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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

1944



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COUNTY BOROUGH OF ROTHERHAM

MEDICAL SERVICES COMMITTEE. PUBLIC HEALTH COMMITTEE. (as at 31st December, 1944.)

HIS WORSHIP THE MAYOR (Councillor H. LAKE, J.P.).

Chairman:

Alderman A. BUXTON, J.P.

Chairman:

Alderman F. HARPER, J.P.

Vice-Chairman:

Councillor D. J. S. MEADOWS.

Vice-Chairman:

Alderman F. C. WOFINDEN.

Alderman G. C. BALL.

„ S. HALL, O.B.E., J.P.

„ F. HARPER, J.P.

„ F. C. WOFINDEN.

Councillor W. G. DENHAM.

„ Mrs. F. L. GREEN, J.P.

„ W. HEWITT.

„ Mrs. E. HUGHES.

„ J. E. MICKLETHWAIT.

„ Mrs. M. E. MOORHOUSE,
J.P.

„ R. ROSE.

„ A. R. SHAYLER.

Alderman G. C. BALL.

Councillor G. A. BROWN.

„ F. DAVIES.

„ J. DICKINSON, J.P.

„ F. DUKE.

„ Mrs. F. L. GREEN, J.P.

„ Mrs. E. HUGHES.

„ J. E. MICKLETHWAIT.

„ Mrs. M. E. MOORHOUSE,
J.P.

„ W. J. OWEN.

„ L. J. TARBIT.

„ M. W. YOUNG.

JOINT COMMITTEES.

SHEFFIELD, ROTHERHAM AND DISTRICT SMOKE ABATEMENT COMMITTEE.

Alderman F. HARPER, J.P.

Councillor G. A. BROWN.

SOUTH WEST YORKSHIRE JOINT BOARD FOR THE MENTALLY DEFICIENT.

Alderman A. BUXTON, J.P.

Alderman F. C. WOFINDEN.

HEALTH OFFICERS OF THE LOCAL AUTHORITY.

(as at 31st December, 1944.)

WILLIAM BARR, M.D., D.Sc., D.P.H.	Medical Officer of Health and Chief School Medical Officer.
R. C. WOFINDEN, M.D., B.S., D.P.H., M.R.C.S., L.R.C.P.	Acting Deputy Medical Officer of Health ; Acting Senior School Medical Officer ; Medical Officer, Venereal Diseases.
T. V. GRIFFITH, M.B., Ch.B., B.A.O.	Medical Superintendent, Municipal General Hospital ; Public Vaccinator, North-West Rotherham and Municipal General Hospital ; Police Surgeon ; District Medical Officer.
A. C. MORRISON, M.D., D.P.H.	Tuberculosis Officer ; Medical Superintendent, Oakwood Hall Sanatorium and Medical Superintendent, Isolation Hospital.
GEORGE E. WESTBY General Office	Lay Administrative Officer. Seven Clerks.

CONSULTANT STAFF (part-time).

H. L. CROCKATT, M.B., Ch.B.	Orthopaedics.
GLYN A. DAVIES, F.R.C.S. Ed., M.R.C.O.G. M.B., Ch.B.,	Obstetrics.
A. W. FAWCETT, F.R.C.S., M.B., Ch.B.	Thoracic surgery.
H. N. GREEN, M.A., M.D., M.Sc.	Hon. Advisor in clinical pathology.
W. J. LYTLE, F.R.C.S., M.B., B.Ch., B.A.O.	Surgery.
G. E. MOULD, M.R.C.S., L.R.C.P.	Mental diseases.
W. M. MUIRHEAD, M.B., Ch.B., D.O.M.S., R.C.P.S.Eng.	Ophthalmology.
A. E. NAISH, M.A., M.D., F.R.C.P.	Paediatrics.
C. L. PATTISON, M.B., B.S., M.R.C.S., L.R.C.P.	Surgical tuberculosis.
H. M. PETTY, M.B., Ch.B., D.L.O., R.C.P.S. Eng.	Diseases of ear, nose, and throat.
WILSON SMITH, M.D.	Hon. Advisor in bacteriology.

PUBLIC ANALYST (part-time).

J. EVANS, F.I.C., F.C.S.	Public Analyst.
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SANITARY INSPECTORS' SECTION.

MR. J. E. FULLER, (1), (2), (4), (5), (6)	Senior Sanitary Inspector.
MR. W. PEARCE, (1), (2), (5), (6)	Assistant Senior Sanitary Inspector and Inspector of Food and Drugs.
MR. T. W. PEARCE, (1), (2), (5), (6)	Sanitary Inspector.
MR. W. HORTON, (1), (2)	District Sanitary Inspector.
MR. G. C. HARRISON, (1)	District Sanitary Inspector.
MR. S. MASTIN, (1), (2)	District Sanitary Inspector.
MR. L. W. LODGE, (1), (2)	District Sanitary Inspector.
MR. N. FROGGATT, (1), (2)	Sanitary Inspector (Office).
MR. J. H. HOARE, (3)	Smoke Inspector (by arrangement with the Sheffield, Rotherham and District Smoke Abatement Committee).

TWO DISINFECTORS.

ONE RATCATCHER.

ONE CLERK.

ONE INSPECTOR OF COMMON LODGING HOUSES (part-time).

QUALIFICATIONS :

- (1) Certificate, Royal Sanitary Institute (Sanitary Inspector).
- (2) Certificate, Royal Sanitary Institute (Meat and other foods).
- (3) Certificate, Royal Sanitary Institute (Smoke Inspector).
- (4) Certificate, San. Insp. Assoc. Exam. Bd. (Sanitary Inspector).
- (5) Certificate, Board of Education, Building Construction.
- (6) Certificate, City and Guilds Institute, Plumbing.

HEALTH VISITORS.

MISS J. BARRACLOUGH, (1), (5)

Superintendent Health Visitor and Non-Medical
Supervisor of Midwives.

MISS E. G. CRESSWELL, (4), (5)

Assistant Senior Health Visitor.

MISS S. A. SIMM, (3), (4), (5)

Health Visitor.

MRS. M. AIRTON, (2), (5)

Health Visitor.

MISS A. W. GAFFNEY, (3), (4), (5)

Health Visitor.

MISS J. OLDERSHAW, (3), (4), (5)

Health Visitor.

MISS E. MILNES, (3), (4)

Health Visitor.

MISS K. POWER, (3), (4), (5)

Health Visitor.

(Two vacancies including one on war service.)

M.C.W. SECTION

Four Clerks.

QUALIFICATIONS :

- (1) Certificate, Royal Sanitary Institute (Sanitary Inspector).
- (2) Certificate, Royal Sanitary Institute (Health Visitor).
- (3) Health Visitors Exam. under Ministry of Health Regulations.
- (4) State Registered Nurse.
- (5) State Certified Midwife.

SCHOOL MEDICAL SERVICE.

R. C. WOFINDEN, M.D., B.S., D.P.H., Acting Senior School Medical Officer.
M.R.C.S., L.R.C.P.

MARY D. BOYD, M.B., Ch.B.

Assistant Medical Officer (Schools and Child
Welfare).

A. C. LINDSAY, M.B., Ch.B.

Assistant Medical Officer (Schools and Child
Welfare, temporary).

R. HEALD, L.D.S.

School Dental Surgeon.

MISS D. M. BATEMAN, B.Ch.D., L.D.S.

Assistant School Dental Surgeon.

MISS A. C. HAMPTON, C.S.M.M.G. & M.G., (1)

Physiotherapist.

MISS C. H. CROFTON, (1), (2)

School Nurse.

MISS G. K. CAVE, (1), (2)

School Nurse.

MRS. N. LLOYD, (1)

School Nurse.

MRS. M. A. FROST, (1), (3)

School Nurse.

MISS E. M. BORMAN, (1)

School Nurse.

MRS. E. RANDS, (1)

School Nurse.

MISS N. EASTON, (1), (2)

School Nurse (Nurseries and Child Welfare).

MISS W. M. COOPER

Senior Clerk.

Four Clerks.

Three Dental Attendants.

QUALIFICATIONS :

- (1) State Registered Nurse.
- (2) State Certified Midwife.
- (3) State Registered Fever Nurse.

MUNICIPAL GENERAL HOSPITAL.

T. V. GRIFFITH, M.B., Ch.B., B.A.O.
D. BALLANTINE, M.B., Ch.B., F.R.C.S., L.M.

P. R. WOODCOCK, M.B., Ch.B., B.A.O.
J. M. HALLINAN, M.R.C.S., L.R.C.P.
(Vacancy)

A. BAGON, L.M.S.S.A.
H. M. MILLS, M.B., Ch.B.

MISS C. E. DAVIS

MISS H. GREEN

MISS M. CONDRON

MISS A. M. SUMMERSGILL

MISS M. D. SIMPSON

MISS M. BETTERTON

MR. E. E. DAVIES

MISS R. K. COOPER

MR. G. M. SMITH

MISS M. M. USHER

One Assistant Dispenser (vacant).

Six Clerks.

OAKWOOD HALL SANATORIUM.

A. C. MORRISON, M.D., D.P.H.
D. M. F. ENGLISH, M.B., Ch.B., B.A.O.
MISS L. CRADDOCK
MRS. E. SHARPLES

ISOLATION HOSPITAL.

A. C. MORRISON, M.D., D.P.H.
MISS C. BARRACLOUGH

TUBERCULOSIS DISPENSARY.

A. C. MORRISON, M.D., D.P.H.
Two Clerks.

V.D. CENTRE.

R. C. WOFINDEN, M.D., B.S., D.P.H.,
M.R.C.S., L.R.C.P.
MR. P. DOANE
MRS. P. MILLBURN, S.R.N., S.C.M.

CLINICAL LABORATORY.

E. HARPER GILLESPIE, M.B., Ch.B.
MR. C. W. OLIVER, B.Sc., A.M.I.L.T.
One junior technician.
One Clerk.

Medical Superintendent.

Deputy Medical Superintendent and Obstetric
Officer.

Assistant Resident Medical Officer.

Assistant Resident Medical Officer.

Assistant Resident Medical Officer.

District Medical Officer.

District Medical Officer (part-time).

Matron.

Assistant Matron.

Sister Tutor (Nursing).

Sister Tutor (Midwifery).

Warden, Nurses' Homes.

Radiographer.

Physiotherapist.

Senior Dispenser.

Clerk and Steward (temporary).

Senior Clerk.

Medical Superintendent.

Assistant Resident Medical Officer.

Matron.

Teacher (Uncertificated).

Medical Superintendent.

Matron (on war service).

Tuberculosis Officer.

V.D. Medical Officer.

Venereal Diseases Orderly.

Venereal Diseases Nurse.

Clinical Pathologist.

Laboratory Technician.

MIDWIFERY SERVICE.

D. BALLANTINE, M.B., Ch.B., F.R.C.S., L.M.	Obstetric Officer.
MISS J. BARRACLOUGH	Non-Medical Supervisor of Midwives
MRS. M. J. WALSH	Superintendent Midwife.
MRS. S. E. GOSLING	Deputy Superintendent Midwife.
MRS. J. GRESSER	District Midwife.
MISS E. D. JEYES	District Midwife.
MRS. I. MCGANN	District Midwife.
MISS A. SIMM	District Midwife.
MRS. E. PUGH	District Midwife.
MISS E. DAWSON	District Midwife.
MISS K. RAY	District Midwife.
MISS G. SENIOR	District Midwife.
MISS M. M. HOLMES	District Midwife.
MISS G. G. TAYLOR	Relief Midwife (temporary).

WAR-TIME NURSERIES.

MISS Q. E. POWELL	Superintendent Matron.
MISS E. D. CLOUGH	Deputy Matron, Arnold Road Nursery.
MRS. M. E. SHIMELL	Deputy Matron, 'Thames Street Nursery.

PUBLIC VACCINATION.

T. V. GRIFFITH, M.B., Ch.B., B.A.O.	Public Vaccinator, North-West Rotherham and Municipal General Hospital.
H. R. ELLIOTT, M.R.C.S., L.R.C.P.	Public Vaccinator, South-East Rotherham.
D. P. K. JOCKEL, M.D.	Public Vaccinator, Rawmarsh (part of).
MR. F. S. BUTCHER	Vaccination Officer.

