	..
Average	1.0317	12.44	3.77	8.66	.72	..



## County Council of the West Riding of Yorkshire.

## DIVISIONAL SCHEME OF PREVENTIVE MEDICAL SERVICES.

**DIVISION No. 22.**

## GENERAL PUBLIC HEALTH.

## Summary of Vital Statistics—1949.

Area of Division	89,923	acres
Estimated Population (Mid. Year 1949)	82,500	
	1948	1949
Birth Rate (per 1,000 estimated population)	18·4	17·2
Death Rates (all per 1,000 estimated population)		
All Causes	8·8	9·6
Cancer	1·22	1·41
Heart and Circulatory Diseases	3·11	4·63
Zymotic Diseases	0·14	0·03
Respiratory Diseases	0·88	1·16
Respiratory Tuberculosis	0·25	0·30
Other forms of Tuberculosis	0·04	0·07
Infantile Mortality	26	24
Diarrhoea—Deaths in infants under 2 years of age	4·16	2·82
Maternal Mortality	Nil	Nil

**Births.**

The number of Live Births registered within the Division during the year was 1,418 (males 750, females 668). This was equal to a rate of 17·2 per 1,000 of the estimated population.

During the year 33 still births were registered. Illegitimate Births totalled 31—17 males and 14 females.

**Deaths.**

The deaths in 1949 numbered 796 (males 453, females 343), the death rate from all causes being 9·6. The following table shows the mortality in the Division from the various causes.

## Cause of Death.

Cerebro-Spinal Fever	1
Tuberculosis of Respiratory System	25
Other forms of Tuberculosis	6
Syphilitic Diseases	3
Influenza	11
Acute Poliomyelitis and Polioencephalitis	2
Cancer of buccal cavity and oesophagus (males)	5
Cancer of the uterus (females)	4
Cancer of the stomach and duodenum	29
Cancer of the breast	10
Cancer of all other sites	75
Total—all forms of Cancer	123
Diabetes	3
Intracranial vascular lesions	97
Heart Diseases	237
Other Diseases of the Circulatory System	50
Bronchitis	46
Pneumonia	28
Other respiratory diseases	9
Ulcer of stomach or duodenum	7
Diarrhoea under 2 years	3
Appendicitis	1
Other digestive diseases	10
Nephritis	17
Premature birth	12
Congenital malformation, birth injury, infant diseases	23
Suicide	2
Road Traffic Accidents	5
Other violent causes	21
All other causes	54
TOTAL—all causes	796

### Annual Rates per 1,000 of the Estimated Population.

	Live Birth Rate		Death Rate		Zymotic Death Rate		Respiratory Diseases Death Rate		Heart and Circulatory Diseases		Cancer		Tuberculosis Death Rate		Infant Mortality		Diarrhoea (Deaths under 2 per 1,000 Live Births)	
	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949
Division 22 ..	18.4	17.2	8.8	9.6	0.14	0.04	0.88	1.01	3.11	3.48	1.22	1.49	0.29	0.38	26	33	4.16	2.10
U.D's in West Riding..	18.3	16.8	11.8	12.5	0.12	0.08	1.34	1.48	3.98	4.36	1.83	1.88	0.44	0.37	38	37	4.17	3.01
R.D's in West Riding ..	19.2	18.4	9.8	10.8	0.12	0.09	0.15	1.31	3.03	3.70	1.49	1.61	0.43	0.37	40	42	4.97	3.95
West Riding Administrative County	18.5	17.2	11.3	12.1	0.12	0.08	1.29	1.44	3.73	4.19	1.74	1.81	0.44	0.37	39	38	4.38	3.27
England and Wales ..	17.9	16.7	10.8	11.7	X	X	X	X	X	X	1.86	1.87	0.51	0.45	34	32	3.3	3.0

X Not available.

### Care of Mothers and Young Children.

Estimated population, 1949	....	....	....	....	82,500
Number of Live Births	....	....	....	....	1,418
Number of Illegitimate Births	....	....	....	....	31
Number of Still Births	....	....	....	....	33
Estimated child population (0—4) (Supplied by Registrar General)	....	....	....	....	8,453
Estimated child population (5—14) (Supplied by Registrar General)	....	....	....	....	12,015

In Division 22 the care of Mothers and young children is one of the most important sections of the Divisional work. In the tables below I set out statistics concerning the Child Welfare Clinics and Ante-Natal Clinics. In the Division there are 14 Child Welfare Clinics and 6 Ante-Natal Clinics. It is possible that in certain areas Ante-Natal Clinic facilities might not be available, and in those instances arrangements are made for the expectant Mother to receive her Ante-Natal care at the Child Welfare Centre. Such places as Grenoside, Loxley, Oughtibridge, Stannington, Worrall and Cawthorne are covered in this way. There are 11 Infant Welfare sessions held each week, and at 3 Centres a Clinic is held once a fortnight. There are 4 weekly sessions of Ante-Natal Clinics and in 4 cases a session is held once a fortnight. During the year over 15,000 attendances at the Clinic were recorded of children under the age of one year, and practically 10,000 attendances of children over one year. This shows an increase over the 1948 figures. Some of this increase might be attributed to the tremendous increase in the work at Ecclesfield Clinic, where the influx of residents on the new Parson Cross Estate means a large increase in Clinic attendances.

It is the policy of the County Council, so far as is possible, to employ full-time Assistant County Medical Officers to conduct the Child Welfare Clinics. There are two full-time Assistant County Medical Officers employed in Division 22, and it is obviously impossible for those two Officers to cover the whole of the Division. Therefore, General Practitioners are employed on a sessional basis. Six sessions a week and one session a fortnight are conducted by General Practitioners.

I think that it is safe to say that in no other section of the Public Health Service is there a more practical example of Preventive and Social Medicine than one finds in the Welfare Clinics. Here we have the Mother and the baby attending regularly at a weekly session. What do the Mother and baby receive for their trouble in attending the Clinic? I am sure the explanation is that the Clinic has become recognised as a place not where a Medical Service is available, which implies treatment, but rather that a Health Service is available where the conception of health is given a wider significance than one would expect in a Health Centre which was a Centre of group Medical practice. At a Clinic the young Mother meets other young Mothers, meets the Medical Officer to discuss confidential medical details, meets the Health Visitor who is her adviser on medico-social matters, and in some cases she meets the Midwife who will be attending her in her confinement, either in the capacity of a Midwife, or as a Maternity Nurse. From time to time demonstrations are available on such matters as dieting, clothing, care of the teeth, sleep, rest, etc.

I mentioned in my report for 1948 that it was amazing how much good work is done in those Clinics despite the relatively poor condition of the premises in some instances. There are those who argue that the premises are not of great importance, but that the service is what counts. There are others who say that whilst they agree that the service is important, the premises in which the Clinic is conducted are also important. In some cases Mothers visit a Clinic for advice on health matters, and the premises in which the Clinic is conducted are far away inferior to those of her own home. I know that there are difficulties, and they are not only financial, in the establishment of proper Clinic premises. It is envisaged in the new National Health Service Act that Health Centres will be built by the Local Authority, and in those premises there will be proper Clinic facilities. In the waiting period it would appear that we must make the best use of what we have at the moment. My own opinion is that I doubt whether it is a wise procedure to put a Child Welfare Clinic in a Health Centre, which is a Centre of group Medical practice. We begin to think of a Medical Service then, and not a Health Service.

### Ante-Natal Clinics.

Ante-Natal Clinics are conducted in one instance by one of the full-time staff, and in the others by General Practitioners who have a particular leaning towards Obstetrics and Gynaecology. Ante-Natal services in Division 22 are feeling the strain of the new Health Service Act, and the attendances at some Clinics have dropped to nothing. In one instance closure is recommended.

