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COUNTY BOROUGH OF ROTHERHAM.

REPORT

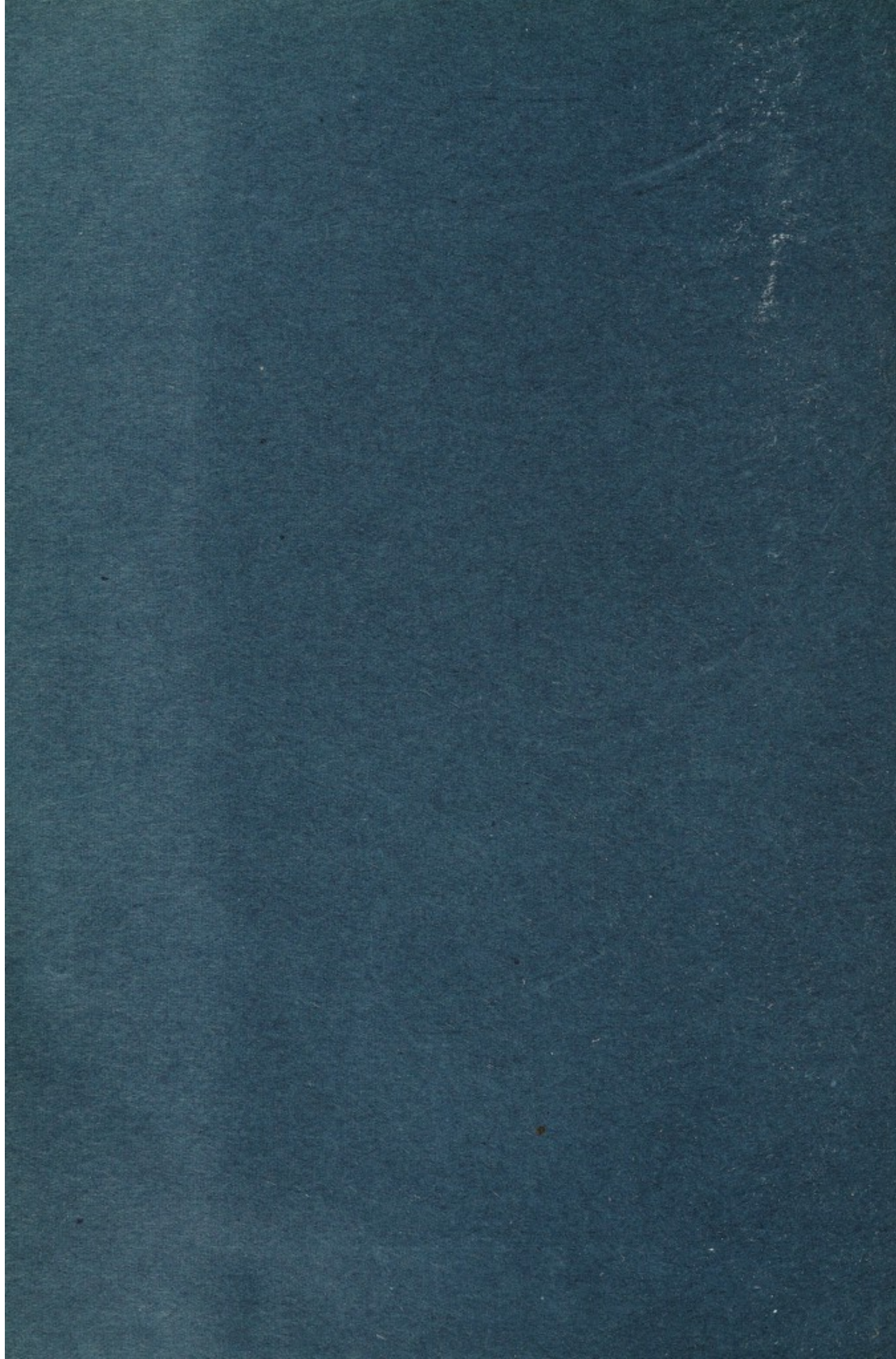
BY THE

MEDICAL OFFICER OF HEALTH

WILLIAM BARR, M.D., D.Sc., D.P.H.

FOR THE YEAR

1925.





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REPORT

BY THE

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PREFACE.

In accordance with the requirements of the Ministry of Health, the Report for the year 1925 is a Survey Report dealing comprehensively with

- (a) The measure of progress made in the area during the preceding five years in the improvement of the public health ;
- (b) The extent and character of the changes made during that period in the public health services of the area (e.g., housing, water supply, sewerage, scavenging or refuse disposal, food inspection, or other services affecting the environment of the inhabitants ; and maternity and child welfare schemes, schemes for the treatment of tuberculosis and venereal diseases, provision of isolation hospitals, or other services directed to the prevention or cure of disease in individuals) ;
- (c) Any further action of importance in the organisation or development of public health services contemplated by the Local Authority or considered desirable by the Medical Officer of Health.

The assessment of progress in the improvement of public health is a matter of no slight difficulty. While doubt may not be felt that progress has been good or well maintained, statistical evidence in support of the belief may not always be so readily procured. So far as Rotherham is concerned, such evidence is not lacking. A reference to Table V under Natural and Social Conditions of the Area, embodying, as it does, the most modern terms of measurement of health progress, will show the truth of this assertion.

During the years covered by the Survey Report the activities of the Health Department directed towards the prevention or cure of disease in individuals have greatly extended.

Much of the change is associated with the provision of Oakwood Hall Sanatorium and the consequent centralisation of institutional treatment for tuberculous cases.

On November 21st, 1921, patients who were being treated at Kimberworth Hospital were removed to Oakwood. This step released Kimberworth Hospital for its intended function as a Small Pox Hospital. From this time onwards the various "outside" beds were given up. On January 13th, 1922, the four beds at Meathop Sanatorium were no longer required, and on the following day tubercular patients from the Isolation Hospital Shelter were transferred to Oakwood. On the 27th January, 1922, 50 beds were occupied, and by the 30th June of the same year the number had increased to its present one of 70, available for Borough cases.

The first cases from the West Riding were admitted on 21st July, 1922, and on August 8th the total 100 beds of the Sanatorium were occupied.

During the year 1924 the arrangement with the West Riding County Council whereby the Borough Tuberculosis Dispensary and that of the West Riding co-existed in the same premises at Carnson House was terminated, and on the 1st October the Borough Dispensary was opened at 12, Frederick Street.

As a Centre this has already shown many advantages. It is conveniently situated for access by tram or 'bus from all parts of Rotherham, and is well adapted for the effective survey of a large number of patients.

The Venereal Diseases Clinic is now held in the same premises, the old treatment centre at the Rotherham General Hospital having been discontinued in October, 1924.

At the same time an Assistant Medical Officer of Health was appointed to take charge of the Centre in conjunction with other duties. A whole-time Orderly to assist in carrying out intermediate treatment, and a Nurse devoting half her time to the treatment Centre and half to the duties of Health Visitor, were also appointed.

In connection with the scheme for the treatment of Venereal Diseases, arrangements have been made for the accommodation of inpatients of both sexes. During the year 1925 the old tuberculosis shelter at the Isolation Hospital was converted into a ward suitably equipped for the reception of two male cases, whilst two female patients can be dealt with at Ferham House.

Considerable changes have also taken place in the Maternity and Child Welfare Scheme. In 1921 the College Street Maternity Centre was closed, and all Clinics were held at Ferham House. The medical service, however, continued "part-time" until October, 1924, when a full-time Assistant Medical Officer of Health was appointed. During the same year the Assisted Milk Scheme came into operation. In 1925 the Home Help Scheme was commenced and a branch Maternity Centre (in conjunction with a school clinic) was opened at St. George's Hall.

Concerning what further action of importance in the organisation or development of public health services may be contemplated desirable, references are made throughout the Report under the various headings, to deficiencies in the co-ordinated scheme of a modern health department and various suggestions advanced.

The Report is set forth under the following Sections :—

1. Natural and Social Conditions of the Area.
2. General Provision of Health Services in the Area.
3. Sanitary circumstances of the Area.
4. Housing.
5. Inspection and Supervision of Food.
6. Infectious Diseases generally.
7. Tuberculosis.
8. Venereal Diseases.

9. Maternity and Child Welfare.
10. Mental Defectives.
11. Blind Persons.

In conclusion, I wish to pay tribute to the members of the Staff, concerning whom, it is impossible to say what, in appreciation, is deserving.

In every measure that has been undertaken, there have been displayed both that loyal criticism and that unanimity that make for progress.

The spirit of co-operation is more than one can assess ; specialisation must obtain in all large departments ; to me, the gifts of those who have so specialised have been freely and lavishly offered.

WILLIAM BARR,

Medical Officer of Health.



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SECTION I.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

The County Borough of Rotherham comprises 5,893·805 acres. During the year 1921 (Census) the population was 68,045, and for the year 1925 (estimated) 70,340. In 1921 the number of inhabited houses was 13,593 and the number of families or separate occupiers 14,695.

The rateable value is £340,191 and the sum represented by a penny rate is £1275.

The town is situated mainly on the declivities of four hills, three of which terminate on the eastern side of the River Don and run respectively in a south-easterly, easterly, and north-easterly direction towards the villages of Whiston, Wickersley and Dalton, while the fourth extends from the western side of the River Don in a westerly direction towards the village of Thorpe. The underlying rocks belong to the Middle Coal Measures, and consist mainly of sandstones and shales with interbedded coals and clays, the extensive sandstones providing well-drained soils, which, from a health point of view are extremely beneficial. The remaining portion of the town is built on the alluvial valley of the River Don.

The river flows more or less northwards and is the conflux of the Rother and the Don which unite at Bow Bridge on the south side of the town. The configuration of the Borough represents a very irregular and indented area, its largest stretch being from east to north-west.

The County Borough is bounded on the east by the parishes of Dalton and Whiston; on the north by the parishes of Rawmarsh, Greasbrough and Wentworth; on the west by the parish of Ecclesfield, and further southwards by the Blackburn brook; and on the south by the parish of Whiston, the River Rother, and still more westward, the River Don.

The large open spaces of the Borough are Boston Park (24 acres) and Clifton Park (56 acres). Both these timbered public estates are in elevated positions.

In addition there are Masborough Recreation Ground (10 acres) and smaller recreation grounds in the Thorpe and Scholes districts, whilst open country impinges on three of the Borough's four cardinal points.

For registration purposes the Borough is divided into nine wards—East, St. Ann's, Clifton, South, West, North, Thornhill, Masborough and Kimberworth, with the acreage and estimated populations as under :—

Ward.				Acreage.	Estimated Population.	
East	...	...	...	742.016	...	11,010
St. Ann's	...	...	...	121.500	...	9,464
Clifton	...	...	...	519.228	...	5,803
South	...	...	...	430.500	...	6,111
West	...	...	...	563.000	...	4,817
North	...	...	...	300.000	...	8,535
Thornhill	...	...	...	197.300	...	8,068
Masborough	...	...	...	411.300	...	7,963
Kimberworth	...	...	...	2,878.961	...	8,569

The chief occupations of the inhabitants are those associated with coal mining, the manufacture of iron, steel and brass, railway wagons and component parts of rolling-stock, stove grates and boilers, also glass and earthenware.

No observations have been made with reference to the influence of any given occupation on health.

VITAL STATISTICS.

In the following Tables (I, II, III, IV and V) are given the detailed vital statistics of the County Borough.

Table I shows the ages and causes of death, Table II the vital statistics in relation to the individual months of the year, and Table III the same in their applicability to the various Wards.

Table IV gives the Birth Rate, Death Rate, and Analysis of Mortality for the year 1925 compared with England and Wales as a whole and various other areas, whilst Table V shows similar details for the five years included in the Survey.

Tables referring to Infectious Diseases and also to Infantile Mortality are included in the later sections dealing with the Prevalence of and Control over, Infectious Diseases and with Maternity and Child Welfare respectively.

TABLE I.
AGES AND CAUSES OF DEATH DURING THE YEAR 1925.

DISEASES.	AGES.															All
	0	1	5	10	15	20	25	35	45	55	65	75	85	Ages		
Measles	2	6	...	...	...	...	...	...	...	...	...	...	...	8
Scarlet Fever ... ..	...	1	4	...	...	...	...	...	...	...	...	...	...	5
Epidemic Influenza ... ..	...	...	...	...	...	...	1	...	3	5	4	1	...	14
Whooping Cough	6	7	1	...	...	...	...	...	...	...	...	...	...	14
Diphtheria ... ..	...	3	1	...	...	...	...	...	...	...	...	...	...	4
Diarrhœa, Dysentery	3	...	...	...	...	...	...	1	...	...	...	...	...	4
Epidemic Enteritis	4	3	...	...	...	...	...	...	...	...	...	...	...	7
Tetanus ... ..	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Cowpox	1	...	...	...	...	...	...	...	...	...	...	...	...	1
Syphilis	3	...	...	...	...	...	...	...	...	...	1	...	...	4
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	2	...	1	...	3
Puerperal Fever ... ..	...	...	...	...	...	...	2	1	...	...	...	...	...	3
Pyæmia ... ..	...	...	...	...	...	...	...	...	1	...	1	...	...	2
Infective Endocarditis ... ..	...	...	...	...	...	...	1	...	...	1	...	...	...	2
Other Allied Diseases ... ..	...	...	...	...	1	...	2	...	...	1	...	...	...	4
Rheumatic Fever ... ..	...	...	...	1	...	1	...	...	1	...	...	...	...	3
Rheumatism of Heart ... ..	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Tuberculosis of Brain ... ..	...	4	2	...	...	...	1	...	...	...	...	...	...	7
Phthisis ... ..	...	2	1	3	5	7	19	12	11	4	4	...	...	68
Abdominal Tuberculosis	3	...	1	...	...	...	...	...	...	2	...	...	...	6
General Tuberculosis ... ..	...	...	...	2	...	1	...	...	...	...	...	...	...	3
Other forms, Tuberculosis ... ..	...	...	...	...	...	1	...	...	1	1	...	...	...	3
Acute Alcoholism ... ..	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Chronic Industrial Poisonings ... ..	...	...	...	...	...	...	...	1	...	1	...	...	...	2
Osteo-arthritis ... ..	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Gout ... ..	...	...	...	...	...	...	...	...	...	...	2	...	...	2
Cancer ... ..	...	...	...	...	...	1	1	9	12	28	23	10	1	85
Diabetes Mellitus ... ..	...	...	...	...	...	...	...	3	...	3	...	...	...	6
Anæmia ... ..	...	...	...	...	...	...	...	1	1	1	3	...	...	6
Premature Birth	28	...	...	...	...	...	...	...	...	...	...	...	...	28
Debility at Birth	2	...	...	...	...	...	...	...	...	...	...	...	...	2
Congenital Defects	7	1	...	...	...	...	...	...	...	...	...	...	...	8
Want of Breast Milk	1	...	...	...	...	...	...	...	...	...	...	...	...	1
Atrophy, Debility, Marasmus	18	2	...	...	...	...	...	...	...	...	...	...	...	20
Rickets ... ..	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Old Age, Senile Decay ... ..	...	...	...	...	...	...	...	...	...	2	24	47	16	89
Convulsions	4	4	1	...	...	...	...	...	...	...	...	...	...	9
Meningitis	1	2	...	...	...	...	1	1	...	...	...	...	...	5
Encephalitis ... ..	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Softening of Brain ... ..	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Hemiplegia ... ..	...	...	...	...	...	...	...	...	1	1	...	1	...	3
General Paralysis of Insane ... ..	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Other forms of Insanity ... ..	...	...	...	...	...	...	...	...	...	1	1	...	...	2
Chorea ... ..	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Cerebral Tumour ... ..	...	...	...	1	...	...	1	...	...	...	...	...	...	2
Epilepsy ... ..	...	...	...	...	1	...	1	1	2	...	...	...	...	5
Locomotor Ataxy ... ..	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Paraplegia	1	...	...	...	...	...	...	...	...	...	...	...	...	1
Other forms, Brain Diseases ... ..	...	...	...	...	...	1	1	1	1	1	...	...	...	5
Otitis	2	1	...	...	...	...	...	1	...	3	...	...	...	7
Endocarditis	1	...	1	...	2	1	2	7	8	8	4	3	...	37		
Angina Pectoris ... ..	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Aneurism ... ..	...	...	...	...	...	...	...	...	...	1	2	...	...	3
Senile Gangrene ... ..	...	...	...	...	...	...	...	...	...	1	...	...	...	1

Table Showing Ages and Causes of Death for the Year 1925—Continued

DISEASES.	AGES.														All
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	Ages	
Embolism, Thrombosis ...	...	...	...	...	...	...	1	...	1	...	...	2	...	4
Phlebitis ...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Other Diseases, Heart and Vessels ...	...	...	1	...	1	1	1	1	11	14	31	26	3	90
Laryngitis ...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Other Diseases, Larynx and Trachea...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Acute Bronchitis ...	9	3	...	...	1	...	...	1	1	3	6	2	...	26
Chronic Bronchitis ...	...	...	...	...	...	...	...	2	2	6	13	8	4	35
Lobar Pneumonia ...	...	4	...	1	2	1	6	4	13	7	4	...	...	42
Lobular Pneumonia ...	19	18	3	1	1	...	1	...	2	3	3	1	1	53	
Pneumonia ...	1	1	...	...	1	1	1	1	1	1	2	1	...	11
Emphysema, Asthma ...	...	...	...	...	...	...	...	...	...	1	2	...	...	3
Pleurisy ...	...	...	...	...	...	1	...	...	...	1	...	...	...	2
Other Diseases, Respiratory System	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Diseases of Mouth and Annexa	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Ulcer of Stomach and Duodenum	...	...	...	...	...	...	1	...	2	...	...	...	...	3
Enteritis ...	2	...	...	...	...	...	...	...	...	1	...	...	...	3
Appendicitis ...	...	...	...	2	...	...	...	...	...	1	...	...	...	3
Obstruction of Intestine ...	2	...	...	...	...	...	1	...	1	1	2	...	...	7
Other Diseases of Intestine ...	1	...	...	...	...	...	...	...	...	...	...	...	...	1
Cirrhosis of Liver ...	...	...	...	...	...	...	...	...	...	3	1	1	...	5
Other Diseases of Liver ...	1	...	...	...	...	...	...	...	...	...	3	...	...	4
Other Diseases, Digestive System	1	...	...	...	...	...	...	...	...	...	...	...	...	1
Diseases Lymphatic System and Glands	...	1	...	...	1	...	...	2	1	...	...	...	...	5
Acute Nephritis ...	...	1	...	1	...	...	1	...	...	2	3	2	...	10
Bright's Disease ...	...	...	...	...	...	...	2	1	2	1	...	2	...	8
Calculus ...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Diseases of Bladder and Prostrate	...	...	...	...	...	...	...	...	...	...	3	...	...	3
Other Diseases, Urinary System	1	...	...	...	...	...	...	2	...	...	...	...	...	3
Diseases of Uterus and Appendages	...	...	...	...	...	...	...	...	1	1	...	...	...	2
Abortion, Miscarriage ...	...	...	...	...	...	...	1	1	...	...	...	...	...	2
Puerperal Convulsions ...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Other Diseases, Pregnancy and Childbirth ...	...	...	...	...	1	...	2	2	...	...	...	...	...	5
Arthritis, Ostitis, Periostitis ...	...	...	...	...	1	1	...	...	...	1	1	...	...	4
Other Diseases, Ossseous System	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Ulcer, Bedsore ...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Eczema ...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Pemphigus ...	2	...	...	...	...	...	...	...	...	...	...	...	...	2
Other Diseases Integumentary System	1	...	...	...	...	...	...	...	...	...	...	...	...	1
Accidents and Negligence															
In Mines and Quarries ...	...	...	...	...	1	2	...	2	2	1	...	...	...	8
In Vehicular Traffic ...	...	2	3	...	1	2	1	2	1	...	1	...	...	13
On Railways ...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Burns and Scalds ...	...	1	...	...	...	...	...	...	...	1	...	...	...	2
Poisons, Poisonous Vapours	...	...	...	...	...	1	...	1	...	...	...	...	...	2
Drowning ...	1	...	1	...	...	...	...	1	1	1	1	...	...	6
Suffocation, Overlaid in bed	1	...	...	...	...	...	...	...	...	...	...	...	...	1
Suffocation, otherwise	1	...	...	...	...	...	...	...	...	...	1	...	...	2
Falls not Specified ...	...	...	...	...	...	...	...	...	...	1	1	1	...	3
Otherwise, not stated	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Suicides—															
By Poison ...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
By Stab or Cut ...	...	...	...	...	...	...	...	1	...	...	1	...	...	2
Natural Causes ...	1	...	...	...	...	...	...	...	...	...	...	...	...	1
Grand Totals ...	131	70	22	12	21	24	52	68	84	124	152	111	25	896	

TABLE II.

VITAL STATISTICS IN RELATION TO MONTHS OF YEAR.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total 1925
Rainfall—No. of Wet days ...	18	21	13	20	24	2	9	16	17	19	18	17	194
Inches of Rain ...	2.14	3.42	.65	2.45	3.28	.11	1.21	2.31	2.23	2.65	2.05	2.54	25.04
Maximum daily fall—day ...	29th	9th	20th	29th	23rd	26th	27th	8th	19th	19th	7th	22nd	...
Maximum daily fall—inches ...	.49	.70	.38	.85(snow)	.79	.10	.40	.62	.78	.80	.75	.51(snow)	...
Births—Legitimate ...	137	112	132	132	132	143	117	135	112	125	102	118	1497
Illegitimate ...	7	4	10	7	7	6	7	7	5	3	3	4	70
Total ...	144	116	142	139	139	149	124	142	117	128	105	122	1567
Birth Rate ...	24.57	19.79	24.23	23.71	23.71	25.42	21.15	24.23	19.96	21.84	17.92	20.82	22.27
Deaths—Gross ...	104	98	96	104	80	79	68	72	80	81	69	106	1037
Outward Transfers ...	20	14	14	19	17	11	18	14	14	15	10	19	185
Inward Transfers ...	4	6	6	3	5	4	1	5	3	3	—	4	44
Nett ...	88	90	88	88	68	72	51	63	69	69	59	91	896
Death Rate ...	15.02	15.36	15.02	15.02	11.60	12.28	8.70	10.75	11.77	11.77	10.07	15.52	12.74
Nett Deaths under 1 year of age ...	14	6	13	12	8	12	4	13	15	9	9	16	131
Infantile Mortality Rate per 1000 b'ths	97	52	91	86	57	80	32	91	128	70	86	131	83
Small Pox ...	2	16	6	7	12	5	4	4	4	3	1	4	68
Diphtheria ...	6	4	6	3	6	3	6	1	4	1	5	4	49
Scarlet Fever ...	37	26	24	23	14	17	13	20	28	52	22	20	296
Typhoid and Paratyphoid Fevers ...	...	...	1	...	...	1	...	...	...	1	...	1	4
Puerperal Fever ...	...	...	...	...	2	...	1	1	...	...	...	...	4
Erysipelas ...	6	6	3	2	5	3	4	11	7	3	7	7	64
Pneumonia ...	55	44	37	32	42	14	28	13	24	23	55	77	444
Chicken Pox ...	42	32	12	18	8	16	15	18	21	63	59	29	333
Encephalitis Lethargica ...	...	...	...	1	...	...	...	...	...	1	1	1	4
Acute Polio-Encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	1	1
Malaria ...	...	...	...	...	...	1	...	...	...	...	1	...	2
Acute Polio-Myelitis ...	...	...	...	...	...	...	...	1	...	...	...	...	1
Measles and German Measles ...	184	297	441	107	38	16	10	12	7	17	30	9	1168
Ophthalmia Neonatorum ...	...	6	...	2	2	1	2	2	2	...	2	1	20
Pulmonary Tuberculosis—Males	15	11	11	10	4	8	15	10	6	5	12	10	117
Females	15	7	11	5	9	11	9	6	10	3	7	5	98
Other forms of Tuberculosis—Males	4	2	3	...	2	2	2	...	...	6	2	2	25
Females	...	4	1	1	3	4	...	1	1	2	...	1	18
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	2	1	3	2	...	...	...	...	...	...	...	...	8
Scarlet Fever ...	1	...	1	...	...	...	...	...	...	3	...	...	5
Whooping Cough ...	2	1	1	1	1	4	1	...	1	1	...	1	14
Diphtheria ...	...	...	1	...	2	...	1	...	...	...	...	...	4
Typhoid Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	1	...	...	...	...	...	...	1	...	...	...	1	3
Influenza ...	...	4	2	2	1	1	...	...	...	1	1	2	14
Diarrhoea & Enteritis (under 2 yrs)	1	...	...	...	1	...	1	2	5	...	...	1	11
Tuberculosis—Respiratory ...	4	5	7	15	2	4	4	1	7	7	6	6	68
Other Forms ...	2	3	2	2	1	1	1	1	2	1	2	1	19
Bronchitis ...	9	1	7	5	8	4	2	1	6	5	3	10	61
Pneumonia ...	12	14	16	17	10	7	3	5	6	4	4	8	106
Malignant Disease ...	8	12	5	6	11	5	2	8	10	5	6	7	85
Diseases of Circulatory System ...	15	16	10	11	8	10	15	11	6	12	9	14	137
Nephritis and Bright's Disease ...	2	2	3	3	1	3	...	2	...	...	...	2	18

TABLE III.

VITAL STATISTICS IN RELATION TO WARDS.

	East Ward	St. Anns Ward	Clifton Ward	South Ward	West Ward	North Ward	Thorn- hill Ward	Mas- bro' Ward	Kimber- worth Ward	Total Boro'
Estimated Population	11010	9464	5803	6111	4817	8535	8068	7963	8569	70340
Number of Houses	2284	1965	1204	1268	999	1772	1677	1653	1779	14601
Acreage	742.016	121.500	519.228	430.500	563.000	300.000	197.300	411.300	2878.961	5893.805
Density of Houses per acre	3.08	15.12	2.31	2.94	1.77	5.91	8.50	4.02	.61	2.48
Density of Population per acre	16.17	77.07	9.81	14.19	8.55	28.45	40.89	19.36	2.97	11.93
Births— Legitimate	196	177	88	79	120	282	195	189	171	1497
Illegitimate	2	5	1	3	28	11	10	5	5	70
Total	198	182	89	82	148	293	205	194	176	1567
Birth Rate	18.00	19.23	15.34	13.42	30.73	34.34	25.42	24.36	20.53	22.27
Deaths— Gross	88	116	121	86	188	102	129	129	78	1037
Outward Transfers	1	...	58	2	118	...	...	...	6	185
Inward Transfers	3	9	4	2	7	7	2	6	4	44
Nett	90	125	67	86	77	109	131	135	76	896
Death Rate	8.18	13.20	11.54	14.07	15.99	12.78	16.24	16.95	8.87	12.74
Nett Deaths under 1 year of age	13	13	6	9	6	26	25	27	6	131
Infantile Mortality Rate per 1000 Births	65	71	67	110	41	89	122	139	34	83
CASES OF INFECTIOUS DISEASE REPORTED										
Small Pox	2	14	...	...	1	3	8	25	15	68
Diphtheria	2	2	4	2	4	19	2	3	11	49
Scarlet Fever	24	46	25	16	9	44	52	49	31	296
Typhoid and Paratyphoid Fevers ... ..	...	...	...	...	...	2	...	1	1	4
Puerperal Fever ... ..	...	1	1	...	1	...	...	...	1	4
Erysipelas	5	10	7	7	6	13	7	5	4	64
Pneumonia	37	75	19	40	39	48	76	72	38	444
Chicken Pox	31	36	42	49	20	57	34	50	14	333
Encephalitis Lethargica ... ..	...	1	...	...	1	2	...	...	...	4
Acute Polio-Encephalitis ... ..	...	...	...	...	1	...	...	...	...	1
Malaria ... ..	...	1	...	...	...	1	...	...	...	2
Acute Polio-Myelitis ... ..	...	...	...	...	...	1	...	...	...	1
Measles and German Measles	229	219	77	81	48	143	140	134	97	1168
Ophthalmia Neonatorum	1	3	...	1	3	5	2	4	1	20
Pulmonary Tuberculosis, Males	15	13	8	6	8	13	20	24	10	117
Pulmonary Tuberculosis, Females	10	11	3	2	8	16	18	21	9	98
Other forms of Tuberculosis, males ... ..	...	2	1	4	2	3	6	3	4	25
Other forms of Tuberculosis Females	5	1	1	1	...	2	2	5	1	18
DEATHS										
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...
Measles	2	1	...	1	1	2	...	1	...	8
Scarlet Fever ... ..	...	2	...	...	...	1	2	...	...	5
Whooping Cough	2	3	...	1	...	...	3	4	1	14
Diphtheria	1	...	...	...	1	1	...	1	...	4
Typhoid Fever ... ..	...	...	...	...	...	...	...	...	...	...
Erysipelas ... ..	...	...	...	...	1	1	1	...	...	3
Influenza	2	4	1	2	2	1	2	...	...	14
Diarrhoea and Enteritis (under 2 yrs)	3	4	...	...	1	...	1	1	1	11
Tuberculosis, Respiratory	6	15	3	2	8	8	13	11	2	68
Tuberculosis, Other forms	4	2	...	4	3	...	4	...	2	19
Bronchitis	9	7	4	7	5	8	5	13	3	61
Pneumonia	7	19	7	11	12	12	14	16	8	106
Malignant Disease	8	13	9	11	6	11	11	8	8	85
Diseases of Circulatory System	16	25	12	15	11	20	14	9	15	137
Nephritis and Bright's Disease	3	3	2	1	1	1	1	4	2	18

TABLE IV.