The following members of the staff and workpeople were on War Service at 31st December, 1944 :

N. M. MACDONALD, M.B., Ch.B., D.P.H.	Deputy Medical Officer of Health and Senior School Medical Officer.
J. URQUHART, M.B., Ch.B., D.P.H.	Assistant Medical Officer (Schools and Child Welfare).
P. SOMERVILLE, M.B., Ch.B.	Assistant Resident Medical Officer, Oakwood Hall Sanatorium.
F. S. DODD, L.D.S.	Assistant School Dental Surgeon.
MISS C. BARRACLOUGH	Matron, Isolation Hospital.
MISS T. ANTHONY	Health Visitor.
MR. G. H. BIGGIN	Clerk, General Office.
MR. R. WILD	Clerk, General Office.
MR. H. BEELEY	Clerk, General Office.
MISS M. LONGSTAFF	Clerk, M.C.W. Section.
MISS J. BROADHEAD	Clerk, M.C.W. Section.
MR. H. D. ELLIS	Clerk, Sanitary Inspectors' Section.
MR. E. FULLER	Clerk, Sanitary Inspectors' Section.
MR. J. D. JOHNSTON	Clerk, School Medical Section.
MR. S. STOPPARD	Clerk and Steward, Municipal General Hospital.
MR. E. HARDY	Clerk, Municipal General Hospital.
MR. L. MANN	Assistant Porter, Isolation Hospital.
MR. C. CASSWELL	Assistant Porter, Isolation Hospital.
MR. F. BAGSHAW	Mental Attendant, Municipal General Hospital.
MR. H. JESSOP	Mental Attendant, Municipal General Hospital.
MR. J. ATKIN	Porter, Municipal General Hospital.

DEPARTMENT OF HEALTH,

MUNICIPAL OFFICES,

ROTHERHAM.

I submit herewith the annual report on the health service and sanitary circumstances of the County Borough of Rotherham for the year 1944.

It will be seen that several changes in the form of the report have been made, notably by Section II having been extended to form a more general survey of subjects dealt with in greater detail in succeeding sections, and by the addition of two new sections, Section V dealing with the Municipal General Hospital, and Section XI with the Clinical Laboratory.

With staffs still depleted in the central office, in the clinics, and in the hospitals a vast amount of work, undramatic but important, was nevertheless carried out; and accordingly, to all members of the department in their various spheres, I wish to pay tribute for their continued help and loyal service.

WILLIAM BARR,

Medical Officer of Health.

SECTION I

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

GENERAL STATISTICS.

Area (in acres)	9,255
Population (census) 1931 : Prior to 1st April, 1936	69,691
As constituted 1st April, 1936	75,223
Population (estimated civilian) 1944	75,260
Number of inhabited houses (31/12/1944)	21,540
Rateable value (1/4/1945)	£481,175
Sum represented by a penny rate (1/4/1945).. .. .	£1,860

VITAL STATISTICS.

In the following summary extracts from the vital statistics for the year are given:—

Live births :	Total	Male	Female	
Legitimate ..	1,675	864	811	— Birth rate per 1,000 of the estimated
Illegitimate ..	77	47	30	resident population 23·28
Stillbirths ..	50	29	21	— Rate per 1,000 (live and still) births.. 27·75
Deaths	879	480	399	— Crude death rate per 1,000 of the
				estimated resident population .. 11·68
				Adjusted death rate per 1,000 of the
				estimated resident population
				(comparability figure) 13·43

Deaths from puerperal causes :

	Deaths	Rate per 1,000 total (live and still) births
Puerperal sepsis	2	1·11
Other puerperal causes	3	1·66
Total.. .. .	5	2·77

Death rate of infants under one year of age :

All infants per 1,000 live births.. .. .	60
Legitimate infants per 1,000 legitimate live births	57
Illegitimate infants per 1,000 illegitimate live births	117
Deaths from measles (all ages)	—
Deaths from whooping cough (all ages)	2
Deaths from diarrhoea (under 2 years of age)	21

In the tables which follow are given the detailed vital statistics of the County Borough.

Other tables of a more specific nature are incorporated in the later sections of this report dealing with infectious diseases generally, tuberculosis, venereal diseases, maternity and child welfare and mental deficiency.

In the following table the cause of death at different periods of life, as supplied by the Registrar General, are given for the year 1944. The inclusion of this is considered desirable by the Ministry of Health for the purpose of comparison with the figures for other areas, and relates to deaths *registered* in the calendar year, which totalled 879.

The remainder of the figures relating to deaths in other tables of this report are those of the actual deaths which *occurred* during the year, totalling 885 and have been compiled locally.

Cause of death	MALES							FEMALES							Total
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65-	Total	
1. Typhoid and paratyphoid fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Cerebro-spinal fever	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1
3. Scarlet fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Whooping cough	1	-	-	-	-	-	1	-	1	-	-	-	-	1	2
5. Diphtheria	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1
6. Tuberculosis of respiratory system	1	-	-	11	7	2	21	-	-	1	11	-	-	12	33
7. Other tuberculous diseases	-	1	-	-	3	-	4	-	-	1	-	1	-	2	6
8. Syphilis	-	-	-	-	2	-	2	-	-	-	-	-	1	1	3
9. Influenza	1	-	-	-	1	1	3	-	-	-	-	-	3	3	6
10. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. Acute polio-myelitis and polio-encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. Acute infectious encephalitis	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1
13. Cancer of buccal cavity and oesophagus (M) Uterus (F)	-	-	-	-	1	5	6	-	-	-	2	2	4	8	14
14. Cancer of stomach and duodenum	-	-	-	-	8	7	15	-	-	-	2	2	4	8	23
15. Cancer of breast	-	-	-	-	-	-	-	-	-	-	1	4	4	9	9
16. Cancer of all other sites	-	-	-	-	27	18	45	-	-	-	1	13	10	24	69
17. Diabetes	-	-	-	-	1	2	3	-	-	-	1	1	6	8	11
18. Intra-cranial vascular lesions	-	-	-	1	12	27	40	-	-	-	1	8	44	53	93
19. Heart disease	-	-	1	2	18	52	73	-	-	-	4	21	44	69	142
20. Other circulatory diseases	-	-	-	-	2	12	14	-	-	-	1	-	5	6	20
21. Bronchitis	4	-	-	1	14	34	53	2	-	-	4	8	20	34	87
22. Pneumonia	6	4	-	2	6	3	21	13	2	1	5	2	4	27	48
23. Other respiratory diseases	-	1	-	-	7	1	9	1	-	-	-	1	2	4	13
24. Ulcer of stomach or duodenum	-	-	-	-	6	2	8	-	-	-	2	3	-	5	13
25. Diarrhoea (under 2 years of age)	14	-	-	-	-	-	14	7	-	-	-	-	-	7	21
26. Appendicitis	-	-	1	-	-	1	2	-	-	-	1	1	-	2	4
27. Other digestive diseases	-	-	-	-	4	4	8	-	-	-	2	2	5	9	17
28. Nephritis	-	-	-	1	2	2	5	-	-	-	3	2	3	8	13
29. Puerperal sepsis	-	-	-	-	-	-	-	-	-	-	2	-	-	2	2
30. Other maternal causes	-	-	-	-	-	-	-	-	-	-	3	-	-	3	3
31. Premature birth	10	-	-	-	-	-	10	14	-	-	-	-	-	14	24
32. Congenital malformation, birth injury, etc.	16	-	-	-	-	-	16	9	-	-	-	1	-	10	26
33. Suicide	-	-	-	1	3	3	7	-	-	-	1	-	-	1	8
34. Road traffic accidents	-	1	3	1	1	-	6	-	-	-	2	1	-	3	9
35. Other violent causes	2	-	1	4	9	9	25	-	-	-	-	2	1	3	28
36. All other causes	1	3	3	8	11	40	66	2	-	2	10	8	41	63	129
Total—all causes	57	11	9	32	146	225	480	48	3	5	59	83	201	399	879

In the following table the vital statistics of the Borough in relation to the months of the year are given :—

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total 1944
Rainfall—No. of wet days	13	12	8	11	12	16	20	10	19	28	28	14	191
Inches of rain	2.32	1.67	0.51	2.10	2.08	1.91	2.23	2.64	3.55	2.58	4.35	1.70	27.64
Maximum daily fall—day ..	9th	27th	20th	3rd	5th	26th	3rd	27th	1st & 23rd	16th	24th	16th	—
Maximum daily fall—inches..	0.53	0.62	0.15	0.57	0.94	0.44	0.52	0.70	0.63	0.42	0.58	0.37	—
Births— Total	126	136	153	133	148	160	159	130	131	160	136	133	1705
Birth rate	20.09	21.68	24.40	21.20	23.60	25.51	25.35	20.72	20.88	25.51	21.68	21.20	22.66
Deaths— Gross	117	102	103	101	92	104	85	81	82	73	78	97	1115
Outward transfers	34	27	21	23	31	22	22	22	19	22	18	23	284
Inward transfers	5	7	6	5	4	2	4	8	4	3	3	3	54
Nett	88	82	88	83	65	84	67	67	67	54	63	77	885
Death rate (crude)	14.03	13.07	14.03	13.23	10.36	13.40	10.69	10.69	10.69	8.61	10.04	12.27	11.76
Nett deaths under 1 year of age ..	12	13	9	7	9	10	7	11	5	6	7	9	105
Infantile mortality rate per 1000 births ..	95	96	59	53	61	62	44	85	38	37	51	68	62
CASES OF INFECTIOUS DISEASE REPORTED	Acute anterior polio-myelitis	—	—	—	—	—	—	—	—	—	—	—	—
	Acute polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
	Cerebro-spinal meningitis	2	—	—	—	—	1	—	—	—	—	—	3
	Diphtheria	12	3	3	3	2	2	6	6	4	2	3	48
	Dysentery	5	—	—	1	—	—	—	2	—	—	1	9
	Encephalitis lethargia	—	—	—	—	—	—	—	—	—	—	—	—
	Erysipelas	3	1	2	—	1	3	—	1	2	1	3	17
	Malaria	—	—	1	—	—	—	—	—	—	—	—	1
	Measles	1	—	6	2	9	3	3	2	—	3	21	50
	Ophthalmia neonatorum	2	1	—	—	2	—	1	2	1	—	—	10
	Pemphigus neonatorum	—	—	—	—	—	1	—	—	—	—	—	2
	Pneumonia	13	9	12	9	5	10	6	—	9	4	5	89
	Puerperal pyrexia	—	—	1	—	1	—	4	—	1	—	—	7
	Relapsing fever	—	—	—	—	—	—	—	—	—	—	—	—
	Scarlet fever	20	40	27	29	23	18	18	14	26	19	19	270
	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
	Typhoid and paratyphoid fevers ..	—	—	—	—	—	—	—	—	—	—	—	—
	Typhus fever	—	—	—	—	—	—	—	—	—	—	—	—
	Whooping cough	14	14	4	1	4	1	9	14	5	8	16	98
	Pulmonary tuberculosis— Males	1	3	3	—	2	2	2	—	2	3	1	23
	Females	—	—	1	—	1	3	1	—	1	1	—	13
	Other forms of tuberculosis— Males	—	—	—	1	—	2	—	—	—	1	4	8
	Females	—	1	—	—	—	—	—	—	—	—	—	1
DEATHS	Diphtheria	—	—	—	1	—	—	—	—	—	—	—	1
	Erysipelas	—	—	—	—	1	—	—	—	—	—	—	1
	Measles	—	—	—	—	—	—	—	—	—	—	—	—
	Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—
	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—
	Whooping cough	—	—	—	1	—	—	1	—	—	—	—	2
	Tuberculosis—respiratory	4	7	3	2	2	4	—	3	2	1	1	33
	other forms	—	2	—	—	—	—	1	2	1	—	—	6
	Influenza	3	—	1	—	—	—	—	1	—	1	—	6
	Diarrhoea and enteritis (under 2 yrs.)	3	2	—	2	4	1	—	2	2	2	1	21
	Bronchitis	11	6	9	7	6	9	8	5	7	4	7	84
	Pneumonia	9	6	2	3	3	4	4	4	4	3	4	50
	Malignant disease	7	5	9	15	8	12	15	4	7	10	11	116
	Diseases of the heart	9	17	17	13	14	10	7	9	9	7	11	135
	Nephritis and Bright's disease ..	1	2	1	1	1	2	1	1	—	1	1	13