The remuneration paid to General Practitioners for the undertaking of Midwifery Service is such that a certain fee is included for Ante-Natal Services. Now, General Practitioners who are keen on this aspect of the work naturally prefer to supervise their Ante-Natal cases in their own Consulting Rooms, and in their own established Clinics. I think that it is a natural thing for them to do. This is happening to such an extent in Division 22, that the expectant Mothers are not attending the Local Authority's Ante-Natal Clinic. I suppose that the fundamental is attained in that the expectant Mother is being well cared for and there the matter ends. But does it? I am still old fashioned enough to believe that the arrival of a baby in a home is pre-eminently a natural family event, and it is a tremendously important social event in the family. I would like to think that the Mother to be is equipped mentally and physically to deal with this important event.

I am sorry that the Mothers are not attending the established Ante-Natal Clinics, for there is very much more to the Ante-Natal care of an expectant Mother than purely medical care. At the Clinic they meet other expectant Mothers and they talk with them. At the Clinic they meet the Health Visitor, who can teach them certain important matters in connection with the medico-social aspect of the coming event; and at the Clinic they meet the Midwife who will attend them when they are confined, at least as Maternity Nurse. No, I am afraid I am one of those who prefer to have the Ante-Natal Clinic as a Centre where expectant Mothers can come and talk with others similarly placed, and with the Doctor and the Midwife and the Health Visitor who can mean so much to them. In one part of Division 22, in Ecclesfield, the Ante-Natal Clinic is a tremendous Centre for such work, and it is so popular that in all probability an extra Clinic will have to be arranged.

*Child Welfare Centres.*

Name and Address of Centre. Name of Doctor and Nurse in attendance.	Day and Time of sessions	Total number of attendances during the year	
		Number who attended for first time during this year	Children up to 5 years
CHAPELTOWN. Miners' Welfare Pavilion. Dr. A. Anderson and Miss E. Gerrard.	Wednesday afternoon	93	2403
ECCLESFIELD. Gatty Memorial Hall. Dr. A. Anderson and Miss B. S. Ward.	Monday afternoon	295	3903
GRENOSIDE. Scout Hut. Dr. B. Droller and Miss B. S. Ward.	Tuesday afternoon	80	1377
HIGH GREEN. Methodist Sunday School, Wortley Rd. Dr. J. M. Taggart and Miss E. Gerrard.	Tuesday afternoon	90	1837
LOXLEY. Congregational Chapel. Dr. S. Lindsay and Miss G. A. Gosney.	Alternate Tuesday afternoons	64	410
OUGHTIBRIDGE. Church Hall. Dr. S. Lindsay and Miss D. Sill.	Thursday afternoon	45	1688
STANNINGTON. Methodist Sunday School. Dr. S. Lindsay and Miss G. A. Gosney.	Wednesday afternoon	51	1582
WORRALL. Memorial Hall. Dr. S. Lindsay and Miss G. A. Gosney.	Alternate Tuesday afternoons	19	811
TANKERSLEY. Scout Hall. Dr. E. Allott and Miss D. Rimmer.	Alternate Monday afternoons	16	329
HOYLAND. Miners' Welfare Institute. Dr. J. Allott and Miss M. F. Senior.	Tuesday afternoon	151	3236

*Child Welfare Centres — continued.*

Name and Address of Centre. Name of Doctor and Nurse in attendance.	Day and Time of sessions	Total number of attendances during the year	
		Number who attended for first time during this year	Children up to 5 years
HOYLAND COMMON. Christ Church, Hoyland Road. Dr. M. Allott and Miss D. Rimmer.	Thursday afternoon	100	3128
PENISTONE. Methodist Chapel, Shrewsbury Road. Dr. M. V. Wilby and Miss E. C. Wroe.	Monday afternoon	107	1577
CAWTHORNE. Golf Club (Weighing Centre only). Miss E. C. Wroe.	Wednesday afternoon	41	501
STOCKSBRIDGE. British Hall. Dr. D. Patterson and Miss W. Morris.	Tuesday afternoon	196	2417

*Ante-Natal and other Clinics.*

Name and Address of Clinic. Name of Doctor and Nurse in attendance.	Day and Times of sessions	Total Number of attendances
ECCLESFIELD. Gatty Memorial Hall. Dr. M. Rushbrook and Miss B. S. Ward.	Thursday p.m.	1202
HIGH GREEN. Methodist Sunday School. Dr. J. M. Taggart and Miss E. Gerrard.	Wednesday p.m.	42
HOYLAND. Miners' Welfare Institute. Dr. M. Allott and Miss M. F. Senior.	Monday p.m.	560
HOYLAND COMMON, Christ Church, Hoyland Road. Dr. M. Allott and Miss D. Rimmer.	Wednesday p.m.	341
PENISTONE. Shrewsbury Road Methodist Chapel. Dr. M. V. Wilby and Miss E. C. Wroe	1st Friday a.m.	38
STOCKSBRIDGE. British Hall. Dr. D. Patterson and Miss W. Morris.	1st and 3rd Friday p.m.	224

**Lying-in Accommodation.**

Hospital accommodation for Maternity cases is, of course, the responsibility of the Regional Hospital Board. This Division is served in the main by the Sheffield Hospitals, the Hallamshire Maternity Hospital, the St. Helen Hospital, Barnsley, and the Princess Royal Maternity Home in Huddersfield. The accommodation for Maternity cases is very limited, a circumstance which is fairly general throughout the Country as a whole.

There are two schools of thought with regard to confinements:

(1) that the child should be born in a Hospital where all facilities are available for the Mother and the baby, and

(2) that the most satisfactory arrangement is for the child to be born at home.

Admittedly it is much easier for the Doctor in the Hospital where everything is to hand. The Mother has a change from her domestic surroundings which, in many cases, is an added advantage. The other school argue that Domiciliary Midwifery is the more important, saying in effect that Midwifery came naturally and traditionally within the sphere of general practice, and that the family Doctor was traditionally the rightful person to act as the family Accoucheur.

I feel in my own mind that what is driving the expectant Mother to Hospital to have her baby is the lack of adequate housing and adequate facilities in which to have the baby in the home and, of course, the lack of domestic help. The average person today has learned a little about health matters, and in the sphere of Midwifery the expectant Mother has learned a lot at the Clinic, read a lot in pamphlets and advertisements, talked a lot to the past generation of Mothers. She has come to the conclusion that the baby, when it arrives, should arrive in reasonably decent circumstances in the interests of her own health and that of the baby. She therefore rightly says that "if I cannot have a reasonable standard of conditions in my own home commensurate with what I have been taught, then I must try and have my baby in Hospital."

At the present moment the allocation of beds is made on a strictly priority basis, and roughly speaking they are :

- (1) Primipara.
- (2) Patients whose home conditions are unsatisfactory based on a report of the Health Visitor.
- (3) Patients in which an abnormality of pregnancy is present, was present, and might have been present in previous pregnancy.

Whilst I cannot say that I am entirely satisfied with the accommodation available for cases in Division 22, I am very happy to say that the relationship which exists between me and the Medical Superintendents of the respective Institutions mentioned above is such that I have always received most sympathetic consideration when any particular case required Hospitalisation. Such a happy relationship between the Local Health Authority and the Regional Hospital Board is a most valuable contribution to the Health Service generally.

### Care of the Premature Infants.

During 1949 the total number of Premature births in the Division was 61, of which 16 were born and nursed entirely at home. Of these 16, 2 died within 24 hours. Whilst we deprecate even the loss of two Premature babies, it is very gratifying to be able to report that approximately 97% of all the Premature babies in the Division survived at least the first month.