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1925.

Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.

	BIRTH-RATE PER 1,000 TOTAL POPULATION.	ANNUAL DEATH-RATE PER 1,000 POPULATION.								RATE PER 1,000 BIRTHS.		PERCENTAGE OF TOTAL DEATHS.				
		All Causes.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under Two years).	Total Deaths under One year.	Causes of Death certified by Medical Practitioners.	Inquest Cases.	Uncertified Causes of Death.	
England and Wales...	...	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75	92.1	6.9	1.0
105 County Boroughs and Great Towns, including London.	...	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79	92.1	7.3	0.6
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000).	...	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74	93.0	5.9	1.1
London	...	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67	91.1	8.9	0.0
Rotherham	...	22.3	11.7	0.00	0.00	0.11	0.07	0.19	0.04	0.19	0.60	7.0	83	91.5	7.1	1.4

TABLE V.

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEARS 1921-1925.

YEAR.	RATE PER 1,000 POPULATION.										RATE PER 1,000 BIRTHS.				
	Birth Rate.	Death Rate.	Smallpox.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Measles.	Whooping Cough.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Diarrhoea and Enteritis (under two years).	Total Deaths under One year.	Deaths under one week.	Deaths under one month.	Maternal Deaths.
1921	28.54	13.13	...	0.01	0.01	0.01	0.01	0.27	0.92	0.36	9.8	86	20	30	5.1
1922	25.45	12.06	...	0.01	0.07	0.04	0.59	0.12	0.56	0.20	7.3	86	26	38	3.4
1923	23.85	11.30	...	...	...	0.03	...	0.25	0.68	0.18	3.6	100	27	52	0.6
1924	23.88	12.75	...	0.03	0.06	0.08	0.18	0.03	0.91	0.26	18.4	96	20	41	1.8
1925	22.27	12.74	...	...	0.04	0.07	0.11	0.19	0.96	0.27	7.0	83	23	36	6.4
Average	24.80	12.37	...	0.01	0.04	0.05	0.18	0.17	0.81	0.25	9.2	90	23	39	3.5

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS.

The County Borough of Rotherham is especially well equipped in Hospitals provided by the Local Authority for (1) Tuberculosis, (2) Maternity, (3) Infectious Diseases, and (4) Smallpox.

All, with the exception of the Tuberculosis Hospital, which is just outside the Borough boundary, are within the area, and each is of easy access.

The following summary gives details of each ;—

Name of Hospital.	Situation.	Purpose.	Accommodation.
Oakwood Hall	Moorgate Street	Tuberculosis	70 beds for C. B. of Rotherham.
Ferham House	Kimberworth Road	Maternity	30 beds for W. R. C. C.
Isolation Hospital	Badsley Moor Lane	Infectious Diseases	12 beds.
Kimberworth Hospital	Kimberworth	Smallpox	64 beds.
			17 beds.

No institutional provision is made specifically for unmarried mothers, illegitimate infants, and homeless children, in the area.

AMBULANCE FACILITIES.

During the year 1925 a new motor ambulance was acquired for the removal of patients to the Isolation Hospital, superceding the old horse drawn vehicle. For Smallpox, a horse ambulance was in use during the whole of the year, but was replaced in February, 1926, by a special Smallpox Motor Ambulance.

Clothing and bedding continue to be removed in the case of infectious disease by a horse drawn van. Accident and non-infectious cases are dealt with by the Police in a highly satisfactory manner.

CLINICS AND TREATMENT CENTRES.

These, which are all provided by the Local Authority, may be conveniently classified in tabular form.

Name of Centre.	Situation.	Purpose.	Accommodation. Visits in 1925.
Ferham House	Kimberworth Road	Maternity and Child Welfare	3231
St. George's Hall	Effingham Street	Do.	2528
Tuberculosis Dispensary	Frederick Street	Tuberculosis	3084
Venereal Diseases Dispensary	Frederick Street	Venereal Diseases	7946

There are no day nurseries in Rotherham, and the two School Clinics at Ferham House and St. George's Hall are under the control of the Local Education Authority.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

These are as under :—

*WILLIAM BARR, M.D., D.Sc., D.P.H.	Medical Officer of Health.
*H. L. BARKER, M.D., D.P.H.	Deputy Medical Officer of Health, Venereal Diseases Medical Officer and Maternity and Child Welfare Medical Officer.
*J. MUNRO CAMPBELL, M.B., D.P.H.	Assistant Medical Officer of Health, Tuberculosis Officer and Sanatorium Medical Officer.
*MR. J. E. FULLER (1), (2), (3), (4), (5)	Senior Sanitary Inspector.
*MR. W. PEARCE (1), (2), (4), (5)	Assistant Senior Sanitary Inspector.
*MR. G. TRINDER (1)	District Sanitary Inspector.
*MR. T. W. PEARCE (1), (4), (5)	District Sanitary Inspector.
MR. G. E. WESTBY (1), (4)	Chief Clerk.
*MISS J. BARRACLOUGH (1), (6)	Senior Health Visitor.
*MISS E. G. CRESSWELL (6), (7), (8)	Health Visitor.
*MISS M. M. RIGBY (1), (6)	Health Visitor and Inspector of Midwives.
*MISS M. F. SENIOR (6), (7), (9)	Health Visitor and Nurse Venereal Clinic.
*MISS P. E. JACKSON (6), (7)	Health Visitor and Mental Deficiency Officer.
*MISS E. HILL (7), (9)	Nurse, Tuberculosis Dispensary.
MISS K. ROBERTSON (8)	Matron, Isolation Hospital.

MISS V. HORBURY (8)	Sister, Smallpox Hospital.
*MISS A. SMEETON (7)	Matron, Oakwood Hall Sanatorium.
*MISS O. VINCENT (7)	Assistant Matron, Oakwood Hall Sanatorium.
*MISS A. BUFFHAM (6), (7)	Matron, Ferham House Maternity Home.
*MISS J. BROADHEAD (6), (7)	Sister, Ferham House Maternity Home.
MR. R. LEEMAN.	Disinfector.
MR. F. JESSOP.	Venereal Diseases Orderly.
G. GREEN, M.R.C.V.S.	Veterinary Inspector. Part time.
J. EVANS, F.I.C., F.C.S.	Analyst. By fees.
Detective Inspector F. SHORE.	Inspector of Common Lodging Houses.
MISS N. BROOKES.	Visitor of Blind Persons.
Public Health Department.	Three Clerks.
Ferham House Maternity Centre.	One Clerk.

*Salary contribution by Exchequer grants.

Qualifications.

- (1) Certificate, Royal Sanitary Institute (Sanitary Inspector).
- (2) Do. do. (Meat and other Foods).
- (3) Certificate, San. Insp. Assoc. Exam. Bd. (Sanitary Inspector).
- (4) Certificate, Board of Education, Building Construction.
- (5) Certificate, City and Guilds Institute, Plumbing.
- (6) Certificate, Central Midwives Board.
- (7) General Trained Nurse.
- (8) Fever Trained Nurse.
- (9) Certificate, Gynaecological Training.

PROFESSIONAL NURSING IN THE HOME.

In this Area there is no scheme provided by the Local Authority for Professional Nursing in the Home of either (a) general cases or (b) infectious cases.

Valuable work is carried out, however, by the Rotherham District Nursing Association which is affiliated with the Queen Victoria's Jubilee Institute for Nurses. In addition to the Superintendent Nurse, four other Nurses are employed, their work being entirely devoted to the County Borough. Each year during the period covered by this Report the Local Authority has made a grant of £50 to the Association.

In the case of certain of the infectious diseases, such as, Measles, Chicken Pox, Pneumonia, etc., advice of a general or special nature is given by the Health Visitors during the course of their enquiries.

MIDWIVES.

The number of midwives practising in the area is eighteen. No subsidy is granted in any case by the Local Authority.

Two Midwives, who hold the approval of the Central Midwives Board for undertaking the district training of pupils who have had their intern training at the Rotherham Municipal Maternity Home or the Rotherham Poor Law Institution, are employed for that purpose by the Corporation at a payment of 7/6 per case.

CHEMICAL WORK.

During the period under review, chemical investigations on behalf of the Local Authority were undertaken by the Public Analyst. These included the examinations of foodstuffs in connection with cases of suspected food poisoning and of both formal and informal samples taken under the Sale of Food and Drugs Acts, the Public Health (Milk and Cream) Regulations, 1912 and 1917, and the Public Health (Condensed Milk) Regulations, 1923. For the purposes of sampling, the Senior Sanitary Inspector and the Assistant Senior Sanitary Inspector are authorised Inspectors under the Acts.

The further details of the work of the Local Authority under the Sale of Food and Drugs Acts, etc., are considered in a later Section (Sect. V.) of this Report on "The Inspection and Supervision of Food."

There, the details are given for the years under consideration, of samples taken, summonses issued, convictions obtained, and the amounts of penalties received.

The Public Analyst also undertakes the examination of samples of water whenever necessary.

LEGISLATION IN FORCE.

The Local Acts, general adoptive Acts, special local regulations, and byelaws relating to the public health, in force in the area, together with the dates at which the provisions became operative, are as follow :—

LOCAL ACTS.

The First Public Health Supplemental Act, 1852.
 Rotherham and Kimberworth Local Board of Health Act, 1863.
 Rotherham and Kimberworth Local Board of Health Act, 1870.
 Rotherham Borough Extension and Sewerage Act, 1879.
 Rotherham Corporation Act, 1904.
 Rotherham Corporation Act, 1911.
 Rotherham Corporation Act, 1915.
 Rotherham Corporation Act, 1921.
 Rotherham Corporation Act, 1924.

GENERAL ADOPTIVE ACTS.

The Public Libraries Act.
 The Infectious Diseases (Prevention) Act, 1890.
 The Public Health Acts (Amendment) Act, 1890, Parts 1, 2, 3 and 5.
 The Notification of Births Act, 1907.

GENERAL ADOPTIVE ACTS.—*Continued.*

Sections of the Public Health Acts (Amendment) Act, 1907 in force as follow :—

- Part 2. (Streets and Buildings) Sections, 16, 19, 22, 23, 24, 32 and 33.
- Part 3. (Sanitary Provisions) Sections 34, 36, 43, 48, 49, 50 and 51.
- Part 4. (Infectious Diseases) Sections 52, 55, 56, 63 and 64.
- Part 5. (Common Lodging Houses) Sections 69, 70, 71, 72, 73, 74 and 75.
- Part 7. (Police) Section 78, (Regulations as to Street Traffic) Sections 79, 80, 85 and 86.
- Part 8. (Fire Brigade) Sections 87, 88, 89 and 90.
- Part 10. (Miscellaneous) Section 93.

SPECIAL LOCAL REGULATIONS.

Dairies Cowsheds, and Milkshops, 1899.
Measles and German Measles. 1920,

BYELAWS.

Nuisances, the Keeping of Animals and the Cleansing of Footways and Pavements, 1893
Slaughterhouses, 1893.
Common Lodging Houses, 1893.
Locomotives on Highways, 1901.
Houses Let in Lodgings, 1920.
Offensive Trades, 1922.
Pleasure Fairs, 1922.
Tents, Vans, Sheds and similar structures used for human habitation, 1923.
Maternity Homes, 1925.
New Streets and Buildings and the Paving of Yards, 1925.

In connection with Local Legislation the following two points should receive attention :—

(a) PAVING OF YARDS.—The only powers possessed in Rotherham are under the nuisances section of the Public Health Act 1875 and the Corporation Byelaws which require a maximum of 150 square feet of paving. The adoption of Section 25 of the Public Health Act (Amendment) Act 1907 and also Section 20 of the Public Health Act 1925 would very materially help the Department in dealing with this work.

(b) NOTICE OF INTENTION TO RECONSTRUCT OR ALTER DRAINS.—The adoption of Section 39 of the Public Health Act 1925 would assist in this matter.

SECTION III.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

The great bulk of the water supplied to the Borough during the year has been obtained from the reservoirs at Langsett and Derwent. The quantities received from these sources are as follow :—

Derwent	...	...	...	...	700,000 gallons per day.
Langsett	...	...	...	...	1,600,000 Do.

The quality of the water continues to be excellent. Throughout the year no complaint has been received as to the condition of the water supplied, except in a few localities during the progress of main-scraping.

On twenty-one days during the year a small quantity of Ulley water was put into circulation with the Sheffield and Derwent water.

After the prolonged series of satisfactory tests of this water, carried out since the summer of 1922, there remains no doubt that the chlorination treatment has been consistently successful.

Tests of water from all sources fail consistently to show any plumbo-solvent tendencies. The Langsett water, which forms the bulk of the whole supply, is subjected at Langsett to an efficient chalk treatment which entirely eliminates any such tendency which might occasionally be found in the raw moorland water.

Tests of the water from domestic taps confirm the satisfactory quality of the water in this respect.

The Derwent and Langsett water is very soft, the total hardness rarely exceeding 3 degrees. The chalk treatment of the Langsett water has only a very slight effect on the hardness.

Although the Ulley water is considerably harder, it is only used so rarely and in such small proportions that no appreciable increase in hardness is detected by the consumer.

A slight yellow or brown colour is noticeable in the Derwent and Langsett water when observed in large volumes. This, however, does not detract from the excellence of the quality of the water for purposes of consumption, and is a general characteristic of all waters obtained from moorland gathering grounds.

The new 2 million gallon service reservoir commenced 29th June, 1925, will increase the total capacity of service reservoirs from 2,459,000 gallons to 4,459,000 gallons, and will provide satisfactory accommodation for the future increase in the Derwent supply.

The work will be completed during the summer of 1926.

The whole of the water supply in the Borough is "constant," and, with the exception of six standpipes, water is supplied directly to the dwelling houses.

The six standpipes supply 24 houses.

Seven houses are supplied with water from three private wells.

RIVERS AND STREAMS.

So far as Rotherham is concerned, the supervision of rivers and streams rests with the West Riding Rivers Board.

The River Don, which flows through the Borough, is liable to pollution from outside sources.

In the past considerable pollution has occurred from the Sheffield Sewage Works effluent, but as these works are being remodelled it is expected that an improvement in this respect will take place in the near future.

The Don is further polluted by the River Rother, which is itself polluted before it reaches the Borough. This pollution is most apparent during the summer.

In addition to these sources of pollution there are several stormwater overflows which discharge into the Don, but as this takes place during the time of storm when the river is in flood the pollution is not of a serious nature.

The Corporation sewage works effluent is discharged into the River Don outside the Borough.

No serious complaint has been received from the West Riding Rivers Board concerning the effluent.

DRAINAGE AND SEWERAGE.

The greater part of the Borough is sewered by a high level and by a low level main sewer by means of which the sewage is conveyed to the Aldwarke Sewage Works on the banks of the River Don, where it is treated by the Bio-aeration process. Thorpe Hesley village, at the extreme north west of the Borough, has a sewerage system and sprinkler filter of its own, and the sewage from Blackburn village flows to the sewage disposal works of the City of Sheffield.

The sewage from about 219 houses in rural and unsewered portions of the Borough does not flow to outfall disposal works. Thirty-four cesspools serve 87 of the houses, and sewage from the remaining 132 flows on to the land or into woods.

TABLE VI.

THE CONVERSION OF PRIVIES, PROVISION OF ASHBINS, &c., 1892—1924.

Year.	Number of Conver- sions.	Enact- ment.	Dry Ashpits Abolished	Ashbins Provided.	Number of cases of Typhoid Notified.	Typhoid Death Rate per 1,000.	Diarrhoea Death Rate.
1892	27	P.H.A. 1875 Section 36	...	...	43	.25	.5
1893	4	"	...	...	65	.13	1.65
1894	12	"	...	...	53	.27	.14
1895	39	"	...	...	79	.23	1.18
1896	33	"	...	...	82	.22	.56
1897	45	"	...	...	91	.36	.75
1898	54	"	...	...	60	.22	1.26
1899	77	"	...	...	101	.33	1.00
1900	94	"	...	...	72	.13	.83
1901	111	"	...	...	77	.14	2.12
1902	227	"	...	...	58	.15	.58
1903	271	"	...	...	67	.17	1.58
1904	314	"	...	...	42	.20	1.49
1905	205	"	...	...	56	.03	.41
1906	289	"	...	41	66	.13	.83
1907	259	"	...	140	47	.09	1.02
1908	268	"	...	264	99	.25	1.18
Jan. to May, 1909	322	"	...	739	43	.15	.49
June to Dec. 1909	56	R.C.A. 1904 Section 98	...	...	...	...	...
1910	445	"	...	245	31	.13	.21
1911	734	"	...	357	48	.21	1.74
1912	175	"	...	764	38	.15	.17
1913	63	"	...	527	23	.05	.76
1914	21	"	29	233	33	.04	.52
1915	7	"	32	268	31	.10	.82
1916	...	...	1	68	18	.06	.39
1917	...	...	1	17	10	.04	.10
1918	...	...	1	14	5	.03	.88
1919	8	R.C.A. 1904	3	96	3	.01	.08
1920	32	"	62	1288	5	.02	.26
1921	20	1904—1921	83	1176	9	.01	.25
1922	13	"	47	729	1	.01	.19
1923	11	"	13	365	3	...	.14
1924	...	"	46	624	2	.03	.50
1925	9	"	37	520	4	...	.15
Totals	4245		355	8478	1465	...	...

CLOSET ACCOMMODATION.

In the following statement, details are given of the closet accommodation in the Borough :—

Privies :

Within the drainage area	...	...	...	...	...	...	48
Used chiefly for dry ashes	...	...	...	...	...	...	17
Outside the Drainage Area	...	...	...	...	...	...	173
							—238

Pail Closets 31

(Many of these are of a temporary character and are used in connection with vans and sheds used for human habitation).

Waterclosets.

Waste waterclosets	...	...	...	...	...	...	...	21
Trough closets (with automatic flushing cisterns)	...	...	...	...	...	...	...	516

(In addition to these many of the schools and factories are provided with trough closets).

The remainder of the closet accommodation consists of ordinary water closets with 2 gallon flushing cisterns and is approximately 12,970.

The majority of the privies are situated outside the drainage area in the rural parts of the Borough. Very few of those within the drainage area are in populous centres, and the conversion of several is under consideration.

Table VI gives a statement of the rate of conversions.

SCAVENGING.

The cleansing of privies and cesspools and the removal and disposal of house refuse are undertaken by the department of the Borough Engineer.

Privies in the Urban parts of the Borough are emptied about every three or four weeks. Those in the rural parts are emptied about every eight weeks.

Pail closets, fixed ashpits, and movable bins, are emptied weekly, and cesspools about every ten days.

About 52 per cent. of the dry refuse is burned at the Destructor and 48 per cent. is "tipped." Of privy refuse, 76 per cent. is taken by farmers, and the remaining 24 per cent. is burned at the Destructor.

There are three tips in the Borough, all used for the reclamation of land, one in an area which has sunk owing to colliery workings, another in an area which is swampy, and the other tip, a very small one, is for the purpose of filling in a depression.

The total amount of refuse collected during 1925 amounted to 25,997 tons, and represents 20.3 cwts. per 1,000 population per day. The weight per house per year was 36.17 cwts.

There are now about 700 fixed dry ashpits in the Borough, the number abolished during recent years being given in Table VI. During 1925 the 37 abolished served 114 houses.

Much of the time of the Sanitary Inspectors which could be devoted to more technical details is taken up with the supervision of accommodation of house refuse. Towards this end, considerable help is derived from the Department of the Borough Engineer, who reports periodically on defective bins found in the process of collection.

In some towns the system obtains whereby the Corporation maintains bins for an annual charge of somewhere under 2/- per house. Under this scheme, whenever a bin is found defective it is immediately replaced by a new one with the consequent saving of much departmental work, both supervisory and clerical. Moreover, there can be no interval between deficiency and replacement with its potential menace to health. The adoption of such a scheme in Rotherham is a matter worth consideration.

SANITARY INSPECTION OF THE AREA.

The following Table (VII) is a summary of the work done by the Sanitary Inspectors during the year, together with a statement of the sanitary work performed by the female Health Visitors. In Table VIII a summary of defects remedied is given.

TABLE VII.

SUMMARY OF THE WORK DONE BY SANITARY INSPECTORS AND FEMALE HEALTH VISITORS
DURING THE YEAR 1925.

	MALE STAFF.	
Complaints investigated	610	
Miscellaneous Inspections	7748	
Re-inspection of Nuisances	1777	
Inspections of work in progress	270	
Visits for sanitary alterations	81	
Interviews with owners, agents or builders	437	
Inspection of Vans	36	
" " Pleasure fairs	3	
" " Water supplies	21	
" " Workshops, Factories and Bakehouses	195	
" " Offensive trades	253	
" " Cowsheds and Dairies	101	
" " Common Lodging Houses (including visits by Police Inspector)	485	
" " Canal Boats	16	
Visits to Slaughterhouses	1469	
" " Premises where made-up goods are prepared	115	
" " Canal Wharfe	55	
" " Under Diseases of Animals Acts	163	
Smoke observations	19	
Cases of Infectious Diseases investigated	422	
Visits to Smallpox Contacts	5104	
Old Drains examined	108	
Drains tested	96	
Number of Verbal Intimations	125	
" " Preliminary Notices and Letters	1111	
" " Statutory Notices	35	
Matters referred to other Departments	90	
Samples obtained under the Sale of Food and Drugs Acts	192	
		FEMALE STAFF.
Cases of Infectious Diseases investigated	1786	
Visits to Houses let in Lodgings	276	
" " Workshops	106	
" " Public Lavatories	276	
Matters referred to other Departments	10	

TABLE VIII.

SUMMARY OF DEFECTS REMEDIED.

Drains cleansed, relaid, repaired, trapped, etc.	...	...	...	...	...	...	...	...	...	547
New drains provided	...	...	...	...	...	...	...	...	...	6
Water Closets rebuilt	...	...	...	...	...	...	...	...	...	2
" " repaired	...	...	...	...	...	...	...	...	...	103
" " provided (additional)	...	...	...	...	...	...	...	...	...	8
" " provided in place of privies	...	...	...	...	...	...	...	...	...	9
" " cleansed	...	...	...	...	...	...	...	...	...	91
Soilpipe repaired...	...	...	...	...	...	...	...	...	...	1
Urinal provided	...	...	...	...	...	...	...	...	...	1
" cleansed	...	...	...	...	...	...	...	...	...	1
" repaired	...	...	...	...	...	...	...	...	...	1
Privies abolished	...	...	...	...	...	...	...	...	...	9
Wet ashpits abolished	...	...	...	...	...	...	...	...	...	5
Dry ashpits abolished	...	...	...	...	...	...	...	...	...	37
Movable ashbins provided in place of wet ashpits	...	...	...	...	...	...	...	...	...	9
" " provided in place of dry ashpits	...	...	...	...	...	...	...	...	...	114
" " renewed	...	...	...	...	...	...	...	...	...	397
Sinks renewed or repaired	...	...	...	...	...	...	...	...	...	20
Sink waste pipes renewed, repaired, cleansed or disconnected	...	...	...	...	...	...	...	...	...	32
Roofs repaired	...	...	...	...	...	...	...	...	...	75
Eaves, gutters and fallpipes repaired	...	...	...	...	...	...	...	...	...	65
Yards paved	...	...	...	...	...	...	...	...	...	25
Damp walls remedied	...	...	...	...	...	...	...	...	...	12
Nuisances from the keeping of animals abated	...	...	...	...	...	...	...	...	...	5
Offensive accumulations removed	...	...	...	...	...	...	...	...	...	14
Dirty Houses cleansed	...	...	...	...	...	...	...	...	...	3
Stagnant water removed from cellars	...	...	...	...	...	...	...	...	...	6
Fish Friers premises and pans cleansed	...	...	...	...	...	...	...	...	...	9
Smoke Nuisances abated	...	...	...	...	...	...	...	...	...	2
Other Nuisances abated	...	...	...	...	...	...	...	...	...	3
Chimney stacks repaired	...	...	...	...	...	...	...	...	...	19
Defective plaster and ceilings repaired	...	...	...	...	...	...	...	...	...	27
Setpots renewed	...	...	...	...	...	...	...	...	...	7
Ranges and Fireplaces repaired	...	...	...	...	...	...	...	...	...	22
Window defects remedied	...	...	...	...	...	...	...	...	...	22
Floors repaired	...	...	...	...	...	...	...	...	...	21
Staircase repaired	...	...	...	...	...	...	...	...	...	1
Street Nuisances abated	...	...	...	...	...	...	...	...	...	30

One summons was issued for an unabated nuisance, but the necessary work was carried out before the case was heard, and the costs being paid, the summons was withdrawn.

SMOKE ABATEMENT.

The year 1925 has been characterised by a growing sense of the importance of Smoke Abatement on the part of the Local Authority and by a keen desire for the furtherance of progress in this direction. The Corporation is now affiliated to the Smoke Abatement League of Great Britain, with the Chairman of the Public Health Committee (Alderman W. Wormald, O.B.E., J.P.) as a member of the Executive Committee. During the year a sub-committee of the Public Health Committee was formed to consider and report with regard to the action to be taken in connection with the abatement of smoke in the Borough. It was then decided to appoint an expert, who would report, after a detailed inspection of typical works in Rotherham, on the best practical solution of smoke prevention. In this way the initial steps towards the realisation of a large public health measure have been taken.

During eight weeks in the months of August and September, concurrent measurements of ultra violet rays were made at seven stations by means of the acetone methylene blue gauge with a view to estimating the relative densities of the smoke screen at various points of the Borough. The following tables summarise the findings, Table IX giving the daily average per week and Table X averages according to wind direction.

TABLE IX.
ULTRA VIOLET RADIATION—DAILY AVERAGES.

Week Ending	Town Hall.	Isolation Hospital.	Ferham House	Kimberworth Hospital.	Oakwood Sanatorium.	Union Infirmary.	Central Highways Depot.	Average For the Borough.
	Daily Average	Daily Average	Daily Average	Daily Average	Daily Average	Daily Average	Daily Average	Daily Average
15th August, 1925	2.8	3.1	2	3.1	2.6	...	...	2.7
22nd " "	1.7	2.1	2.2	2.3	2.6	...	1.3	2.0
29th " "	1.6	1.9	2.1	2.2	2.2	2.1	1.6	2.0
5th September 1925	2.3	2.1	2.7	2.2	2.4	2.3	2.4	2.3
12th " "	2	1.9	2	2.4	2.3	2.2	2.1	2.1
19th " "	2.1	2.2	2.1	2.2	2.4	2.3	2.1	2.2
26th " "	2.1	2.3	2.1	2.7	2.3	2.5	2.2	2.3
30th " "	1.6	1.6	1.6	2	1.8	1.4	1.4	1.6
(Proportion 4 days)								
Average (53 days)	2.1	2.2	2.1	2.4	2.3	2.1	2.0	2.2

TABLE X.