In the subsequent table the vital statistics of the Borough in relation to the various wards are shown :—

	Clifton Ward	East Ward	Greas- bro' Ward	Kim- ber- worth Ward	Mas- bro' Ward	North Ward	St. Ann's Ward	South Ward	Thorn- hill Ward	West Ward	Total 1944
Estimated civilian population ..	10600	13010	3260	9930	5060	6050	6980	8950	4920	6500	75260
Number of houses, 31/12/44 ..	3029	3752	944	2875	1464	1750	2019	2593	1425	1653	21504
Acreage ..	785	952	1403	2913	411	300	122	711	212	1446	9255
Density of houses per acre ..	3.86	3.94	0.67	0.99	3.56	5.83	16.55	3.65	6.72	1.14	2.32
Density of population per acre ..	13.50	13.67	2.32	3.41	12.31	20.17	57.22	12.59	23.21	4.49	8.13
Births— Total ..	211	297	77	237	135	129	182	170	115	152	1705
Birth rate ..	19.91	22.83	23.62	23.86	26.68	21.32	26.07	19.00	23.37	23.38	22.66
Deaths— Gross ..	168	143	35	98	70	62	105	76	71	287	1115
Outward transfers ..	67	2	—	4	—	—	—	3	3	205	284
Inward transfers ..	6	9	3	3	7	4	10	5	3	4	54
Nett ..	107	150	38	97	77	66	115	78	71	86	885
Death rate (crude) ..	10.09	11.53	11.66	9.77	15.22	10.91	16.47	8.72	14.43	13.23	11.76
Nett deaths under 1 year of age ..	17	12	4	9	10	9	17	10	10	7	105
Infantile mortality rate per 1000 births	81	40	52	38	94	70	93	59	87	40	62
CASES OF INFECTIOUS DISEASES REPORTED	Acute anterior polio-myelitis ..	—	—	—	—	—	—	—	—	—	—
	Acute polio-encephalitis ..	—	—	—	—	—	—	—	—	—	—
	Cerebro-spinal meningitis ..	1	—	—	—	2	—	—	—	—	3
	Diphtheria ..	3	17	—	8	2	1	3	2	11	48
	Dysentery ..	—	1	—	—	—	—	2	—	6	9
	Encephalitis lethargica ..	—	—	—	—	—	—	—	—	—	—
	Erysipelas ..	2	2	—	5	2	—	1	2	1	17
	Malaria ..	1	—	—	—	—	—	—	—	—	1
	Measles ..	6	19	2	10	1	2	1	1	8	50
	Ophthalmia neonatorum ..	—	—	—	3	1	3	—	1	2	10
	Pemphigus neonatorum ..	—	—	—	—	1	—	—	—	1	2
	Pneumonia ..	5	14	—	23	9	19	2	4	12	89
	Puerperal pyrexia ..	—	1	—	1	—	2	—	—	3	7
	Relapsing fever ..	—	—	—	—	—	—	—	—	—	—
	Scarlet fever ..	49	54	8	17	19	37	26	29	21	270
	Smallpox ..	—	—	—	—	—	—	—	—	—	—
	Typhoid and paratyphoid fevers	—	—	—	—	—	—	—	—	—	—
	Typhus fever ..	—	—	—	—	—	—	—	—	—	—
	Whooping cough ..	9	30	—	10	4	4	7	9	17	98
	Pulmonary tuberculosis—	—	—	—	—	—	—	—	—	—	—
DEATHS	Males ..	2	5	1	2	2	3	—	1	4	23
	Females ..	—	4	—	—	4	1	1	1	2	13
	Other forms of tuberculosis—	—	—	—	—	—	—	—	—	—	—
	Males ..	—	2	—	1	1	2	1	—	—	8
	Females ..	—	—	—	—	—	1	—	—	—	1
	Diphtheria ..	—	—	—	—	—	1	—	—	—	1
	Erysipelas ..	—	—	—	—	—	—	—	—	1	1
	Measles ..	—	—	—	—	—	—	—	—	—	—
	Scarlet fever ..	—	—	—	—	—	—	—	—	—	—
	Smallpox ..	—	—	—	—	—	—	—	—	—	—
	Typhoid fever ..	—	—	—	—	—	—	—	—	—	—
	Whooping cough ..	—	1	—	—	—	1	—	—	—	2
	Tuberculosis—respiratory ..	4	9	2	2	2	4	1	3	6	33
	other forms ..	1	1	1	—	1	—	—	2	—	6
	Influenza ..	1	2	—	2	—	1	—	—	—	6
	Diarrhoea and enteritis (under 2 years) ..	3	2	3	2	1	5	—	2	1	21
	Bronchitis ..	9	16	2	8	13	7	6	6	9	84
	Pneumonia ..	6	5	1	5	6	10	5	5	4	50
	Malignant disease ..	11	19	5	13	13	12	13	9	11	116
	Diseases of the heart ..	13	25	4	14	8	14	16	14	15	135
	Nephritis and Bright's disease ..	2	2	—	2	2	1	1	1	2	13

The following table shows the birth-rate, death-rate, and analysis of mortality, during the years 1940-1944, compared with England and Wales as a whole and various other areas.

(The mortality rates for England and Wales refer to the whole population but for London and the towns to civilians only.)

	Year	RATE PER 1,000 TOTAL POPULATION		ANNUAL DEATH-RATE PER 1,000 POPULATION								RATE PER 1,000 BIRTHS		RATE PER 1,000 LIVE AND STILL-BIRTHS		
		Live births	Still births	All causes	Enteric fever	Small-pox	Measles	Scarlet fever	Whooping cough	Diphtheria	Influenza	Diarrhoea and enteritis under two years	Total deaths under one year	MATERNAL MORTALITY RATE		
														Puerperal sepsis	Other maternal causes	Total
England and Wales	1940	14.6	0.55	14.3	0.00	—	0.02	0.00	0.02	0.06	0.32	4.6	55	0.52	1.64	2.16
	1941	14.2	0.51	12.9	0.00	—	0.03	0.00	0.06	0.07	0.19	5.1	59	0.48	1.75	2.23
	1942	15.8	0.54	11.6	0.00	—	0.01	0.00	0.02	0.05	0.09	5.2	49	0.42	1.59	2.01
	1943	16.5	0.51	12.1	0.00	—	0.02	0.00	0.03	0.03	0.37	5.3	49	0.73	1.56	2.29
	1944	17.6	0.50	11.6	0.00	0.00	0.01	0.00	0.03	0.02	0.12	4.8	46	0.59	1.34	1.93
126 County Boroughs and Great Towns, including London	1940	16.0	0.64	15.8	0.00	—	0.02	0.00	0.02	0.07	0.29	5.9	61	Not Available		
	1941	14.7	0.58	14.9	0.00	—	0.03	0.00	0.07	0.08	0.17	7.5	71			
	1942	17.3	0.66	13.3	0.00	—	0.02	0.00	0.03	0.06	0.09	7.5	59			
	1943	18.6	0.63	14.2	0.00	—	0.02	0.00	0.03	0.04	0.36	7.9	58			
	1944	20.3	0.64	13.7	0.00	—	0.01	0.00	0.03	0.03	0.10	7.3	52			
148 Smaller Towns (estimated resident populations 25,000 to 50,000 at Census 1931)	1940	15.7	0.55	12.8	0.00	—	0.02	0.00	0.02	0.05	0.30	4.4	54	Not Available		
	1941	16.4	0.60	13.0	0.00	—	0.03	0.01	0.06	0.06	0.20	4.6	56			
	1942	18.4	0.62	12.1	0.00	—	0.01	0.00	0.02	0.04	0.10	4.8	46			
	1943	19.4	0.61	12.7	0.00	—	0.02	0.00	0.03	0.04	0.37	4.4	46			
	1944	20.9	0.61	12.4	0.00	—	0.01	0.00	0.02	0.03	0.11	4.4	44			
London (Administrative county)	1940	13.7	0.44	17.8	0.00	—	0.01	0.00	0.00	0.01	0.18	5.8	50	Not Available		
	1941	8.9	0.33	16.3	0.01	—	0.02	0.00	0.04	0.03	0.15	6.8	68			
	1942	14.0	0.48	13.9	0.00	—	0.01	0.00	0.04	0.02	0.07	8.6	60			
	1943	15.8	0.45	15.0	0.00	—	0.02	0.00	0.03	0.02	0.27	10.4	58			
	1944	15.0	0.42	15.7	0.00	—	0.00	0.00	0.04	0.01	0.08	10.1	61			
Rotherham (Adjusted death rates)	1940	18.0	0.69	14.2	0.01	—	0.03	—	0.06	0.21	0.30	2.2	62	—	2.21	2.21
	1941	17.9	0.67	13.1	—	—	0.01	—	0.06	0.21	0.07	3.7	66	0.74	2.23	2.97
	1942	18.1	0.73	11.8	0.01	—	—	—	0.09	0.23	0.03	4.6	50	—	0.77	0.77
	1943	18.8	0.55	13.9	—	—	0.04	—	0.06	0.12	0.32	10.7	65	—	3.48	3.48
	1944	23.3	0.66	13.4	—	—	—	—	0.03	0.01	0.08	12.0	60	1.11	1.66	2.77

NOTE : A dash (—) signifies that there were no deaths.

During the year, 116 deaths from cancer took place and details are furnished in the table below of the location of the disease, together with the age and sex distribution:—

Location of disease		Under 15 years		15-25 years		25-35 years		35-45 years		45-55 years		55-65 years		65-75 years		Over 75 years		Total		Grand total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Buccal cavity and pharynx	M.	-	-	-	-	-	-	-	-	1	-	-	-	2	-	1	-	4	-	5
	F.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	
Digestive organs and peritoneum	M.	-	-	-	-	-	-	-	-	9	-	15	-	13	-	5	-	42	-	62
	F.	-	-	-	-	1	-	1	-	3	-	4	-	7	-	4	-	20	-	
Respiratory organs	M.	-	-	-	-	-	-	-	-	3	-	3	-	3	-	-	-	9	-	12
	F.	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	-	3	-	
Uterus	F.	-	-	-	-	-	-	2	-	1	-	1	-	2	-	2	-	8	-	8
Other female genital organs	F.	-	-	-	-	-	-	-	-	3	-	1	-	1	-	-	-	5	-	5
Breast	F.	-	-	-	-	-	-	1	-	3	-	1	-	3	-	2	-	10	-	10
Male genital organs	M.	-	-	-	-	-	-	-	-	-	-	3	-	2	-	-	-	5	-	5
Urinary organs	M.	-	-	-	-	-	-	-	-	2	-	-	-	1	-	2	-	5	-	7
	F.	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	2	-	
Skin (scrotum excepted)	M.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1
	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Brain and other parts of the nervous system	M.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other or unspecified organs	M.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	F.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	
Totals	..	-	-	-	-	-	1	-	4	15	12	22	9	21	16	8	8	66	50	116

The ratio of cancer deaths to deaths from all causes expressed as a percentage for the years 1940-44 is as follows:—

In 1940 the percentage was 11·0 ; in 1941, 15·1 ; in 1942, 12·5 ; in 1943, 12·5 ; and in 1944, 13·2.

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

DOMICILIARY SERVICES.

PROFESSIONAL NURSING IN THE HOME.

There is no scheme provided by the Local Authority for professional nursing in the home of either (a) general cases or (b) infectious cases.

There are three district nursing associations within the area of the County Borough namely, Rotherham, Greasborough and Thorpe Hesley. An outlying part of the Borough at Canklow, adjoining the City of Sheffield, is covered by the Tinsley District Nursing Association.

Grants are made to these associations on the condition that their services are available to persons in receipt of public assistance. Grants are also made to the associations within the Borough towards the additional costs involved by the adoption of the Rushcliffe salaries scales, and payments are made to the Greasborough and Thorpe Hesley associations for the services of their nurse at the child welfare centres.

MIDWIVES.

The report on the midwives practising in the Borough during the year will be found in Section IX.

NATIONAL HEALTH INSURANCE.

No change has occurred in the work of the Local Authority which is administered in co-operation with the National Health Insurance service as commented upon in previous reports.

POOR LAW MEDICAL OUT-RELIEF.