One of the important factors in the reduction of Infantile Mortality generally is the amount of work being done in the study of the care of the Premature Infant. Prematurity used to rank with the infections as the biggest killer in the very young. In recent years campaigns have been waged to reduce the mortality in such infants, and to prepare schemes for the care and welfare of the Premature baby. The West Riding County Council have been very much alive to this fact, and every encouragement has been given to this important branch of Preventive Medicine.

The Sorrento Maternity Hospital in Birmingham provides a comprehensive course in the care and welfare of Premature Babies. Vacancies in this Hospital for Students are few, but the West Riding County Council decided that there should be one Health Visitor at least in every Division who should undergo this course of training. Latterly the policy was altered to include Midwives as well as Health Visitors, and despite the scarcity of vacancies, we have in Division 22 one Health Visitor already trained, and one Midwife who hopes to undergo the training early in 1950.

The real function of such trained staff is that they make themselves available to visit a home when a Premature baby is born, and to advise in the care and welfare of that baby until the baby is fit to withstand the routine of a normal baby. Of course, there is always the County Paediatrician in the background who is available to go to the assistance of both Midwife and Sorrento trained personnel with his advice. We have also the General Practitioner who may be called to the case first of all, and they advise in the care and welfare of the Premature child. In Division 22 we have a staff of Midwives and District Nurse Midwives who are well qualified and highly efficient. I think that the care of the Premature baby should be the duty of the Midwife.

An important part of the equipment for the care of the Premature babies at home is the availability of a Sorrento Cot. This is a specially designed Cot, with all the necessary material in the way of blankets, hot water bottles, Oxygen Cylinder, etc. Each Division has been provided with such a Cot, which is stored at a convenient Centre and can be conveyed when required to the home of the Premature baby. The Cot for Division 22 is stored at the Divisional Offices.

### Dental Treatment.

Dental treatment is provided for expectant and nursing Mothers attending Child Welfare Centres and Ante-Natal Clinics. It is very important that these cases should receive treatment for dental caries, and I think that these persons are receiving the treatment necessary. Before the coming into being of the National Health Service Act, the Medical Officer at the Clinic recommended the necessary treatment, but since the 5th July, 1948, every case is entitled to a dental examination, and if the Local Authority's Dental Officer is not available, General Dental Practitioners, in this Division at least, are most co-operative and give priority treatment to expectant Mothers. It is interesting to report the interest being taken in their dental health by expectant and nursing Mothers and, of course, not only are they interested for themselves, but the interest has spread to the care of their children's teeth, and indeed all other members of the family.

In Division 22 during the year under review we had the exclusive services of one School Dental Officer, and the services of another Dental Officer working partly in this Division and in a neighbouring Division. As you are no doubt aware, Dental Officers are scarce, and we have been fortunate in being able to have such an amount of Dental Service. It will take some time to overtake the amount of work that is to be done in the Schools as a result of the lack of Dental service during the latter part of the War, but I am confident that in Division 22 the very near future will see the Dental Service abreast of the requirements of the children, and that satisfactory service will be maintained.

#### Statistics of Routine Dental Treatment carried out in Division 22 during 1949.

Number of Inspections	...	...	...	1195
Number offered Treatment	...	...	...	1034
Number Treated	...	...	...	815
Number of Attendances	...	...	...	2377
Number of Extractions	T (temporary dentition)	...	...	1666
	P (permanent dentition)	...	...	141
Number of Fillings	T (temporary dentition)	...	...	525
	P (permanent dentition)	...	...	1290
Number of Other Ops.	T (temporary dentition)	...	...	487
	P (permanent dentition)	...	...	341

#### Dental Treatment of Expectant and Nursing Mothers during 1949.

83 cases referred.

38 failed to attend.

45 either treated or under treatment.

### Supply of Milk and other Foods.

Dried Milk and other foods are sold and distributed at Child Welfare Clinics according to the scheme which has been in operation for some years. Briefly, this scheme provides for the free issue of foods under certain conditions, and generally the sale of foods at slightly reduced rates. Needless to say, it has become a very important item in the Clinic proceedings, and in some Clinics calls for the special attendance of a representative from this Office. In other Clinics public spirited and well meaning ladies assist the Nurse in the distribution of this food.

There have been arguments for and against the distribution of foods at Clinics. It has been stated that the first impression on entering a Clinic was that it was more of a Shop than a Centre for Health Teaching. I do not think this is the time to incite controversy about such a matter. The great point is that the Mothers and the babies attending the Clinic are getting the service and that seems, to me at any rate, to be the immediate important factor. So long as the Clinic is not to be recognised as a Food Sales Department, I do not mind, but I do object to a system where the obtaining of foods at a cheaper rate means more to the Mother and baby than the health educative element which we try to offer.

I have just mentioned those well meaning ladies who assist at the Clinics, and I think that it is only fair that I put on record my thanks to those ladies for their contribution to a most important section of the Health Service. These ladies, who work under the direction of the Health Visitor and the Medical Officer, are volunteers giving of their time and effort, and many have given long and faithful service. I think it is safe to say that in many Clinics the work would not be carried out so smoothly without their valuable help.

Some idea of the amount of work and time involved in the scheme for the distribution of Dried Milk and other foods can be obtained by glancing at the undermentioned table, which gives the yearly sales of the more popular branded supplies. For comparison I have given the comparative sales for 1948.

I must explain the reduction in the sale of Sunrose Dried Milk. This is a product which was made to a formula prepared by an ex County Medical Officer of the West Riding, and made specially for distribution within the County of the West Riding. This product is being discontinued, and this explains the reduction in the quantity of sales.

CLINIC	Vitrol		Glucose D		Sunrose		Ostermilk		Cow & Gate		Trufood		Olive Oil	
	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949
Cawthorne	152	109	1105	665	416	1	108	65	458	255	228	176	14	3
Chapelton	79	104	382	258	687	197	417	360	1263	893	...	65	52	36
Ecclesfield	143	256	538	877	1363	883	1531	2548	1169	713	142	304	63	46
Grenoside	112	116	498	376	192	168	268	202	350	279	9	...	41	3
High Green	98	119	340	435	475	78	669	883	1028	1348	...	48	91	89
Hoyland ...	81	182	2115	1320	1553	443	646	982	1943	3090	200	125	78	52
Hoyland Common	128	214	1774	1438	551	854	591	583	2594	2127	24	181	75	36
Loxley ...	63	38	417	360	173	54	567	583	...	...	9	...	5	4
Oughtibridge	77	89	553	568	439	324	174	228	541	435	...	...	29	22
Penistone	72	67	487	391	237	43	108	142	385	486	...	...	53	...
Stannington	110	72	494	648	343	279	943	1453	278	252	74	48	11	...
Stocksbridge	61	119	785	954	1849	264	300	825	1194	1295	...	...	69	31
Tankersley	44	23	459	332	...	...	...	...	307	223	...	22	68	32
Worrall ...	96	47	263	257	146	22	483	275	...	28	12	...	...	8
TOTALS	1316	1555	10210	8879	8424	3110	6805	9129	11510	1424	698	969	649	362

PACKINGS :

1-lb.  
Cartons

$\frac{1}{4}$ -lb.  
Packets

1-lb.  
Tins

1-lb.  
Tins

1-lb.  
Packets

1-lb.  
Tins

8-oz.  
Bottles

### Health Visiting.

There has been a great strain on the Health Visiting Service in Division 22 during 1949. The reason for this has been that we have been working with a reduced staff. The establishment of Health Visitors for Division 22 should be 14, and at the present time we are working the service with 6 full-time Health Visitors, 2 part-time and 4 assistant Health Visitors.