ULTRA VIOLET RADIATION—INFLUENCE OF WIND DIRECTION.

Stations.	North.	North-North East.	North-East.	East.	South-East.	South-South-East.	South.	South-South-West.	South-West.	West-South-West.	West.	West-North-West.	North-West.	North-North-West.	Calm.	Average
No. of Days.	3	6	2	3	1	1	4	4	7	1	4	1	12	2	2	53
Town Hall ...	1.7	2.0	2.7	1.3	1	2	2	3.1	1.7	2	2.1	2.5	2.2	2	2	2.1
Isolation Hospital ...	1.8	1.5	2	1.8	2	3	2.2	3.2	1.7	2.5	2.5	2.5	2.5	1.7	1.8	2.2
Ferham House ...	1.7	2.0	3	1.8	1.5	2	2.2	2.1	1.7	3	2.2	2.5	2.4	2	1.8	2.1
Kimberworth Hospital ...	2	2.5	3.2	2.2	2	2	2.1	3.7	2.1	3.5	2.4	2.5	2.6	2	1.7	2.4
Oakwood Sanatorium ...	2	2.3	2.8	2.5	2.5	1.5	2.2	2.7	2	3	2.6	2.5	2.4	2	2.5	2.3
Union Infirmary ...	2	1.8	2.5	*	*	*	2	2	1.7	2.5	2.3	2.5	2.3	2.5	1.5	2.1
Central Highways Depot ...	1.7	1.9	2.5	1	2	1	1.3	2.5	1.6	2.5	2.1	2	2.5	2	1.8	2.0

* No exposures.

It appears desirable to give a brief explanation of the reason for the measurement of ultra violet radiation in Rotherham, referred to above. Violet and ultra violet rays of the sun are those which exercise the greatest influence on health, promoting growth and assisting in the utilisation by the body of the fat vitamin. In addition, their measurement gives an indication of the condition of the atmosphere. In fog, mist, and smoke, the ultra violet rays, having low penetrating power, get "screened," while the red rays at the opposite end of the spectrum pass through with more or less ease. Even a thin screen of smoke may rob the sunlight of its full physiological benefit by this action, the sun meanwhile appearing to be quite bright and powerful. The measurement, therefore, indicates the "light loss" suffered by a community by reason of, in most cases, a preventible screen caused by smoke.

It is anticipated that during 1926 a soot deposit gauge will be fitted and run in conjunction with a more extensively detailed measurement of ultra violet radiation. It is hoped that the results obtained may help in elucidating the effects of other factors at work, such as wind currents, hours of sunshine, etc.

Under the Rotherham Corporation Act, 1924, the Local Authority has considerable powers in excess of the existing general enactments. The sections dealing with smoke, grit, steam, and waste gas are as follow :—

ROTHERHAM CORPORATION ACT, 1924.

104. (1) Section 98 (Penalty for contravention of order of court) of the Public Health Act 1875 shall in its application to the Borough be read and have effect as if the sum of £5 were referred to therein instead of each of the sums of 10/- and 20/-.

(2) If any fireplace or furnace employed, or to be employed, within the borough after the passing of this Act (not being a fireplace, or furnace, in any steam road waggon or traction engine, or other mechanically propelled road vehicle)—

(a) In the working of engines by steam; or

(b) In any building used for the purposes of trade or manufacture; or

(c) In baths or wash-houses (although a steam engine be not used or employed therein); shall not be so constructed as to consume or burn the smoke arising from such fireplace or furnace, the owner (1), or occupier of the premises on which such fireplace or furnace shall be situated, shall be liable to a penalty not exceeding £5 (2).

(3) Every person being the owner or occupier of the premises, or being a foreman or other person employed by such owner or occupier, who shall after the passing of this Act, use any such fireplace or furnace which shall not be so constructed as aforesaid, or shall so negligently use any fireplace or furnace if it has been so constructed as aforesaid, that the smoke arising therefrom shall not be effectually consumed or burned, shall be liable to a penalty not exceeding £10; (2) and to a further penalty of £5 for every day after the date of the imposition of any such penalty as last aforesaid, during any part of which such fireplace or furnace shall be so used and continued. Provided that in every case where one or more fireplaces or furnaces, shall communicate with a single chimney, the names of the several owners and occupiers of the premises on which such fireplaces or furnaces shall be situated and the several foremen or other persons having the control or management of such fireplaces or furnaces may be included in one summons, and the justice may in his discretion apportion the penalty amongst such persons in such proportion as he may see fit, or may impose the payment of such penalty on one or more of such persons in exclusion of the others.

(4) This section shall not apply to any locomotive steam engine used on the railway of any railway company.

105. (1) The provisions of section 91 (Definition of Nuisances) of the Public Health Act 1875, shall extend to and be applicable in respect of the emission from any chimney of any grit or gritty particles, as if such grit or gritty particles, were smoke arising from furnaces.

(2) This section shall not apply to any locomotive steam engine used on the railway of any railway company, or to any mechanically propelled road vehicle.

106. The provisions of the last two proceeding sections of this Act shall not for a period of 10 years from the passing of this Act apply to any fireplace or furnace in any manufactory which is in use at the passing of this Act and is used for manufacturing purposes or to the chimney of any such fireplace or furnace.

107. (1) All steam or waste gas ejected from any stationary engine or the boiler or condensers thereof, and all condensing water above a temperature of one hundred and ten degrees Fahrenheit so ejected, all spent and ejected steam arising or produced in any trade business or manufacture shall be so discharged as not to be an annoyance to the public.

(2) Any person who shall cause or permit steam, waste gas, or condensing water, to be ejected or discharged contrary to the provision of this section shall be liable to a penalty not exceeding twenty pounds; (1) and a daily penalty, (2) not exceeding forty shillings.

OFFENSIVE TRADES.

In addition to the trades enumerated in the Public Health Act 1875, s. 112, the following trades are classed as offensive trades in the Borough, by reason of orders made by the Corporation in 1913 under the Public Health Acts (Amendment) Act 1907, s. 51 :—

Dealer in Hides and Skins.
 Blood Drier.
 Dealer in Fat and Bones by wholesale.
 Breeder of Maggots from Putrescible Animal Matter.
 Fish Frier.
 Gut Scraper.
 Dealer in Rags and Bones.

Byelaws for the regulation of offensive trades were made in 1922 and deal with :—

Blood Drier.
 Bone Boiler.
 Fellmonger.
 Tripe Boiler.
 Gut Scraper.
 Dealer in Rags and Bones, and
 Fish Frier.

At the end of 1925 the following trades existed in the Borough :—

Fish Friers	...	...	...	...	...	...	...	86
Tripe Boilers	...	...	...	...	...	...	...	3
Dealers in Hides and Skins	...	...	...	...	...	...	...	2
(Also dealers in fat and bones by wholesale)								
Blood Drier	...	...	...	...	...	...	...	1
Gut Scraper	...	...	...	...	...	...	...	1
Dealers in Rags and Bones	...	...	...	...	...	...	...	3
								—
								96
								—

During the year one new fish frying business was established, one was discontinued, one was removed to new premises, and ten changed occupiers.

Nine fish friers were cautioned on account of lack of cleanliness.

Seventy premises are provided with closed steamless ranges, the remainder having hooded pans with side screens.

One new business of a dealer in rags and bones was established and the blood drying business changed ownership.

The whole of the offensive trades have been conducted satisfactorily with the exception of the nine fish friers who were cautioned, and they, after caution, showed a marked improvement towards the end of the year.

COMMON LODGING HOUSES.

The seven Common Lodging Houses within the Borough have been kept in a satisfactory condition. They are supervised by the Police Inspector, who submits his report book periodically to the Medical Officer of Health and the Sanitary Inspector.

Inspections have taken place both during the day and during the night, and nothing was seen on any occasion to which serious objection could be taken.

The total accommodation provided is for 269 lodgers.

Taking all the Common Lodging Houses together, on four night visits all the beds were occupied, and on 62 nights there was an average of 13 beds not occupied, ranging from 3 to 25.

Two cases of Tuberculosis were reported from one lodging house. Both patients were removed to the Union Hospital, where they died.

No other cases of notifiable infectious disease were reported amongst the lodgers.

One case of Scarlet Fever was reported from the house of a keeper, the patient being the keeper's child, aged 9 years. She was removed to the Isolation Hospital.

UNDERGROUND SLEEPING ROOMS.

There are no underground sleeping rooms in the Borough, and no Regulations have been made under the Housing Act 1925, s. 18 (1).

HOUSES-LET-IN-LODGINGS.

The following summary gives details of the work relating to houses-let-in-lodgings :—

Number of registered houses so let and occupied	...	40
Number of inspections made	... ..	276
Action taken	... ..	Nil.

The problem of applying byelaws or statutory provisions to houses of this type bristles with difficulties. It is aggravated by the housing shortage, and, to some extent, by continued unemployment, the latter contributing many to the floating population already in occupancy of such dwellings. The exorbitant rent charged in many instances for rooms in which the standard of comfort is at a minimum only intensifies an existing evil.

Thirty-eight of the houses registered were in occupation prior to the confirmation of the present byelaws, and many of them are structurally unsuited to the purpose which they serve.

Provision under Section 14, for the storage of food, the preparation of and the cooking of food, and the washing of clothes, is, in the majority of instances, purely nominal.

The general cleanliness, ventilation, w.c. accommodation, and water supply have, on the whole, been found to be satisfactory, and no nuisance within the meaning of the Public Health Act has been found.

TENTS, VANS, AND SHEDS.

Byelaws relating to Tents, Vans, and Sheds were made in 1923, and have been of great use in controlling these structures, which have increased as a result of the housing shortage.

There are at present known to be 25 of these dwellings in the Borough.

The largest collection of them is in a rural part of the district, and consists of nine fixed structures used as dwellings. They are of a superior type, and the structures and sites are kept cleanly and satisfactory. The others, which are chiefly of the movable type, are situated in various other parts of the town in ones and twos.

FACTORIES AND WORKSHOPS.

In the following summaries details are given of the administration of the Factory and Workshop Act in the area :—

REGISTERED WORKSHOPS.

Workshops on the Register (Sec. 131) at the end of the year :—										Number.
Workshops	...	...	...	...	...	...	...	...	...	130
Bakehouses (including Factory Bakehouses)	...	...	...	...	...	...	...	...	...	11
Total number of Workshops on Register	...	...	...	...	...	...	...	...	...	<u>141</u>

HOMEWORK.

OUTWORKERS LIST, SECTION 107.

Nature of Work.	Lists received from Employers.					
	Sending twice in the year.				Sending once in the year.	
	List.		Outworkers.		List.	Outworkers.
			Workmen.			
	Feb.	July	Feb.	July		
Wearing apparel making, etc. ...	2	1	2	1	...	...
Total ...	3		3		...	...

INSPECTIONS OF FACTORIES AND WORKSHOPS
(INCLUDING INSPECTIONS MADE BY FEMALE HEALTH VISITORS).

Premises.	Inspections.	Written. Notices.	Verbal. Notices.
Factories (including Factory Bakehouses) ...	14	6	1
Workshops	287	2	1
	301	8	2

DEFECTS FOUND IN FACTORIES AND WORKSHOPS.

Particulars.	Number of Dejects	
	Found.	Remedied.
Nuisances under the Public Health Acts :—		
Want of Cleanliness	5	5
Insufficient Sanitary Accommodation	2	2
Unsuitable or defective Sanitary Accommodation	1	1
Other Nuisances	5	5
Total	13	13

OTHER MATTERS.

ACTION TAKEN IN MATTERS AND REFERRED BY H.M. INSPECTOR AS REMEDIABLE UNDER THE PUBLIC HEALTH ACTS, BUT NOT UNDER THE FACTORY AND WORKSHOPS ACT, (S. 5. 1901) :—

Notified by H.M. Inspector	5
Reports (of action taken) sent to H.M. Inspector	5

CANAL BOATS.

Very few canal boats stay at the canal wharfe for any length of time, the majority of boats stopping for a few hours to unload part of the cargo and then continuing their journey. On 55 occasions there were no boats at the wharfe when visited by the Inspector.

Rotherham is not a Registration Authority for the purposes of the Canal Boats Acts.

The following summary gives details of the work :—

Number of Canal Boats Inspected	16
Infringements of Regulations found (affecting 5 boats) ...	9

Nature of infringements :—

No certificate on board	...	...	...	...	...	5
Boats not properly marked	...	...	...	...	...	3
Want of painting	...	...	...	...	...	1
Number of cases of infectious disease on board	...	...	...	...	...	Nil.
Number of children under 12 years :						
Males	...	...	...	...	3	8
Females	...	...	...	...	5	
Number of adults :						
Males	...	...	...	...	20	32
Females	...	...	...	...	12	

Two boats were claimed to be registered under the Merchant Shipping Act. Instructions were given that the boats must be registered under the Canal Boats Acts in accordance with the Canal Boats Regulations of 1922, one letter being sent.

In the case of one boat, a new one without a certificate on board and not properly marked, the captain stated that it had not yet been registered, but registration had been applied for.

Two other verbal intimations were given that registration certificates must be kept on board.

In one boat, not satisfactorily painted, preparations were being made for repainting to be carried out.

DISEASES OF ANIMALS ACTS.

The Diseases of Animals Acts and Orders made thereunder are carried out by the Police who issue movement licences, and the Senior Sanitary Inspector.

The Veterinary Inspector attends the Cattle Market and is also consulted when necessary for the diagnosis of suspected cases of disease. When the Cattle Market is closed on account of restrictions imposed by the Foot and Mouth Disease Orders, the Veterinary Inspector visits the Public Slaughterhouse for the purpose of examining the live animals.

During March, 1925, a report was received of suspected Foot and Mouth Disease affecting a live animal. On being examined by the Veterinary Inspector it was found to be suffering from Actinomicosis.

During October, Foot and Mouth Disease was found affecting a slaughtered cow at the Public Slaughterhouse, and a few days later the disease was found among some pigs in a lair in the Borough. The whole of the 134 pigs on the premises were removed by float to the Public Slaughterhouse and slaughtered by order of the Inspector of the Ministry of Agriculture and Fisheries and under his supervision. The affected animals were destroyed at the destructor.

The Public Slaughterhouse was then closed and thoroughly cleansed and disinfected before slaughtering was allowed to be resumed.

With the exception of Tuberculosis, which is dealt with elsewhere in this report, there were no other cases of notifiable epizootic disease found during the year.

Fifteen pigs were found dead in railway trucks and 26 reports were received of dead or ill pigs on other private premises. One case of suspected Swine Fever was reported to the Ministry of Agriculture and Fisheries but was not confirmed.

One dead sheep and one dead beast were reported and examined for anthrax with negative results.

RATS AND MICE DESTRUCTION ACT, 1919.

In accordance with a Memorandum from the Ministry of Agriculture and Fisheries with reference to the enforcement of the above Order, Rotherham took part in the National Rat Week of November, 1925.

Posters were exhibited asking occupiers of premises infested with rats and mice to make special efforts to deal with them.

Chemists stocking rat poisons made a special display in their windows. Hardware dealers dealt similarly with traps.

Occupiers of buildings and land which were infested with rats or mice were reminded of their duty under the Order, and free advice as to the best methods of dealing with these pests was given by this Department. Leaflet No. 244 issued by the Ministry of Agriculture and Fisheries dealing with the destruction of rats was handed to every applicant seeking information.

SCHOOLS.

During the first six months of 1924 a hygienic survey of school buildings was carried out by Dr. A. C. Turner, School Medical Officer, with the object of ascertaining the principal defects existing in the public elementary schools. In his Report the schools are classified in three groups :—

- (a) Good, i.e., modern buildings presenting no serious defects.
- (b) Fair, i.e., less modern buildings which are defective in such important matters as lighting, heating, ventilation, or cloak-room and washing accommodation, but which could be rendered reasonably satisfactory by means of minor alterations.
- (c) Bad, i.e., schools which are so old and so badly planned that no amount of alteration short of total re-building could render them satisfactory.

The report continues :—" The Education Committee has already taken steps towards replacing by a new building the two Provided Schools which fall in the third group, and is considering the question of effecting gradual improvements in such Provided Schools as are included in the second category.

The most serious problem, however, and one that will certainly have to be faced during the next few years, concerns the Non-Provided Schools. There are six of these schools in the Borough, and four of them are unsatisfactory in the extreme, the lighting, heating, and ventilation being almost uniformly bad, whilst the cloak-room, washing, and playground accommodation is hopelessly inadequate."

During the year 1925 the elementary schools were comparatively free from infectious disease and no department was closed on this account. The closest co-operation is maintained between the School Medical Service and the Public Health Department in relation to the health of the scholars, and for preventing the spread of infectious disease. Head Teachers are notified direct from the Health Department of cases of Scarlet Fever, Diphtheria, or Smallpox, and a list of contacts is supplied. The School Medical Officer is informed of cases of Epidemic Encephalitis, so that he can follow these up continuously. Children suffering from Tuberculosis are brought to his notice, the names of those admitted to or discharged from institutional treatment being regularly sent. Furthermore, any tubercular child on the waiting list for sanatorium treatment or undergoing dispensary treatment and considered unfit to attend school is duly reported.

In order to prevent the spread of infectious disease a schedule is issued by the Education Authority to all Head Teachers setting forth :—

- (1) A description of the chief symptoms of the common contagious diseases.
- (2) Regulations as to the period of exclusion from school of children who have been suffering from a contagious disease or who have been in contact with a case of such disease.
- (3) The precautions that are to be taken if an infectious child is discovered in the class-room.

Any child found to be suffering from a contagious disease is immediately excluded from school, and Teachers are invited to send any child, concerning whom they are in doubt, to the School Clinic for examination. Head Teachers also send a weekly return of infectious diseases to the School Medical Officer.

In addition to infectious disease, other matters referring to the general care of the scholars are closely co-ordinated. Mentally deficient children about to reach the age of 16 years are notified by the Education Authority to the Local Authority, and dossiers of children attaining the age of five years are forwarded by the Maternity and Child Welfare Department to the Education Authority.

SECTION IV.

HOUSING.

For the purpose of completing the Form of Survey of Housing Needs, issued by the Ministry of Health in 1919, a very painstaking and exhaustive enquiry was made in Rotherham with a view to ascertaining the needs of the Borough as regards housing accommodation.

It was then estimated that 3,000 houses were required to replace insanitary property and to meet the unsatisfied demand for houses.

Towards meeting this shortage the Corporation completed from 1st January, 1920, to 31st December, 1925, a total of 1,016 houses, and during this same period 192 houses were built by private enterprise.

It is the intention of the Corporation to complete at least 700 more dwelling-houses, making a total of just over 1,700, including 56 to replace a cleared unhealthy area.

No important changes have taken place in the population, and none is anticipated in the near future.

With regard to overcrowding, it is impossible to give accurately the full extent of the evil. Some idea, however, may be gathered from the fact that on the Housing Bailiff's waiting lists there are the names of about 1,500 people requiring dwelling-houses, and this number is being added to at the rate of 20 applications per week. What overcrowding exists is chiefly attributable to insufficient new dwelling-houses having been erected to cope with the normal increase of population. Other cases of overcrowding occur through inability to pay the higher rents charged for newly erected houses.

Many instances of severe overcrowding have been brought to the notice of the Department, and where it has been found that the people desired accommodation and were in a position to pay the increased rental, their names have been submitted to the Housing Bailiff for consideration and accommodation has usually been found for them.

Most of Rotherham's dwelling-houses in the working class districts are built in rows, having common back yards which are approached by means of narrow passages between the houses. There are very few back lanes.

The general defects found in houses which are classed as unfit for human habitation are lack of through ventilation and insufficient air space, but most of the defects in other types of property are due to lack of management by owners or to neglect by tenants.

Prior to the War, Rotherham was able to take drastic measures with regard to the treatment of insanitary dwellings, and much useful work was effected in the way of renovation. At present, however, the difficulty is not having the required alternative accommodation for displaced tenants to deal satisfactorily with dwellings which have fallen into a state of disrepair. Urgent works only, are being carried out to insanitary dwelling-houses by informal action.

There is much property in Rotherham, not in itself unfit for human habitation, but which falls within a low standard of classification. In connection with this type of dwelling it is anticipated to carry out extensive repairs within the coming few years, and, where defaulting owners are met with, to have the necessary works effected by the Corporation's Works Department and the costs incurred in so doing recovered from the owners.

It must be well known that most of the low grade cottages are owned by people who cannot put down the necessary money to carry out considerable repairs to the property, and that it is owing to the lack of proper supervision by these owners that most of this property has been allowed to get into such a bad state of repair. Although one does not for one moment admit that insanitary dwellings should be neglected because the owners lack financial means, it is quite easy to understand the hesitancy on the part of the owners to carry out repairs.

In consequence of bad trade, many tenants have allowed their rents to fall greatly into arrears, and owners have suffered accordingly. In one block of property, where work is being done in instalments, the bar to immediate completion is the financial factor, as, at one period, the amount of work done had cost £180 and the arrears of rent upon the property stood at over £200.

UNHEALTHY AREAS.

During the 1919 Survey nine unhealthy areas were scheduled, comprising a total of 441 dwelling-houses. Three of these areas were represented in 1920, and one, the Square Yard area, containing 55 houses, was dealt with by means of an improvement scheme and the site cleared in 1923.

Provision for re-housing the displaced tenants was made by the erection of 56 cottages in Meadow Bank Road, and while there is every reason to believe that the change of surroundings is much appreciated by the tenants, they are not so favourably inclined towards the increased rent.

HOUSES UNFIT FOR HUMAN HABITATION.

On account of the shortage of dwelling-houses in the Borough it is not at present practicable to secure the closure or demolition of all those which are considered to be unfit for human habitation. The following Table (XI) gives the number of occupied houses in respect of which Closing Orders or Demolition Orders are in operation.

TABLE XI.

HOUSES UNFIT FOR HUMAN HABITATION.

Number of houses in respect of which Demolition Orders were made, and still occupied ...	19
Number of houses in respect of which Closing Orders were made or recommended, and still Occupied ...	51

In the following Table (XII) housing statistics for the year 1925 are given :—

TABLE XII,

HOUSING STATISTICS FOR THE YEAR ENDED 31st DECEMBER, 1925.

I.—NUMBER OF NEW HOUSES ERECTED DURING THE YEAR.

(a) Total (including those given separately under (b).)	301
(b) With State assistance under the Housing Acts, 1919 or 1923 :—	
(i) By the Local Authority	234
(ii) By other bodies or persons	58

I.—INSPECTION.

2.—UNFIT DWELLING-HOUSES.

(1) Total number of Dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1060
(2) Number of Dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	23
(3) Number of Dwelling-houses found to be in a state so dangerous or injurious to health as as to be unfit for human habitation	—
(4) Number of Dwelling houses (exclusive of those referred to in the preceding sub-head) found not to be in all respects reasonably fit for human habitation	28

II.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICE.

Number of Defective Dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	854
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III.—ACTION UNDER STATUTORY POWERS.

A. Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of Dwelling-houses in respect of which notices were served requiring repairs	—
(2) Number of Dwelling-houses which were rendered fit after service of Formal Notices —	
(a) By Owners	—
(b) By Local Authority in default of Owners	—
(3) Number of Dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close	—

B. Proceedings under Public Health Acts.

(1) Number of Dwelling-houses in respect of which notices were served requiring defects to be remedied	151
(2) Number of Dwelling-houses in which defects were remedied after service of Formal Notices	
(a) By Owners	74
(b) By Local Authority in default of Owners	—

C. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	—
(2) Number of Dwelling-houses in respect of which Closing Orders were made	—
(3) Number of Dwelling-houses in respect of which Closing Orders were determined, the Dwelling-houses having been rendered fit	—
(4) Number of Dwelling-houses in respect of which Demolition Orders were made	—
(5) Number of Dwelling-houses demolished in pursuance of Demolition Orders	—

SECTION V.

INSPECTION AND SUPERVISION OF FOOD.

MILK.

In the following summary details are given of producers and retailers of milk within the Borough :—

Registered Cowkeepers (producers within the Borough) ...	31
--	----

RETAIL MILK PURVEYORS.

Cowkeepers within the Borough retailing their own milk	18
Roundsmen with premises in the Borough	22
Retailers (not roundsmen) from shops in the Borough ...	19
Retail purveyors (roundsmen) from premises outside the Borough	39
	98

So far as milk produced in the Borough is concerned, it is considered more satisfactory to examine the cows and take samples from individual animals for bacteriological examination than to examine the bulk milk for tubercle bacilli.

With the commencement of the Milk and Dairies (Consolidation) Act there was inaugurated a system of routine inspection of cattle in the Borough by the Veterinary Surgeon.

Samples of milk from individual cows are taken for examination where there is a suspicion of Tuberculosis.

During the outbreak of Foot and Mouth Disease in the Borough during October, 1925, it was considered unwise to visit the farms and the work of inspection under the Milk and Dairies (Consolidation) Act was interrupted. This work was resumed in November and is being continued.

The number of milch cows in the Borough varies from time to time and is approximately 280. By the end of December, 139 cows had been examined.

(Since then this work has continued, and by the end of February of this year the whole of the milch beasts, also other bovine stock, had been examined at least once, and in some instances more than once).

The Veterinary Surgeon is usually accompanied by the Senior Sanitary Inspector, when in addition to the examination of the health of the cattle, attention is

paid to the grooming of the animals and the condition of the premises and utensils.

During the year one cowshed was improved and made satisfactory by the provision of windows, airgrates, and a new concrete floor, and another one, about the most unsuitable cowshed in the Borough, ceased to be used as a cowshed.

With one or two exceptions the cowsheds are satisfactory as regards construction, but only by regular visiting can the average cowkeeper be induced to maintain a satisfactory standard of cleanliness.

There are no registered cowkeepers' premises in the Borough in which cows are kept confined throughout the whole of the year, all the cows being turned out to graze during part of the year.

No applications have been received for licences for the sale of Graded Milk in accordance with the Milk (Special Designations) Order, although there is an increasing quantity of milk sold in bottles fitted with cardboard discs in imitation of Graded Milk. This is a practice that has much to commend it, but it is open to grave consequences unless the bottles are returned to the dairy and thoroughly cleansed before being refilled.

Each of the nineteen milk purveyors, who are not roundsmen, sells from one to about three gallons of milk per day in small quantities as a sideline to his other business. Special attention has been paid to them to see that other goods are not sold which would prove detrimental to the milk and that the receptacles are kept clean and covered. Whilst these shops are generally not the most satisfactory places for the sale of milk nothing was found to which serious objection could be taken.

TUBERCULOSIS ORDER 1925.

During the veterinary inspection of the cows, one animal was subjected to the Tuberculin test, which proved negative. Six samples of milk from individual cows were microscopically examined and two were found to contain Tubercle bacilli.

The two cows which gave the samples were subsequently slaughtered under the Tuberculosis Order 1925. Details are given herewith.

ANIMALS SLAUGHTERED UNDER THE TUBERCULOSIS ORDER, 1925.

	No of Animals.	Reason for Slaughter.	Result of P.M. Examination	Gross Compen- sation.	Nett Salvage.
October ...	1 Cow in-milk	Tuberculosis of the udder	Advanced Tuberculosis.	£2 5 0	15 0
November ...	1 Cow in-milk	Giving Tuber- culous Milk	Not advanced Tuberculosis	£7 10 0	£6 0 0
	2			£9 15 0	£6 15 0

MEAT.

In addition to the Public Abattoir there were at the end of the year 1925 eight private slaughterhouses in the Borough, two of which were but infrequently used.

During the year the number of private slaughterhouses with annual licences was reduced by one, as a consequence of Article 12 of the Public Health (Meat) Regulations 1924, which prohibits the preparation of articles of food in slaughterhouses. The occupier, a pork butcher, failed to apply for the renewal of his licence, and the place is now used solely for the preparation of made-up goods. The following statement gives details of the Private Slaughterhouses in the Borough :—

PRIVATE SLAUGHTERHOUSES.