The medical care of persons in receipt of outdoor relief is undertaken by the Medical Services Committee on behalf of the Social Welfare Committee and the whole of the County Borough is regarded as one medical district.

Dr. T. V. Griffith, the Medical Superintendent of the Municipal General Hospital, is designated as District Medical Officer, and an assistant medical officer on his staff has full-time duties dealing with outdoor sick cases. Dr. H. M. Mills also continues his duties in the outlying Scholes and Thorpe districts of the County Borough as formerly.

REMOVAL OF INFIRM OR DISEASED PERSONS.

Section 101 of the Rotherham Corporation Act, 1928, enables the Medical Officer of Health to apply to a court for the removal of an infirm or diseased person to the Social Welfare Institution. Arrangements can also be made for voluntary removal.

During 1944 three aged persons were removed voluntarily. No application was made to the court for an order.

CLINIC SERVICES.

CLINICS AND TREATMENT CENTRES.

The following is a list of the out-patient departments under the control of the Corporation and details of the clinic facilities provided thereat:—

FERHAM HOUSE MATERNITY AND CHILD WELFARE CENTRE AND SCHOOL CLINIC, Kimberworth Road, Rotherham.	Child welfare ; ante-natal, post-natal and birth control, (district cases) ; ante-natal, (Municipal General Hospital cases) ; diphtheria immunisation ; remedial exercises ; aural ; dental ; baths—school children ; child guidance ; minor ailment and general inspection.
CRANWORTH ROAD MATERNITY AND CHILD WELFARE CENTRE AND SCHOOL CLINIC, Cranworth Road, Rotherham.	These premises are used as a first aid post and the clinic facilities have been transferred to the Coleridge Road Nursery School as a war-time measure.
COLERIDGE ROAD MATERNITY AND CHILD WELFARE CENTRE AND SCHOOL CLINIC, Coleridge Road, Rotherham.	The facilities transferred from the Cranworth Road Centre, namely, child welfare; ante-natal, post-natal and birth control ; diphtheria immunisation ; orthopaedic and remedial exercises ; ophthalmic; aural; dental; minor ailment and general inspection.
THORPE HESLEY COUNCIL SCHOOL, Upper Wortley Road, Thorpe Hesley, Rotherham.	Child Welfare ; ante-natal, post-natal and birth control ; minor ailment and general inspection ; dental (as required).
GREASBROUGH PUBLIC HALL, Greasbrough, Rotherham.	Child welfare ; ante-natal, post-natal and birth control ; minor ailment and general inspection ; dental (as required) ; district medical service out-patients.
CANKLOW CHILD WELFARE CLINIC, Temporary address : Westgate First Aid Post, Canklow Road, Rotherham.	Child welfare.
TUBERCULOSIS DISPENSARY, 12, Frederick Street, Rotherham.	Tuberculosis out-patients.

VENEREAL DISEASES CENTRE,
12, Frederick Street, Rotherham.

Medical and intermediate treatment.

MUNICIPAL GENERAL HOSPITAL,
Moorgate, Rotherham.

The following clinic facilities are provided in conjunction with the hospital, namely : medical and surgical out-patients ; district medical service out-patients ; ante-natal ; gynaecological, post-natal, and consultative ; cancer ; nervous disease ; ear, nose and throat ; x-ray ; sunlight and infra-red ray ; massage and electrical treatment.

DISTRICT MEDICAL SERVICE
SURGERY,
Devonshire Street, Rotherham.

Out-patients.

WAR-TIME NURSERIES :

ARNOLD ROAD, Rotherham.
ERSKINE ROAD, Rotherham.
THAMES STREET, Rotherham.

80 children—open 24 hours.
80 children—open 24 hours.
80 children—open 24 hours.

INSTITUTIONAL SERVICES.

GENERAL HOSPITALS.—(a) MUNICIPAL.

The report on the work of the Municipal General Hospital, Moorgate, Rotherham, will be found in Section V.

GENERAL HOSPITALS.—(b) VOLUNTARY.

In order to obtain co-relation of effort with the Rotherham Hospital, joint meetings of the representatives of this hospital and the Local Authority have again been held during the year. Discussions on the services of the clinical pathologist and on the charges for the examination of specimens examined at the laboratory were agreed to subject to renewal at the end of twelve months and to any alteration found necessary. It was also agreed that specimens of a public health nature such as for tuberculosis, infectious or venereal diseases would be carried out free of charge.

Discussion also took place with the hospital authorities at the suggestion of the Hospital Officer of the Ministry of Health with regard to the further utilisation of the Sandygate House Annexe, Wath-upon-Deerne, for the treatment of children from the Rotherham hospitals in order to secure additional beds in the parent hospitals during the preparation for the "D" Day emergency. No arrangement, however, was made in respect of this suggestion.

INFECTIOUS DISEASES.

Hospital accommodation for the treatment of cases of infectious disease is provided at the Isolation Hospital, Badsley Moor Lane, Rotherham, and for smallpox at the Kimberworth Hospital, Rotherham. The report of the year's working of these hospitals will be found in Section VI.

TUBERCULOSIS.

Hospital accommodation for the treatment of persons suffering from tuberculosis is provided at the Oakwood Hall Sanatorium, Moorgate, Rotherham, and details of the patients admitted during the year will be found in Section VII of this report.

CANCER.

Special facilities for the treatment of cases of cancer are provided at the Municipal General Hospital. In addition to operative measures, radium and deep X-ray therapy are provided under the direction of a medical consultant from the Sheffield Radium Centre. The agreement with this centre was revised in June, 1944, and arrangements were made for the holding of the radium clinics at the hospital to be weekly instead of fortnightly as in the past.

MATERNITY.

Institutional maternity accommodation is provided by the Corporation at the Municipal General Hospital and detailed statistics of the work performed will be found in Section V of this report, which deals with the working of that hospital.

An emergency maternity unit consisting of the Obstetric Officer and his team of midwives with equipment is stationed at the hospital and is available for cases of district midwifery.

During the year, investigations have been made into all maternal deaths occurring in the Borough, and the results of each enquiry have been forwarded to the Chief Medical Officer of the Ministry of Health, or in the case of extra urban deaths, to the responsible authority for the area in which the case was normally resident, for transmission to the Ministry.

All cases of puerperal pyrexia are enquired into by the Obstetric Officer and particulars of these enquiries will be found in Section IX of this report.

MATERNITY AND NURSING HOMES.

No fresh registration of maternity and nursing homes was received during the year, but the existing registration of one of the maternity homes was increased by one bed in July.

At the end of 1944, three homes were registered under the provisions of the Public Health Act, 1936, two as maternity homes only and the other as a maternity and nursing home. These were inspected regularly throughout the year.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

No institutional accommodation has been provided for the care of the mental defectives solely for the use of local cases. Rotherham is, however, one of the constituent authorities of the South-West Yorkshire Joint Board for Mental Defectives, who control the St. Catherine's Certified Institution, Loversall, near Doncaster, and which had at the end of 1944 a total available accommodation of 480 beds.

The occupation of the beds allocated to Rotherham cases is given in detail in Section X of this report. In this section also will be found full detailed particulars of the Rotherham cases in institutions, other than that provided by the joint board.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS, AND HOMELESS CHILDREN.

Unmarried mothers are usually dealt with by an order of admission into The Mount, Alma Road. In most cases, however, at the time of admission the woman is classed as an expectant unmarried mother and admitted direct to the Municipal General Hospital. In some cases the woman enters the institution or hospital for the confinement only, and, after the child is born, takes her discharge. In other cases, where the woman has no home or her parents refuse to take her back, she is discharged along with her child from the Municipal General Hospital to The Mount, until she can get the child adopted, leaving her in the position of again obtaining employment.

In the case of women who give birth to an illegitimate child in the Municipal General Hospital and remain after discharge in The Mount, the Social Welfare Committee take the necessary legal steps on behalf of the mother to obtain, if possible, an affiliation order on the putative father.

Homeless children are dealt with as under: —

Children up to three years of age are provided for in The Mount annexe nursery at Hellaby, and are cared for by a staff of nursing attendants under the direction of the Matron of The Mount.

Section 170 (2), Public Assistance Order 1930, makes it the duty of the Medical Officer of the Institution to examine every infant under the age of 18 months at least once in every fortnight and every other child once at least in every month.

On reaching the age of three years all children in The Mount nursery are transferred to the children's homes. There are seven children's homes within the Borough, with accommodation for 143 children in charge of a fostermother or fostermothers, with a Lady Superintendent in control of the whole of the homes. The children are

examined once every three months by the Senior School Medical Officer, and also are examined quarterly by the School Dentist. In the case of children requiring curative treatment, they attend more frequently.

Where suitable foster-parents can be found and the child is also suitable, the case is boarded out in a private home, under Part VI of the Public Assistance Order 1930. The allowance granted by the Social Welfare Committee for maintenance varies according to age from 12/3 to 14/- weekly per child with a quarterly clothing allowance of £2 per child. Many of these children receive medical attention from outside medical men, but all the boarded-out children are required to attend for a quarterly medical examination by the Senior School Medical Officer.

WARTIME NURSERIES.

The report of the year's working of the wartime nurseries will be found in Section IX. At the end of the year, three nurseries were remaining, each with accommodation for 80 children by day and 26 by night at Arnold Road, Erskine Road, and Thames Street respectively.

ANCILIARY SERVICES.

CLINICAL LABORATORY.

The clinical laboratory is situated in the grounds of the Municipal General Hospital, Rotherham and the report on its work will be found in Section XI.

AMBULANCE FACILITIES.

One motor ambulance is used for the removal of cases of infectious diseases and is maintained at the Isolation Hospital.

Accidents, non-infectious cases and maternity cases were dealt with by the Civil Defence Ambulance Service.

SECTION III

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

During the year 1944, the water supply continued to be satisfactory in quality and quantity, and the remarks made in the report for 1943 also apply to 1944.

CHARACTER OF WATER.

Samples of water from the distribution system were taken at intervals throughout the year and submitted to the Public Analyst for analysis and report. These reports were satisfactory, and the following are typical examples:—

	Langsett water drawn from tap at 8, Danum Drive 31/1/44.	Derwent water drawn from tap at 44, Herbert Street 31/1/44.	Ulley and Pinch Millwatermixed taken from pump in the Waterworks Yard 31/1/44.
Physical characters :			
Suspended matter	Faint trace	None	None
Appearance of a column 2 ft. long	Slightly cloudy : Yellowish	Clear : Yellowish	Clear : Yellowish
Taste	Normal	Normal	Normal
Odour	None	None	None
Chemical examination :			
	Parts per 100,000.		
Total solids dried at 180°C.	11.0	9.0	40.0
Chlorides as chlorine	1.50	1.40	3.40
Equivalent to sodium chloride	2.46	2.29	5.60
Nitrites	None	None	None
Nitrates as nitrogen	0.05	0.05	0.52
Poisonous metals (lead, etc.)	None	None	None
Total hardness	3.7	3.3	22.0
Temporary hardness	1.0	1.5	10.5
Permanent hardness	2.7	1.8	11.5
Oxygen absorbed in 4 hours at 80°F.	0.154	0.078	0.059
Ammoniacal nitrogen	0.0096	0.0004	0.0104
Albuminoid nitrogen	0.0036	0.0012	0.0034
pH. value	6.8	6.8	7.4
	Parts per million.		
Free chlorine	0.15	None	0.40
Bacteriological examination			
B. coli test (MacConkey's bile salt lactose broth)			
Probable number of coliform organisms per 100ml.	0	0	0

REMARKS.

Langsett and Derwent.—The results obtained are normal for these supplies and show the water to be satisfactory chemically and bacteriologically.

Ulley and Pinchmill mixed.—This mixed water is of low organic content and satisfactory bacteriologically. The amount of mineral matter in solution shows a small increase when compared with the figure obtained on the sample of September 22nd, 1943. The total hardness is, however, practically unaltered.