The appointment of well qualified and well chosen Nurses as assistant Health Visitors has been a most valuable factor in the service during the last two years. These Nurses work under the direction of a Health Visitor, and their work, particularly in connection with Schools and in some Clinics, has been most inspiring.

During the year Miss E. M. Homeyer, the Health Visitor who served the Stannington, Loxley, Worrall and Bradfield area, resigned on account of ill health and her post has never been completely filled. The area has been covered by a part-time Health Visitor, Miss G. A. Gosney.

The new Health Service Act has opened vast new fields of work for the Health Visitors. The old conception of Health Visiting is changing, and the Health Visitor, in future, will become a most important link in the chain between the Regional Hospital Board and the Local Health Authority, and between the Local Health Authority and the General Practitioner. I think it can be said that she will be the bridge by which continuity of care and after care of the individual can be maintained. This demands that the Health Visitor of the future will possibly require an alteration in the type of training to fit her for this new task. At a higher level this idea has been debated and I think, generally speaking, has been accepted. The Health Visitor of the future will have a broader conception of social work than her predecessor. It must not be inferred from this, of course, that the Health Visitor of the past did not have a very wide knowledge of every-day social problems. On the contrary, her hard slogging duties and her self devotion to her task gave her a practical training which made her the fountain of information and knowledge of the way people in her district lived ; and the way people live is the Health Visitor's field of work.

I am glad to report that during 1949 there has been a marked improvement in the integration of the work of the Health Department and the General Practitioner. In the field of Medicine the family Doctor is one of the most hard worked men in the

Country today, and the family Doctor is beginning to realise that in the Health Visitor he has a wonderful ally, and that her presence in the vicinity can mean such a lot to the environmental background of his work.

An integration of the duties of the Health Visitors and the Hospital Almoners is beginning to be appreciated. I am certain that the Act envisaged a time when there would be a link between the Hospital Service and Local Health Authority Service, i.e., the Treatment Department and the Care and After-Care Department. That link is the Health Visitor. Before the new Act came into force, the Hospital Almoner savoured of investigation into the ways and means for payment of maintenance of the patient in Hospital. Now, happily, this mundane feature of the Almoner's work has disappeared and she now interests herself in the environmental background of the in-patient. How can the Almoner get a true picture of the family background of the in-patients without liaison with the district from which the patients come? In other words, her work, to be done satisfactorily, must involve a study of the social conditions of the family of the patient. Who can do this better for her and with her than the Health Visitor? There ought to be a close co-operative working arrangement between the Almoners and the Health Visitors, and I am very happy to report that in Division 22 this arrangement is beginning to become apparent. If I might be forgiven for putting the matter simply, might I just describe an imaginary case. A woman is visited by her own Doctor and transferred to Hospital for emergency Surgical treatment. The time arrives when the patient can be moved to her home. Is it fair to send the patient home if the conditions of the home are such that the after-care cannot be dealt with satisfactorily? The Almoner gets the family story from the patient, she contacts the Health Visitor through the Divisional Medical Officer for an up to date report on the home environment, and a report is passed forward to the Surgeon to say that conditions at home are satisfactory for the patient to be returned home, or are not satisfactory for the patient to be returned home. Furthermore, the Health Visitor is made aware that the patient is returning and can integrate her duties with the work of the General Practitioner for the welfare of the patient generally. This is to be one of the most important functions of the Health Visitor, and this service must be used to its fullest extent.

I would like to put on record here my deep appreciation of the valuable work the Health Visitors in Division 22 have done during 1949, when the staff was depleted and the work was long and arduous. Nevertheless it was well done. The following table shows the disposition of the Nurses throughout the Division.

**Hoyland Nether U.D.**

NURSE D. RIMMER .. HOYLAND COMMON.  
 NURSE M. F. SENIOR .. HOYLAND, PLATTS COMMON, ELSECAR.  
 NURSE E. CHETTLEBURGH -do- -do- -do-  
 (Asst. H.V.)

**Stocksbridge U.D.**

NURSE W. MORRIS .. STOCKSBRIDGE, BOLSTERSTONE.  
 NURSE D. SILL .. DEEPCAR.  
 NURSE H. DRANSFIELD.. STOCKSBRIDGE and PENISTONE.  
 (Asst. H.V.)

**Penistone U.D.****Penistone R.D.**

These areas are covered by NURSE E. C. WROE (Appointed July, 1948).

**Wortley R.D.**

NURSE E. GERRARD } .. CHAPELTOWN, HIGH GREEN, WARREN,  
 NURSE D. M. SIMPSON } .. BURNCROSS, THORPE HESLEY.  
 (Asst. H.V.)  
 NURSE B. S. WARD } ECCLESFIELD, PARSON CROSS,  
 NURSE L. M. BEAUMONT } GRENOSIDE.  
 (Asst. H.V.)  
 NURSE G. A. GOSNEY .. STANNINGTON, LOXLEY, WORRALL,  
 BRADFIELD.

County District	Health Visitor	Address	Telephone Number
<b>Hoyland Nether U.D.</b>	Miss D. Rimmer	6, Kirk Balk, Hoyland	Hoyland 3179
	Miss M. F. Senior	24, St. Andrew's Cres., Hoyland	
	Mrs. E. Chettleburgh (Assistant)	46, Cherrytree Street, Elsecar	
<b>Stocksbridge U.D.</b>	Miss D. Sill (Part-time)	15, Smithy Moor Avenue, Stocksbridge	
	Miss W. Morris	15, Smithy Moor Avenue, Stocksbridge	
	Mrs. H. Dransfield (Assistant)	"Skeltou Villa," 29, Pot House Lane, Stocksbridge	
<b>Penistone R.D.</b>	Miss E. C. Wroe	c/o Booth, 12, Royd Road, Millhouse, Penistone	
<b>Penistone U.D.</b>	Miss E. C. Wroe	c/o Booth, 12, Royd Road, Millhouse, Penistone	
<b>Wortley R.D.</b>	Miss E. Gerrard	28, Loundside, Chapeltown	
	Miss B. S. Ward	95, Trap Lane, Sheffield 11	
	Mrs. L. M. Beaumont (Assistant)	4, Green Lane, Ecclesfield	
	Miss G. A. Gosney (Part-time)	"Clovelly," 379, Stannington Road, Sheffield 6	
	Mrs. D. M. Simpson (Assistant)	Potter Hill Lane, High Green	

### Home Nursing.

Before the 5th July, 1948, Home Nursing was a service provided in most cases by District Nursing Associations. This service is now a function of the Local Health Authority, as prescribed in the National Health Service Act. On the "Appointed Day," therefore, the County Council as the Local Health Authority became responsible for the Home Nursing Service. This was not an easy task, in that some areas had been exceptionally well nursed, and some areas had had no nursing at all. The task before the Local Health Authority was to bring the best possible service to all. Division 22 was most fortunately situated in this respect, in that every district in the Division was covered by an existing efficient District Nursing Association. The Nurses employed by these District Nursing Associations in every case transferred their services to the County Council and remained in the area as the District Nurse and/or Midwife.

District Nurses in the past used to undertake Home Nursing and Midwifery work, but the policy of the Local Health Authority made it clear that it would be better to separate the services, and that a Nurse should either do Midwifery or Home Nursing, not both duties combined. This could possibly be arranged in areas which were more or less Urbanised, but in the scattered Rural areas the difficulties in separating the services were so involved that separation of the services was deferred in those areas for the time being. You will see from the undermentioned table that in two parts of Division 22 we still have a District Nurse Midwife Service.