	In 1920.	Jan. 1925.	Dec. 31st 1925.
Registered Slaughterhouses	2	2	2
Licensed Slaughterhouses	3	3	3
Slaughterhouses with Annual Licences ...	4	4	3
	9	9	8

Whilst several of these slaughterhouses are too close to houses, and two at least are too small for the number of animals which are at times slaughtered therein, they have been conducted satisfactorily.

One prosecution took place during the year in respect of a building used as a slaughterhouse without a licence. The defence pleaded that the building was a registered slaughterhouse, but the decision was given in favour of the Corporation, and a fine of 10/- was imposed.

Rotherham is one of the few towns in the country which possess a public abattoir owned and controlled by the Corporation.

It consists of three large slaughtering halls, used for the slaughter of beasts, sheep and calves, and pigs respectively. It is provided with a cold room for the reception of meat and also of other foodstuffs during hot weather.

In connection with the abattoir there is an ice making plant capable of making 10 tons of ice per day, and cold storage with a capacity of 60,000 cubic feet.

The cold store is divided into nine rooms. One room is designed to carry home killed meat only, at a temperature of about 34 degrees Fahr.; the remainder carry a temperature of from 20 to 24 degrees Fahr.

The whole is controlled by the Markets Committee and under the capable management of Mr. J. T. Williams, the Superintendent.

The meat inspection is carried out by the Senior Sanitary Inspector, who visits the Abattoir several times each day whilst slaughtering is in progress.

Parts of the premises are let to a gut-scrapper, a blood-drier, and a fat-sorter, who washes the warm fat before it is sent for margarine making.

The number of animals slaughtered annually in the Public Abattoir is increasing, as is shown by the following figures, which have been kindly supplied by the Superintendent :—

NUMBER OF ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR.

	1920	1921	1922	1923	1924	1925
Beast	2493	2424	2264	2754	3059	4001
Calves	340	211	221	307	234	318
Sheep and Lambs ...	3785	5567	4231	4683	5529	6474
Pigs	8294	7961	7731	10097	13673	13721
Total	14912	16163	14447	17841	22495	24514

The approximate number of animals slaughtered during 1925 in the Private Slaughterhouses (exact number not known) is as follows :—

Beasts.	Calves.	Sheep and Lambs.	Pigs.
1900	100	3,700	1100

Written notices of regular slaughter on fixed days have been given by six butchers occupying seven slaughterhouses, and the following table gives particulars of other notices received :—

NOTICES OF SLAUGHTER, ETC., AS REQUIRED BY THE PUBLIC HEALTH (MEAT) REGULATIONS 1924.

Nature of Notices.	Notices. Received.	Number. Visited.	Number of animals affected. with disease etc.
1st April to 31st December, 1925.			
PRIVATE PREMISES (other than Private Slaughter Houses)			
Notices of intention to slaughter	79	73	7 pigs all localised Tuberculosis.
Emergency slaughter (in the Boro')	5	5	4 accidents 1 diseased.
Emergency slaughter outside the Borough and carcasses brought into the Borough for inspection	2	2	1 sheep condemned.
Animals slaughtered outside the Borough and butcher desired inspection before exposure for sale	5	5	3, local tuberculosis.
PRIVATE SLAUGHTERHOUSES.			
Notices of intention to slaughter	55	40	
Emergency slaughter	1	1	Accident and local tuberculosis
Emergency slaughter outside the Borough and carcase brought into the Borough for inspection	3	3	1 condemned.
Notice to examine meat where there is evidence of disease	21	21	21
	171	150	39

Table continued on next page

Table continued from previous page.

January 1st to March 31st, 1925.	Notices Received.	Number Visited.	Number of animals affected with disease, etc.
PRIVATE SLAUGHTERHOUSES.			
Notices to examine meat where there is evidence of disease	8	8	8
PRIVATE PREMISES (other than Private Slaugh- terhouses)			
Notices of Emergency Slaughter	4	4	3
	12	12	11

Great attention is given to meat inspection, one of the most important branches of food inspection work. It is well recognised by now that the most efficient meat inspection is that carried out at the time of slaughter. The existence of several private slaughterhouses in a district renders this practice impossible in all cases and the best that can be done is to examine the carcasses and all the offal soon after slaughter and whilst they are in the slaughterhouse.

Butchers are aware of the unwisdom of exposing unsound or diseased meat for sale, and when a carcase is cut up into joints as it appears for sale in the shops, the average butcher takes care that any diseased or abnormal parts are removed. When this has been done in the case of many diseases, including the commonest cause of meat condemnation, Tuberculosis, it is practically impossible for any one to recognise that the meat was from an animal that was diseased.

Efficient meat inspection, therefore, resolves itself into inspection in the slaughterhouse at the time of slaughter. If this is not possible, then the whole carcase and organs should be examined soon after slaughter, when the removal of any parts can be recognised by their absence or by the mutilation of the carcase or organs. This fact is acted upon as far as possible in the County Borough and attention is in the first instance concentrated on the slaughterhouses. The Public Health (Meat) Regulations which require notices of intention to slaughter, have been of the utmost value from this standpoint.

The practice of many years past of regularly visiting slaughterhouses was continued during 1925, 1,469 visits being paid.

Immediate attention is given to all notices of the existence of disease which are received.

The Senior Sanitary Inspector and the Assistant Senior Sanitary Inspector, both of whom possess the qualifying certificate of the Royal Sanitary Institute, carry out the duties of meat inspection, the assistance of the Medical Officer of Health being called in cases of difficulty or dispute.

Whilst notices of intention to slaughter are of great value where private slaughterhouses are concerned, they are of far greater value where occasional slaughter takes place on other private premises, usually those of small pig keepers.

At the time of the advent of the Regulations a stage had been reached in Rotherham when there was a greater danger of the consumption of diseased meat from these small pig feeders than there was from the average butcher. For several years it has been the custom of butchers to safeguard themselves by giving notice to the Public Health Department of the existence of disease found in their animals after slaughter, and their premises being well known to the Public Health staff were, and are now, frequently visited.

In the case of small pig feeders the experience since the Regulations came into force is that they appear to be quite ignorant of abnormalities, and several have expressed surprise when the Inspector seized affected parts.

Associated with meat inspection is the much-discussed problem of the private slaughterhouses.

The ideal of a centralised abattoir and the elimination of all private slaughterhouses, which is possible in all areas with a concentrated population, has not yet been realised. The butchering trade as a whole is fully aware that the private slaughterhouses are under suspicion, and the present private slaughterhouse occupiers in Rotherham appear to be very careful to see that by mal-practices they do not jeopardise their licences or registration.

Even animals of good quality such as are slaughtered in our private slaughterhouses are not immune from disease, and if the disease is not accompanied by marked superficial alterations butchers are very apt to overlook it. Only by having centralised slaughtering, with an Inspector in attendance who has been trained to know what to look for, and where to look, and who realises the significance of what he finds, can we be sure of the soundness of our meat supplies.

To have this surety where there are several private slaughterhouses would require more Inspectors than is practicable.

At the present time although an endeavour is made to examine as much meat, whilst it is in carcase form, as possible, it is impossible to examine the whole of the carcasses of the animals slaughtered within the Borough, especially the smaller animals such as pigs.

Tables XIII, XIV, XV, and XVI give details of the meat condemned. As usual the chief reason for condemnation was Tuberculosis.

TABLE XIII.

FOOD SEIZED OR SURRENDERED AND DESTROYED DURING 1925 AS UNFIT FOR HUMAN FOOD.
ALL CAUSES (INCLUDING TUBERCULOSIS).

FRESH MEAT.

Number of	Beasts.	Calves.	Sheep and Lambs.	Pigs.	Total.
Carcases (including offal)	51	8	18	23	100
Portions of Carcases	6	...	...	1	7
Heads (including tongues)	76	...	1	167	244
Tongues	4	...	...	...	4
Lungs	461	...	6	175	642
Livers	294	...	43	202	539
Tripes or Stomachs	147	...	...	7	154
Spleens	132	...	...	99	231
Kidneys	54	...	...	1	55
Hearts	28	...	...	23	51
Udders	99	...	...	...	99
Fats (Mesenteries, etc.)	183	...	...	106	289
				Tons.	Cwt.
Total weight of fresh meat and offals condemned				26	15½

TABLE XIV.
ANIMALS FOUND TUBERCULAR.

	Approximate number of animals slaughtered in the Borough.	Number found to be affected with Tuberculosis.	Total condemnations.
Beasts	5900	482	36
Calves	400	1	1
Pigs	14900	224	11
Sheep and Lambs	10100	—	—

TABLE XV.
TUBERCULOUS FOOD SEIZED OR SURRENDERED AND DESTROYED DURING 1925.

Number of								Beasts.	Calves.	Pigs.	Total.	
Carcases (including offal)	...	...	...	...	...	...	36	1	11	48
Portions of carcases (quarters)	...	...	...	...	...	...	4	...	...	4
Head (including tongues)	...	...	...	...	...	...	69	...	166	235
Lungs	...	...	...	...	...	...	433	...	159	592
Livers	...	...	...	...	...	...	191	...	137	328
Tripes or Stomachs	...	...	...	...	...	...	136	...	6	142
Spleens	...	...	...	...	...	...	131	...	96	227
Hearts	...	...	...	...	...	...	20	...	22	42
Mesenteries	...	...	...	...	...	...	182	...	105	287
Udders	...	...	...	...	...	...	13	...	...	13
										Tons.	Cwt.	
Weight of Tuberculous Meat and Offal condemned								19	9½

TABLE XVI.

WHOLE CARCASSES CONDEMNED ON ACCOUNT OF DISEASES OR CONDITIONS OTHER THAN TUBERCULOSIS.

Condition or disease which rendered meat unfit for food.	Beasts.	Sheep.	Calves.	Pigs.	Total.
Septicaemia	6	...	...	...	6
Hydraemia	3	6	1	...	10
Hydraemia (choked)	1	...	...	1	2
Jaundice ... ..	...	...	...	4	4
Actinomycosis and Emaciation	2	...	...	...	2
Emaciation ... ..	...	4	1	2	7
Pyaemia	1	...	...	...	1
Moribund ... ..	...	4	...	4	8
Injuries (bruises, etc.) ... ..	...	1	...	...	1
Malignant Tumour	1	...	...	...	1
Enteritis and Hydraemia ... ..	...	...	1	...	1
Immature ... ..	...	...	2	...	2
Joint-Ill ... ..	...	...	1	...	1
Peritonitis ... ..	...	...	1	...	1
Traumatic Pericarditis and Dropsy	1	...	...	...	1
Congested ... ..	...	3	...	1	4
Total	15	18	7	12	52

The figures relating to Tuberculosis, and which include very slight cases, may appear to be very high, but are accounted for by the fact that in Rotherham, in common with other parts of South Yorkshire, many of the beasts slaughtered are cows, which, as is well known, are more subject to Tuberculosis than other Bovine animals.

The Tuberculosis Order 1925 has not been in operation long enough to have any marked effect upon the number of Tuberculous animals found in the slaughterhouse, but it cannot be doubted that ultimately the number will be reduced as time goes on.

No application has been received for the marking of meat as provided by the Public Health (Meat) Regulations. With slaughtering taking place in several slaughterhouses at the same moment it is not reasonably practicable to introduce a system of meat marking, because under the Regulations only those cases may be stamped during the dressing of which the Inspector has been present.

With the exception of loose fat the whole of the food condemned in the County Borough is taken to the refuse destructor. It is there destroyed by fire in a cell which is specially designed for that purpose.

Loose fat, consisting chiefly of omentums and mesenteries condemned on account of Tuberculosis, is sorted and the affected parts are destroyed at the destructor. The remainder is put into bags, which are sealed and labelled "Waste Fat—Unfit For Food," by the Meat Inspector, and is sent away for the purpose of soap and tallow making. The local company to whom the sealed bags are delivered credits the butchers with the value of the fat.

PUBLIC HEALTH (MEAT) REGULATIONS. PARTS IV, V, AND VI.

Very little trouble is experienced in connection with Parts 4, 5, and 6 of the Public Health (Meat) Regulations. Whilst there is a section of the meat traders throughout the country, and also in Rotherham, in favour of all meat being exposed behind glass windows, there is a greater number who, on account of the expense involved in making the necessary alterations to their shops, do not view the idea with much favour.

About 40 per cent. of the butchers' shops in the Borough are provided with fixed windows and a large number of those with movable windows do not open them except for cleaning purposes.

The Public Health (Meat) Regulations do not specifically demand that all butchers' shops shall be provided with windows when meat is exposed, and whilst a stall is to be screened at the top, back, and sides only, it would be inconsistent to require the closing of all shop windows, however much it may be desirable.

The advent of the Regulations resulted in the cessation of displays of meat hanging outside the shop front in the street; several cautions were necessary at first to induce tradesmen to stop this practice.

Several of the butchers still open their shop fronts, especially during busy periods, but it is not the practice to expose meat beyond the cover of the shop or sides.

There is only one stall, as contemplated by the Regulations, in the Borough. It is used for the sale of bacon in the open market on market days and is provided with the necessary screens.

There has been a gradual improvement in the type of butcher for several years, largely brought about by public opinion. The Regulations contain nothing to which the average butcher objects, and there appears to be an honest attempt on their part to comply with them.

OTHER FOODS.

Hawkers and Shopkeepers are encouraged to report the possession of unsound food to the Health Department, as on the receipt of a condemnation certificate from the Inspector they are usually credited by the wholesaler with the value of the goods. This applies chiefly to hawkers and fishmongers who frequently find on receiving a consignment that it is unsound, and has been the means of preventing the attempted sale of much unsound food.

Forty-three certificates were given during 1925.

Hawkers' carts and the markets were regularly inspected during the year.

There are 18 pork butchers' making-up places in the Borough and 115 visits were recorded. Five of these places are attached to private slaughterhouses and were visited on most occasions that these slaughterhouses were visited without, however, a separate record being made, so that the 115 visits recorded represent but a portion of the total visits paid.

A satisfactory standard of cleanliness was maintained throughout the year and no food of a doubtful character was found.

At the beginning of the year one registered slaughterhouse was also used as a making-up place, and in order to comply with the Public Health (Meat) Regulations, Art. 12, alterations were carried out and a separate making-up place provided.

It was necessary to serve notices on the occupiers of three factory bakehouses on account of lack of cleanliness. These notices were duly complied with. Whilst the remaining bakehouses were generally satisfactory, an outstanding defective feature was the lack of suitable provision for the personal washing of the workers. This is a matter over which there is no control by the Local Authority.

No cases of Dermatitis or Bakers' Itch were brought to the notice of the Department during the year.

It is gratifying to note that there are no underground bakehouses in Rotherham, and that the most structurally unsuitable bakehouse in use during the last five years was demolished during 1925.

The following Table (XVII) gives details of other foods seized or surrendered and destroyed during 1925 as unfit for human food :—

TABLE XVII.
OTHER FOODS CONDEMNED.

Other Foods.	Number.	Weight lbs.
Frozen Meat ... ..	...	753
Frozen Offals (boxes)	15	...
Fish ... ..	...	126
Codlings (boxes)	4	...
Fillets (boxes)	4	...
Kippers (boxes)	2	...
Mussels (bags)	4	...
Tinned Goods (tins)	1751	...
Prawns (tins)	5	...
Shrimps ... ..	...	35
Liquid Eggs (tins)	8	...
Tomatoes (boxes)	2	...
Jam (jars)	592	...
Pickles (bottles)	238	...
Margarine ... ..	...	14
Dried Fruit (box)	1	...
Salted Maws (Chitterlings) (barrels)	2	...

FOOD POISONING.

Two outbreaks of suspected food poisoning were brought to notice during 1925.

- I. JULY. Out of 26 persons who were known to have eaten boiled peas purchased from one Vendor, 15 became ill. The peas constituted the only food eaten in common by the patients. The symptoms were illness, pain in the stomach associated later with sickness and vomiting and subsequently with Diarrhoea, lasting in bad cases about 12 hours. Chemical and bacteriological examinations of the food stuffs and vomit were inconclusive.
- II. NOVEMBER. Out of 74 guests who attended a banquet, 49 were affected with Diarrhoea during the night or next day. In many cases pain in the abdomen and tenesmus were complained of. The symptoms lasted a few hours.

The outbreak was not revealed until four days after the patients had recovered.

Suspicion rested ultimately on tinned mushrooms (champignons) as the cause, but laboratory findings were not absolutely conclusive.

The storeroom, kitchen, and utensils were satisfactory.

FOOD AND DRUGS ACTS.

In the following Tables (XVIII, XIX, and XX) details are given of the administration of the Sale of Food and Drugs Acts, the Milk and Cream Regulations, 1912 and 1917, the Public Health (Condensed Milk) Regulations, 1923, and the Public Health (Dried Milk) Regulations, 1923.

TABLE XVIII.
SALE OF FOODS AND DRUGS ACTS.

SUMMARY OF SAMPLES PURCHASED UNDER THE SALE OF FOOD AND DRUGS ACTS DURING THE YEAR 1925.

Nature of Sample.	No.	Genuine.	Not reported as genuine.	Summonses Issued	Dismissed or Withdrawn.	Convictions.	Penalties. including costs.
Formal Samples :—							£ s. d.
Milk	105	94	11	3	...	3	7 0 0
Separated Milk	1	1	...	...	...	...	...
Butter	15	15	...	...	...	...	...
Lard	8	8	...	...	...	...	...
Vinegar	5	3	2	2	...	2	4 0 0
Pepper	2	2	...	...	...	...	...
Baking Powder	2	2	...	...	...	...	...
Ground Ginger	2	2	...	...	...	...	...
Sweet Spirit of Nitre	1	...	1	...	...	...	...
Informal Supplies :—							
Milk	2	2	...	...	...	...	...
Butter	6	6	...	...	...	...	...
Pepper	2	2	...	...	...	...	...
Baking Powder	2	2	...	...	...	...	...
Ground Ginger	2	2	...	...	...	...	...
Sweet Spirit of Nitre	3	2	1	...	...	...	...
Condensed Milk	7	7	...	...	...	...	...
Margarine	4	4	...	...	...	...	...
Cream	2	2	...	...	...	...	...
Preserved Cream	2	2	...	...	...	...	...
Cocoa	1	1	...	...	...	...	...
Coffee	2	2	...	...	...	...	...
Jam	3	3	...	...	...	...	...
Mustard	2	2	...	...	...	...	...
Glycerine	3	3	...	...	...	...	...
Cream of Tartar	2	2	...	...	...	...	...
Camphorated Oil	2	2	...	...	...	...	...
Olive Oil	1	1	...	...	...	...	...
Sponge Buns	3	3	...	...	...	...	...
Totals	192	177	15	5	...	5	£11 0 0

TABLE XIX.

SAMPLES NOT REPORTED TO BE GENUINE AND ACTION TAKEN.

No. of S'mple	Article.	Result of Analysis.			Action taken.
42	Vinegar	Specific Gravity—1.0067 Acetic Acid 3.04% Extractive and colouring matter trace Water 96.96% <u>100.00</u>			Fined £2 including costs.
43	Vinegar	Deficient in Acetic Acid to extent of 24% Specific Gravity—1.0066 Acetic Acid 3.68% Extractive and colouring matter trace Water 96.32% <u>100.00</u> Deficient in Acetic Acid to extent of 8%			Fined £2 including costs.
		Milk-fat.	Non-fatty solids.	water.	
56	Milk	3.20	8.49	88.31	No action taken.
57	Milk	2.88	8.82	88.30	Letter of caution.
62	Milk	4.20	8.47	87.33	No action taken.
66	Milk	2.87	8.71	88.42	Letter of caution after explanation from Vendor.
69	Milk	3.20	8.49	88.31	No action taken.
77	Milk	2.88	8.64	88.48	Vendor interviewed and samples taken from wholesale dealer (Nos. 79 and 80).
79	Milk	3.13	7.86	89.01	Summons merged and fined £5 including costs.
80	Milk	2.64	9.12	88.24	
116	Milk	3.01	8.24	88.75	No action taken.
117	Milk	2.54	8.56	88.90	Fined £2 including costs.
150	Milk	3.10	8.46	88.44	No action taken.
133	Sweet Spirit of Nitre (Informal)	Ethyl Nitrite 1.36% Alcohol and Legitimate water 98.64% <u>100.00</u> Ethyl Nitrite deficient to extent of 10.5%			Formal Sample taken. (No. 142).
142	Sweet Spirit of Nitre (Formal)	Ethyl Nitrite 1.23% Alcohol and Legitimate water 98.77% <u>100.00</u> Ethyl Nitrite deficient to extent of 19.0%			Letter of caution after explanation from Vendor.

TABLE XX.
PUBLIC HEALTH (MILK AND CREAM) REGULATIONS 1912 AND 1917.

I. MILK AND CREAM NOT SOLD AS PRESERVED CREAM.

	Number of Samples examined for the presence of a Preservative.				Number in which Preservative was reported to be present and Percentage of Preservative found in each sample.
Milk	107	—
Cream	2	—

2. CREAM SOLD AS PRESERVED CREAM.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the labels were correct.

(i) Correct statements made	...	...	...	...	...	...	...	...	2
(ii) Statements incorrect	...	...	...	...	...	...	...	...	—

2

(iii) Percentage of Preservative found in each sample	Percentage stated on Statutory label.
.12%	.40
.17%	.40

(b) Determinations made of Milk Fat in cream sold as Preserved Cream.

(i) Above 35 per cent.	...	...	...	...	...	...	...	...	2
(ii) Below 35 per cent.	...	...	...	...	...	...	...	...	—

Total ... 2

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed.

NIL.

(d) Particulars of each case in which the Regulations have not been complied with, and action taken.

NIL.

3. Thickening substances. Any evidence of their addition to cream or to preserved cream. Action taken where found.

NIL.

4. Other observations, if any.

NIL.

Seven samples of condensed milk were obtained during the year ; they were all correctly labelled and complied with the Public Health (Condensed Milk) Regulations 1923.

Apart from Preserved Cream, seven samples of Food were found to contain preservatives, but in each case the amount of preservative was not considered sufficient to require any action being taken.

The following statement gives the details :—

Nature of Article.	Amount and nature of preservative.	
Margarine ... ..	.15%	Boric Acid.
Margarine ... ..	.15%	Do.
Margarine ... ..	.04%	Do.
Margarine ... ..	.32%	Do.
Butter ... ..	.04%	Do.
Butter ... ..	.04%	Do.
Butter ... ..	.06%	Do.

Three samples of sponge buns were obtained for examination for the presence of Boron preservative. They were all found to be free.

In the following Table (XXI) details are given for the past five years of samples taken, summonses issued, convictions obtained, and the amounts of penalties received :—

TABLE XXI.
NUMBER OF SAMPLES PROCURED DURING THE LAST FIVE YEARS.

Year.	Number of Samples.	Summonses issued.	Convictions.	Total penalties (including Costs)
1921	92	4	4	£24 2 0
1922	96	...	...	...
1923	148	4	3	£7 9 0
1924	155	4	3	£16 7 0
1925	192	5	5	£11 0 0

The following summary of the quality of milk samples is interesting :—

SUMMARY OF THE QUALITY OF MILK SAMPLES.

Number of Milk Samples procured during the year 1925 :—

Formal Samples	...	...	105
Informal Samples	...	...	2
			107

Highest percentage of Milk Fat—5.2%, associated with 9% of nonfatty solids. (February).

Highest percentage of nonfatty solids—9.56% associated with 3.80% of milk fat. (November).

Average composition of the samples :—

Period.	Milk-fat.	Non-fatty solids.	No. of Samples.
1st Quarter	3.67%	8.84%	27
2nd „	3.39%	8.74%	29
3rd „	3.48%	8.82%	17
4th „	3.64%	8.93%	34
The whole year	3.55%	8.84%	107

It is recognised that the average quality of milk is subject to seasonal variations, and these figures support the opinion which is now generally accepted that a poorer quality of milk is produced during the months of April, May, and June than is produced during other periods of the year.

One "appeal to the cow" sample was procured during the year. It was taken during September in connection with sample No. 117, which showed a deficiency of 15.3% in milk fat. The Inspector was present at the farm from 6 a.m. and witnessed the milking of the herd of 10 cows. The whole of the milk was well mixed and the sample taken. The analysis showed 3.35% milk fat and 8.77% non fatty solids.

It is satisfactory to note that the attitude taken in the Borough in respect of milk samples found to be deficient in milk fat which may have been due to the fat rising to the top of the churn leaving at the bottom milk denuded of part of its fat to be drawn off by means of a tap, was supported by the decision of the High Court of Justice during the year in the case of *Bridges v. Griffin*.

During the past few years several successful prosecutions have taken place in respect of such samples, with the result that Milk Vendors are being more careful to see that their milk is kept well stirred.

SECTION VI.

INFECTIOUS DISEASES GENERALLY.

The prevalence of the general infectious diseases notifiable in the Area during the five years under review is shown in the subjoined Table (XXII).

TABLE XXII.

INFECTIOUS CASES NOTIFIED.

Disease.	1921	1922	1923	1924	1925
Smallpox ... ..	...	1	...	13	68
Cholera ... ..	...	...	...	...	...
Plague ... ..	...	...	...	...	...
Diphtheria	45	81	30	53	49
Erysipelas	44	70	38	29	64
Scarlet Fever	50	271	272	459	296
Malaria ... ..	...	...	2	...	2
Enteric Fever	9	1	3	2	4
Continued Fever ... ..	...	...	1	...	...
Puerperal Fever	2	2	1	2	4
Encephalitis Lethargica ... ..	...	3	1	14	4
Measles	80	2537	425	1120	1168
Ophthalmia Neonatorum	18	21	8	15	20
Pulmonary Tuberculosis	75	103	129	179	215
Other forms of Tuberculosis	26	21	30	40	43
Cerebro-Spinal Meningitis ... ..	...	...	5	...	...
Pneumonia	79	199	311	406	444
Chicken Pox	2	64	129	245	333
Dysentery ... ..	...	1	...	...	...
Acute Anterior Poliomyelitis ... ..	...	...	...	1	1
Acute Polio-Encephalitis ... ..	...	...	...	...	1
Totals	430	3375	1385	2578	2716

In Table XXIII particulars of the incidence of notifiable diseases in the area during the year 1925 are given showing age grouping, ward distribution, cases removed to hospital, and total deaths.

TABLE XXIII.

INFECTIOUS CASES NOTIFIED DURING THE YEAR 1925.

Notifiable Disease.	No. of Cases Notified								Total Cases Notified in each Ward of the District.									Total Cases removed to Hospital.	Total Deaths.
	At Ages—Years.								East.	St. Ann's.	Clifton.	South.	West.	North.	Thornhill.	Masbro'.	Kimberworth.		
	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.												
At all ages.	68	3	4	24	7	10	19	1	2	14	...	...	1	3	8	25	15	68	...
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera (C) Plague (P) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	49	...	20	15	9	5	...	...	2	2	4	2	4	19	2	3	11	40	4
Erysipelas	64	1	...	3	6	18	23	13	5	10	7	7	6	13	7	5	4	...	3
Scarlet Fever	296	3	65	197	26	14	1	...	24	46	25	16	9	44	52	49	31	272	5
Acute Poliomyelitis	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Typhoid and Para-Typhoid Fevers	4	...	...	1	1	2	...	...	...	...	...	...	...	2	...	1	1	2	...
Acute Polio Encephalitis	1	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Puerperal Fever	4	...	...	...	...	4	...	...	...	1	1	...	1	...	...	...	1	...	...
Encephalitis Lethargica	4	...	...	3	...	...	...	1	...	1	...	...	1	2	...	...	...	1	...
Measles and German Measles	1168	69	672	421	6	...	...	...	229	219	77	81	48	143	140	134	97	3	8
Ophthalmia Neonatorum	20	20	...	...	...	...	...	...	1	3	...	1	3	5	2	4	1	...	...
Pneumonia	444	37	141	102	50	47	51	16	37	75	19	40	39	48	76	72	38	...	106
Chicken Pox	333	19	105	205	1	2	1	...	31	36	42	49	20	57	34	50	14	...	...
Malaria	2	...	...	...	...	2	...	...	...	1	...	...	...	1	...	...	...	...	...
Pulmonary Tuberculosis :— males	117	...	4	35	26	37	12	3	15	13	8	6	8	13	20	24	10	...	68
females	98	1	2	33	25	31	6	...	10	11	3	2	8	16	18	21	9	155	...
Other forms of Tuberculosis :— males	25	1	6	16	1	1	...	...	...	2	1	4	2	3	6	3	4	...	...
females	18	...	4	7	5	2	...	...	5	1	1	1	...	2	2	5	1	...	19
	2716	154	1023	1052	164	176	113	34	361	435	188	209	151	372	367	396	237	541	213

It will be noticed that while the majority of the diseases have remained fairly stationary in incidence, there has been a fluctuating or constant increase since 1921 in Smallpox, Scarlet Fever, Measles, Tuberculosis, Pneumonia, and Chicken Pox greater than can be explained by increment of population alone. That the year 1921 was exceptionally clear of infectious disease is explainable by reason of the paucity of individuals susceptible to certain of the infections. For instance, Measles, while low in 1921, followed an incidence of 458 in 1920 and 1,319 in 1919. Again, the high incidence of 1922 was followed in 1923 by one very considerably lower.