	Langsett water drawn from tap at 10, Danum Drive 3/11/44.	Derwent water drawn from tap at 44, Herbert Street 3/11/44.	Ulley and Pinch Millwatermixed drawn from tap at 6, Frederick Street 3/11/44.
Physical characters :			
Suspended matter	None	None	None
Appearance of a column 2 ft. long	Slightly Cloudy : Yellow	Clear : Yellowish	Clear : Yellow.
Taste	Normal	Normal	Normal
Odour	None	None	None
Chemical examination :		Parts per 100,000	
Total solids dried at 180°C.	10.0	10.5	38.0
Chlorides as chlorine	1.50	1.30	3.10
Equivalent to sodium chloride	2.46	2.13	5.10
Nitrites	None	None	None
Nitrates as nitrogen	0.055	0.060	0.40
Poisonous metals (lead, etc.)	None	None	None
Total hardness	3.8	3.5	22.0
Temporary hardness	1.3	1.5	8.0
Permanent hardness	2.5	2.0	14.0
Oxygen absorbed in 4 hours at 80°F.	0.122	0.070	0.094
Ammoniacal nitrogen	0.0004	0.0003	0.017
Albuminoid nitrogen	0.0064	0.0040	0.0080
pH. value	7.2	7.6	7.2
		Parts per million.	
Free chlorine	0.05	0.03	0.25
Bacteriological examination :			
B. coli test (MacConkey's bile salt lactose broth)			
Probable number of coliform organisms per 100ml.			
	0	0	0

REMARKS.

Langsett—Satisfactory both chemically and bacteriologically.

Derwent—Satisfactory both chemically and bacteriologically.

Ulley and Pinchmill—Satisfactory both chemically and bacteriologically. The yellow colour and the oxygen absorbed figure suggest that this mixed sample contains a large proportion of Ulley water.

RIVERS AND STREAMS.

The supervision of rivers and streams in the County Borough rests with the West Riding Rivers Board.

DRAINAGE AND SEWERAGE.

By means of a high level and also a low level sewer, the sewage of the greater part of Rotherham is conveyed to the Aldwarke Sewage Works on the banks of the River Don. The method of purification is by the bio-aeration process.

The village of Thorpe Hesley has a separate sewerage system and sprinkler filter, and the sewage from Blackburn is treated at the adjacent disposal works of the City of Sheffield.

The area of Greasbrough drains to an independent disposal works at Scrooby Lane, Greasbrough.

Brinsworth and part of Whiston drain to the Aldwarke Sewage Works. The remaining parts of this area drain to the Rotherham Rural District Council works under arrangement with that authority.

Cesspools exist in the unsewered parts of the district.

CLOSET ACCOMMODATION.

Two privies and one wet ashpit were replaced by one water closet and a moveable refuse bin. There were no other changes during the year.

PUBLIC CLEANSING.

The methods outlined in the last report regarding Public Cleansing were continued during 1944.

The amount of house refuse collected and bins provided or renewed during the year ended 31st March, 1945, were as follow:—

Refuse collected	..	..	..	..	..	20,784 tons 7 cwts.
Bins supplied	..	..	..	..	..	1,358

Since the commencement of the scheme whereby the Corporation maintains refuse bins, 24,407 have been supplied.

SANITARY INSPECTION OF THE AREA.

The following is a summary of the work done by the sanitary inspectors during the year:—

MALE STAFF.

Complaints investigated	498
Miscellaneous inspections and visits	3183
Re-inspections of nuisances	2181
Inspections of work in progress	470
Visits for sanitary alterations	41
Interviews with owners, agents, and builders	512
Inspections of tents, vans, and sheds	4
workshops and factories	245
offensive trades (including fish friers)	148
canal boats	15
cowsheds and dairies	45
common lodging houses (including visits by police inspector)	128
houses let in lodgings	45
premises where made up goods are prepared ..	61
hairdressers' premises	82
Visits to slaughterhouses (excluding whole time inspector at Public Abattoir)	91
Cases of infectious diseases investigated	339
Visits to zymotic contacts	12
Food control visits	260
Drains tested	101
Number of verbal intimations	372
preliminary notices and letters	1275
statutory notices	30
Matters referred to other Departments	92
Samples obtained under Food and Drugs (Adulteration) Act	158
Milk samples for bacteriological examination	58
Proceedings instituted	4
Nuisances abated (including a larger number of items of different kinds)	1069

HOUSING.

There was a further deterioration of housing conditions, due to lack of comprehensive repair work owing to difficulties of labour and materials, to overcrowding and the continued occupation of premises which are not reasonably capable of being made fit.

Whilst the first imperative of post-war work must be the provision of additional houses, the overtaking of delayed repairs and improvements to existing houses must not be overlooked.

During 1944, 1,216 houses were inspected for structural defects.

SMOKE ABATEMENT.

A meeting of the Sheffield, Rotherham and District Smoke Abatement Committee was held in January, 1944, when it was reported that the following authorities had appointed representatives to serve on the Committee:—

Sheffield Corporation. Rotherham Rural District Council.

Rotherham Corporation. Rawmarsh Urban District Council.

Meetings were held bi-monthly throughout the year and at the October meeting, Stocksbridge Urban District Council once again took up membership of the Committee.

The following table gives in summary form the soot deposit and sulphur absorption records taken at the College of Technology and the soot deposit records at the Oakwood Hall Sanatorium during the year:—

COLLEGE OF TECHNOLOGY.

Month	Soot deposit gauge						Sulphur di-oxide monthly estimations (lead cone)
	Rainfall m/m's.	Total solids dissolved grams.	Total insoluble matter grams.	Equivalent to tons per square mile.			Weight of SO ₃ per 100 sq. cms. grammes.
				Total soluble	Total insoluble	Total solids	
January ..	55.5	0.323	0.429	11.46	15.22	26.69	4.37
February	25.3	0.280	0.595	9.94	21.12	31.05	3.70
March ..	9.6	0.173	0.559	6.14	19.84	25.98	2.62
April ..	49.2	0.142	0.232	5.04	8.23	13.27	2.28
May ..	50.4	0.246	0.582	8.73	20.66	29.39	2.27
June ..	47.9	0.200	0.356	7.10	12.63	19.73	2.14
July ..	46.2	0.232	0.258	8.23	9.16	17.39	1.77
August ..	57.2	0.181	0.236	6.42	8.38	14.80	2.69
September	75.7	0.196	0.279	6.96	9.90	16.86	2.19
October ..	57.4	0.223	0.478	7.91	16.96	24.88	3.62
November	92.8	0.320	0.560	11.36	19.87	31.23	3.00
December	36.3	0.193	0.205	6.85	7.28	14.13	3.85
Average ..	50.3	0.226	0.397	8.01	14.10	22.11	2.87

OAKWOOD HALL SANATORIUM.

Month	Soot deposit gauge.					
	Raintall m/m's.	Total solids dissolved grams.	Total insoluble matter grams.	Equivalent to tons per square mile.		
				Total soluble	Total insoluble	Total solids
January	17.1	0.184	0.331	6.17	11.10	17.27
February	37.0	0.216	0.340	7.24	11.40	18.64
March	12.0	0.136	0.470	4.56	15.76	20.32
April	48.6	0.130	0.170	4.36	5.70	10.06
May	57.4	0.140	0.356	4.69	11.93	16.63
June	56.9	0.147	0.284	4.93	9.52	14.45
July	49.6	0.158	0.245	5.30	8.21	13.51
August	66.9	0.154	0.300	5.16	10.06	15.22
September	84.8	0.168	0.177	5.63	5.94	11.57
October	67.6	0.144	0.272	4.83	9.12	13.95
November	103.2	0.212	0.316	7.11	10.60	17.70
December	36.0	0.137	0.123	4.59	4.12	8.72
Average	53.1	0.160	0.282	5.38	9.46	14.84

OFFENSIVE TRADES.

The following offensive trades existed in the Borough at the end of December, 1944:—

Tripe boilers	2
Gut scrapers	1
Rag and bone dealers	2
Blood driers	1
	—
	6
	—

Bye-laws are in operation for the conduct of fish friers.

During 1944 the following matters were dealt with:—

Fish friers :

Lack of cleanliness	8
Insufficient ventilation	1

COMMON LODGING HOUSES.

Two common lodging houses, with accommodation for 64 persons, were in use during the year.

A total of 128 visits were paid, including visits by the police inspector. During the whole of the visits on no occasion was all the accommodation filled.

HOUSES LET IN LODGINGS.

During 1944, two houses let in lodgings ceased and five more were registered. Twenty-three were registered at the end of the year. Forty-five visits were made.

TENTS, VANS AND SHEDS.

During 1944 there was no increase in the number of tents, vans and sheds occupied as dwellings.

FACTORIES.

The number of factories registered at 31st December, 1944, was 315. During the year 245 inspections were made.

The defects remedied were:—

Want of cleanliness	..	..	..	..	..	..	..	15
Insufficient sanitary accommodation	..	..	..	..	..	..	..	6
Unsuitable or defective sanitary accommodation	..	..	..	..	..	..	..	17
Drainage defects	..	..	..	..	..	..	..	3
Other disrepair	..	..	..	..	..	..	..	1

CANAL BOATS.

No canal boats have been registered in Rotherham.

Number of canal boats inspected	..	..	..	..	..	..	15
Number of infringements observed	..	..	..	..	..	..	2
Number of persons aboard	..	..	..	..	..	..	24

Two infringements observed were apparently due to old boats being used for outcrop coal carrying during the present emergency.

A number of other old boats were being used for hauling outcrop coal for relatively short distances. They were not used for dwelling purposes.

DISPOSAL OF THE DEAD.

Apart from earth burial, cremation facilities are available at the City Cemetery, Sheffield. During the year, 16 persons from Rotherham were cremated there as compared with 20 in the previous year.

SCHOOLS.

SCHOOL HYGIENE.

The use of the classrooms noted in previous report for first-aid post accommodation ceased during the year. The rooms at Blackburn school were freed on 23rd October; Thorpe Hesley School was released a week later, and on 13th November the use of the rooms at Herringthorpe school ceased.

CO-ORDINATION.

As outlined in previous reports the co-operation between the school medical service and the other health activities of the County Borough has been maintained on a close basis throughout the year.

Reference will be found in other parts of this report to special activities where co-operative effort between the various sections are achieving success, as may be instanced in the diphtheria immunisation campaign, the treatment of scabies, hospital treatment of aural cases, dental treatment, and all the facilities for school and pre-school children.

RAG FLOCK ACT.

No flocks are manufactured in the district. No samples were taken.

PUBLIC MORTUARY.

The arrangement whereby the mortuary at the Municipal General Hospital was used as the public mortuary was continued throughout the year and 48 bodies were received there and detained therein for 180 days. The post mortem room was used on 28 occasions.

SHOPS ACT, 1934.

Routine inspections under the Shops Act are carried out by the officers of the Weights and Measures Department, who report to the Department of Health defects relating to ventilation, temperature and sanitary accommodation.

RATS AND MICE (DESTRUCTION) ACT, 1919.

During the year, 1,900 rats and 322 mice were caught. Other rats, number unknown, died of poison and were not seen.

There are no large surface infestations.

The increase in the keeping of fowls encouraged rat harbourage and numerous small infestations resulted.

In addition to the actual destruction of rats, removal of harbourages and the proofing of premises were carried out.

ERADICATION OF HOUSEHOLD PESTS.

The following premises were treated for vermin by the Department:—

				Bugs	Other household pests
Council houses	..	..	..	102	29
Private houses	..	..	..	121	75
Other premises	..	..	..	12	15
				<hr/>	<hr/>
Total	..	..	..	235	119
				<hr/>	<hr/>

Proprietary insecticides (liquids and powders) were used.

There is no evidence that the incidence of infestation is decreasing. War-time conditions and the reaction of many householders engendered infestation. Fire-watchers' quarters and factory cloakrooms were among the "other premises" treated for bugs.

SWIMMING BATHS.

The management of the two public baths in the County Borough and the measures adopted to ensure a satisfactory condition of the water were described in the Annual Report for 1936.

SHELL-FISH.

There are no shell-fish bed or layings in the district, and no action has been taken under the Public Health (Shell-fish) Regulations, 1934, or the Public Health (Cleansing of Shell-fish) Act, 1932.

SECTION IV

INSPECTION AND SUPERVISION OF FOOD.

MILK.