In Division 22 the Home Nursing Service is carried out by 7 Home Nurses and 5 District Nurse Midwives. Towards the end of the year complete separation of the two Services in one district was arranged, which would reduce the District Nurse Midwives early in 1950 to 3, and at the same time increase the number of Home Nurses to 8. During the year nearly 22,000 visits were paid by Home Nurses, more than double the number of visits made in 1948.

I wonder if it is generally understood what the functions of the Home Nurse really are? The Home Nurse is a fully trained and efficient Nurse, who will render in the home that service which a patient would get from a trained Nurse in Hospital. The Home Nurse can relieve the General Practitioner of much of his work by doing those duties in the home which her counterpart would be asked to do by the House Surgeon or House Physician in Hospital. In the past it was generally accepted as the Home Nurse's job to go around doing menial pseudo-nursing tasks in cases of chronic illness, tasks that could have been easily done by a member of the family or some neighbour or relative. It is uneconomical to use the time and energies of highly trained and skilled Nurses in any other manner than the performance of skilled nursing duties.

It is agreed that in all cases of illness, that besides the Medical treatment, skilled Nursing is of vital importance. Why not use the skilled Nursing ability available in cases of illness? Happily, in parts of Division 22 the General Practitioner is beginning to realise the value of a good Home Nurse, and the time will surely come when she will take her place as a most essential functionary in the Health Service.

At the present moment I think that the distribution of work amongst these Home Nurses is too irregular. Some Home Nurses have much to do, whilst others have less. Determined efforts are being made to even out the work and to spread it over wider areas. We must get rid of the impression which has understandably existed since the days of the District Nursing Association, that a Home Nurse or Midwife has a particular area in which she works, and she is not available in any other area. We must get rid of this erroneous idea. Nurses employed by the Local Health Authority are available for service in any part of a Division if the need for that service exists.

Another point which it is hoped will be rectified in the near future is the appointment in this Division of a Relief Home Nurse who would relieve the various Home Nurses for their "days off" and in times when duties are arduous. We have a Relief Midwife who does just this for Midwives, and the same is necessary for the Home Nurses. The Home Nurses and District Nurse Midwives on the staff of Division 22 all possess a high degree of skill in their work, and are doing a magnificent job. All the Nurses except one are mobile, and it is hoped that it will not be long before this Nurse is provided with transport facilities.

I would like to see the Nursing personnel wearing a neat and attractive uniform. Maybe when economic pressure is less severe, this uniform question for Nursing staffs will be reconsidered.

County District	Home Nurse	Address	Telephone Number
<b>Hoyland Nether U.D.</b>	Mrs. M. Bramley	16, Mell Avenue, Hoyland	Hoyland 2181
<b>Penistone U.D.</b>	Miss K. J. Mark	34, Victoria Street, Penistone	Penistone 167
	Miss M. A. Smith	34, Victoria Street, Penistone	Penistone 167
<b>Stocksbridge U.D.</b>	Miss D. Webb	61, Melbourne Road, Garden Village, Stocksbridge	Stocksbridge 3165
<b>Penistone R.D.</b>	Miss K. J. Mark	34, Victoria Street, Penistone	Penistone 167
	Miss M. A. Smith	34, Victoria Street, Penistone	Penistone 167
	Mrs. C. Bennett	12, Netherfield, Crane Moor, Thurgoland	Stocksbridge 2159

County District	Home Nurse	Address	Telephone Number
Wortley R.D.	Mrs. A. Woodhead	1a, King Street, Charlton Brook, Chapelton	Ecclesfield 38582
	Mrs. I. Rose	133, Wheata Road, Parson Cross	
	Miss H. G. Peacock	Jeffcock Memorial Nurses Home, Ecclesfield	Ecclesfield 38438
	Mrs. N. McNamara	Dale View, Rodney Hill, Loxley	Sheffield 43643
	Miss A. I. Middleton	17, South Road, High Green	High Green 25
	Mrs. A. White	7, Highfield Rise, Stannington	

### Midwifery Service.

The Domiciliary Midwifery Service in Division 22 is undertaken practically exclusively by whole-time Midwives employed by the Local Health Authority. In some instances District Nurse Midwives doing the combined duties of Midwifery and Home Nursing are employed, e.g. Loxley and Oughtibridge. In the Silkstone area the Nurse has opted for the Midwifery Service, and she does Midwifery exclusively. In the Loxley area the same thing has happened. Early in the new year there will be a division of the Nurses' duties, when one will confine herself exclusively to Midwifery, the other to Home Nursing. The arrangements in Division 22 for Domiciliary Midwifery are very satisfactory. In one part of the district, e.g. Parson Cross Estate, in the Wortley Rural District, virtually a new Town has arisen and, of course, extra staff are required to deal with that situation. We have now two Midwives living on the Estate and one living in the Nurses Home on the edge of the Estate. I am not entirely satisfied that there are sufficient Midwives to cover that area, but the situation is continually being reviewed.

During 1949, according to the Notification of Births Register, 716 Domiciliary Live Births occurred and 727 Institutional Births. There were 15 Still Births in the Domiciliary Service and 7 in Institutions. The total figure, 1,465 approximates fairly closely to that for 1948. In the Division there are 10 Midwives, including one Relief Midwife, and 5 Home Nurses undertaking Midwifery. Over and above this we have 4 Midwives practising Private Domiciliary Midwifery. Those numbers, of course, do not include the Midwives employed in the Hallamshire Maternity Home, which Institution is under the administration of the Regional Hospital Board.

During the year the Nurses sent Medical Aid Notices to General Practitioners for help on 255 occasions, 42 for Ante-Natal cases, 166 Labour cases, and 17 during the lying-in period, and on 30 occasions help was requested for the infant. In Division 22 there were no maternal deaths during the year. This is a very happy state of affairs.

I mentioned in my report for 1948 that one of the important factors in organising a Midwifery Service is to ensure that the Midwife, when summoned, can get to the case speedily, with all her equipment, and in a reasonable physical condition to perform maybe a long, difficult and highly skilled task. To obtain this state, it is essential that the Midwives should be mobile, and in this Division all Midwives are mobile except one, and at the moment she is not suffering any inconvenience, as her practise is within easy reach of her own home. However, we trust that she will be mobile in the near future. So much is this need for transport for Midwives recognised at Government level that they are given very high priority in the purchase of new Cars.

With the new arrangements in the National Health Service Act for Domiciliary Midwifery on the part of General Practitioners, much more of the Midwife's work is in the capacity of a Maternity Nurse. It means that in very many more cases the General Practitioner is actually responsible for the confinement in which case the Midwife acts in the capacity of a Maternity Nurse. This is a state of affairs which is very helpful when the expectant Mother knows that she has a Doctor and a highly trained Midwife to be in attendance when her baby arrives.

### **Analgesia in Child Birth.**

Closely bound up, of course, with Midwifery we might comment on the question of Analgesia in Midwifery. Analgesics were administered by Domiciliary Midwives in 33 instances during 1949 in this Division, and this out of a total of 731 Domiciliary births. In the Division there are 12 Gas and Air Machines, and I understand that supplies of these machines are coming through reasonably quickly, and that all Midwives trained to use those machines will be equipped with one in the near future. At the end of 1949 there were 14 Midwives or District Nurse Midwives trained in the use of the machine. Looking at the above figures it is difficult to reconcile the popular clamour for the relief of pain in child-birth when one finds that only 33 cases had relief during the year. Of course, many of the cases might have required medical help, when an anesthetic would have been administered, but even then there could not have been a very great total of cases relieved.