The increase in Chicken Pox figures is explainable by increase in notification of the disease. In 1921, when two cases were notified, 160 cases occurred amongst children attending the Public Elementary Schools, and from that year onwards there has been an increasing frequency of notification both by parents and medical practitioners. It has also been more marked since greater attention has been directed administratively to Chicken Pox in view of the menace of Smallpox.

The recent increases in Scarlet Fever appear to be due entirely to periodicity. The large wave crests of 1900 and 1914, each with over 700 cases may be expected to recur.

The increment in the Pneumonia figure appears to be dependent entirely on greater frequency of notification, while the growing number of cases of Tuberculosis notified owes much to the greater stringency observed at the Dispensary where every case found tubercular is notified irrespective of previous notification or not.

Smallpox calls for special attention and will be dealt with separately.

SMALLPOX.

In the County Borough of Rotherham during the year 1925, seventy cases of Smallpox were notified and admitted to the Kimberworth Hospital.

The following Tables (XXIV and XXV) refer to such admissions :—

TABLE XXIV.
ADMISSIONS GROUPED IN FIVE YEARLY PERIODS.

Age Period. Years.	Vaccinated in infancy only.		Unvaccinated.		Totals.
	Males.	Females.	Males.	Females.	
1—5	...	...	4	2	6
5—10	...	...	4	6	10
10—15	...	...	6	10	16
15—20	...	1	1	1	3
20—25	1	...	3	...	4
25—30	...	...	1	1	2
30—35	1	1	...	1	3
35—40	...	...	1	...	1
40—45	1	3	...	...	4
45—50	4	2	2	...	8
50—55	1	3	1	...	5
55—60	3	1	...	...	4
60—65	...	1	1	...	2
65—70	1	1	...	...	2
	12	13	24	21	70

TABLE XXV.
ADMISSIONS UNDER 20 YEARS OF AGE ARRANGED IN YEARLY PERIODS.

Age Period Years.	Vaccinated in Infancy only.		Unvaccinated.		Totals.
	Males.	Females.	Males.	Females.	
0—1	2	...	2
1—2	2	2
2—3
3—4	2	...	2
4—5
5—6	2	1	3
6—7	1	3	4
7—8	1	1
8—9	1	1
9—10	1	...	1
10—11	2	3	5
11—12	1	3	4
12—13	2	1	3
13—14	1	2	3
14—15	1	1
15—16	1	...	1
16—17
17—18	...	1*	...	1	2
18—19
19—20
	...	1*	15	19	35

*Only two small marks visible.

NOTE :—The above is equivalent to 97.14% of persons under twenty years of age who were unprotected by vaccination and to 2.86% of persons who were vaccinated in infancy.

Of the 70 cases admitted 69 came under the heading of "modified," the remaining one being "discrete."

Two of the cases were extra Urban—one from Sheffield and one from Parkgate.

It is pleasing to record no deaths took place and no marked debilitating after effects were experienced by patients discharged.

The average stay in Hospital was 26.7 days. There were no return cases, that is, the "source of infection" could not be traced to a discharged patient.

From the tables given above it will be observed that no vaccinated children under 15 years were admitted to the Hospital; the patients under this age were all unvaccinated. Taking the age period to 20 years, only one vaccinated case—a girl aged 17 years, who had only two small scars visible—was admitted. The remaining 34 had not been vaccinated at all.

The two great lessons to be learnt from Rotherham's Smallpox cases are that when the disease gets hold of a community, vaccination thoroughly and efficiently performed is a safe protection against its spread, and that revaccination is quite as important as primary vaccination and should be renewed every 10 years.

As evidence in proof of these assertions one only need closely study the above tables. Further, it may be mentioned as another indication of the value of revaccination as a protection against the disease, that amongst the nursing and sanitary staff, who have on many occasions worked night and day and were exposed practically all the time to infection, not one contracted the disease. Another very interesting fact is that amongst the 70 admissions there were no ex-servicemen, and as is well known vaccination and revaccination played an important part in immunising our armies against Smallpox.

It will readily be admitted that since the introduction of the "conscientious objection" clause in the Vaccination Laws a considerable portion of our population have either through parental indifference or unreasoning prejudice failed to protect themselves and their children by vaccination, and it is only when threatened with an epidemic that they resort to steps which ought to have been taken years ago. Every advantage was taken of this belated repentance, and by means of the Press, Posters, Handbills, etc., no effort was spared in driving home the fact that in spite of opinions to the contrary, vaccination or revaccination is the one and only safeguard against the much dreaded scourge. Notwithstanding the fact that large numbers have protected themselves against Smallpox, there still remains a large section of the community which has not taken advantage of this reasonable precaution. There is no doubt that many people fear the operation. Now with the aid of specially prepared fresh lymph, due regard to asepsis, and the proper applications of dressings, the number of "bad arms" and constitutional reaction to vaccinia may safely be described as negligible.

On a few occasions it came to the notice of the Department that several of the local Practitioners performing vaccinations were of the impression that two small scarifications were sufficient protection. Such a practice is most harmful

and goes a long way to destroy the belief in the value of vaccination as a protection, in as much as inefficiently vaccinated persons may contract the disease. In a circular letter to the local doctors it was recommended that the Government standard of four insertions should be adopted.

The number of vaccinations performed during the year 1925 under the Public Health (Smallpox Prevention) Regulations 1917 was as follows:—

Primary	...	...	...	...	...	74
Revaccinations	...	...	...	...	...	112
						<hr/> 186 <hr/>

The following is the procedure adopted in Rotherham when dealing with a case of Smallpox:—

On receipt of notification of a case, or information concerning a doubtful case of Smallpox, the Medical Officer of Health or an Assistant Medical Officer accompanied by one of the sanitary staff, visits the premises. In the event of the disease being present, immediate arrangements are made for the removal of the patient, the sanitary official being left behind to make all necessary enquiries as to places visited during illness, probable source of infection, full list of contacts, inmates of the house, tradesmen and neighbours who have visited, persons who have been in contact with patient outside the house, fellow workmen, and relatives resident in the town. Special enquiry is made as to laundry, pawnshops, garments out for repair, and library books. (No effort is made to disinfect these; they are immediately destroyed and the librarian informed).

The Sanitary official also prevents persons entering or leaving the infected house. After removal of the patient all inmates of the house are taken by special conveyance to Hospital, where they are examined, vaccinated, revaccinated, or detained for observation purposes. Needless to say their clothing is steam disinfected before leaving the building. Whilst such contacts are being dealt with at the Hospital the infected house is thoroughly disinfected. All rooms and articles therein are first sprayed with formalin solution. All cupboards and drawers are opened; windows, fireplaces, and other openings are then sealed, and the house fumigated with formalin generated by means of Alformant lamps. The outbuildings are also sprayed. The following morning all beds, bedding, clothing, rugs, covers, curtaining, drapings, etc., are removed by special van to the Kimberworth Smallpox Hospital, where they are subjected to steam disinfection. Newspapers, paper blinds, and other articles likely to retain infection are destroyed by fire.

All contacts are visited at their homes and kept under observation by the sanitary staff for a period of about eighteen days and any sign of illness or unsuccessful vaccination is immediately reported and the premises visited by one of the Medical Officers.

Very little trouble was experienced with home contacts, and in every instance vaccination was accepted in preference to detention for observation purposes.

During the year 1925 the number of visits paid to Smallpox contacts was 5104. As can well be imagined such work necessarily took up a great deal of the time of the sanitary staff, with the result that other work had to be somewhat neglected.

The following is a summary of the procedure in dealing with a case of Smallpox:—

DISINFECTION OF SMALLPOX INFESTED HOUSES. SUMMARY OF PROCEDURE, ETC.

(1) WHERE HOME CONTACTS CONSENT TO REMOVAL TO TEMPORARY SHELTER.

- (a) Obtain signature of occupier to form of consent to disinfection.
- (b) Remove patient.
- (c) Warn Matron, Isolation Hospital, to prepare accommodation for contacts—give number, sexes, ages, etc.
- (d) Warn Disinfector *re* time of disinfection.
- (e) After removal of patient, ambulance to return and remove home contacts to temporary shelter.
- (f) Method of disinfection—spray throughout and then use lamps.
- (g) Make house secure and retain key.
- (h) Warn driver of van as to time of removal of bedding, etc.
- (i) Open house and remove bedding.
- (j) Home contacts may return if quarantine measures are not being taken; but before return all their clothing, etc., will be disinfected.

NOTE.—In any case where home contacts, who have voluntarily consented to removal, object to remain at the temporary shelter for any period of quarantine deemed necessary by the Medical Officer of Health a warrant should be obtained stating the period of detention.

This warrant should be read to the home contacts at the temporary shelter, and they should be warned that in the case of their breaking bounds they will be arrested and brought back to the temporary shelter. We appear to have no power to inflict penalties for breaking bounds in such cases—only the power of arrest (see Sec. 131, Rotherham Corporation Act, 1904).

Power to compensate contacts for loss of wages sustained by the enforcement of quarantine measures is given by Sec. 134, Rotherham Corporation Act, 1904, but, where quarantine is necessitated by the refusal of contacts to be vaccinated, it may not, in all cases, be advisable to pay compensation. Payment is not compulsory—the section reads: “The Corporation *may* make compensation.”

(2) WHERE HOME CONTACTS REFUSE REMOVAL TO TEMPORARY SHELTER.

- (a) Obtain signature of occupier to form of consent to disinfection. (This is essential).
- (b) Remove patient.
- (c) The Medical Officer of Health will make “complaint” to a Justice and will request him to issue a warrant authorising removal of the home contacts (forms of information and warrant are prepared; only one form of each is required for all the contacts in one house—not a separate warrant for each contact).
- (d) Having obtained a warrant warn Matron, Isolation Hospital, to prepare accommodation for contacts.

- (e) Arrange for ambulance to remove contacts and hand warrant to Police—an Officer will always be available to assist in the execution of the warrant.

(Note. For the purposes of executing the warrant and subsequent disinfection we can only enter the house between 9 a.m. and 6 p.m.)

- (f) Having removed the contacts the remaining procedure is as in cases where contacts consent to removal.

The following extract from the Report of the School Medical Officer, Dr. A. C. Turner, for the year 1925 is worthy of notice in the consideration of Smallpox. He says (page 11): "In view of the present prevalence of this complaint it is a matter of considerable interest and importance to record the condition of the Rotherham school children with regard to vaccination." This was recorded in the case of 3,659 of the 3,764 children examined as codes, with the following result:—

No cicatrix	...	...	...	...	1521	...	41.6%
One cicatrix	...	...	...	...	792	...	21.6%
Two cicatrices	...	...	...	...	349	...	9.5%
Three cicatrices	...	...	...	...	182	...	5.0%
Four or more cicatrices	...	...	...	...	815	...	22.3%
					3659		100.0%

Thus, out of every five children examined two were absolutely unprotected against this disease, whilst a third had only one cicatrix (often extremely small), which could confer immunity for only a very limited period; only two out of five children were moderately well protected against Smallpox."

The following Table (XXVI) shows the number of "Conscientious" Objectors in Rotherham during the last 19 years:—

TABLE XXVI.
"CONSCIENTIOUS" OBJECTORS.

No. of "Conscientious"		No. of "Conscientious"		No. of "Conscientious"	
Year.	Objectors.	Year.	Objectors.	Year.	Objectors.
1907	17	1914	678	1920	1037
1908	126	1915	512	1921	954
1909	174	1916	685	1922	757
1910	257	1917	587	1923	598
1911	300	1918	385	1924	549
1912	394	1919	722	1925	521
1913	546				

Rotherham possesses local enactments which have proved most useful, and in no little measure have played an important part in preventing the spread of Smallpox.

The following are forms used in connection with this disease and also the powers contained in the local Acts:—

SMALLPOX REPORT.

Case No.	Age
Patient	Date
Address	Rash appeared
Notified by	
Illness commenced	
Vaccinal condition	
School, or Place of Work	
Last at School or Work	
Visits paid by patient during illness ...	
Library	
Laundry	
Any clothes in pawn or out for repair	
Type of Dwelling	
No. of Inmates	
Any business carried on	
Sanitary Accommodation	
Water supply	
Milk supply	
Any nuisance existing	
Intimations to :	
Ministry of Health	
School M.O.	
School Master	
Employer	
Neighbours	
Other L.A.'s	
Removed to Hospital	
House Disinfected	
Bedding, &c., Disinfected	

AT BACK OF FORM.

NOTES AS TO PROBABLE SOURCE OF INFECTION, &c.

COUNTY BOROUGH OF ROTHERHAM.

ROTHERHAM CORPORATION ACT, 1904.

I, _____ hereby consent to the disinfection and
cleansing by the Corporation of the house
now occupied by me, and the cleansing and disinfection, or if necessary the destruction, or any
article therein likely to retain infection, pursuant to Section 131 of the above named Act.

Dated this _____ day of _____ 192

Signed.....

NOTIFICATION TO SCHOOL TEACHER.

Dear Sir (or Madam),
.....of
.....a scholar attending.....
School, was reported on.....to be suffering from Smallpox and has
been removed to the Kimberworth Hospital.

The following contacts of the case attend your School :—

.....
.....
.....

I shall be glad if you will forward me daily for the next 18 days, names and addresses
of scholars, attending same class as patient, who are absent from school on account of illness.

Yours faithfully,

Medical Officer of Health.

ROTHERHAM CORPORATION ACT 1904.

Section 131 (4).

IN THE COUNTY BOROUGH OF ROTHERHAM.

The complaint of the Mayor, Aldermen and Burgesses of the County Borough of
Rotherham, by William Barr, their Medical Officer, who state that a certain infectious disease
to wit, Smallpox, having made its appearance in a certain house, to wit

within the district of the said local authority, they did on the
day of _____ 192 , request one

to leave the said house and to remove to a certain temporary shelter at Badsley Moor Lane,
which had been provided by the said local authority in pursuance of the Rotherham Corpo-
ration Act 1904, which the said

did not consent to do, wherefore the complainants hereby apply for a warrant that the said
may be removed from the said house to the said temporary shelter.

Taken before me at Rotherham this _____ day of _____ 192.

Justice of the Peace for the said Borough.

ROTHERHAM CORPORATION ACT 1904.

Section 131 (4).

IN THE COUNTY BOROUGH OF ROTHERHAM.

To the Mayor, Aldermen and Burgesses of the County Borough of Rotherham.

Complaint having been made to me this day by William Barr, Medical Officer for the County Borough of Rotherham, that a certain infectious disease, to wit, Smallpox, has made its appearance in a certain house situate at

in the said Borough, and that on the day of 192,

was (were) requested to leave the said house, and to remove to a certain temporary shelter at Badsley Moor Lane, which had been provided by the local authority in pursuance of the Rotherham Corporation Act 1904, and that the said

has (have) not removed to the said temporary shelter.

YOU ARE THEREFORE HEREBY AUTHORIZED to remove the said from the said house to the said temporary shelter, and there detain him (her) (them) for twenty-one days from this date.

Dated this day of 192.



Justice of the Peace for the said Borough.

THE ROTHERHAM BOROUGH EXTENSION AND SEWERAGE ACT, 1879.

Section 94. In order to secure that due notice be given to the Corporation of any inmate of any building used for human habitation who is suffering from Smallpox, Cholera, or any contagious or infectious fever, the following provisions shall have effect (that is to say) :—

1. If any such inmate be suffering from any such disease as aforesaid, the occupier or person having the management or control of such building shall, so soon as he become aware of the existence in any such inmate of any such disease, forthwith give notice to the Corporation at the Town Hall of the existence in such inmate of such disease.
2. If such inmate be not a member of the family of such occupier or person, the head of the family (resident in such building) to which such inmate belongs, or if there be no such head, then such inmate (unless prevented by reason of such disease or of youth) shall, on becoming aware of the existence in such inmate or in his own person, as the case may be, of such disease, forthwith give notice thereof to such occupier or person (Sub-sections 3, 4 and 5 refer to notification by Medical Practitioners).

And any person who shall offend against this enactment (unless ignorant thereof, the burden of the proof of which shall be on him) shall for every such offence be liable to a penalty not exceeding ten pounds.

ROTHERHAM CORPORATION ACT, 1904.

Section 131.—(1) Where it appears to the Corporation upon the certificate of the Medical Officer that the cleansing and disinfecting of any house or part thereof and of any articles therein likely to retain infection or the destruction of such articles would tend to prevent or check any infectious disease the Corporation may serve notice on the occupier or where the house or part thereof is unoccupied on the owner of such house or part thereof that the same and any such articles therein will be cleansed and disinfected or (as regards the articles) destroyed by the Corporation unless the person so notified informs the Corporation within a time to be specified in the notice from the receipt of the said notice that he will cleanse or disinfect the house or part thereof with any such articles or destroy such articles to the satisfaction of the Medical Officer as testified by certificate by him within a time fixed in the notice.

(2) If either—

(a) Within the time specified as aforesaid from the receipt of the notice the person on whom the notice is served does not inform the Corporation as aforesaid; or

(b) Having so informed the Corporation fails to have the house or part thereof and any such articles disinfected or such articles destroyed as aforesaid within the time fixed in the notice; or

(c) The occupier or owner as the case may be without such notice gives his consent; the house or part thereof shall be cleansed and disinfected and such articles shall be cleansed and disinfected or destroyed by the officers of and at the cost of the Corporation.

(3) For the purpose of carrying into effect this section the Corporation may enter on any premises between nine o'clock in the morning and six o'clock in the evening.

(4) If the Corporation deem it necessary to remove from any house or part thereof all or any of the residents not being themselves sick on account of the existence or recent existence therein of infectious disease or for the purpose of disinfecting such house or part thereof they may make application to a justice, and the justice if satisfied of the necessity of such removal may grant a warrant authorising the Corporation to remove such residents and imposing such conditions as to time and otherwise as to him may seem fit. Provided always that no such warrant shall be necessary when the removal is carried out with the consent of any such resident or his parent or guardian. The Corporation shall and they are hereby empowered to provide free of charge temporary shelter with any necessary attendance for such persons while prevented from returning to such house or part thereof.

(5) When the Corporation have disinfected any house or part of a house or any article under the provisions of this section they shall compensate the occupier or owner of such house or part of a house or the owner of such article for any damage thereby caused to such house part of house or article, and when the Corporation destroy any article under this section they shall reasonably compensate the owner thereof and the amount of any such compensation shall be recoverable in a summary manner.

ROTHERHAM CORPORATION ACT, 1921.

Section 45. (1) No person being the parent or having the care or charge of a child who is or has been attending any school or any part thereof which for the time being is closed by order of the Corporation or any Committee of the Council with a view of preventing the spread of infectious disease shall permit such child to attend any Sunday school or place of public entertainment or assembly in the borough without having procured from the Medical Officer a certificate (which shall be granted free of charge upon application) that in his opinion such child may attend such Sunday school or place of public entertainment or assembly without undue risk of communicating disease to others.

(2) Any person who shall offend against this section shall be liable to a penalty not exceeding forty shillings.

Section 46. (1) If the Corporation or a Committee of the Council acting on the advice of the Medical Officer with a view of preventing the spread of infectious disease in the borough require the closing of any Sunday school or any department thereof or the exclusion of any certain children therefrom for a specified time or the exclusion of children from places of public entertainment or assembly for a specified time such requirement shall at once be complied with.

(2) Any person responsible for the conduct or management of any Sunday school or place of public entertainment or assembly wilfully failing to comply with any such requirement shall for every such failure be liable to a penalty not exceeding twenty shillings.

ROTHERHAM CORPORATION ACT, 1924.

Section 65. (1) The occupier of any building which is used for human habitation and in which there is or has been any person suffering from an infectious disease shall on the application of the Medical Officer or the Deputy or Assistant Medical Officer at any time during the illness of such person or within six weeks from the occurrence of such illness furnish such information within his knowledge as the Medical Officer or the Deputy or Assistant Medical Officer may reasonably require for the purpose of enabling measures to be taken to prevent the spread of the disease.

(2) Any occupier refusing to furnish such information or knowingly furnishing false information shall be liable to a penalty not exceeding forty shillings.

(3) For the purposes of this section the expression "occupier" shall have the same meaning as in the Infectious Disease (Notification) Act 1889, and the expression "infectious disease" shall include pulmonary tuberculosis.

Section 66. (1) Any person being the parent or having the care or charge of a child attending at a school in the borough who is aware of or has reason to suspect the occurrence of any infectious disease in any person residing with such parent or other person and who fails forthwith to notify such occurrence to the head teacher, principal or superintendent of the school shall be liable to a penalty not exceeding twenty shillings.

In any proceeding under this subsection a certificate purporting to be under the hand of the head teacher, principal or superintendent of the school at which the child named in the certificate is in attendance stating that he has or has not received any notification as required

Is any business carried on in house ?

Is anyone in house engaged in milk or dairy business ?

Is anyone in house employed as an outworker ?

Places of entertainment visited by patient recently

Churches or Sunday Schools visited by patient recently

Suspected source of infection

Has patient been associated with anyone suffering from sore throat or other illness ?

If previous cases in same house, and if so when discharged from Hospital

Water supply

Milk supply

Laundry

Library Books obtained

Notice sent to Libraries

Notice sent to Schools

Notice sent to Employers

Notice re Sanitary Defects

Date Disinfection completed

Any further remarks

The Head Teacher of any school affected is immediately notified of the name of the patient and the names of the inmates of the house who attend the school. In cases where it is considered necessary he is asked to submit daily to the Health Department the names and addresses of all absentees so that those can be visited by the Health Staff for observation.

Isolation and Disinfection have already been considered in detail under Small-pox.

ISOLATION HOSPITAL.

The following Table (XXVII) shows the classification of cases removed to the Borough Isolation Hospital during the year 1925, together with the results of treatment :—

TABLE XXVII.
CLASSIFICATION OF CASES.

Disease.	Cases Notified during 1925	In Hospital 31st Dec 1924	Admis- sions. 1925	Dis- charges 1925	Deaths 1925	Remaining in Hospital 31st Dec. 1925	Total patient days.
Scarlet Fever ...	296	27	272	271	4	24	11994
Diphtheria ...	49	2	40	37	4	1	949
Enteric Fever ...	4	—	2	1	—	1	117
Measles ...	1168	—	3	3	—	—	61
Encephalitis Lethargica ...	4	—	1	—	—	1	3
Total ...	1521	29	318	312	8	27	13124

The average number of patients daily was 36 during the year.

The total figures for the five years under review are given in Table XXVIII :—

TABLE XXVIII.
COMPARATIVE CASE FIGURES.

Year.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Other Diseases.	Total.
1921 ...	49	29	50	9	137
1922 ...	249	65	1	3	318
1923 ...	248	19	4	6	277
1924 ...	399	43	5	18	465
1925 ...	272	40	2	4	318
Total ...	1217	196	62	40	1515

During the year 1925 the following complications occurred in cases of Scarlet Fever, Diphtheria, and Enteric Fever treated in the Isolation Hospital :—

Scarlet Fever.				Diphtheria.				Enteric Fever.			
Enlarged Glands ...	...	97		Enlarged Glands ...	...	4		Thrombosis ...	...	...	1
Abscess ...	...	8		Abscess ...	...	5		Pleurisy ...	...	...	1
Nasal Discharge ...	...	43		Nasal Discharge ...	...	2		Nephritis ...	...	...	1
Ear Discharge ...	...	22		Ear Discharge ...	...	2					
Nephritis ...	...	10		Nephritis ...	...	5					
Rheumatism ...	...	21		Rheumatism ...	...	2					
Mastoid ...	...	2		Laryngeal Obstruction		2					

Operative interference was required for the following cases :—Abscess, 13; Mastoid, 2; Laryngeal Obstruction, 2. There were two "return" cases of Scarlet Fever and none of Diphtheria.

During the year 1925 the Schick test was applied to the Isolation Hospital Staff, consisting of Matron and eight Nurses, with a view to determining whether any one was susceptible or immune to Diphtheria.

The test is carried out by injecting into the superficial layer of the skin of the left forearm 0.2 c.c. of a standardised diluted diphtheria toxin. Into the right arm is injected, as a control, the same amount of heated toxin. Depending on the variation of local redness, swelling, or discolouration, at the two points of injection, four reactions may be observed. (1) Negative reaction, (2) Positive reaction, (3) Negative and pseudo reaction and (4) Positive and pseudo reaction. Cases in which (1) and (3) obtain are considered immune, while those manifesting (2) and (4) are looked upon as susceptible.

In the 9 cases tested at the Isolation Hospital, 8 proved negative and 1 positive.

No active immunisation however was attempted.

The Dick test for Scarlet Fever was not undertaken.

SUPPLY OF DIPHTHERIA ANTI-TOXIN.

Diphtheria anti-toxin is supplied free to all medical practitioners in the County Borough on application for such at the Health Department. During the year "concentrated" anti-toxin was introduced, but at the present time it is impossible to say definitely if any advantage has accrued.

The number of phials distributed according to the years under review is as follows:—

In 1921, 112; in 1922, 230; in 1923, 105; in 1924, 173; in 1925, 139.

BACTERIOLOGICAL LABORATORY.

The facilities existing in the Public Health Laboratory enable the majority of bacteriological examinations to be performed locally. These comprise the examination for the presence of (1) Tubercle bacillus, (2) Diphtheria bacillus, (3) Gonococcus, (4) Spirochaete of Syphilis, (5) Ringworm, (6) the Widal Reaction in Typhoid, Paratyphoid A and Paratyphoid B. More highly complex examinations as those of blood for the Wassermann reaction, faeces for the Typhoid bacillus or of specimens requiring the biological (guinea pig) test are dealt with by arrangement at the Pathological Department in the University of Sheffield.

Outfits for the proper collection and transmission of specimens are provided free to all medical practitioners in the area. That due advantage is taken of the facilities offered is seen from the following figures which refer to the Health Department Laboratory for the five years under review. In 1921, 729 examinations were performed; in 1922, 965; in 1923, 758; in 1924, 1007; and in 1925, 1,038.

In the following Table (XXIX) details are given of the examinations made during the year 1925 :—

TABLE XXIX.

BACTERIOLOGICAL EXAMINATIONS.

Examinations for :—	Positive.	Negative.	Doubtful.	Total.
Diphtheria	55	347	19	421
Tuberculosis	76	387	...	463
Typhoid Fever	3	11	...	14
Gonorrhoea	64	37	6	107
Spirochaetes	11	1	...	12
Other Examinations	6	15	...	21
Total	215	798	25	1038

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.

The following Table (XXX) indicates the incidence of various non-notifiable acute infectious diseases prevalent amongst children attending the Public Elementary Schools :—

TABLE XXX.

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES : ELEMENTARY SCHOOL CHILDREN.

Disease.	1921	1922	1923	1924	1925
Whooping Cough	685	184	484	164	441
Mumps	655	94	97	316	465
Ringworm	409	253	377	346	596
Totals	1749	531	958	826	1502

It will be noticed that of the years covered by this Report, 1922, while lowest in non-notifiable infectious diseases was highest in those notifiable.

During the year Influenza was responsible for 14 deaths, compared with 23 in 1924, 12 in 1923, 15 in 1922, and 61 in 1921. In the year 1921 leaflets and posters were distributed and posted in the Borough and Influenza vaccine was available for the use of medical practitioners. During the later years no special action has been taken in the area in regard to this disease.