The following statement shows the number of milk producers in the Borough and also the number of registered retailers at the end of 1944:—

Registered cow keepers (producers within the Borough)	..	..	32
Cowkeepers within the Borough retailing their own supplies..	..	..	20
Retail roundsmen with premises within the Borough	..	..	15
Retail roundsmen from premises outside the Borough	..	..	45

Licences issued under Milk (Special Designations) Regulations:—

Tuberculin tested :							
Supplementary	..	..	..	..	..	..	3
Accredited :							
Producer	..	..	..	..	..	..	1
Dealer	..	..	..	..	..	..	1
Supplementary	..	..	..	..	..	..	3
Pasteurised :							
Premises	..	..	..	..	..	..	1
Supplementary	..	..	..	..	..	..	1

The following gives the results of the bacteriological examination of designated milk during the year:—

Tuberculin tested		Accredited		Pasteurised	
Conformed to standard	Not conformed to standard	Conformed to standard	Not conformed to standard	Conformed to standard	Not conformed to standard
3	1	7	11	7	—

Samples of non-designated milk examined during the year as assessed by accredited milk standards showed the following results:—

Satisfied both tests	..	..	..	..	..	18
Satisfied methylene blue test only	..	..	..	..	..	3
Satisfied coliform test only	..	..	..	..	..	3
Failed to satisfy either test	..	..	..	..	..	5

One tuberculin tested, 6 accredited and 5 mixed milk samples were tested for tubercle bacilli; all were negative.

One milk vendor was prosecuted for selling a bottle of milk containing loose glass. It was held that the milk was unfit for human consumption and a penalty of £2.10.0, including costs was imposed.

MEAT.

During 1944, all slaughtering for sale was centralised at Public Abattoir. The following figures, supplied by the Markets' Superintendent, give the number of animals slaughtered there during the year:—

Cattle	Calves	Sheep and lambs	Pigs	Total
5,259	1,042	18,008	1,438	25,747

In addition to the above, 137 pigs were slaughtered on private premises for home consumption.

The total estimated weight of fresh killed meat and offals condemned during the year was:—

All causes	..	..	..	..	..	63 tons	16 cwts.
Tuberculosis only	..	..	..	..	..	38 tons	8 cwts.

The percentage of animals found to be affected with disease and injuries is given in the following table:—

	Cattle exclud'g cows	Cows	Calves	Sheep and Lambs	Pigs
Number inspected.. .. .	3,453	1,806	1,042	18,008	1,575
All diseases except tuberculosis :					
Whole carcasses condemned	5	53	26	85	2
Carcasses of which some part of organ was condemned	364	467	5	729	110
Percentage of the number inspected affected with disease other than tuberculosis ..	10·68	28·79	2·97	4·52	7·11
Tuberculosis only :					
Whole carcasses condemned	8	95	8	—	5
Carcasses of which some part or organ was condemned	329	869	4	—	110
Percentage of the number inspected affected with tuberculosis	9·75	53·37	1·15	—	7·30

Of the 1,575 pigs inspected, 137 were slaughtered on private premises by self-suppliers of meat.

No meat marking was carried out during the year.

The Borough continued to be free from butcher meat stalls except for a few meat hawkers' vehicles.

OTHER FOODS.

The following table gives details of food other than fresh killed meat, condemned during the year:—

						Number	lbs.
Imported meat	..	..	..	..	..	—	3,399
Prepared foods	..	..	..	..	..	—	2,253
Wet fish	..	..	..	..	..	—	7,935
Kippers	..	..	..	..	..	745	—
Fruit	..	..	..	..	..	—	2,162
Vegetables	..	..	..	..	..	—	15
Groceries	..	..	..	..	..	—	1,130
Eggs	..	..	..	..	..	188	—
Oat cakes, pikelets, pies	..	..	..	..	..	2,806	—
Packet foods	..	..	..	..	..	67	—
Tinned food	..	..	..	..	..	4,555	—

FOOD AND DRUGS ACT.

During the year, 158 samples of food and drugs were obtained and submitted to the Public Analyst for examination. Eighteen samples were reported to be not genuine. Sixteen of these samples were of milk and two were of sweet spirit of nitre.

Ten supplies were involved in the sixteen milk samples.

The deficiency in six supplies was due to uneven milking hours. Letters were sent to the producers requesting alteration of the times of milking.

The deficiency in the remaining four supplies was due to failure to mix or bulk the milk, or to the insufficient stripping of the cows. Proceedings were instituted in three instances. Two convictions were registered and fines and costs imposed and the other case was dismissed on payment of £2.8.6 costs. In the fourth instance the vendor was warned.

One informal sample of sweet spirit of nitre was deficient in ethyl nitrite. A follow-up formal sample was also deficient. This was a war-time formula of markedly inferior keeping qualities, and the vendor, in reply to a letter sent to him, stated that he had discontinued the sale of it in his shops in order to avoid any possible risk of complaint.

In addition to the food and drugs samples submitted to the Public Analyst, twenty-one milk samples were submitted to the Gerber test by the Sampling Officer.

Details of all samples examined by the Public Analyst are given in the following table:—

No.	Nature of sample	Genuine		Not reported as genuine		Formal samples	
		Formal	Informal	Formal	Informal	Prosecutions instituted	Penalties including costs
							£ s. d.
5	Baking powder	—	5	—	—	—	—
3	Cocoa	—	3	—	—	—	—
6	Coffee	—	6	—	—	—	—
2	Fish paste	—	2	—	—	—	—
2	Flour (self raising) ..	—	2	—	—	—	—
5	Ground ginger	—	5	—	—	—	—
1	Ground nutmeg	—	1	—	—	—	—
3	Jam	—	3	—	—	—	—
1	Margarine	—	1	—	—	—	—
95	Milk	79	—	16	—	3	7 13 6
2	Meat paste	—	2	—	—	—	—
3	Mustard	—	3	—	—	—	—
1	Pepper	—	1	—	—	—	—
6	Sausages	—	6	—	—	—	—
4	Vinegar	—	4	—	—	—	—
3	Anti-gas ointment No. 2	—	3	—	—	—	—
4	Camphorated oil ..	—	4	—	—	—	—
3	Cream of tartar	—	3	—	—	—	—
2	Compound liquorice powder	—	2	—	—	—	—
1	Paregoric	—	1	—	—	—	—
1	Sweet nitre substitute ..	—	1	—	—	—	—
2	Sweet spirit of nitre ..	—	—	1	1	—	—
3	Zinc ointment	—	3	—	—	—	—
158	Totals	79	61	17	1	3	7 13 6

SECTION V.

MUNICIPAL GENERAL HOSPITAL.

The district served by the hospital remained the same, namely the County Borough of Rotherham and the Rother Valley Public Assistance Area, each with roughly a similar population.

BEDS.

The beds provided for sick, maternity, and mental cases were 385 at the parent hospital and 21 at the Sandygate House Annexe when the year commenced. On 13th April the maternity patients at the annexe were transferred back to the hospital and children were treated at Sandygate. This change increased the number of beds at the hospital to 397. Additional treasure cots were purchased and on 26th July the accommodation was 413. As from 1st September, the Strafford Villa war-time nursery, which adjoins the hospital, became available and was used for the treatment of children. Sandygate House Annexe was handed back to the Ministry of Health for use as an emergency maternity home. The accommodation at the end of the year was 447 beds.

STAFF.

The medical staff consists of the medical superintendent, the deputy medical superintendent, and four resident medical officers, together with the following visiting consultants:—Surgeon; ophthalmic surgeon; thoracic surgeon; obstetrician; ear, nose and throat surgeon; paediatrician; medical officer for cancer and radium, and two medical officers for nervous diseases.

A visiting dentist is also employed by the hospital, and a radiographer and a masseur are on the permanent staff.

The nursing staff under the matron is usually kept up to full strength and efficiency. This position is greatly helped by the hospital being a training school, not only for general nursing but for midwifery (part 2) as well. Towards the end of the year, owing to the shortage of pupil midwives undertaking part 2 training, it became necessary to employ assistant nurses in the maternity wards. The staff at the end of the year was 24 trained nurses, 4 pupil midwives, 5 assistant nurses, 73 student nurses, and 4 male attendants.

IN-PATIENTS.

Details of in-patients (including Service patients) treated are shown in the following table:—

			Municipal General Hospital, Rotherham		Sandygate House Annexe, Wath		Total
Inpatients (including births)	..		4,332	..	374	..	4,706
Deaths	..	..	329	..	16	..	345
Discharges	..	..	3,948	..	386	..	4,334

OUT-PATIENTS.

The attendances at the out-patient department during the year for the continuation of treatment, emergency treatment, consultation, etc., were as follow:—

Out-patient : hospital	..	..	..	..	..	..	5,259
district..	..	..	..	..	..	..	2,489
Physiotherapy	..	..	..	..	..	..	9,288
Sunlight	..	..	..	..	..	..	845
Nervous diseases	..	..	..	..	..	..	849
Radium and cancer	..	..	..	..	..	..	1,113
X-ray	..	..	..	..	..	..	1,394
Ear, nose and throat	..	..	..	..	..	..	140
Ante-natal : Municipal General Hospital	..	..	..	..	..	..	3,454
Ferham House	..	..	..	..	..	..	811
Post-natal	..	..	..	..	..	..	100
Gynaecological	..	..	..	..	..	..	680
Total	..	..	..	..	..	..	26,422

MIDWIFERY.

The arrangements whereby the maternity work of the hospital was carried out at the Sandygate House Annexe at Wath-on-Dearne continued until the 13th April, 1944, when these beds were transferred back to the parent hospital. The accommodation at Sandygate was then used as a children's ward until 30th August, 1944, when at the instance of the Ministry of Health, Sandygate House was taken over by them as an emergency maternity home for the Fulham Metropolitan Borough as from the 1st September. Equipment was transferred from the maternity home of that borough together with the matron and staff. Rotherham, through the Municipal General Hospital, was asked to provide the medical care and supervision of the home.

Seven ante-natal patients were admitted on the 5th September and another eight on the 22nd of that month. Two of these patients were delivered; three patients took their own discharge and returned to London, whilst the remaining ten patients were

transferred to another emergency maternity home near Dewsbury on the 26th September. The staff and equipment returned to Fulham and the home was closed on the 28th September when the premises were placed on a care and maintenance basis until the 23rd October when the responsibility for the premises was transferred to the West Riding County Council.

The following table gives particulars of the maternity cases dealt with at the Sandygate House Annexe and Municipal General Hospital during the year:—

	Municipal General Hospital, Rotherham	Sandygate House Annexe, Wath
1. Number of maternity beds exclusive of isolation and labour beds	45	21
2. Number of beds included in the above which have been allocated to, and reserved for, expectant mothers in need of hospital treatment	4	2
3. Number of maternity cases admitted during the year	847	156
4. Number of women treated during the year in the beds shown against item 2, and which are included in item 3	81	5
5. Average duration of stay of cases included against item 3	14 days..	14 days
6. Number of cases delivered by :		
(a) midwives	665	144
(b) doctors	79	5
7. Number of cases in which medical assistance was sought by the midwife in emergency	134	15
8. Number of cases admitted after delivery..	22	2
9. Number of cases notified as puerperal pyrexia	2	2
10. Number of cases of pemphigus neonatorum	1	—
11. Number of infants not entirely breast fed while in the institution	53	25
12. Number of infants wholly breast fed on leaving the institution	675	121
13. Number of cases of ophthalmia neonatorum	—	—
14. Number of maternal deaths	5	—
15. Number of infant deaths :		
(i) stillborn	48	6
(ii) within 10 days of birth ..	27	6

Of the 1,003 maternity cases dealt with during the year 338 were resident in the area of the West Riding County Council, and of these, 281 were admitted into the maternity ward of the hospital and 57 into the Sandygate House Annexe.

Weekly ante-natal clinics were held in conjunction with the maternity ward and also at Ferham House for intending maternity patients. The following table gives details of the cases attending these clinics:—

					Ferham House		Municipal General Hospital
Women attending	..	..	..	..	117	..	897
Attendances made	..	..	..	..	811	..	3,454

Ninety-eight women attended during the year at the post-natal clinic held at the hospital and made 100 attendances.

An emergency maternity unit consisting of the Obstetric Officer and his team of midwives with equipment is stationed at the hospital and is available for cases of district midwifery.

CANCER.

The number of patients treated at the hospital during the year was 71.

In addition to operative measures, radium and deep X-ray therapy are provided under the direction of a medical consultant from the Sheffield Radium Centre.