There has been a lot of talk about the question of Analgesia in child-birth. The relief of pain in labour has always been a problem, and we have in the Gas and Air Outfit, when used by a skilled operator, a simple and efficient means of giving this relief. I think that expectant Mothers are just not too sure about this machine. I think that if they were educated in its use by having the machine demonstrated to them and they being allowed to handle it beforehand, when the time arrives for their confinement they will have absolute confidence in using it, and in the Midwife's ability to operate it.

I have heard it said that this Analgesia is no use at all. On the other hand I have heard Midwives say that it is wonderful. In theory it is the answer to the relief of pain in child-birth.

County District	Midwife	Address	Telephone Number
<b>Hoyland Nether U.D.</b>	Mrs. H. A. Knowles	88, Cherry Tree Street, Elsecar	Hoyland 2249
	Miss N. Walker	8, Skiers Hall, Elsecar	Hoyland 3104
<b>Penistone U.D.</b>	Miss K. J. Mark	34, Victoria Street, Penistone	Penistone 167
	Miss M. A. Smith	34, Victoria Street, Penistone	Penistone 167
<b>Stocksbridge U.D.</b>	Miss A. Burrows	"Hazledene," Coronation Road, Stocksbridge	Stocksbridge 2189
	Miss R. Crossley	7, Ashfield, Deepcar	Stocksbridge 3135
<b>Penistone R.D.</b>	Miss J. L. Bain	"Plevna," Silkstone Common	Silkstone 356
	Miss K. J. Mark	34, Victoria Street, Penistone	Penistone 167
	Miss M. A. Smith	34, Victoria Street, Penistone	Penistone 167
<b>Wortley R.D.</b>	Miss S. Billing	Jeffcock Memorial Nurses Home, Ecclesfield	Ecclesfield 38438
	Miss F. M. Sewell	93, Mansell Crescent, Parson Cross	Sheffield 44820
	Miss K. Jowitt	8, Worsboro' View, Tankersley	Hoyland 3154
	Mrs. N. McNamara	Dale View, Rodney Hill, Loxley	Sheffield 43643
	Miss R. M. Smith	"The Haven," Bedford Road, Oughtibridge	Oughtibridge 40892
	Mrs. M. E. Quirk	42, Knutton Road, Parson Cross	Sheffield 44347
	Mrs. F. O'Sullivan	16, Worrall Road, High Green	High Green, 49

### Vaccination and Immunisation.

During the year, the number of children immunised was 1,357, and 1,431 children received booster doses. Details are given below:—

County District	Number of Children Immunised in 1949			Number given Secondary Doses
	Under 5 years	5 - 14 years	Total	
Hoyland Nether Urban ...	213	164	377	295
Penistone Urban ... ..	60	...	60	105
Stocksbridge Urban ...	105	39	144	171
Penistone Rural ... ..	62	13	75	176
Wortley Rural ... ..	584	117	701	684
Totals ... ..	1024	333	1357	1431

189 persons were vaccinated during the year, and 21 re-vaccinated. Details are given below:—

County District	Number Vaccinated	Number Re-Vaccinated	Total
Hoyland Nether Urban ..	39	9	48
Penistone Urban ... ..	7	2	9
Stocksbridge Urban ...	33	1	34
Penistone Rural ... ..	25	2	27
Wortley Rural ... ..	85	7	92
Totals ... ..	189	21	210

**PREVENTION OF ILLNESS — CARE AND AFTER CARE.****Tuberculosis.**

Cases of Tuberculosis notified within the Division are investigated, with a view to ensuring that the patient obtains all the facilities for treatment, and examination of contacts, at the earliest possible moment. In the Division there are two Tuberculosis Nurses, who now work under the direction of the Divisional Medical Officer and are considered, more or less, in the same category as the Health Visitor. Their work is to follow up every notified case, and keep the Divisional Medical Officer informed about the environmental background of the case. It is from the reports of these Nurses that the Divisional Medical Officer, in his capacity as Medical Officer of Health to the District Council, can advise that District Council as to the necessity for re-housing.

Since the National Health Service Act came into operation, the Tuberculosis service has been made more complicated. In Pre-National Health Service Act days the Tuberculosis service was exclusively a service of the Medical Officer of Health. The Medical Officer of Health received a notification, the Medical Officer of Health was responsible for Clinical observation and treatment, and the Local Authority was responsible for the provision of Sanatoria and other Institutional lines of treatment. Now, the Medical Officer of Health receives a notification and that, and the epidemiology of the case and the environmental background of the case are the limits of his service. The Clinics, Sanatoria and other Institutions are now the responsibility of the Regional Hospital Board. It is only natural that Medical Officers of Health of large Authorities resented very much the loss of this part of the Tuberculosis Service. But the Medical Officer of Health is not bereft of a wide field of interest in which very much useful work can be done. I refer to the field of Epidemiology. To do this work properly it is necessary for the Medical Officer of Health to get all the information he can from all sources. Information is the chief essential of his armamentarium and we hope the Regional Hospital Boards give us lots of information about all types of illnesses besides Tuberculosis. Your Medical Officer of Health is involved in the fight against this dreadful disease, and you, as a Council, have a part to play. Is it not true that bad housing, overcrowding, dirt, as well as poverty and lack of food, are factors predisposing to Pulmonary Tuberculosis?

I wish to put on record here my grateful thanks to each District Council within the Division for their willing co-operation in helping to overcome the problem of re-housing the Tubercular patient. I know that it is your responsibility to re-house these

patients on the advice of the Medical Officer of Health, but in many cases it is difficult to give that priority. You have done so most willingly, and it means a great lot in the Health Service.

The Domiciliary care of Tuberculosis patients is always an important item in the Health Service scheme. These people need continual supervision, and this is done by the Tuberculosis Nurse, the Tuberculosis Medical Officer (now known as the Chest Physician) and, of course, the patient's own Doctor and, if need be, the District Nurse. It may be that one member of the family has to sleep alone in a separate room, in a separate bed. When information is received that it might be an economical strain on the family resources to provide such bed and bedding, these requirements are provided by the Local Authority. The same applies to shelters, which can be established in the garden or any other open space near the home, supplies of ordinary clothing for the patient to wear, and extra nourishment when it is considered necessary. During 1949, 18 Tubercular patients received extra nourishment in the form of 2 pints of Milk daily over an average period of time of 9 months.

#### Other Types of Illness.

It is the duty of the Local Health Authority, under Section 28 of the National Health Service Act, to make arrangements for "the prevention of illness and the care of persons suffering from illness or mental defectiveness, or the after-care of such persons." This Section makes it an obligation on the part of the Local Health Authority to provide schemes for the after-care of people suffering from all types of illness. For example, patients discharged from Hospital may need care and attention, varying in degree from the provision of appliances to the relief of all the pressure of household duties. This is a new duty, but one that is of vital importance for the welfare of the patient. In the past, as a general rule, patients have returned from Hospital, or recovered from an illness in their own home, and have re-entered into the whirl of the everyday domestic life without any after-care to guard against possible potential ravages of their recent illness. The new Act makes it the responsibility of the Local Health Authority to see that everything is done to make recovery complete, and resolve the physical and psychological difficulties. Now, what does this care mean? In the main, in Division 22 it has involved the provision of Home Helps, the loan of Bed Rests, Bed Pans, Rubber Sheets, Hot Water Bottles, and in certain cases the provision of complete Bed Units with Dunlopillo Mattresses for paralysed patients. Psychological difficulties have been got over by the occasional visit of a Health Visitor who, with a sympathetic approach to the problem, has been able to absorb some of the worries and difficulties of the patient and generally offer a solution. In

nearly all cases the General Practitioner, of course, is involved and the Health Visitor, the Home Nurse, or even the Midwife is available to give her service if required.