CANCER.

Cancer continues on the increase as a cause of death. In 1921 there were 69 cases; in 1922, 50; in 1923, 63; in 1924, 76; and in 1925, 85.

Details are furnished in the following Table (XXXI) regarding the location of the disease together with the age and sex distribution. For the purposes of the table, external carcinoma is made to include cancer of the tongue, tonsils and palate.

TABLE XXXI.

CANCER.
DEATHS OCCURRING IN THE VARIOUS AGE PERIODS DURING THE YEAR 1925.

Location of Disease	Under 20 years M. F.	20-25 years		25-30 years		30-35 years		35-40 years		40-45 years		45-50 years		50-55 years		55-60 years		60-65 years		65-70 years		70-75 years		75-80 years		80-85 years		85 years & over		Total M. F.	Grand Total.
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.		
Alimentary Canal	-	-	-	-	-	-	-	2	1	1	1	2	2	5	3	2	4	-	-	-	-	-	-	-	-	-	-	-	19	19	38
Other Internal Organs	-	-	-	-	-	-	-	-	2	1	2	2	4	1	3	2	-	-	-	1	2	-	-	-	-	-	-	8	11	19	
Womb	-	-	-	-	-	-	-	2	-	-	-	-	3	-	-	-	-	-	-	-	3	2	-	-	1	-	-	-	-	13	13
External	-	-	-	-	-	-	2	2	1	-	3	2	2	1	-	-	1	-	-	-	-	1	-	-	-	-	-	10	1	11	
Breast	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4
Total	-	-	-	-	-	1	-	4	4	2	2	4	6	6	8	7	6	4	5	4	7	4	-	-	1	-	-	37	48	85	
Total ...	-	1	-	1	4	6	6	6	6	6	14	13	12	11	9	1	1	1	1	1	1	1	1	1	1	1	1	85			

The ratio of cancer deaths to deaths from all causes expressed as a percentage for the years under survey shows a fluctuating increase.

In 1921 the percentage was 7.7; in 1922, 5.9; in 1923, 7.9; in 1924, 8.4; and in 1925, 9.4.

VERMINOUS PERSONS.

Apart from the School Clinic, where children may be treated, no facilities exist in the Area for the cleansing and disinfection of verminous persons. Infected articles are dealt with by fumigation, and infected premises by a combination of spraying and fumigation. It is probable that in the event of the necessity arising, verminous persons could be cleansed, by arrangement, at the School Clinic.

SECTION VII.

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1925.

Under the Public Health (Tuberculosis) Regulations, 1924, the number of cases of Tuberculosis on the Register of Notifications on the 31st December, 1925, was 898, classified as in Table XXXII.

TABLE XXXII.
CASES ON REGISTER OF NOTIFICATIONS.

Total Cases ...	Pulmonary.			Non-Pulmonary.		
	Males.	Females.	Total.	Males.	Females.	Total.
898	430	315	745	82	71	153

Particulars of new cases of Tuberculosis and of deaths from the disease during the year 1925 are given in the following Table (XXXIII).

TABLE XXXIII.
TUBERCULOSIS, 1925.

Age Periods.	New Cases.*				Deaths.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	...	1	3	...	...	...	3	...
1-5 years ...	4	4	8	4	...	2	3	1
5-10 years ...	18	19	8	3	1	...	2	1
10-15 years ...	18	15	7	3	1	2	1	1
15-20 years ...	12	16	1	4	3	2	1	...
20-25 years ...	14	9	1	1	4	3	1	...
25-35 years ...	23	13	...	1	12	7	...	1
35-45 years ...	18	21	1	1	8	4	...	...
45-55 years ...	10	7	...	1	7	4	...	1
55-65 years ...	3	3	...	2	2	2	1	2
65 years and upwards ...	3	1	...	...	2	2	...	...
Totals ...	123	109	29	20	40	28	12	7

*Primary Notifications, including other new cases which have come to the knowledge of the Medical Officer of Health during the year 1925.

The ratio of non-notified Tuberculosis deaths to total Tuberculosis deaths for the year was 1 to 3.

The efficiency of notification of Tuberculosis in Rotherham is relatively high, and no action was required for cases of wilful neglect or refusal to notify.

NEW LEGISLATION.

During the year it was recommended that the Medical Officer of Health be authorised to administer the provisions of the Public Health (Prevention of Tuberculosis) Regulations, 1925, relating to Tuberculous employees in the milk trade.

Action was taken in one instance and a notice served under Article 5.

There was no appeal under Article 6 and no compensation was paid.

No action whatever was taken during the year under Section 62 of the Public Health Act, 1925.

TUBERCULOSIS SCHEME.

The Council's scheme for the prevention, diagnosis, and treatment of Tuberculosis provides (1) the Tuberculosis Dispensary at 12, Frederick Street and (2) the Sanatorium at Oakwood Hall, Moorgate. The Sanatorium contains 100 beds, of which 70 are available for the County Borough, and the remaining 30 are allocated to the West Riding County Council.

There is a resident Medical Officer at the Sanatorium, who also acts as Tuberculosis Medical Officer. In connection with the Dispensary there is one Tuberculosis Nurse. In addition to assisting at the Dispensary Clinic, she undertakes the visiting and supervision of patients, follows up cases in which the diagnosis is doubtful, conducts enquiries relating to new cases notified, gives advice concerning the examination of "contacts," and attends to certain clerical details.

The Sanatorium Staff consists of 1 Matron, 1 Assistant Matron, 3 Sisters and 11 Nurses and Probationers, together with a certificated Lady Teacher for the children.

The distribution of beds amongst the various types of case is shown in the following Table (XXXIV), which represents an average only.

TABLE XXXIV.

DISTRIBUTION OF SANATORIUM BEDS.

Pulmonary Cases.		Non-Pulmonary Cases.	Total.
Sanatorium.	Hospital.		
47	10	13	70

As far as advanced cases are concerned, although most are dealt with at Oakwood Hall Sanatorium, it has occasionally been arranged for several of such cases to be admitted to the Poor Law Infirmary.

In regard to Tuberculosis amongst school children, supervision and treatment of these cases is always carried out with the close co-operation of the School Medical Officer, who is notified of all cases before and after treatment, so that no one is overlooked.

With the general practitioners, also, working arrangements have been of the most harmonious character.

No dental treatment is provided by the Council for tuberculous patients, nor are there any arrangements for the provision of nursing or of extra nourishment for patients living at home. Shelters are not supplied owing to their impracticability in the area, and there are no local arrangements so far, for finding suitable employment for patients. There has been no "after care" work of an official kind during the period under review.

The arrangements for treating non-pulmonary Tuberculosis are similar to those for pulmonary cases, that is, treatment is carried out both ambulant at the Dispensary and institutionally at the Sanatorium. Treatment is on the "conservative" principle, the provision of surgical apparatus being borne by the Local Authority.

In the following the Dispensary and the Sanatorium will be considered separately from the statistical standpoint, with general observations regarding certain aspects of each.

THE DISPENSARY.

During the year 1925, 3,084 attendances were made by 767 individuals, of whom 237 (including contacts) were new cases. A total of 690 cases remains on the Dispensary register on 31st December, 1925, as shown in Table XXXV.

TABLE XXXV.

SUMMARY FOR 1925.

Old Cases.	New Cases.	"Lost sight of" cases returned.	Transferred.	Non-tuberculous.	Died.	Remaining.
530	237	8	11	32	42	690

Table XXXVI gives comparative figures for the last 5 years:—

TABLE XXXVI.
COMPARATIVE CASE FIGURES.

	1921	1922	1923	1924	1925
New Cases	210	264	202	280	237
Old Cases	318	275	571	382	530
Total attendances	4258	3733	3583	4080	3084
Per patient attendances	8.06	6.92	4.62	6.16	4.02

Table XXXVII shows classification of (A) New Cases and (B) Contacts.
(Note.—Adult now includes all persons over 15 years).

TABLE XXXVII.
CLASSIFICATION OF NEW CASES AND CONTACTS.

	PULMONARY				NON-PULMONARY.				TOTAL.			
	Adults.		Child'n.		Adults.		Child'n.		Adults.		Child'n.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. New cases examined during the year (excd. contacts).												
(a) Definitely tuberculous ...	54	37	30	24	1	4	6	11	55	41	36	35
(b) Doubtfully tuberculous ...	...	...	...	...	...	...	...	...	4	1	1	1
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	8	9	7	3
B. Contacts examined during the year—												
(a) Definitely tuberculous ...	5	6	6	9	0	0	3	0	5	6	9	9
(b) Doubtfully tuberculous ...	...	...	...	...	...	...	...	...	2	0	0	0
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	1	0	4	0
	...	...	...	...	...	...	...	...	75	57	57	48
									=	237		

Amongst the 32 “non-tuberculous” individuals examined the following conditions were found, as given in Table XXXVIII.

TABLE XXXVIII.
CASES FOUND NEGATIVE.

	Adults.		Children.	
	M.	F.	M.	F.
Normal	1	1	4	1
Bronchitis and other lung diseases	7	4	3	2
Chlorosis	0	2	0	0
Other diseases	1	2	4	0
	9	9	11	3

Of the 690 patients on the register 83 are suffering from different forms of non-pulmonary Tuberculosis as shown in Table XXXIX.

TABLE XXXIX.
NON-PULMONARY CASES.

Glands	...	...	...	...	...	...	...	...	31
Hip	...	...	...	...	...	...	...	...	12
Skin	...	...	...	...	...	...	...	...	12
Spine	...	...	...	...	...	...	...	...	7
Abdomen	...	...	...	...	...	...	...	...	7
Knee	...	...	...	...	...	...	...	...	6
Ankle	...	...	...	...	...	...	...	...	5
Addison's	...	...	...	...	...	...	...	...	1
Eye	...	...	...	...	...	...	...	...	1
Disseminated	...	...	...	...	...	...	...	...	1
									83

In Table XL a classification is made of all cases on the Dispensary Register at the end of the year.

TABLE XL.
CASES ON DISPENSARY REGISTER ON 31/12/25.

			Pulmonary.				Non-pulmonary.			
			Adults.		Children.		Adults.		Children.	
			M.	F.	M.	F.	M.	F.	M.	F.
Diagnosis completed	...	...	255	158	97	88	8	13	34	28
Diagnosis not completed	...	...	6	1	1	1	0	0	0	0

The following Table (XLI) shows the work performed by Miss Hill, the Tuberculosis Nurse, during the past five years :—

TABLE XLI.
WORK OF TUBERCULOSIS NURSE.

				1921	1922	1923	1924	1925
Visits to patients' homes	...	...	...	2140	2307	2383	2687	2767
Attendances at Dispensary	...	...	...	...	229	223	227	383

In 1924 the Tuberculosis Dispensary was transferred from Carnson House, Moorgate, to the present premises in Frederick Street, and this latter place has proved much more convenient and is also easier of access from all parts of the Borough.

Though every effort is made to keep down unnecessary attendances, the work is increasing steadily. The clerical work involved in keeping accurate case records and preparing statistical returns is proving so heavy that the need of further assistance in this direction has become an urgent matter, the solution of which would allow more time for clinical and practical work.

It is anticipated that during the coming year a Light Treatment Centre will be established in the Borough, which will be available for the treatment of cases of Tuberculosis. This will meet a much felt want.

As well as for the "pre-tubercular" case, there is the group including lupus, enlarged glands, and discharging sinuses, for which this treatment is pre-eminent. As for this type of case institutional treatment is of necessity prolonged, it is hoped that the more up to date method will allow a larger number of beds to be available for other cases at the Sanatorium and thus relieve the congestion of the "waiting list."

THE SANATORIUM.

At the beginning of 1921, 52 beds were available for cases of Tuberculosis in the Borough—24 at Kimberworth Hospital, 10 at the Isolation Hospital, 13 at Oakwood Sanatorium, 4 at Meathop Sanatorium, and 1 at Preston Heath Training Colony.

Early in 1922 complete centralisation was carried out and by August of that year, 70 beds were available and occupied at Oakwood Hall Sanatorium by Borough patients, the other 30 beds being reserved for the West Riding County Council.

From January, 1921, until 31st December, 1925, 696 Borough Cases have been admitted to Oakwood Hall Sanatorium.

During the year 1925, 155 patients were admitted, 149 were discharged, 7 died, and 69 remained in Hospital at the end of the year, as shown in Table XLII.

TABLE XLII.
SUMMARY FOR 1925.

Number of patients in Hospital.			1/1/25	Admitted.	Discharged.	Died.	31/12/25
Adults.	M.	...	31	73*	75*	6	23
	F.	...	12	27	25	...	14
Children.	M.	...	12	41	28	...	25
	F.	...	15	13	20	1	7
			70	155	149	7	69

*Includes one observation case.

The immediate results of the treatment of patients for the year 1925 are tabulated in Table XLIII.

TABLE XLIII.

IMMEDIATE RESULTS OF TREATMENT.

						Under 3 months			3-6 months.			6-12 months.			More than 12 months.			Total.
						M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis	T.b. Minus	Quiescent	...	...	...	1	-	1	3	2	3	2	1	3	-	-	1	17
		Improved	...	...	...	16	6	4	19	7	13	7	3	7	-	1	1	84
		No material improvement	...			1	1	-	2	-	2	1	-	1	-	-	-	8
		Died	...	...	...	-	-	-	1	-	-	-	-	-	-	-	-	1
	T.b. Plus	Quiescent	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	—
		Improved	...	...	...	4	1	-	13	-	-	-	-	-	-	-	-	18
		No material improvement	...			3	-	-	1	-	-	2	2	-	-	-	-	8
		Died	...	...	...	3	-	-	2	-	1	-	-	-	-	-	-	6
Non-Pulmonary.	Quiescent	...	...	...	...	-	-	-	-	-	-	-	-	2	-	-	1	3
	Improved	...	...	...	...	-	-	1	-	-	1	-	-	-	-	-	3	5
	No material improvement	...				-	-	3	-	1	-	-	-	-	-	-	1	5
	Died	...	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	—
	Observation	...	...	...	...	1	-	-	-	-	-	-	-	-	-	-	-	1
																	Total	155

During the past year, as in former years, admissions have included all types of cases. The 70 available beds have been continuously occupied, as it is arranged that the new case is admitted on the same day as the old case is discharged.

The non-pulmonary cases have tended to be accumulative during the past five years owing to the need of prolonged stay, and this encroaches rather heavily on the available beds.

Provision for the education of the children patients of school age was made in 1924. The school hours are fitted in with the Sanatorium routine and the class meets in the schoolroom in inclement weather and out in the Home part of the grounds in fine weather under the guidance of Mrs. Eyre.

For the two years since the school's inception the following particulars are interesting, and show that the carrying on of the education of a child while under observation and treatment is not only very desirable but is much needed.

Of the 111 children admitted to school, including five re-admissions,
26 children never attended school previously,
33 children were unable to read or write,
21 children had not attended school for periods ranging from 10 months to 2 years,
and 19 children had not attended school for periods ranging from 2 years to 6 years.

The absence of an X Ray installation in a modern Sanatorium is serious. There is no need to enlarge on the great importance of this apparatus in the diagnosis, control of treatment, and prognosis of nearly all tuberculous cases. Also, to have such an apparatus available for Dispensary cases is really an essential under modern methods of diagnosis.

The condition of the mouth in a considerable number of patients is such as to be prejudicial to their health and to militate to some extent the benefit to be derived from sanatorium treatment. It would not be false economy to have the services of a Dental Surgeon available for these cases.

In 1923 a Representative Committee of patients was formed to deal with games and amusements generally, and this has proved very successful. As well as this, the profits from the sale of tobacco, cigarettes, chocolate, etc., have made up a Benevolent Fund, which has proved of service in giving aid to many deserving cases. Local concert parties have also been helpful in brightening up some winter evenings, and their services have always been much appreciated.

SECTION VIII.

VENEREAL DISEASES.

DETAILS OF THE COUNCIL'S SCHEME.

The Rotherham Corporation possesses a comprehensive and satisfactory scheme for the diagnosis and treatment of Venereal Diseases.

In October, 1924, the old treatment centre was transferred from Wellgate Mount to new quarters situated at No. 12, Frederick Street, a building which was formerly the Public Health Office, and which is shared by the Tuberculosis Dispensary.

The Venereal Diseases Centre occupies all the four rooms on the first floor and is self-contained. One room is used as a waiting room, and opposite to it is the Medical Officer's consulting room, where all patients are seen privately and where interviews and intra-muscular injections are given. This room also contains a laboratory bench for the preparation and staining of smears and other pathological specimens. Leading out of the consulting room is a room fitted out like an operating theatre with a north-west light, electric sterilizers, examination lamp, and aseptic furniture. This room is used for the passage of sounds, urethroscopy, and other minor operations. The operating table is convertible into an examination table for females and here the intermediate treatment of female patients is also performed. There is a small screened off dressing cubicle in one corner. In the fourth room the intermediate treatment of male patients is carried on. It is fitted with two screened cubicles with floors covered with sheet lead and furnished with the necessary apparatus for performing irrigations. This room possesses a sterilizer and also a copper still for the preparation of freshly distilled water. The intermediate treatment room is under the control of a male attendant, who carries out the treatment prescribed by the Medical Officer and also keeps the records of attendances. Prophylactic treatment can also be obtained here.

The Centre is situated close to the main tram and 'bus termini in a quiet street which contains very few shops, and the patients feel that they can enter the building without exciting undue attention. This is a matter of considerable importance, as most patients have to undergo, on the first few occasions that they attend, a certain amount of mental conflict before they can summon up the necessary courage to enter the clinic. But this is soon overcome when they learn by experience that, having once entered the portals, they will receive sympathy and helpful advice and individual treatment under conditions of strict confidence. On no part of the building, either inside or outside, is there any notice or title which indicates that venereal disease is treated there.

In addition to this treatment centre for out-patients provision has been made for the treatment of in-patients. For males there is a well built wooden pavilion

in one corner of the grounds of the Isolation Hospital. It consists of a ward containing two beds, an ante-room where linen and utensils are kept, and a bathroom fitted with a geyser. The whole structure was completed during 1925.

For the treatment of female in-patients, two beds are kept in a separate ward in the Ferham House Municipal Maternity Home. The ward containing these two beds has a special bathroom adjoining. There is an operating table, examination lamp, and all the apparatus for giving irrigations and other treatment.

The Staff under the scheme consists of a Medical Officer, an Orderly, and a Nurse. The Medical Officer for the treatment of Venereal Diseases is also the Maternity and Child Welfare Medical Officer. In the combination of these two appointments in one and the same person there are certain distinct advantages. At the ante-natal and child welfare clinics the Medical Officer frequently sees cases of venereal disease which might otherwise be missed. He is able to take pathological specimens without the need of sending the patients to the V.D. clinic, and he often actually treats the patients at the maternity and child welfare centre if there is any difficulty in persuading the patient to attend the V.D. Centre. Moreover, in the very important case of an expectant mother suffering from Venereal Disease he is able to keep the patient under observation and treatment right up to her confinement, and initiate treatment for the infant if required at the earliest possible date.

The same Orderly has been employed since the scheme was started in 1919, and he was made a whole time official when the new centre was opened in October, 1924. He attends at the Centre every day to carry out the intermediate treatment. The Nurse who has had special training in this subject is also a Health Visitor and devotes half her time to V.D. work. She is present when the clinics for females are held and also attends during the morning to perform intermediate treatment, which in the case of female patients is arranged by appointment.

The hours at which the Centre is open have been fixed so as to meet the requirements of the majority of the patients. In this industrial district many of the male population go to work in "shifts," the times of which vary every week, but they are free to attend the Centre either in the morning or in the evening of every day. Consequently the Centre is open for males every week-day morning from 9.30 to 11.0 a.m. and every week-day evening from 5.30 to 8.30 p.m., with the single exception of Thursday evening, which is set apart as a clinic for female patients. Similarly women and children may attend every week-day morning between 11.0 and 12.30. In this way any patient can obtain intermediate treatment on every week-day and many male patients even attend twice a day.

Clinics at which the Medical Officer is present are held for men on Tuesday mornings from 9.30 to 11.0 a.m., Tuesday evenings from 5.30 p.m. to 8.0 p.m. and Wednesday evenings from 5.30 to 8.0 p.m. Clinics for women and children are held on Thursday mornings from 11.30 to 12.30 and Thursday evenings from 6.0

to 8.0 p.m. The Medical Officer attends at the Centre every week-day at 9.30 a.m. and can usually be summoned at any time by telephone.

Pathological investigations to assist in the diagnosis of cases form an important part of the work of this Department. Specimens of blood for the Wassermann test are taken at the Clinic and are forwarded to the Sheffield University, where the actual test is performed. Smears for the detection of Gonococci and other organisms are examined in the Public Health Laboratory by the V.D. Medical Officer, who also carries out investigations for the detection of Spirochaetes by means of the dark ground illumination method. Similar investigations are carried out on any pathological specimens sent by any private practitioner free of charge, or the practitioner may send his patient to the clinic where the specimen will be taken and the medical attendant will be informed by letter of the result of the investigation.

There is an agreement with the West Riding County Council by which patients from the neighbouring districts outside the area of the Borough can receive free treatment at the Rotherham V.D. Centre. During 1925 the patients from the West Riding area were about 38 per cent. of the total. The numerous thickly populated mining villages in the neighbourhood are supplied with fairly adequate transport services, which enable the patients to attend the Centre satisfactorily. In a few cases where the patients have been necessitous their travelling expenses have been refunded.

THE EXTENT TO WHICH THE SCHEME HAS BEEN DEVELOPED.

The Scheme for the treatment of Venereal Diseases was initiated in 1919, when a treatment centre was established in connection with the Rotherham General Hospital. A vacant detached house which adjoined the hospital grounds was fitted out for the purpose and the treatment was carried out by the honorary surgeons of the hospital assisted by an orderly and a nurse. There was one clinic a week for males and one for females, but the arrangements for intermediate treatment were somewhat inadequate. On the 1st of October, 1924, the Centre in connection with the General Hospital was closed and the new centre in Frederick Street was opened as an "ad hoc" centre. At the same time the Council appointed a special medical officer for the treatment of venereal diseases to organise the work of the new Centre. By the appointment at the same time of a whole-time orderly it was possible for the Centre to open every day for the attendance of male patients, and similar arrangements were possible for female patients as soon as a V.D. nurse with special experience in this subject was appointed in December, 1924. The response which was made by patients, as shown by the immediate increase in attendances, indicated at once that the new facilities for treatment were greatly appreciated. In the first month of October, 1924, the total attendances were 298, as opposed to 143 in the corresponding month of the previous year, and in October, 1925, the total attendances for the month were 789.

In the following Table (XLIV.) details are given concerning patients dealt with during the past five years.

TABLE XLIV.

PERSONS DEALT WITH.

	1921			1922			1923			1924			1925		
	Number of persons who were under treatment or observation on 1st January, 1921.	Number of persons dealt with during the year for the first time.	Total.	Number of persons who were under treatment or observation on 1st January, 1922.	Number of persons dealt with during the year for the first time.	Total.	Number of persons who were under treatment or observation on 1st January, 1923.	Number of persons dealt with during the year for the first time.	Total.	Number of persons who were under treatment or observation on 1st January, 1924.	Number of persons dealt with during the year for the first time.	Total.	Number of persons who were under treatment or observation on 1st January, 1925.	Number of persons dealt with during the year for the first time.	Total.
Total number of persons dealt with during the year at or in connection with the out-patient Clinic and suffering from :															
Syphilis	30	78	108	39	38	77	29	35	64	36	37	73	34	46	80
Syphilis and Gonorrhoea ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Soft Chancres ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	4	4
Gonorrhoea and Soft Chancres ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea	3	45	48	5	36	41	8	55	63	12	65	77	42	107	149
Conditions other than Venereal ... ..	...	23	23	...	6	6	...	25	25	1	31	32	1	45	46
Totals	33	146	179	44	80	124	37	115	152	49	133	182	77	202	279

Total attendances of all patients during the year at the out-patient clinic 1921 1922 1923 1924 1925
 Aggregate number of "In-patient days" of treatment during the year ... 75 105 ... 30 110

A glance at Table XLIV. will show that the total number of attendances at the old centre during 1923 was 1,498, and that during the year 1925 the attendances totalled 7,946.

In Table XLV. is given the Return relating to all persons who were treated at the Rotherham Centre during the year ended 31st December, 1925.

TABLE XLV.

RETURN RELATING TO ALL PERSONS WHO WERE TREATED AT THE TREATMENT CENTRE AT ROTHERHAM DURING THE YEAR ENDED THE 31ST DECEMBER, 1925.

	Syphilis.		Soft Chancre.		Gonorrhoea		Conditions other than Venereal.		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 Number of cases which—										
(a) at the beginning of the year under report were under treatment or observation for	18	13	...	...	34	2	1	...	53	15
(b) had been marked off in a previous year as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report suffering from the same infection ...	3	...	...	...	6	...	...	...	9	...
TOTAL—Items 1 (a) and 1 (b) ...	21	13	...	...	40	2	1	...	62	15
2 (a) Number of cases dealt with at the Treatment Centre during the year for the first time	30	16	4	...	92	15	35	10	161	41
TOTAL—Items 1 (a), 1 (b) and 2 (a)	51	29	4	...	132	17	36	10	223	56
2 (b) Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection	2	1	...	...	1	...	...	...	3	1
3 Number of cases which ceased to attend—										
(a) before completing the first course of treatment for	14	7	...	...	20	5	...	...	34	12
(b) after one or more courses but before completion of treatment for ...	9	4	...	...	...	...	...	...	9	4
(c) after completion of treatment, but before final tests as to cure of ...	5	3	...	...	40	5	...	...	45	8
4 Number of cases transferred to other Treatment Centres after treatment for...	...	...	...	...	...	1	...	...	...	1
5 Number of cases discharged after completion of treatment and observation for ...	...	2	4	...	10	...	...	...	14	2
6 Number of cases which, at the end of the year under report, were under treatment or observation for	23	13	...	...	62	6	...	...	85	19
TOTAL—Items 3, 4, 5 and 6	51	29	4	...	132	17	...	...	187	46
7 Out-patient attendances—										
(a) For individual attention by the Medical Officer	563	256	11	...	818	94	53	19	1445	369
(b) For intermediate treatment, e.g., irrigation, dressings, etc.	187	123	38	...	5594	147	34	9	5853	279
TOTAL ATTENDANCES	750	379	49	...	6412	241	87	28	7298	648
8 Aggregate number of "In-patient days" of treatment given to persons who were suffering from ... ..	...	34	...	...	...	76	...	...	...	110
9 Examinations of Pathological material:—	For detection of									
(a) Specimens which were examined at and by the Medical Officer of, the Treatment Centre	Spirochetes		Gonococci		Other Organisms		For Wassermann Reaction.			
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory	12		88		...		...		...
	...		...		...		...		151	

TABLE XLV.—*Continued.*

STATEMENT SHOWING THE SERVICES RENDERED AT THE TREATMENT CENTRE DURING THE YEAR, CLASSIFIED ACCORDING TO THE AREAS IN WHICH THE PATIENTS RESIDED.