1,113 attendances were made by patients at the radium and cancer clinic held at the hospital.

The agreement with the Sheffield Radium Centre was revised in June, 1944, and arrangements were made for the holding of the radium clinic at the hospital to be weekly instead of fortnightly as in the past.

AURAL.

No change occurred in the arrangements for the treatment of aural cases occurring amongst school and pre-school children during the year.

328 cases were admitted to hospital and 323 operations, chiefly for the removal of tonsils and adenoids were performed. These patients stayed 672 days in hospital.

140 attendances were made at the out-patient department during the year.

TUBERCULOSIS.

The total number of cases admitted (County Borough and West Riding areas) were:—

Pulmonary	..	..	..	..	..	..	..	21
Non-pulmonary	..	..	..	..	..	..	..	1

NEW DEVELOPMENTS.

The Council considered the proposals contained in the Ministry of Health circular 20/44 dealing with premature infants in relation to domiciliary and institutional midwifery cases. Professor A. E. Naish of Sheffield, was appointed consultant paediatrician not only in respect of premature infants, but for children's diseases generally. His duties include one weekly hospital clinic and one monthly clinic, held at the Coleridge Road Child Welfare Centre for pre-school and school children.

The Council also considered the appointment of a mental treatment consultant to the hospital to administer electrical convulsive therapy in certain cases, and appointed Dr. E. F. Skinner, of Sheffield, on a sessional basis. Unfortunately, Dr. Skinner died towards the end of the year and no further appointment has been made at the time of writing this report.

The approval of the Central Midwives Board of the candidate appointed as sister tutor (midwifery), as mentioned in the last report, was received early in the year, and she commenced her duties on 14th February, 1944. Consequent upon the resignation of the assistant matron and sister tutor (nursing) in June, it was decided to separate the two posts. The home sister was appointed to the post of sister tutor (nursing), and following this it was decided to abolish the post of home sister and to appoint a warden for the nurses' home.

The arrangements with the West Riding County Council for the allocation of maintenance charges were revised as from 1st April, 1944. The new arrangements provided for the ascertained cost per patient per week to be based on the penultimate year instead of the preceding financial year which had previously been operated. It was also agreed that in calculating the average cost per patient per week the patient days of infants born in the hospital be omitted until the infants are four weeks old, and that two days be counted as one patient day in respect of infants between the ages of four weeks and twelve months.

SECTION VI

INFECTIOUS DISEASES GENERALLY.

The prevalence of the infectious diseases notifiable in the County Borough is shown in the following table:—

Disease	1940	1941	1942	1943	1944
Acute anterior polio-myelitis	1	—	—	4	—
Acute polio-encephalitis	—	—	—	—	—
Cerebro-spinal meningitis	19	27	10	5	3
Diphtheria	128	150	134	66	48
Dysentery	—	1	1	3	9
Encephalitis lethargica	—	—	—	—	—
Erysipelas	38	55	47	47	17
Malaria	—	—	1	—	1
Measles	2801	179	1039	871	50
Ophthalmia neonatorum	10	8	11	6	10
Pemphigus neonatorum	12	1	2	—	2
Pneumonia	157	146	136	140	89
Puerperal pyrexia	22	14	9	7	7
Relapsing fever	—	—	—	—	—
Scarlet fever	80	118	214	272	270
Smallpox	—	—	—	—	—
Typhoid and paratyphoid fevers	7	6	3	—	—
Typhus fever	—	—	—	—	—
Whooping cough	94	275	174	211	98
Tuberculosis : respiratory	43	36	71	49	36
other forms	19	16	10	8	9
Totals	3431	1032	1862	1689	649

In the subsequent table particulars are given of the incidence of the notifiable infectious diseases during the year, showing age grouping, ward distribution, cases removed to hospital, and total deaths.

Notifiable disease	No. of cases notified												Total cases notified in each ward of the Borough								Total cases removed to hospital	Total deaths					
	At all ages	At ages—years											Clifton	East	Greasbrough	Kimberworth	Masbro'	North	St. Ann's	South			Thornhill	West			
		Under 1 year	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	5 to 10 years	10 to 15 years	15 to 20 years	20 to 35 years	35 to 45 years	45 to 65 years													65 years and over		
Acute anterior polio-myelitis
Acute polio-encephalitis
Cerebro-spinal meningitis	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	..	48	1	2	2	5	13	8	5	11	1	1	..	..	..	..	..	..	3	1	2	11	..	..	..	..	..
Dysentery	..	9	1	..	..	..	1	..	..	..	..	1	3	..	..	..	..	..	..	..	..	6	..	..	..	..	..
Encephalitis lethargica	1	1	..	1	..	..	2	..	..	..	..	..	1	2	2	1	..	..	..	..	..
Erysipelas	..	17	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	1	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	50	5	2	6	2	25	6	..	..	..	..	..	19	2	10	1	2	1	..	..	8	..	..	..	..	..
Ophthalmia neonatorum..	..	10	10	..	..	..	..	..	..	..	..	..	..	..	..	3	1	3	..	..	1	2	..	..	..	..	..
Pemphigus neonatorum	..	2	2	..	..	..	..	..	6	16	16	22	10	..	..	23	9	19	2	1	4	12	..	..	..	..	48
Pneumonia	..	89	2	5	2	2	6	..	1	6	..	..	..	14	..	1	..	2	..	..	3	..	..	..	..	..	..
Puerperal pyrexia	..	7	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Relapsing fever	54	8	17	19	10	37	26	29	21	..	..	..	..	..
Scarlet fever	..	270	..	17	20	20	110	67	18	10	5	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox
Typhoid and para-typhoid fevers
Typhus fever
Whooping cough	..	98	12	11	15	12	19	1	..	1	6	12	1	30	..	10	4	4	7	9	17	8	..	..	..	..	2
Tuberculosis : respiratory, males	..	23	..	..	..	..	..	..	2	2	6	1	1	5	1	2	2	3	3	1	1	4	..	..	..	..	21
females	..	13	..	..	..	..	..	3	2	6	1	1	..	4	..	..	4	..	1	1	1	2	..	..	..	..	12
other forms, males	..	8	..	1	..	..	..	..	1	3	..	..	..	2	..	1	1	1	1	1	..	..	..	..	..	..	4
females	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Totals	..	649	32	21	42	43	49	88	36	57	33	46	16	78	11	80	48	46	57	43	58	79	..	..	..	..	..

ISOLATION HOSPITAL.

The following table shows the number of cases of principal notifiable diseases which were admitted to the Isolation Hospital during the period under review. The figures in brackets represent non-civilian (service) patients who are also included in the main statistics.

Disease	Cases notified during 1944	In hospital 31st Dec. 1943	Admissions 1944	Discharges 1944	Deaths 1944	Remaining in hospital 31st Dec. 1944	Total patient days
Scarlet fever ..	270	16	162 (2)	167 (2)	—	11	4910 (48)
Diphtheria ..	48	8	51 (1)	54 (1)	1	4	2383 (41)
Typhoid fevers ..	—	—	—	—	—	—	—
Cerebro-spinal meningitis ..	3	—	3 (1)	2 (1)	1	—	53 (29)
Other diseases ..	—	—	42 (11)	41 (11)	1	—	796 (165)
Total	—	24	258 (15)	264 (15)	3	15	8142 (283)

The average daily bed occupancy was 22.3 as compared with 29.3 in 1943 and 35.9 in 1942.

At no time during the year was it necessary to utilise the Kimberworth Smallpox Hospital for overflow purposes.

GENERAL OBSERVATIONS ON THE PRINCIPAL DISEASES TREATED.

In considering the following notes on the manner in which the notified cases of the principal diseases were dealt with, it should be borne in mind that the figures relate only to civilian notifications of cases occurring within the Borough.

SCARLET FEVER.

Of the total number (162) of cases of scarlet fever admitted for treatment during the year, 2 were non-civilians, and 2 patients were subject to notification in adjacent areas. Patients treated at home numbered 112.

The year 1944 was a heavy year as regards scarlet fever admissions, although slightly fewer cases were treated than during 1943. The general level of incidence was considerably above that of the preceding few years. It is pleasing to record that no deaths occurred from this disease.

DIPHTHERIA.

Only one case of diphtheria was treated at home, the other 47 being admitted to Isolation Hospital. In addition to these, one non-civilian and one patient, subject to notification to another local authority, were treated at the Isolation Hospital during 1944. Two patients were re-admitted for continuation treatment after tonsillectomy at the Municipal General Hospital.

The downward trend of the incidence of diphtheria mentioned in the report for 1943 continued during 1944, when the number of cases notified was lower than in any year since 1926. Only one death occurred.

CEREBRO-SPINAL FEVER.

Four patients were treated at the Isolation Hospital during 1944, including one non-civilian. One death occurred.

OTHER DISEASES.

The following table analyses the cases of "other diseases" who were admitted to the Isolation Hospital for treatment. Figures in brackets refer to service patients, and these figures are included in the principal statistics.

Broncho-pneumonia ..	2	German measles ..	3 (3)
Chickenpox ..	5	Influenza meningitis ..	1
Diphtheria carriers (not notifiable) ..	3	Measles ..	1 (1)
Dysentery ..	4 (1)	Mumps ..	4 (4)
Erysipelas ..	1	Tonsillitis ..	15 (2)
Febrile cold ..	1	Vincent's angina ..	1
Food rash ..	1	Total ..	42 (11)

The diagnoses given in the table above are those on discharge, and do not necessarily coincide with the provisional diagnosis on admission in each case. The marked fall in the number of "other diseases" admitted is due to the greatly decreased number of diphtheria carriers and cases of tonsillitis admitted.

KIMBERWORTH HOSPITAL.

No patients were admitted to Kimberworth Hospital during 1944 (see following note on smallpox).

SMALLPOX.

In February, 1944, publicity was given on the radio and in the Press of an outbreak of smallpox in this country. The original case occurred in a large hospital and, unfortunately, was not recognised as smallpox for some time. In the meantime patients who may have been exposed to infection were being discharged from the hospital at

an average rate of 40 a day to all parts of Great Britain. The indications, therefore, tended to the belief that this may have proved to be the heaviest outbreak of the century. On receipt of this information all medical practitioners in the district were warned to be on the lookout for suspicious cases without unduly alarming the population. Stores of beds, mattresses and bedding (belonging to the Emergency Medical Service), which had been kept at the Kimberworth Smallpox Hospital, were transferred to the Oakwood Hall Sanatorium, and the Kimberworth Hospital prepared for immediate use. A small number of Isolation Hospital nurses (who volunteered to nurse smallpox if necessary) were vaccinated as a precautionary measure. Later in the year several smallpox alarms occurred in the region, and one difficulty regarding the utilisation of the Kimberworth Smallpox Hospital for the reception of smallpox cases was the shortage of nursing staff. This was overcome to some extent by drawing up a panel of volunteer auxiliary nurses from First Aid Posts who would be willing to undertake this type of nursing if the necessity arose.

DIPHTHERIA IMMUNISATION.

FACILITIES.

The facilities in the Borough are as follow:—

1. Diphtheria immunisation sessions at—

(a) Ferham House Clinic	..	Wednesdays	..	2.0—4.15 p.m.
(b) Coleridge Road Clinic	..	Thursdays	..	2.0—4.15 p.m.
(c) Thorpe Hesley School	}	Fridays	.. ..	2.0—4.15 p.m.
(d) Greasbrough Town Hall				by arrangement

2. Diphtheria immunisations are carried out at child welfare clinics, in residential nurseries and in nursery classes.

3. By general practitioners. Since October, 1942, most of the practitioners in the Borough have immunised children free of charge on request of the parent.

DOSEAGE AND METHOD.

Children aged 1—under 7 years are given an initial injection of 0.3cc. Alum Precipitated Toxoid (E.P.H.L-S). This is followed by a second injection after an interval of one month of 0.5cc. A.P.T. The first injection is given in the left arm and the second in the right arm. Children aged 7—14 years are given an initial dose of 0.2cc. A.P.T., and a second dose of 0.5cc A.P.T. Children immunised at the age of 1 year are given a third stimulation dose on school entry at the age of 5 years.

It has not been possible, owing to shortage of staff, to carry out post-immunisation Schick-testing.

Toxoid Antitoxin Floccules have not been used for older children. Untoward reactions, either local or general, have been exceptional.