I would like it understood that the after-care assistance available from the Local Health Authority is not limited to the material things. Advice on any health problem which bears on the patient's future welfare is always available. Generally speaking, the small items which used to be in the keeping of the District Nurse are still obtainable through the District Home Nurse, whilst the bigger items, such as Wheel Chairs and Dunlopillo Mattresses, and beds, are obtainable by application to the Divisional Health Office.

### **Mental Health Service.**

The Mental Health Service has functioned successfully during the past year and all notified mental defectives are now supervised by a Mental Health Social Worker, who also undertakes After Care of Lunacy cases when requested by patients, which under the National Health Act is now the responsibility of the Local Authority.

There have been 3 notifications under Section 57 of the Education Act, 1944, 6 notifications under the Mental Deficiency Acts, 3 admissions to Mental Deficiency Institutions, 1 de-certification and 3 deaths. The number of mental defectives under supervision as on 31/12/49 is :—

#### Statutory Supervision.

Over 16 years of age   65.

Under 16 years of age   22.

Under Guardianship and in receipt of financial aid—8.

Under Observation—13.

On Licence from Institutions—3.

32 Mental Defectives are in regular gainful employment and 43 are engaged in the home. 42 defectives, including children excluded from School, would benefit by Occupation Centre training, and enquiries are still being made in the Division to obtain suitable premises for the establishment of such a Centre, which would serve all mentally defective children excluded from School, and older defectives who would benefit from training in handicrafts, routine methods, etc.

4 patients are awaiting admission to Institutions as their parents are no longer able to give care and attention necessary for their well being. Their names have been included on the list submitted to the Regional Hospital Board and vacancies are now awaited.

### Domestic Help Service.

During the year the Home Help Service continued to play its own vital part in the General Health Service. Towards the end of the year the demand for Home Helps steadily increased, until the position arose when the demand exceeded the supply. When such a condition of affairs arises, it means either the denying of a Home Help to the home, or cutting down the number of hours which the Home Help might spend in that home. According to Section 29 of the National Health Service Act, it is an obligation on the part of the Local Health Authority to make arrangements for the provision of domestic help for households where such help is required. The scheme prepared by the West Riding County Council as the Local Health Authority, and originally submitted to the Minister for his approval, made provision for the supply of 310 Home Helps for the administrative County. Each Division was given a quota of Home Help hours based on a population figure and on the potential requirements of the Division. Division 22 was granted the equivalent of 14 full-time Home Helps. A Home Help's full time week is equivalent to 44 hours, which means that this Division was given a quota of 616 hours per week. During the year there was a tremendous strain on the Service to keep within reasonable bounds of this quota, and I am afraid that to deal with the situation, the quota was exceeded on a number of occasions.

The number of Home Helps employed at the 31st December was 54. Some of these Home Helps were doing part time work, and some doing a full 44 hours per week. During the year there was a total of 34,045 Home Help hours worked within the Division, and 159 cases were attended. These cases consisted of :—

Ordinary illness	....	....	56
Lying-In	....	....	95
Expectant Mothers	....	....	3
Aged Persons	....	....	5

This indicates a most valuable service rendered during 1949 which, in view of its particular usefulness in the service generally, must be increased as time goes on.

Certain parts of the Division are still under-staffed, and more Home Helps are required in these areas. I refer to Stocksbridge and Penistone. I know the difficulties, but I am still hoping for more volunteers for this work, which I consider about the most important work a woman can do if she has the time available to do it.

During 1949 a scheme was prepared for the issue of Uniforms for Home Helps. After a probationary period each Home Help is provided with three Green Working Overalls, one White Apron and one Rubber Apron. In theory these articles are on loan, and when the Home Help resigns they are returnable to the Local Authority.

There has been a suggestion that the Home Help Service would be even better if Home Helps were on the same footing as the Domestic Helps in the School Meals Service. The latter are paid a retaining fee when work is not available, and during holiday periods. There are differences, I admit, and it is a big question, but if this most vitally important service is going to be carried out satisfactorily, we must recruit the proper type of women, we must encourage those women to realise that they are performing a vital service, and they must be available at a moment's notice to give that service.

Section 29 of the National Health Service Act, Sub-section 2, says that the Local Health Authority may, with the approval of the Minister, recover charges for this service. During the year under review, approximately £3,500 (three thousand, five hundred pounds) was paid out in wages in Division 22, and the Local Health Authority recovered, through the Divisional Cashier, £216 2s. 8d. (two hundred and sixteen pounds, two shillings and eightpence).

### SCHOOL HEALTH SERVICE.

During the year, a total of 2,973 children were examined at routine medical inspections. Of this number, 1,464 were entrants, 917 were in the second and 592 were in the third age group. 130 special inspections and 38 re-inspections were carried out.

One of the great problems confronting the School Health Service today is the totally inadequate provision made for the education of the educationally sub-normal child. During the past twelve months it has not been possible to get even one case admitted from this Division and during the year a further 17 cases were added to the already long waiting list. In the meantime, these children must perforce attend at the ordinary School where their chances of getting really satisfactory education are remote. Many of the educationally sub-normal children examined are not inherently dull but have, owing to illness in early School years, got very far behind educationally. In the education system as it at present exists, these children are placed in the class corresponding to their age group. They make a vain attempt to follow the instruction that is given, but eventually get hopelessly lost and

become mere passengers for the remainder of their School career. Special provision for education of these children in special classes in the ordinary School would, in my opinion, alleviate the problem considerably, but apparently this system is not workable under present conditions.

One cannot blame the Teacher of an already over full class for not paying special attention to an educationally sub-normal child, when he or she has a large number of children who are able to take full advantage of the instruction.

It is understood that the West Riding County Council are making arrangements to open three Special Schools for educationally sub-normal children in the coming year, and it is hoped that this step will greatly alleviate the present circumstances.

### **School Ophthalmic Service.**

During the year a total of 250 Schoolchildren had a Specialist Eye examination, as a result of defects discovered at routine inspection. Of this number 220 were found to be in need of Spectacles, and the prescriptions were issued. I am glad to report that the waiting period between examination and actual issue of Spectacles is now much less than previously, and the time of waiting in these cases averaged between three and four months.

In this Division we are fortunate in having the services of a wholetime Ophthalmologist, whose services are shared by four other Divisions. We are thus able to hold Eye Clinics at five-weekly intervals, and cases requiring more urgent attention are seen by appointment.

### **Nutrition.**

The standard of nutrition of School children today is very satisfactory. According to information given to me the nutritional standard of Schoolchildren during the past 25 years has improved—Dinners, Milk and Cod Liver Oil, without question have brought about this improvement. In the years of the early 20's a wave of undernourished children entered School. This malnutrition was attributed mainly to the shortage and poor quality of food in the closing years of the first World War, with a resulting adverse effect on the expectant Mothers and later their children. This wave of malnutrition was kept under close observation during the School life of these children, and a general sluggishness and retardation, both physically and mentally, was noted. No signs of a repetition of this catastrophe following World War II have been observed, nor is it in any way anticipated. No doubt we are reaping the benefits of the extra attention given to expectant Mothers, and to the maintenance of the essential milk supply to infants.

### **Clothing and Footwear.**

In spite of the high cost of clothing today, Schoolchildren in general are well clothed, both in quality and quantity. Twenty-five years ago it was a common sight to find children with a layer of brown or greased paper, or cotton wool on their chests and under garments sewn up for the Winter.