A. Number of cases from each area dealt with during the year <i>for the first time</i> and found to be suffering from :—	Rotherham.	Yorkshire West Riding.	Sheffield.	TOTAL.									
Syphilis	26	20	...	46									
Soft Chancre	3	1	...	4									
Gonorrhoea	63	43	1	107									
Conditions other than venereal ...	31	13	1	45									
Total	123	77	2	202									
B. Total number of attendances of all patients residing in each area ...	4717	3194	35	7946									
C. Aggregate number of "In-patient days" of all patients residing in each area	85	25	...	110									
D. Number of doses of arsenobenzol compounds given in the :— 1. Out-patient Clinic 2. In-patient Department ... to patients residing in each area.	358	169	527									
E. Give the names of arsenobenzol compounds used in the treatment of Syphilis and the usual initial and final doses.	<table><tr><td></td><td>Initial dose.</td><td>Final dose.</td></tr><tr><td>Stabilarsan</td><td>.30 gm.</td><td>.60 gm.</td></tr><tr><td>Sulpharsenol</td><td>.24 gm.</td><td>.60 gm.</td></tr></table>					Initial dose.	Final dose.	Stabilarsan30 gm.	.60 gm.	Sulpharsenol24 gm.	.60 gm.
	Initial dose.	Final dose.											
Stabilarsan30 gm.	.60 gm.											
Sulpharsenol24 gm.	.60 gm.											
F. State the amount and kind of treatment usually administered to a case of Syphilis of each of the types usually dealt with at the Treatment Centre.	Stabilarsan intravenously weekly, but with rests at 4th, 7th, 10th, 11th and 12th weeks combined with intramuscular injection of Bismuth .2 gm. in the form of Bismostab. Total of 10 injections for the first course followed by two months rest. Mist. Pot. Iod. et Nuc. Vom. given during 10th, 11th and 12th weeks and last three weeks of rest. Two and a half such courses given and repeated until Wassermann is negative. Glucose administered before each injection. Green Iodide of Mercury Pills given during rest period. Hyd. c̄ Cret. to children combined with Sulpharsenol intramuscularly.												
G. State the nature of tests applied in deciding as to discharge of patients referred to in Item 5 on previous page.	SYPHILIS. Wassermann test negative at end of treatment and at three monthly intervals till end of second year. GONORRHOEA. Smears negative after prostate massage and instillation of Silver Nitrate. No signs or symptoms with passage of sound, urethroscopy and return to normal life for two months.												

As regards the different diseases, it will be seen that during 1925 there was an increase in the number of new cases of Syphilis of about 25 per cent. over the figures for the previous three years. In the case of Gonorrhoea the increase is much more marked, for during 1925 there was an increase in new cases of 100 per cent. over the average for the previous three years. It is a general opinion that the figures for the year 1921 should not be taken into account for the sake of comparison, because during that year many of the cases were an aftermath of the great war. The increased number of new cases during 1925 should be regarded as due to the fact that owing to the increased facilities for treatment more patients have presented themselves for treatment rather than that there has been an actual increase in the incidence of venereal disease in this district.

The increase in the number of patients who were found not to be suffering from venereal disease is very satisfactory. It shows that the value of early treatment is appreciated and also that good use is being made of the Centre for diagnostic purposes.

Although there has been a fair increase in the number of new female patients, it is known from experience that there must be many women suffering from venereal disease who remain undiagnosed and untreated. By reference to Table XLV. it will be seen that the total number of attendances made by female patients suffering from Gonorrhoea during 1925 was 241, whereas the highest number of attendances in any one year at the old Centre was 33.

During the year no less than 527 injections of Arsenobenzol compounds were given.

There have been considerable developments in regard to the pathological side of the work of the Centre. A dark ground illumination apparatus was acquired towards the end of 1924, and by means of this it has been possible to detect the causal organism of Syphilis and thus to diagnose the complaint in its earliest stages and to commence treatment without any delay. During 1925 there has been a great increase in the number of microscopic specimens which have been examined for the presence of Gonococci and in the number of blood tests which have been done for the Wassermann reaction. Table XLVI. summarises the pathological work which has been done during the last five years.

TABLE XLVI.

PATHOLOGICAL WORK.

	For detection of			For Wassermann Reaction.
	Spirochetes.	Gonococci.	Organisms. Other	
Examinations of Pathological material :—				
(a) Specimens which were examined at the Public Health Laboratory during the years :—				
1921	...	17	...	...
1922	...	1	...	...
1923	...	6	...	...
1924	...	30	...	...
1925	12	88	...	...
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory during the years :—				
1921	...	5	...	142
1922	...	7	...	97
1923	...	2	...	82
1924	...	3	...	128
1925	151

During the past year accommodation for male in-patients has been provided in a wooden pavilion situated in the grounds of the Isolation Hospital.

Seven females have been treated as in-patients at Ferham House during the year. Particulars are given on Table XLVII.

TABLE XLVII.

VENEREAL DISEASES—HOSTELS.

RETURN RELATING TO ALL PATIENTS WHO HAVE BEEN IN RESIDENCE IN THE HOSTEL SITUATED AT FERHAM HOUSE,
ROTHERHAM, DURING THE YEAR ENDED 31ST DECEMBER, 1925.

(1)	(2)					(3)					(4)					(5)				(6)
County or County Borough in which the patient's place of residence is situated.	Number of Cases in residence in the Hostel on the 1st January, 1925.					Number of Cases admitted during the year.					Number of Cases discharged during the year.					Number of Cases in residence in the Hostel on the 1st January, 1926.				Total number of days in residence in the Hostel during the year of all patients from the County or County Borough referred to in the first column.
	S	G	S & G	Others (State diseases)	Tl.	S	G	S & G	Others (State diseases)	Tl.	S	G	S & G	Others (State diseases)	Tl.	S	G	S & G	Others (State diseases)		Tl.
ROTHERHAM.....	2	4	...	...	6	2	4	...	...	6	...	...	...	...	85
WEST RIDING OF YORKS.	1	...	...	...	1	1	...	...	...	1	...	...	...	...	25
Total	3	4	...	...	7	3	4	...	...	7	...	...	...	...	110

The provisions of the present scheme is on the whole adequate for the present needs. A large area is supplied and the attendances are satisfactory. Patients come to this Centre from places as far away as Doncaster, Sheffield, and Pontefract. At the present time the Staff is sufficient, but if the number were to go on increasing some additional assistance would soon be necessary.

The local medical profession is co-operating in a helpful manner, and about one-half of the cases of Syphilis and one-third of the cases of Gonorrhoea are sent to the Clinic in the first instance by practitioners who for the most part realise that for every day during which adequate treatment is postponed the period of treatment necessary to effect a cure is prolonged by weeks.

Information with regard to the facilities provided by the scheme is made known to the inhabitants of the Borough and district by means of a weekly advertisement in two local weekly journals which have large circulations, and the existence of the treatment Centre seems to be widely known. In addition to this, pamphlets have been circulated to all the local practitioners, to the West Riding County Medical Officer of Health, and to the various hospitals in the locality.

A copy of the pamphlet is given below.

Apparatus for the collection of pathological specimens have also been sent to practitioners.

There are four medical practitioners in the Borough who are qualified to receive free supplies of Arsenobenzol compounds. During 1925 four cases have received treatment from practitioners with Arsenobenzol compounds supplied free by the Centre.

COUNTY BOROUGH OF ROTHERHAM.

PUBLIC HEALTH DEPARTMENT.

TREATMENT OF VENEREAL DISEASES.

CENTRE.

The new centre for the treatment of Venereal Diseases is situated at No. 12, Frederick Street, in the same building as the Tuberculosis Dispensary.

The Medical Officer is in attendance every week-day at 9.30 a.m.

CLINICS.

Clinics which are always attended by the Medical Officer are held as follows:—
for MEN :

Tuesday	...	...	...	...	9.30 a.m. to 11 a.m.
					5.30 p.m. to 8 p.m.
Wednesday	...	...	...	...	5.30 p.m. to 8 p.m.

For WOMEN and CHILDREN :

Thursday	...	...	...	...	11.30 a.m. to 12.30 p.m.
					6 p.m. to 8 p.m.

INTERMEDIATE TREATMENT.

The Centre is open for intermediate treatment at the following times:—

For MEN :

Every week-day morning, 9.30 a.m. to 11 a.m.

Every week-day evening (except Thursday), 5.30 p.m. to 8.30 p.m.

Prophylactic treatment can be given during the above hours.

For WOMEN and CHILDREN :

Every week-day morning, 11.30 a.m. to 12.30 p.m. (by appointment).

Also Thursday, 6 p.m. to 8 p.m.

A Nurse is in attendance.

PATHOLOGICAL INVESTIGATIONS.

Patients may be sent to the Centre for consultations or for pathological investigations, such as :—

- (a) The taking of blood for Wassermann Reaction.
- (b) The preparation of smears and their examination for Gonococci.
- (c) The preparation of smears and their examination for Spirochaetes by dark-ground illumination.
- (d) Urethroscopic examination.

If desired, patients may continue to be treated by their own medical attendants, who will be informed by letter of the result of the pathological investigation.

SECRECY.

Strict secrecy is observed. For the sake of greater privacy appointments may be arranged beforehand by letter or telephone.

APPARATUS.

Apparatus for taking blood or smears can be supplied on loan.

URGENT CASES.

Urgent cases can usually be seen at any time if notice is first given by telephone.

IN-PATIENTS.

Provision has been made for the treatment of in-patients of both sexes.

FREE TREATMENT.

All treatment is FREE.

TELEPHONE.

From 9 a.m. to 8.30 p.m. (week-days) " Rotherham 231."

At other times " Rotherham 769."

WILLIAM BARR, M.D., D.Sc.,

Medical Officer of Health.

March, 1925.

The local medical practitioners have frequently sent cases to the Centre for a diagnostic opinion and for pathological tests. Out of a total of 199 blood tests which have been performed for this area in 1925 no less than 48 were performed on behalf of practitioners.

It has not been necessary to take any action in this area under the provisions of the Venereal Diseases Act of 1917.

SECTION IX.

MATERNITY AND CHILD WELFARE.

MIDWIVES.

During 1925 there were 18 midwives practising regularly in the Borough. Of these, 13 hold the certificate by examination of the Central Midwives Board, and five are untrained bona-fide midwives who were in regular practice as midwives previous to 1903.

The number of midwives in Rotherham has scarcely varied during the last five years, and is quite sufficient for the needs of the town. In fact, some of them have a hard struggle to make a living. One of the Health Visitors is the Inspector of Midwives, and she inspects each midwife once every three months, paying attention to the state of her equipment and general cleanliness and also to her mode of practice. Frequent visits of enquiry are also made in cases where there has been some abnormal condition of the mother or infant. The inspector is always ready to give advice, and such advice is much appreciated seeing that it is backed up by all the resources of the Corporation Maternity and Child Welfare Department.

The Midwives Report Table (XLVIII.) gives the statistics for 1925. It will be seen that 836 maternity cases were attended by midwives, this being 53 per cent. of the total number of cases occurring in Rotherham during the year. The maternal mortality for midwives' cases was 4.7 per thousand registered births.

TABLE XLVIII.

MIDWIVES' CASES DURING 1925.

Certificate No. of Midwife.	No. of Cases.	Infants living.	Infants deceased.	Stillbirths.	Feeding during First Month.			Cases of Ophthalmia.	Cases of Puerperal Fever.	Mothers deceased.	Illegitimate Infants.	Twin Births.	Medical aid required.
					Breast.	Bottle.	Died within 3 days.						
57,198	84	76	9	3	77	3	5	4	...	1	4	4	36
66,154	5	5	...	...	4	1	...	...	...	...	...	...	2
4,924	82	70	10	2	79	1	...	2	...	1	...	...	14
5,767	12	11	1	...	11	1	...	...	1	...	...	...	5
31,560	5	5	...	...	5	...	...	...	...	...	...	...	1
8,590	29	28	2	...	28	2	...	1	...	1	2	1	8
47,557	31	30	1	...	30	1	...	...	...	...	1	...	5
40,344	55	54	...	1	50	4	...	...	...	...	2	...	2
2,910	34	32	1	1	31	2	...	...	...	...	...	...	2
25,007	1	1	...	...	1	...	...	...	...	...	...	...	...
64,479	1	1	...	...	1	...	...	...	...	...	...	...	...
44,515	48	45	3	...	46	1	1	4	...	...	1	...	39
3,857	112	99	7	7	101	4	1	2	1	...	5	1	24
40,576	40	41	...	...	37	4	...	2	...	...	3	1	4
39,157	92	82	6	4	64	3	1	...	...	...	4	...	13
58,517	1	1	...	...	1	...	...	...	...	...	...	...	...
34,006	139	132	9	1	132	8	1	1	1	1	1	3	36
55,602	4	4	...	...	4	...	...	...	...	...	...	...	1
45,089	61	57	4	...	59	...	2	1	1	...	1	...	32
Total.	836	774	53	19	781	35	11	17	4	4	24	10	224

MIDWIVES ACT, 1918.

Under the provisions of Section 14 of the above Act a midwife may call in a medical practitioner in a case of emergency, and the Local Supervising Authority will pay the fee of the practitioner according to a scale which has been fixed by the Ministry of Health. This medical attention may be given to either mother or infant for a period up to four weeks from the date of birth.

The Local Authority endeavours to recover the fee from the patient except in cases of poverty. In order to determine which cases should be regarded as necessitous, a sliding scale of income according to the number of children in the

patient's family has been fixed by the Local Authority for this Area, and if the income of the patient's family is below this scale, no attempt is made to recover the fee.

The midwives of the Borough have made good use of the provisions of this Act, and have called in medical aid on 224 occasions, which is roughly 26 per cent. of all midwives' cases.

Individual midwives vary considerably in the frequency with which they call in the assistance of a medical practitioner. One midwife called in a doctor in 80 per cent. of her cases, whereas another midwife sent for medical aid in only 3 per cent. of her cases.

The local practitioners have co-operated in the working of the Midwives Act in a very satisfactory manner, and the Act certainly ensures that medical aid to a woman during her lying-in period will be promptly rendered when asked for by a midwife.

It is interesting to look at the financial side of the working of this Act. During the past financial year the amount spent in fees to medical practitioners was £184. Of this amount, £100 was incurred in the treatment of patients who came within the poverty scale, and this consequently was not recoverable. The amount of fees collected during the same year was £34. When the cost of collection, incidental expenses, and the grant which is received from the Ministry of Health, are taken into account, the net loss to the Corporation for the year was £87. Surely this is not a high price to pay for a scheme which during 1925 practically enforced the provision of adequate medical attention in 224 cases of complicated child-birth, the majority of which occurred in necessitous families.

ANTE-NATAL CLINIC.

An ante-natal clinic is held once a week at the Municipal Maternity Home by the Maternity and Child Welfare Medical Officer. All patients who have booked to enter the Maternity Home attend periodically, but in addition to these the Clinic is open for any expectant mother who is desirous of advice. Many cases are also sent by the various practising midwives, who are making an increasing use of the facilities offered by this Clinic. There is no doubt about the value of ante-natal examination, and it is a constant cause of surprise that routine ante-natal examination is not practised more generally. To many it may seem unnecessary in view of the fact that 99 per cent. of maternity cases end favourably as far as the mother is concerned. There is no reason, however, why the 1 per cent. should not be taken into consideration too. The majority of complications which may lead to

the death of the mother can be discovered before labour commences by routine ante-natal examination, and most of them can be remedied. From the point of view of lowering the death-rate among newly-born infants and of preventing stillbirths the value of ante-natal examination cannot be over estimated. The experience is that expectant mothers fully realise and appreciate the importance of ante-natal examination, as out of the last two hundred patients attending the Clinic only two failed to attend regularly.

The assurance, after an examination, that the condition is quite normal does much to give a patient peace of mind and remove any apprehension which she may have. In addition, any complication loses most of its danger when it is foreseen by the medical attendant.

MATERNITY HOMES.

FERHAM HOUSE MATERNITY HOME.

This Home, which was opened in December, 1920, possesses 12 beds for ordinary maternity cases, and also has an isolation ward which will accommodate two extra beds. During the year 1925 the staff was re-organised, and there are now four members of the nursing staff who hold the C.M.B. certificate. Uncomplicated cases are attended by the resident midwives, but the Maternity and Child Welfare Medical Officer visits the Home daily, and his services are available at all times for complicated cases free of charge. Patients who desire to do so may make arrangements to be treated by their regular medical attendant. During the past year the Home was entirely re-equipped with new linen, and has been brought up to date in other respects. This institution has continued its useful and important function since its opening, and no less than 983 babies had been born in the Home on 31st December, 1925. The percentage occupation of beds was 70 per cent., which shows a slight falling off from the figure for the previous years. The cause seems to be two-fold. One reason is that the housing shortage is not so serious as it was a year or two ago, when many more families were living in lodgings in which there was no convenience for a confinement to take place. Such people have found the Home a great boon. Another reason for the diminished occupation of beds is the fact that many applicants for admission have considered the fees to be too high, for undoubtedly times have been hard and money scarce in this district during the past eighteen months. A comparison with the fees charged in the Municipal Maternity Homes of other towns of similar size showed that the charges in Rotherham were above the average. Consequently the charges have been reduced, and a sliding scale of fees varying with the income of the applicant has been adopted which should make the advantages of the Home available for all who desire it.

The statistics for the year 1925 are given in the accompanying Table (XLIX.).

(continued)

ANNUAL STATISTICS RELATING TO FERHAM HOUSE MATERNITY HOME FOR THE
YEAR 1925.

1	Number of beds	12
2	Number of cases in the Home on 1st January, 1925	5
3	Number of cases admitted during 1925	154
4	Average duration of stay	15 days.
5	Number of cases delivered by—	
	(a) Midwives	121
	(b) Doctors	18
6	Number of cases in which medical assistance was sought by the midwife with reasons for requiring assistance—	
	(a) Ante-natal	2
	(b) During labour	17
	(c) After labour	17
	(d) For infant	3
7	Number of cases notified as puerperal sepsis with result of treatment in each case	None.
8	Number of cases in which temperature rose above 100.4 for 24 hours with rise of pulse rate	6
9	Number of cases of pemphigus neonatorum	Nil.
10	Number of cases of ophthalmia neonatorum with result of treatment in each case	Nil.
11	Number of cases of “inflammation of the eyes,” however slight ...	1
12	Number of infants not entirely breast fed while in the Institution with the reasons why they were not breast fed	1 (Inability to breast feed.)
13	Number of Maternal deaths with causes—	
	(1) Eclampsia (Post-Natal)	1
	(2) Pulmonary Embolism	1
14	Number of Foetal deaths—	
	(a) Stillborn	5
	(b) Within 10 days of birth and their causes—and the results of the post mortem examination if obtainable	2 Both prematurity.

Ferham House Maternity Home is an institution recognised by the Central Midwives Board for the training of midwives. The official lecturers, Dr. Hallinan and Dr. Barker, give lectures and demonstrations to prepare candidates for the examinations, and practical instruction is given in the wards and labour rooms by the permanent staff. In order to conform with the new regulations of the Central Midwives Board, arrangements have been made for the pupils to attend a certain number of confinements on the district under the supervision of two midwives practising in the Borough who have been specially recognised for the purpose. Although under the new regulations pupils who are not trained nurses have to devote one year to their training instead of only six months, the Council decided not to increase their fees.

PRIVATE MATERNITY HOMES.

Under the Rotherham Corporation Act of 1924 it is necessary for all nursing homes which take maternity cases to be approved and registered by the Local Authority. During 1925 two old-established privately owned maternity homes were registered. In the case of a third, registration was refused because the keeper of the Home was neither a fully-trained nurse nor did she hold the C.M.B. certificate. According to the local bye-laws, at least one of the foregoing qualifications must be held by some member of the staff of a maternity home before approval is given.

OTHER INSTITUTIONS.

The Rotherham General Hospital admits maternity cases which require operative treatment, while the Poor Law Institution devotes about a dozen beds to maternity cases. The latter hospital is a recognised institution for the training of midwives.

HOME VISITING.

This is regarded as the most important means of bringing to the notice of a mother the advantages offered by the Maternity and Child Welfare Scheme. Every endeavour is made to visit the home in which a birth has taken place as soon as possible, so that the help and advice offered by the Scheme may be made available at an early date, before irretrievable harm has been done by the cessation of breast feeding or by the introduction of faulty methods of baby management, instituted often as the result of misguided advice of well-meaning relations.

The working of the Notification of Births Act, by which every birth must be notified to the Health Authorities within 36 hours, is the foundation for this early visiting. Table L shows the births notified under this Act in relation to the different wards of the Borough.

TABLE L.

NUMBER OF BIRTHS NOTIFIED UNDER THE NOTIFICATION OF BIRTHS ACTS DURING 1925.

Ward.	Males.	Females.	Unstated.	Still Births.	Total.
East	99	90	2	3	194
St. Ann's	85	96	1	6	188
Clifton	46	33	1	2	82
South	41	34	2	2	79
West	79	62	2	5	148
North	146	142	1	4	293
Thornhill	93	108	2	...	203
Masbro'	94	88	1	8	191
Kimberworth	79	69	3	5	156
Totals	762	722	15	35	1534

During 1925 the number of live births was 1567, and 96 per cent. of them were registered within 36 hours. Information regarding the birth of infants which were not notified was obtained without serious delay from the Registrars.

The five Health Visitors carry out this home-visiting, and the area of the Borough is divided into five districts for the purpose. Very valuable work has been done throughout the year by the Health Visitors, who are the means by which contact is kept with those people who most need help and advice. Ninety-one per cent. of all new births were visited, while the number of visits paid to children below one year of age was 6,631 and the number of visits to children between one and five years of age was 5,958. During the past year special attention was paid to illegitimate children, and during the warm weather a fly campaign was conducted. Record cards for each child are made out and filed at Ferham House, the headquarters of the child welfare scheme. When a child becomes of school age the record will be passed on to the School Medical Officer, to whom the information will be of some value in estimating the origin of any defects he may find. The scope of the record at present kept has been fixed after consultation between the two departments, and during the coming year 1926 the first batch of children under the scheme will attain school age.

If the Health Visitors meet with any difficulty in the course of their work they can always obtain the advice of the Child Welfare Medical Officer, or they can ask the patients to attend the Clinics. Investigations are also made by the Health Visitors into cases of maternal deaths and still births occurring in the practice of midwives, and the Medical Officer is ready to give such advice and assistance as is necessary to prevent such cases.

The Health Visitors have paid 19,866 visits during the past year, and the accompanying Table (LI.) shows the work which has been done on behalf of Maternity and Child Welfare.

TABLE LI.

COMBINED REPORT OF HEALTH VISITORS, 1925.

New Birth enquiries	...	...	...	...	...	...	...	...	1432
								Visits.	
Stillbirth enquiries	...	...	...	...	...	...	...	...	20
Visits to infants under one year	...	...	...	...	...	...	...	...	6631
Visits to infants 1-5 years	...	...	...	...	...	...	...	...	5958
Visits to illegitimate children	...	...	...	...	...	...	...	...	338
Visits to expectant mothers	...	...	...	...	...	...	...	...	150
Following up treatment ordered at Child Welfare Clinic	...	...	...	...	...	...	...	...	30
Investigations in respect of—									
Measles	...	...	...	...	...	...	...	...	932
Whooping Cough	...	...	...	...	...	...	...	...	100
Diarrhoea	...	...	...	...	...	...	...	...	140
Polio-myelitis	...	...	...	...	...	...	...	...	1
Scarlet Fever	...	...	...	...	...	...	...	...	2
Puerperal Fever	...	...	...	...	...	...	...	...	2
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	29
Medical Aid (Midwives)	...	...	...	...	...	...	...	...	208
Milk Grants	...	...	...	...	...	...	...	...	1425
Home Helps	...	...	...	...	...	...	...	...	58
Fly campaign	...	...	...	...	...	...	...	...	519
Inspection of Midwives	...	...	...	...	...	...	...	...	77
Attendances at Child Welfare Clinics	...	...	...	...	...	...	...	...	384
Midwives' Bags disinfected	...	...	...	...	...	...	...	...	2
Ophthalmia Neonatorium dressings	...	...	...	...	...	...	...	...	134
Minor Dressings performed	...	...	...	...	...	...	...	...	172

CONSULTATION CLINICS.

Three Clinics are held every week, on the afternoons of Monday, Wednesday, and Friday, and the Child Welfare Medical Officer is present at each session. Two clinics are held at Ferham House and the Monday clinic is held at the new centre at St. George's Hall. This new centre is situated in the centre of the town near the principal tram and 'bus termini, and was opened on 23rd February, 1925. The fact that such a centre was needed was soon proved by its rapid popularity.

At the clinics babies are weighed and the weight is recorded on a card which is kept by the mother, but in addition to this a case paper is kept at the clinic for each child on which notes as to its progress are made, together with the medical history and the record of any treatment or advice which may have been given. The main principle is to give advice as regards feeding, clothing, and baby management, though treatment is occasionally ordered for a few minor complaints. Cases of serious disease are referred to their own doctors, while cases requiring orthopædic treatment are directed to the General Hospital. It is noticed that mothers who are keenly interested in the welfare of their children are regular attendants. The accompanying Table (LII.) shows that the attendances have been on the whole

very satisfactory. There have been 1,500 more attendances at the clinics than in the previous year, which is an increase of 35 per cent. During the year 815 individual babies under one year of age attended. As there were 2952 babies under one year of age in the Borough during the year 1925, it means that 10 out of every 36 attended the Child Welfare Centres.

A list of defects which were found during the year is given in Table LIII.

TABLE LII.

STATISTICS RELATING TO CHILD WELFARE CLINICS DURING 1925.

							Ferham House.	St. George's Hall.
Number of sessions held	...	...	...	...	...	...	107	41
Infants attending under one year	...	...	...	...	...	...	372	443
Children 1-5 years	...	...	...	...	...	...	226	247
Attendances made	...	...	...	...	...	...	3231	2528
Average attendance	...	...	...	...	...	...	30	61.6
Number of defects found	...	...	...	...	...	...	614	456

TABLE LIII.

DEFECTS FOUND AT CHILD WELFARE CENTRES DURING 1925.

							Ferham House.	St. George's Hall.
Adenoids and Tonsils	...	...	...	...	...	...	3	4
Advised Circumcision	...	...	...	...	...	...	25	25
Anaemia	...	...	...	...	...	...	—	1
Abscesses	...	...	...	...	...	...	—	1
Blepharitis	...	...	...	...	...	...	3	—
Bronchitis and Broncho-Pneumonia	...	...	...	...	...	...	4	5
Blind	...	...	...	...	...	...	1	—
Constipation	...	...	...	...	...	...	49	48
Cough	...	...	...	...	...	...	78	66
Cystic Tumour	...	...	...	...	...	...	1	—
Conjunctivitis	...	...	...	...	...	...	7	7
Convulsions	...	...	...	...	...	...	1	2
Chicken-pox	...	...	...	...	...	...	1	—
Congenital Heart Disease	...	...	...	...	...	...	—	1
Corneal Disease	...	...	...	...	...	...	1	—
Diarrhoea	...	...	...	...	...	...	53	45
Discharging and Inflamed Eyes	...	...	...	...	...	...	8	—
Discharging Ears	...	...	...	...	...	...	10	22
Deafness and Defective Speech	...	...	...	...	...	...	—	2
Dislocated Hip	...	...	...	...	...	...	—	1
Deformed Feet	...	...	...	...	...	...	1	—
Dermatitis	...	...	...	...	...	...	1	1
Dental Caries	...	...	...	...	...	...	3	3
Eczema	...	...	...	...	...	...	24	22

									Ferham House.	St. George's Hall.
Epispadias	...	...	...	...	...	...	...	...	1	—
Encephalitis	...	...	...	...	...	...	...	...	—	1
Epistaxis	...	...	...	...	...	...	...	...	1	—
Glands Enlarged	...	...	...	...	...	...	...	...	2	2
Hydrocoele	...	...	...	...	...	...	...	...	1	3
Hernia	...	...	...	...	...	...	...	...	16	6
Influenza	...	...	...	...	...	...	...	...	1	—
Irregular Feeding	...	...	...	...	...	...	...	...	25	18
Intertrigo	...	...	...	...	...	...	...	...	1	—
Impetigo	...	...	...	...	...	...	...	...	40	18
Jaundice	...	...	...	...	...	...	...	...	1	—
Loss of Appetite	...	...	...	...	...	...	...	...	6	14
Loss of Weight and Wasting	...	...	...	...	...	...	...	...	7	8
Noevus	...	...	...	...	...	...	...	...	1	—
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	11	3
Prolapsed Anus	...	...	...	...	...	...	...	...	1	—
Ringworm	...	...	...	...	...	...	...	...	7	12
Photophobia	...	...	...	...	...	...	...	...	1	—
Rickets	...	...	...	...	...	...	...	...	25	30
Rheumatism	...	...	...	...	...	...	...	...	—	1
Sores and Septic Conditions	...	...	...	...	...	...	...	...	17	10
Squint	...	...	...	...	...	...	...	...	5	3
Snuffles	...	...	...	...	...	...	...	...	3	2
Teething	...	...	...	...	...	...	...	...	6	5
Tongue Tie	...	...	...	...	...	...	...	...	14	18
Threadworms	...	...	...	...	...	...	...	...	9	9
T.B. Glands	...	...	...	...	...	...	...	...	—	1
Tonsolitis	...	...	...	...	...	...	...	...	2	9
Ulcers	...	...	...	...	...	...	...	...	1	—
Vomiting	...	...	...	...	...	...	...	...	11	9

VOLUNTARY HELP.

During the year 1925 voluntary help work, which commenced in the College Street Clinic in 1916, was continued in much the same way as in previous years.

Thirteen ladies have attended in rotation on Mondays, Wednesdays, and Fridays, to serve tea and sell paper patterns. In addition, sixty umbilical hernia belts were made.

There has been shown by the attending mothers a sustained interest in all garments and patterns exhibited.

ILLEGITIMATE CHILDREN AND UNMARRIED MOTHERS.

During the past year close attention has been paid to the welfare of illegitimate children. A confidential register has been kept of all illegitimate children in the Borough under two years of age, and each child is visited and reported on at least once a month. Free milk is issued if there is poverty, and the mother is encouraged to take a keen interest in the welfare of the infant.

During the year 70 illegitimate children were born, and nine died under one year of age, the infant mortality rate for illegitimates being 129 as opposed to a legitimate infantile mortality rate of 82. It has been found, however, that the majority of the infants are strong and well nourished, and that with two or three exceptions the reports are excellent.

Unmarried mothers may enter the Ferham House Maternity Home or one of the other institutions for their confinement, and in the majority of cases return to their own homes. Children who are deprived of a home are adequately looked after by the Guardians, who "board out" such children with foster parents.

FREE AND ASSISTED SUPPLY OF MILK.

Under the Maternity and Child Welfare Act, 1918, the Council decided to adopt a scheme for the supply of milk to necessitous expectant and nursing mothers and to children under five years. A scale of income was drawn up in order to decide which cases were to be considered necessitous. The scale was sanctioned by the Minister of Health, and the scheme was put into operation on 1st October, 1924. It was decided that the persons to whom milk was granted were to be supplied by their own milk dealers.

The scale of income adopted was as follows:—

FREE.			HALF COST.		
No. in family.	Amount per head per week (less rent).	Total weekly income (less rent).	No. in family.	Amount per head per week (less rent).	Total weekly income (less rent).
	£ s. d.	£ s. d.		£ s. d.	£ s. d.
1	0 13 0	0 13 0	1	0 15 0	0 15 0
2	0 10 6	1 1 0	2	0 12 6	1 5 0
3	0 8 6	1 5 6	3	0 10 0	1 10 0
4	0 7 6	1 10 0	4	0 8 6	1 14 0
5	0 7 0	1 15 0	5	0 8 0	2 0 0
6	0 6 6	1 19 0	6	0 7 6	2 5 0

The method of working the scheme has been guided by a circular from the Ministry of Health. Milk has been granted either free or at half-cost in accordance with the above income scale. The amount of milk supplied is usually one pint per day to the following:—

1. An expectant mother during the last three months of pregnancy.
2. A mother who is nursing her baby.
3. A child under 3 years of age.

When specially recommended by a medical practitioner the amount may be increased to $1\frac{1}{2}$ pints of milk per day. Milk may also be supplied to children over

3 and under 5 years of age when specially recommended by a medical practitioner. The last two classes of cases are always seen by the Maternity and Child Welfare Medical Officer, who confirms the special necessity of the case before milk is granted.

The procedure in all cases is for applicants to fill up a form stating their income and the number and ages of their children. This form is signed by the head of the family. The income as stated is verified by means of a confidential inquiry from the employer, or the Unemployment Bureau or the Guardians. If the income is within the scale the milk is ordered by the Medical Officer. An order to the applicant's own milkman is given to the applicant. Milk is usually ordered for a period of three weeks, and the order is renewed if a fresh application is made provided that the conditions are as before. Dried milk in an equivalent amount may be given in place of cows' milk. Each family in receipt of milk under the scheme is visited by a Health Visitor, who gives advice on infant feeding, watches the benefit to the recipient, and attempts to prevent any abuse of the scheme. The accounts of the milk dealers have to be countersigned by the recipient as a proof that the milk has been supplied. All the application forms are kept for audit purposes, including the applications of those to whom milk has been refused owing to their incomes being above the scale.

In the following summary an analysis of the working of the scheme during 1925 is given.

Number of applications received	...	...	...	...	...	1779
Number of applications above scale	...	...	...	...	...	146
Approximate quantity of cows' milk granted	...	...	...	...	...	18873 quarts.
Approximate quantity of dried milk granted	...	...	...	...	...	1492 lbs.
Approximate cost of milk supplied	...	...	...	...	...	£648
Number of individual expectant mothers who have received grants of milk	...	...	...	...	...	43
Number of individual children who have received grants of milk	...	...	...	...	...	505

It is estimated that during the year the number of children under three years of age in the Borough was 4500, so that roughly one child in nine has received a grant of milk.

It is also estimated that one expectant mother in 37 has received a milk grant.

The Medical Officer reports that the scheme has been very beneficial for a large number of necessitous people. The supply of milk to nursing mothers often enables them to continue breast-feeding when they would not be able to do so without the extra nourishment. Many poor mothers are tempted on the score of economy to

prolong breast feeding unduly, but the supply of free milk under the scheme enables them to wean the infant at the proper time. The scheme is also of great value in supplying nourishment without delay to women who have been suddenly overtaken by poverty due to desertion or unemployment until they can obtain relief from other sources. The supply of dried milk seems to have been of great service during the summer months in lowering the incidence of Infantile Diarrhœa. Also, the supply of free milk has done much to counteract the pernicious custom of feeding babies on sweetened condensed milk, which is one of the causes of Rickets, a disease which tends to be so prevalent in the Borough.

The value of the scheme to illegitimate children is also very marked. Free milk has been issued to a large number, and most of them have done exceedingly well.

The infantile mortality rate of 83 for the year 1925 is the lowest rate ever recorded. It is not unreasonable to suppose that the milk scheme has had some effect in the production of this low death-rate among infants.

Towards the end of the year the scheme was reviewed by the Council, and it was decided that it should be continued. Two fresh rules, however, were to apply, viz. :—

1. Not more than two pints per day or its equivalent in dried milk should be issued to one family except in special cases, when the Medical Officer shall have power to order an additional pint of milk per day.

2. Each child in receipt of nourishment under the scheme should attend at least once a fortnight at the Infant Welfare Centre, and each expectant mother should attend the Ante-natal Clinic as often as considered necessary by the Medical Officer.

MUNICIPAL DEPOTS FOR THE SALE OF DRIED MILK, &c.

The dépôt at Ferham House has continued in the same way as in past years. At this dépôt also the dried milk and orders for cows' milk are issued in connection with the scheme for free and assisted milk supply.

A fresh dépôt was opened at the new Child Welfare Centre at St. George's Hall in April, and is open during hours similar to the Ferham House dépôt—namely, every afternoon from 1 to 5 p.m., except Saturday, when it is open from 9.30 a.m. to 12.30 p.m. A new departure at the St. George's Hall dépôt has been the sale of a reliable emulsion of Cod Liver Oil at cost price for the sake of children suffering from Rickets and Malnutrition.

The following summary gives details of the food disposed of at the Municipal Dried Milk Depôts during 1925 :—

	Ferham House.	St. George's Hall.
Glaxo sold during the year	12845 lbs.	8446 lbs.
Glaxo free to necessitous cases	1769 „	28 „
Half Cream Glaxo sold	535 „	178 „
Half Cream Glaxo free	6 „	—
Virol sold	1911½ „	813 „
Virol free	1 „	—
Almata sold	845 „	235 „
Almata free	81 „	15 „
Virolax sold	88½ „	36½ „
Lactogal sold	22½ „	—
Cod Liver Oil sold	—	1039 4 oz. bott.

HOME HELPS.

A scheme for supplying Home Helps was inaugurated during the past year. The purpose of the Home Help is to manage the household of a mother who is lying-in either at her own home or in an institution. Mrs. Priest was appointed the permanent Home Help, and a list is also kept of suitable women who can be employed when necessary as additional Home Helps.

The Home Help commenced duty on 12th January, 1925. She is paid 30s. per week when employed at a case and 15s. a week when not so employed. When not attending a case she assists at the Child Welfare Clinic on three afternoons each week.

In addition to the permanent Home Help, it has been necessary to employ additional Home Helps when periods of booking overlap. These additional Home Helps are paid 30s. a week when employed, but receive nothing when not employed.

The following shows the result of one year's working of the scheme :—

Number of homes attended by the permanent Home Help	11
Number of homes attended by additional Home Helps	6
	—
Total	17
	==
Number of days the permanent Home Help was employed	158
Number of days additional Home Helps were employed	86
	—
Total	244
	==

The Health Visitors report that the Home Helps have done very good work, and their services have been greatly appreciated.

In many cases they have undoubtedly been the means of mitigating a lot of suffering and hardship, especially in respect to little children who have been temporarily deprived of their mother's care.

The scheme has worked quite smoothly, and when it becomes better known there is likely to be a greater demand for the services of the Home Help.

A balance sheet of the service for the year under review shows a deficiency of £64 8s. 7d. Of course, this scheme cannot be expected to be self-supporting. In any case, the amount of good done by the service appears to warrant the continuance of the scheme. A copy of the rules regarding the scheme is given.

RULES REGARDING HOME HELP.

- (1) The Home Help will act under the general supervision of the Medical Officer of Health and under the special instructions of the Maternity and Child Welfare Medical Officer.
- (2) The Home Help will be paid 30/- per week when employed at a case and 15/- per week when not so employed.
- (3) The appointment can be determined by one week's notice on either side.
- (4) The Home Help will be given an annual holiday of two weeks on full pay.
- (5) The Home Help will be prepared to go to any case as soon as sent for.
- (6) She will stay for a fortnight at each house as a general rule. This period may be shortened or increased on the recommendation of the Medical Officer of Health.
- (7) Her hours of duty will be from 7.30 a.m. to 5.0 p.m. on weekdays and from 8.30 to 1.0 p.m. on Sundays.
- (8) She will be expected to bring her own food and cook it at the house where she is working.
- (9) She will keep the house in a clean condition—do the cooking and mending; look after the older children and do the necessary marketing.
- (10) She will do one week's washing for each seven days she remains on duty. (She will not be expected to do arrears of washing).
- (11) The Home Help must not interfere in any way with the instructions of the Doctor or Midwife. If a doctor alone is in attendance she will (if requested) bath the newly-born baby and carry out other instructions given by the doctor with regard to mother or baby.
- (12) SHE MUST NOT undertake the duties of a midwife.
- (13) She should not be required to commence duties until the baby is born, except in special cases.
- (14) When not employed on a case the Home Help shall attend at all Child Welfare Clinics to assist the Health Visitors. (This work will not entitle her to the higher rate of pay, viz., 30/-).
- (15) A newly-appointed Home Help must consent to undergo training and instruction at Ferham House for two weeks at the lower grade of pay.
- (16) Dinner and tea will be provided while the Home Help is undergoing her two weeks' course of training at Ferham House.
- (17) Tram Tokens will be provided for the journey to and from the house where the Home Help is employed.

(18) Application for the services of Home Helps should be made to the Maternity and Child Welfare Centre, Ferham House, or to the Public Health Department, Town Hall, where a scale of charges can be seen.

(19) The Public Health Department does not take any responsibility for the conduct of the Home Help, but information regarding unsatisfactory attention should be given to the Medical Officer of Health, Public Health Department.

(20) SCALE OF CHARGES.

Where average weekly income of family after deducting rent and rates for the four weeks previous to application :—

	Charge per day.
Is 9/- or less per head per week	1/-
Exceeds 9/- per head per week but not 12/-	2/-
Exceeds 12/- per head per week but not 15/-	3/-
Exceeds 15/- per head per week	4/-

Charges should be paid to the Health Visitor or at Maternity and Child Welfare Centre.

No money is to be paid to Home Help.

Official receipt must be obtained in all cases.

ADDITIONAL HOME HELPS.

Additional Home Helps will be engaged as required with remuneration at the rate of 30/- per week when employed. No retaining fee will be paid when not employed. The following Rules will apply to the Additional Home Helps :—Rules Nos. 1, 5, 6, 7, 8, 9, 10, 11, 12, 13, 17, 18, 19 and 20.

WILLIAM BARR, M.D., D.Sc.,
Medical Officer of Health.

March, 1925.

CERTAIN DISEASES.

PUERPERAL FEVER.

During the past year four cases of Puerperal Fever were notified, of which two were treated in general hospitals and two were treated at home. Three cases ended fatally. As soon as a case is notified enquiries are made; any help that is possible is promptly given, and an endeavour is made to trace the source of infection. If the case occurs in a midwife's practice, the midwife is suspended until she and her equipment can be satisfactorily disinfected, and a watch is kept on her other cases in order to detect at the earliest moment any tendency of the infection to spread. The cases that occurred during the year were sporadic.

OPHTHALMIA NEONATORUM.

Of the 20 cases notified, 10 were treated at the Child Welfare Centre, and although some of the cases were very severe, only one case has any impairment of vision, and it is likely that even that defect will completely disappear. The incidence of Ophthalmia Neonatorum during the last five years has varied between 15 to 20 cases for each year.

The following Table (LIV.) gives details of the cases during 1925:—

TABLE LIV.

OPHTHALMIA NEONATORUM, 1925.

Notified.	Cases.		Vision Unimpaired.	Vision Impaired.	Total Blindness.	Death.
	At home.	At Child Welfare Centre.				
20	10	10	19	1	0	0

MEASLES.

The incidence of Measles has remained at a very similar figure to the previous year, and is referred to in Table XXII. on page 55. Every case of Measles has been visited by the Health Visitors, and where necessary, advice has been given as to nursing.

WHOOPIING COUGH.

There has been a large number of cases of this disease during the year, but as it is not notifiable, exact figures cannot be given. When cases have been encountered by the Health Visitors advice as to isolation from other children and as to general management has been given. The Table supplied by the School Attendance Officers on Page 73, showing the various diseases affecting school children, tends to point to a bi-annual periodicity.

EPIDEMIC DIARRHŒA IN INFANTS.

Special efforts have been made to combat this disease. At the commencement of the warm weather a fly campaign was carried out, consisting of a house-to-house distribution of handbills setting out the danger to health of the house-fly and the best method to be used in the extermination of the pest and in the protection of food. A large number of fly-papers were also given out in the worst areas. The Health Visitors were very assiduous in finding out cases of Infantile Diarrhœa and in giving advice as to treatment. A map of the Borough was prepared to show the incidence of cases, and if there was a large number of cases in any area the sanitary condition of that area was carefully enquired into and any defects were remedied.

In many dwellings the facilities for keeping food are by no means satisfactory, and where this was found the use of dried milk was advocated. Importance was attached to this, because the methods of distribution of milk are very primitive in some parts of the town. It is a pleasure to record that the incidence of Infantile Diarrhœa was much less than in the previous year, and the number of deaths of children under one year of age was only 9, as opposed to 28 in 1924.

RICKETS.

The most outstanding disease of childhood in Rotherham is Rickets, and the number of people who are seriously deformed as a result of having suffered from Rickets in childhood is very great. Of course, it may be said that one sees no more cases of Rickets than in any other industrial town. Whether this statement is true or not, there is no reason why this state of affairs should be tolerated seeing that Rickets is a preventable disease. Experience in the Child Welfare Clinics leads to the opinion that about half the children seen exhibit some manifestations of the disease, and if the condition is so widespread, the cause also is likely to be a widespread one. It is true that there is a certain amount of faulty infant feeding, usually either in the direction of undue prolongation of breast-feeding beyond nine months or in the use of sweetened condensed milk deficient in fat. On the other hand, however, one frequently sees, suffering from Rickets, a baby who has been fed in the most approved manner and who has had what seems to have been a sufficient amount of fresh air and sunlight such as it is in Rotherham.

Now modern research has shown that Rickets can be caused either by a deficiency in the food of animal fats, which contain a certain necessary vitamine, or by depriving the little patient of the ultra-violet rays of sunshine which have the power of causing this necessary vitamine to be produced in the body. These ultra-violet rays cannot penetrate through an atmosphere so heavily charged with smoke as is that of Rotherham, and accordingly the properly fed babies develop Rickets because they are deprived of the ultra-violet rays of sunlight. Thus smoke pollution is the widespread cause which operates so extensively, and for that reason the smoke problem requires urgent attention from the point of view of child welfare. In an atmosphere which hinders and even prevents the growth of plant life, how can we expect infant life to flourish?

One hears statements to the effect that the majority of the smoke pollution of the atmosphere is due to smoke from domestic chimneys and that factory smoke only causes a small proportion. This may be true of agricultural and residential districts, but it is certainly not true of the coal and iron industrial areas. For a positive proof that the major part of the black smoke of Rotherham is due to industrial works, one has only to live through the earlier days of a coal strike, when the works are shut down, and though every domestic chimney is functioning the air has a most unusual and amazing clearness. If natural sunlight is to be prevented from reaching the growing children who need it so badly, then artificial sunlight should be resorted to. It is hoped to be able to establish in the near future an artificial sunlight clinic, so that light treatment may be given to children suffering from early Rickets.

INFANTILE MORTALITY.

For the year 1925 the infantile mortality rate is 83 per 1,000 births. It is very satisfactory to note that this figure is the lowest yet recorded in Rotherham. Table LV. gives the causes of death of infants under one year of age at various age periods.

TABLE LV.

INFANT MORTALITY.

1925. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.			Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total Deaths under One Year.
All Causes : Certified ...			35	5	7	7	54	22	21	12	20	129
Uncertified ...			2	...	...	...	2	...	...	...	...	2
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	1	1	2
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	2	1	2	1	6
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	1	...	2	3
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	1	1
Convulsions	...	...	3	...	1	...	4	...	...	...	...	4
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	1	1	1	3	2	3	...	1	9
Pneumonia (all forms)	...	...	...	1	...	...	1	4	3	4	8	20
Diarrhoea	...	...	...	...	...	...	...	1	1	...	1	3
Enteritis	...	...	...	...	...	1	1	...	4	1	...	6
Gastritis	...	...	...	...	...	...	...	...	...	...	1	1
Syphilis	...	...	...	...	...	...	...	1	1	1	...	3
Rickets	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	1	...	1	...	...	...	...	1
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	...	...	4	1	...	...	5	2	...	...	...	7
Premature Birth	...	...	21	1	1	3	26	2	...	...	...	28
Atrophy, Debility & Marasmus	...	...	4	...	1	...	5	5	4	2	2	18
Other Causes	...	...	5	1	2	2	10	3	3	1	2	19
Totals	...	...	37	5	7	7	56	22	21	12	20	131

Nett Births in the year :	legitimate infants	...	...	...	...	1497
	illegitimate infants	...	...	...	...	70
Nett Deaths in the year :	legitimate	...	...	...	...	122
	illegitimate	...	...	...	...	9
Infantile Mortality Rate per 1,000 births :	legitimate	...	...	...	...	82
	illegitimate	...	...	...	...	129

CONCLUSION.

From the foregoing it will be seen that considerable developments have taken place in the Maternity and Child Welfare Department during the past year. A new consultation centre has been opened, together with a new depôt for the sale of dried milk; a Home Help service has been instituted; illegitimate children have received special attention; and the scheme for the free supply of milk to babies and nursing mothers has become a big undertaking. Lastly, by way of reward, the infantile mortality rate has been lowered to a figure which constitutes a record in the history of the Rotherham Health Department.

SECTION X.

MENTAL DEFECTIVES.

During the year ending December 31st, 1925, 415 visits were paid by the Home Visitor.

Four new "Orders" were made by a judicial authority.

Four fresh cases were notified by the Local Education Authority. Of these, one was suitable for treatment at a special school and the other three were unsuitable.

Three institutional cases were allowed home "on leave." Two of these proved unsatisfactory, and had to be sent back.

One case previously undergoing detention in an institution for lunatics was certified mentally defective, and transferred to a recognised institution for such cases.

Six defectives were removed to "places of safety," four to the Alma Road Institution and two to other institutions.

Two rather urgent cases were investigated at the instance of their parents, and applications made for their admission to suitable institutions. These have met with but little success so far, the only satisfactory reply being from the Royal Albert Institution, Lancaster, with the promise that their Inspector will examine the cases some time when he is in the neighbourhood.

One of the above cases proved dangerous, and was removed to the Alma Road Institution, as a temporary measure.

Out of the twenty-eight cases in "places of safety," eighteen are in the Alma Road Institution and three in the Children's Homes of the same.

In the case of the thirty-eight defectives dealt with by Statutory Supervision, eleven were receiving "outdoor relief."

In such instances there is considerable overlapping between the Local Authority and the Poor Law, reports sent to the Board of Control not including cases receiving Poor Law relief, whether institutional or out-door.

During May and June investigations were made of all cases on the register. Quite a number were found to have died or to have left the Borough; and many others were taken off supervision owing to definite mental improvement.

Since then fresh cases have been added only after examination by one of the Medical Officers.

There are now thirty-eight mental defectives under statutory supervision. These are visited at least once in three months by the Home Visitor, who gives such

advice as may meet the case and reports any inadequate control to the Medical Officer.

Many of these cases would doubtless benefit by institutional care and control, but this is not possible at present in view of the great shortage of accommodation.

In the following Table (LVI.) a summary is given of all cases for whom the Local Authority is or is likely to become responsible.

TABLE LVI.

MENTAL DEFICIENCY ACT, 1913.

Particulars of Mental Defectives as on January 1st, 1926, for whom the Local Authority is or is likely to become responsible.

Number of Cases :—							Males.	Females.	Total.
1 Under " Order " (cases " on leave " included) :—									
(A) In Institution	...	...	...	...	...	...	3	5	8
(B) Under Guardianship	...	...	...	...	...	...	—	—	—
2 In Institutions or under Guardianship (Sec. 3) Local Authority Contributing							1	2	3
3 In " Places of Safety "	...	...	...	...	...	...	11	17	28
4 Under Statutory Supervision	...	...	...	...	...	...	15	23	38
5 Under Voluntary Supervision	...	...	...	...	...	...	—	—	—
6 " Subject to be dealt with," but action not yet taken —									
(A) Notified by Local Education Authority	...	...	...	...	...	...	2	1	3
(B) Otherwise " ascertained "	...	...	...	...	...	...	1	—	1
7 Under consideration, as to whom it had not been decided whether they are " subject " to be dealt with " or not " :—									
(A) Ascertained to be defective	...	...	...	...	...	...	—	—	—
(B) Not ascertained to be defective	...	...	...	...	...	...	—	—	—
							33	48	81
							—	—	—

The question of the mental deficient, however large it may appear at present, must indubitably become one of the most prominent questions of future local politics. Just as the day of the village " softie " has passed, so must the present system of lackadaisically caring for the few pass, until all those who are relatively infra-normal are cared for and protected as becomes the thought of those who are the keepers of their brethren. Education authorities must see to it that all educable children, no matter how generally ineducable, are educated and armed for life up to the highest possible note. Local authorities, with their statutory powers, must see to the others. There must be no tapering off in effort. One main difficulty appears to be the smallness of individual areas concerned with the care of the mentally defective. It is here that all question of autonomy must be sacrificed for the larger good, and special institutions be provided to deal comprehensively with coterminous requirements.

SECTION XI.

BLIND PERSONS.

At the end of 1920, after the passing of the Blind Persons Act, there were 31 blind persons in the County Borough of Rotherham.

The number on the register is now 85.

In Table LVII. the cases are classified according to age and sex, and in Table LVIII. according to distribution.

TABLE LVII.

				AGE AND SEX.				
				M.		F.		Total.
Age	0-5	...	...	2	...	1	...	3
	5-16	...	...	3	...	3	...	6
	16-21	...	...	2	...	2	...	4
	21-30	...	...	1	...	4	...	5
	30-40	...	...	5	...	5	...	10
	40-50	...	...	6	...	1	...	7
	50-60	...	...	12	...	4	...	16
	60-70	...	...	10	...	6	...	16
	Over 70	...	...	8	...	10	...	18
				49		36		85

TABLE LVIII.

DISTRIBUTION.							
Employed at Royal Sheffield Institution.		Workers		...	...	4	
		Pupils		...	...	4	
						-	8
At Royal Sheffield Blind School		...	...	...	...	6	
Other Schools or Homes		...	...	...	...	2	
In Poor Law Institutions		...	...	...	...	5	
In South Yorkshire Mental Hospitals		...	...	...	...	1	
						-	22
Extra-institutional		...	...	...	...	63	
						-	85

In Table LIX. details relating to employment are shown, and in Table LX. the occupations of those employed.

TABLE LIX.

					EMPLOYMENT.			
					M.		F.	Total.
Employed	...	...	...	...	10	...	5	15
Training	...	...	...	...	3	...	2	5
Suitable for training	...	...	...	...	4	...	—	4
(all on waiting list).								
Trained but not working	...	...	...	...	—	...	2	2
Unemployable	...	...	...	...	27	...	23	50
					44		32	76
					—		—	—

TABLE LX.

OCCUPATIONS OF EMPLOYED.

Factory.					
Mat Making	...	...	...	...	1
Basket Making	...	...	...	...	1
Machine Knitting	...	...	...	...	1
Canvasser	...	...	...	...	1
					— 4
Other.					
Dealers	...	...	...	...	3
Contractor	...	...	...	...	1
Shopkeeper	...	...	...	...	3
Machine Knitting	...	...	...	...	2
Piano Tuning	...	...	...	...	1
Miscellaneous	...	...	...	...	1
					—11
					—
					15
					—

As regards the classes of blind persons for whom special provision is made the following facts may be noted.

Among the children under five there is no case in which it seems necessary to arrange for removal to one of the homes for blind babies.

The six children between the ages of 5 and 16 are being educated at the Royal Blind School, Sheffield, by arrangement with the Rotherham Education Committee.

Of the four blind persons between the ages of 16 and 21, two are in training at Sheffield, one at Nottingham, and the other is waiting admission to one of the training institutions. In these cases also the arrangements are made by the Education Committee.

There are 32 persons in the age-groups 50-60 and 60-70, and these are eligible for the Old Age Pension on the same terms as persons with sight at the age of 70. The following Table (XLI.) shows how many are in receipt of the pension and the reasons which prevented the others from receiving it.

TABLE LXI.

RELATIONSHIP TO OLD AGE PENSION.

In receipt of pension	...	...	...	...	...	...	...	22
Employed and not eligible	...	...	...	...	...	...	...	4
Chargeable to Guardians	...	...	...	...	...	...	...	3
Married women with husbands in employment	...	...	...	...	...	...	...	2
Private Means above limit	...	...	...	...	...	...	...	1
								<hr/> 32 <hr/>

Of the 18 persons over 70, 15 are in receipt of the Old Age Pension, one is chargeable to the Guardians, one has an income above the limit, and the other is a married woman with a husband working.

The blind of Rotherham are helped in various ways by the Blind Persons Committee of the Town Council. A grant is paid to the Royal Sheffield Institution for the Blind for each Rotherham blind person employed there, and in return for this the Board of Management of that Institution pays each worker an augmentation of wages on account of blindness to the amount of 12s. per week.

Tickets entitling blind persons to ride free on the Rotherham trams were issued during the year to the number of 346 dozen of twopenny and penny tickets. When these tickets are used, half of the cost is borne by the Blind Persons Committee and half by the Tramways Committee.

Monthly concerts arranged by the Rotherham branch of Toc H have been given at the request of the Blind Persons Committee during the winter months, and the Committee have themselves arranged for a summer outing, a tea and concert at Christmas, and a special Christmas gift for each blind person in the Borough.

The work of visiting and home teaching in the Borough has been undertaken by the Royal Sheffield Institution for the Blind by agreement with the Blind Persons Committee, and has been done by one of the home teachers on the staff. During the year she paid 522 routine visits, in addition to 103 for special reasons, and 91 to pay grants to necessitous cases. She has also given 84 lessons in Moon, Braille, and simple handicrafts, such as chair-caning and wool rug-making. The grants paid by her, amounting to £48 16s., were authorised by the Blind Persons Committee.