The footwear of Schoolchildren is generally of a high standard, and surprisingly few defects are discovered on routine medical examination. We are fortunate in this Division in being able to call on Specialist Orthopædic advice, which is promptly and efficiently given, in many cases remedial exercises being the only line of treatment necessary.

### **Remedial Exercises.**

An interesting experiment was tried out in this Division and in Division 28 in 1948, when the Education Department and the Health Department united forces in an endeavour to deal with comparatively large numbers of minor Orthopædic defects which were being discovered at routine School Medical Inspections. In short, the position was that mild conditions of flat foot, postural defect, etc., were being referred to the Orthopædic Surgeon for advice and suggested treatment. The Orthopædic Surgeon was finding it increasingly difficult to overcome the large number waiting to be seen by him, and it was felt in many of those cases that ordinary exercises as taught by the Remedial Gymnast employed by the Education Department would probably cure the defect in question.

The scheme in brief was that the Remedial Gymnast would call for volunteers amongst the ordinary Teachers in the Schools within the area. These Teachers were to attend a course given by the Remedial Gymnast on the elementary anatomy of the feet, and the type of exercises suitable for the minor foot defects. It was amazing the number of teachers in the ordinary Day School who attended this Course, and who became thoroughly interested in this work. The next stage was that all children reported at School Medical Inspections to be suffering from a minor foot defect should be referred to the Teacher in that School who had attended the Course, and that he or she undertook to instruct the child in the necessary exercises. Naturally, there was still the continuing supervision of the Remedial Gymnast and the School Medical Inspector, under the control of the Orthopædic Surgeon.

This experiment has been very successful, and in Schools it is a common feature to have exercises for minor conditions of flat foot included in the normal physical exercises of the Schoolchildren.

### School Premises.

**Cloakrooms.** In one or two Schools, kitchen facilities for School dinners have been accommodated in School Cloakrooms. This makeshift method is deprecated. Cloakroom accommodation in many of the old School buildings has never been satisfactory, and now that part of the Cloakroom space is being used as a kitchen, the scholars' clothing is crowded together on a few broken hooks and pegs, and often at home time the coats are more damp than on arrival due to the steam and wet floors. This state of affairs is also most unsatisfactory from a hygienic point of view, as School meals are distributed here.

It is unfortunate that the Sanitary arrangements in many of the older Schools in the Rural Districts are still sub-standard. Children attending these Schools have got to put up with a standard of hygiene and sanitation which, in many cases, is much below that to which they are accustomed in their own homes. This has, of course, always been a great problem in Country areas, especially as many of the old Schools still in use are far below the minimum standard of hygiene and sanitation. One has only got to visit one of our modern Schools which has been recently built, to appreciate the enormous advances which have been made in promoting the comfort and well-being of the Schoolchild.

A visit to the new School on the Parson Cross Estate is a wonderful tonic to Practitioners of Hygiene and Sanitary Science. I pay tribute to the Education Authority for the provision of such a Centre of Education.

I feel I ought, at this point, to make a plea that in these most up-to-date Schools the Medical Inspection Room may be retained as such. It must not be assumed that the Medical Inspection Room is for use only at the periodic School Medical Inspection. It should compare with any other room provided for a special function, e.g. Science, Cookery, Handicraft. The Medical Inspection Room should be recognised as the Centre of Health Education in the School, where all teaching relative to health should take place, e.g. Elementary Biology, Hygiene, First Aid, etc. I want to make this plea, for it so often happens that if accommodation has to be found in School for any purpose at all, the Medical Inspection Room is the first to be commandeered. That room should be so much a vital part of the School building that it would be impossible to utilise it for anything other than for School Health Service purposes.

### General.

I would like to emphasise once again a point I mentioned in my report in 1948, viz. that it is in the best interests of the child that the parent or guardian of the child should attend at the School at Medical Inspection time. To run the rule over a child to see whether the child is healthy or not is only one part of a School Medical Inspection. It is also very important that there should be a consultation amongst the four important elements in the child's School health life, the Doctor, the Health Visitor, the Parent (or Guardian) and the Teacher—the child's physical condition, plus the home environmental background, plus the child's little idiosyncrasies within its family, plus the child's progress in learning. These four informations create a true picture of the child's real health.

All the Schools in Division 22 were visited during the year under review, and below there is a short statistical statement concerning some of their findings. Unfortunately we cannot give details for each separate School, since all statistics are merged together as a complete County unit.

Estimated number of School Children at December, 1949 13,250

Number of Medical Inspections carried out within Division 22 during 1949 :—

Entrants	1,464
Second Age Group—last year in Primary School	917
Third Age Group—last year of School life	592
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	2,973

### Special Inspections.

Special Inspections	130
Re-Inspections	38
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	168

### Number Requiring Treatment.

Entrants	273
Second Age Group	164
Third Age Group	122
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	559

**General Condition of Pupils.**

	A. Good	B. Fair	C. Poor
Entrants .....	615	793	56
Second Age Group .....	500	397	20
Third Age Group .....	410	179	3

**Infestation with Vermin.**

Total number of examinations in the Schools by School Nurses/Health Visitors .....	32,083
Total number of individual pupils found to be infested	1,962

No Cleansing Notices (Sect. 54 (2) Education Act, 1944) or Cleansing Orders (Sect. 54 (3) Education Act, 1944) were issued during the year.

The biggest group of conditions requiring attention were those associated with diseases of the Ear, Nose and Throat, and cases of defective vision. There were quite a number of skin conditions, but rather less than a year ago. One of the bottle-necks which we have not yet cleared away is the delay in the provision of facilities for children having Tonsils and Adenoids removed. This is a very big question, and in short it can be summed up as a result of the change over of the treatment part of the Health Service to the Regional Hospital Boards, coupled with the complete cessation of such operations during the prevalence of cases of Acute Anterior Poliomyelitis. It is going to be a hard task to catch up on the number of cases requiring attention, and this matter is receiving the very close attention of the authorities at County level.

**Provision of Meals in Schools.**

There are two Educational Divisions within Division 22 of the Preventive Medical Services Scheme. These are the Wharncliffe Division (No. 19) and Penistone Division (No. 31). The School Meals Service in those two Divisions is now complete, and all children can be provided with a meal if it is so desired. Meals are prepared in central Canteens in certain instances, and in other instances in specially constructed Kitchens within the curtilage of the School premises. In the former, meals are conveyed in specially designed heat retaining Containers to the various Schools within the area of the central Canteen. I have made a point of looking at these Containers from time to time, and have been impressed by their state of cleanliness and repair. Needless

to say they may play a most vital part as a cause of an outbreak of Food Poisoning, and it is very encouraging to know that those who handle these Containers are deeply appreciative enough of this fact that the necessary care and attention is paid to the question of cleansing.

Also, on various visits to Schools I have been impressed by the quality of the food supplied. It is varied in character and generally forms a complete meal. We preach in Health Education that it is an essential part of good social behaviour to wash the hands thoroughly before partaking of a meal. In School, where the meal can play an important part in the training of social habits, it is undoubtedly of first class importance that provision should be made for the children washing their hands before a meal. This imposes upon those in charge the duty to make sure that the children in fact do this job thoroughly. The School Meals Service is a comparatively new experience in Schools, and the washing facilities available in the older Schools were not designed to meet this new system. Nevertheless it is very encouraging to know that Head Teachers in Schools are overcoming this difficulty, and this elementary hygienic principle is being carried out.

In the two Divisions I am informed that practically 80% of School Children remain for meals, and during 1949 a grand total of 1,415,523 meals were served in Schools.