Diphtheria is essentially a disease of childhood; indeed, it is the principal killing disease of school children. The earlier the age at which it is contracted, the more fatal it is. It is not claimed that immunisation will completely prevent diphtheria, but that it will diminish its severity and very greatly lessen the chance of death. With these facts in mind, an attempt has been made in the following statistical tables to estimate the possible effects of the diphtheria immunisation campaign within the borough since its inception in 1941. The years 1938-1941 are included for purposes of comparison.

The following table shows the estimated population in each of the relevant age groups which correspond to the pre-school (0—5 years), school (5—15 years), and adult (over 15 years) periods of life.

Year	0-5 years	5-15 years	0-15 years	Over 15 years	Total
1938 ..	6,000	11,750	17,750	58,680	76,430
1939 ..	6,000	11,750	17,750	59,210	76,960
1940 ..	6,000	11,750	17,750	57,990	75,740
1941 ..	6,269	11,800	18,069	57,701	75,770
1942 ..	6,269	11,800	18,069	56,971	75,040
1943 ..	6,419	12,170	18,589	55,661	74,250
1944 ..	6,576	12,030	18,606	56,654	75,260

The number of immunisations which have been carried out in each age group in each year are as follows:—

Year	0-5 years	5-15 years	0-15 years	Over 15 years	Total
1938 ..	—	—	—	—	—
1939 ..	16	8	24	—	24
1940 ..	56	535	591	—	591
1941 ..	810	2,293	3,103	—	3,103
1942 ..	1,372	2,518	3,890	—	3,890
1943 ..	746	1,255	2,001	—	2,001
1944 ..	669	227	896	—	896

Within these age groups there is a considerable movement owing to such factors as children attaining to a higher age group, or leaving the district, etc. After making allowance for these various factors, the immunised population as at 31st December in each year has been adjusted as near as possible, and the results are given below:—

Immunised persons at 31st December	0-5 years	5-15 years	0-15 years	Over 15 years	Total
1938 ..	—	—	—	—	—
1939 ..	16	8	24	—	24
1940 ..	55	562	617	—	617
1941 ..	612	3,108	3,720	—	3,720
1942 ..	1,663	5,921	7,584	—	7,584
1943 ..	1,938	7,063	9,001	620	9,621
1944 ..	1,989	7,309	9,298	1,244	10,542

The succeeding table referring to non-immunised persons has been arrived at as follows. From the population in each age group the number of immunised children in the corresponding age group has been deducted. It should be noted that a certain number of the non-immunised in the 5—15 group, and a greater number in the over 15 group, will be immune to diphtheria owing to an acquired immunity from sub-minimal doses of infection.

Non-immunised persons at 31st December		0-5 years	5-15 years	0-15 years	Over 15 years	Total
1938	..	6,000	11,750	17,750	58,680	76,430
1939	..	5,984	11,742	17,726	59,210	76,936
1940	..	5,945	11,188	17,133	57,990	75,123
1941	..	5,657	8,692	14,349	57,701	72,050
1942	..	4,606	5,879	10,485	56,971	67,456
1943	..	4,481	5,107	9,588	55,041	64,629
1944	..	4,587	4,721	9,308	55,410	64,718

From the foregoing tables the population can be divided into two groups and expressed as a percentage. The next table shows the result, and it will be noted that after a tremendous response between 1941 and 1942 there has been only a slight rise each year in the percentages of children immunised. This rise has been even smaller in the pre-school than in the school group. The school group has now approached the stage when those who are willing to be immunised have been done. As an immunised pre-school child automatically becomes an immunised school child, this very slow increase in the pre-school group is rather disappointing, and indicates where the concentration of effort is needed.

Year	0-5 years		5-15 years		0-15 years		Over 15 years		Total	
	Immunised	Non-Immunised	Immunised	Non-Immunised	Immunised	Non-Immunised	Immunised	Non-Immunised	Immunised	Non-Immunised
1938	—	100·00	—	100·00	—	100·00	—	100·00	—	100·00
1939	0·27	99·73	0·07	99·93	0·13	99·87	—	100·00	0·03	99·97
1940	0·91	99·09	4·78	95·22	3·48	96·52	—	100·00	0·82	99·18
1941	9·76	90·24	26·34	73·66	20·59	79·41	—	100·00	4·91	95·09
1942	26·51	73·49	50·17	49·83	41·97	58·03	—	100·00	10·11	89·89
1943	30·19	69·81	58·04	41·96	48·42	51·58	1·11	98·89	12·96	87·04
1944	30·25	69·75	60·75	39·25	49·97	50·03	2·20	97·80	14·01	85·99

During the years under review the following cases of diphtheria occurred. It should be noted that 1938 was an exceptional year, showing the largest number of notifications for over 25 years. However, since the campaign began in 1941, of the 398 cases of diphtheria in the borough, 368 occurred in the non-immunised, and only 30 in the immunised persons.

Year	0-5 years		5-15 years		0-15 years		Over 15 years		Total
1938 ..	72	..	205	..	277	..	82	..	359
1939 ..	36	..	70	..	106	..	43	..	149
1940 ..	24	..	83	..	107	..	21	..	128
1941 ..	33	..	95 (2)	..	128 (2)	..	22	..	150
1942 ..	24 (2)	..	82 (5)	..	106 (7)	..	28	..	134
1943 ..	14 (1)	..	32 (13)	..	46 (14)	..	20	..	66
1944 ..	10 (1)	..	21 (6)	..	31 (7)	..	17	..	48

(The figures in brackets () indicate those cases which occurred amongst immunised persons.)

The diphtheria attack rate per 1,000 population for all persons in the borough in the age groups is shown in the following table:—

Year	0-5 years		5-15 years		0-15 years		Over 15 years		Total
1938 ..	12.00	..	17.45	..	15.61	..	1.40	..	4.70
1939 ..	6.00	..	5.96	..	5.97	..	0.73	..	1.94
1940 ..	4.00	..	7.06	..	6.03	..	0.36	..	1.70
1941 ..	5.26	..	8.05	..	7.08	..	0.38	..	1.98
1942 ..	3.83	..	6.95	..	5.87	..	0.49	..	1.79
1943 ..	2.18	..	2.63	..	2.47	..	0.36	..	0.89
1944 ..	1.52	..	1.75	..	1.67	..	0.30	..	0.64

A comparison between the diphtheria attack rates per 1,000 immunised and non-immunised persons in the different age groups is given below. It will be noted that the attack rates are three to four times higher in each of the non-immunised groups.

Year	0-5 years		5-15 years		0-15 years		Over 15 years		Total	
	Immunised	Non- Immunised	Immunised	Non- Immunised	Immunised	Non- Immunised	Immunised	Non- Immunised	Immunised	Non- Immunised
1938	—	12.00	—	17.45	—	15.61	—	1.40	—	4.70
1939	—	6.02	—	5.96	—	5.98	—	0.73	—	1.94
1940	—	4.03	—	7.43	—	6.25	—	0.36	—	1.70
1941	—	5.83	0.64	10.70	0.43	8.78	—	0.38	0.43	2.05
1942	1.20	4.78	0.84	13.10	0.92	9.43	—	0.49	0.92	1.88
1943	0.52	2.90	1.84	3.72	1.55	3.34	—	0.36	1.45	0.80
1944	0.50	1.96	0.82	3.18	0.75	2.58	—	0.31	0.66	0.63

The deaths during the years under review are given in the following table:—

Year	0-5 years	5-15 years	0-15 years	Over 15 years	Total
1938	3	6	9	1	10
1939	2	2	4	1	5
1940	3	10	13	1	14
1941	4	10	14	—	14
1942	6	8	14	1	15
1943	3	4	7	1	8
1944	1	—	1	—	1

None of these deaths occurred amongst immunised persons.

The diphtheria mortality rate per 1,000 of the total population and of the non-immunised population for each age group is as follows:—

Year	0-5 years		5-15 years		0-15 years		Over 15 years		Total	
	Total	Non- Immunised	Total	Non- Immunised	Total	Non- Immunised	Total	Non- Immunised	Total	Non- Immunised
1938	0.50	0.50	0.51	0.51	0.51	0.51	0.02	0.02	0.13	0.13
1939	0.33	0.33	0.17	0.17	0.23	0.23	0.02	0.02	0.06	0.06
1940	0.50	0.50	0.85	0.89	0.73	0.76	0.02	0.02	0.18	0.19
1941	0.64	0.71	0.85	1.15	0.77	0.98	—	—	0.18	0.19
1942	0.96	1.30	0.68	1.36	0.77	1.34	0.02	0.02	0.20	0.22
1943	0.47	0.67	0.33	0.78	0.38	0.73	0.02	0.02	0.11	0.12
1944	0.15	0.22	—	—	0.05	0.11	—	—	0.01	0.01

The diphtheria case mortality per cent. over the whole population in the different age groups is given in the following table:—

Year	0-5 years	5-15 years	0-15 years	Over 15 years	Total
1938	4.17	2.93	3.25	1.22	2.79
1939	5.56	2.86	3.77	2.33	3.36
1940	12.50	12.05	12.14	4.76	10.94
1941	12.12	10.52	10.93	—	9.33
1942	25.00	9.76	13.20	3.57	11.19
1943	21.43	12.50	15.22	5.00	12.12
1944	10.00	—	3.22	—	2.08

As referred to previously, no deaths occurred amongst immunised persons, so there is no case mortality.

The following table gives details of case mortality per cent. amongst non-immunised persons.

Year		0-5 years	5-15 years	0-15 years	Over 15 years	Total
1938	.. ..	4.17	2.93	3.25	1.22	2.79
1939	.. ..	5.56	2.86	3.77	2.33	3.36
1940	.. ..	12.50	12.05	12.14	4.76	10.94
1941	.. ..	12.12	10.75	11.11	-	9.46
1942	.. ..	27.27	10.39	14.15	3.57	11.81
1943	.. ..	23.08	21.05	21.87	5.00	15.38
1944	.. ..	11.11	-	4.17	-	2.44

While it is perhaps too early to draw any rigid conclusions from the above tables, the following features are worthy of note:—

1. Unprotected persons run a much graver risk of developing diphtheria than those protected by immunisation.
2. No immunised person has died from diphtheria in Rotherham since the campaign began.
3. As the number of persons immunised has increased year by year, so the number of cases of diphtheria in the Borough has diminished.
4. Whilst beneficial results, both individual and general, have already been achieved, more children under the age of 5 years must be protected by immunisation if the campaign is going to achieve ultimate success.

It is hoped that with continued effort more conclusive proof of the value of diphtheria immunisation will be forthcoming.

SUPPLY OF DIPHTHERIA ANTITOXIN.

Diphtheria antitoxin in concentrated form is available to medical practitioners on application to the Department of Health. This is used mainly for prophylactic purposes pending final diagnosis and removal to hospital if necessary. During the year 10 phials, representing 48,000 units, were issued.

TYPHOID FEVERS IMMUNISATION.

In the report for the years 1938-1942, details were given of a scheme introduced towards the end of 1940 for the free immunisation of Borough residents against the typhoid fevers. At the end of 1942 only 466 persons had availed themselves of this offer and completed immunisation in spite of extensive publicity. The scheme continued in force throughout 1943 and 1944, but no further applications for immunisation were received.

SCABIES.

During the fifth year of war another scheme for the treatment of scabies was introduced but, of necessity, it was short lived.

The scheme was worked almost entirely by the voluntary efforts of the school nurses, health visitors, Red Cross volunteers (male and female) and the medical officers of the Department of Health.

Two evening sessions were held each week at the Ferham House Clinic—on Monday and Wednesday evenings from 6.30 to 8 p.m. At each session a medical officer was in attendance, and the necessary cleansing and treatment with benzyl benzoate was carried out; in the case of females by the Department nurses and Red Cross volunteer women, and in the case of males by Red Cross Volunteer men.

Scabies cases were discovered in the schools and at clinics. The homes of these cases were then visited by the nurses, and efforts made to persuade all the occupants of the household to attend for treatment. Difficulties were encountered in that many of the adults were shift working, and the clinic times were not always convenient. Where such a visit did not lead to attendance for treatment a further visit was made by a sanitary inspector. In some cases several visits to the same household were necessary.

It was considered inadvisable to apply compulsion through the Scabies Order on account of the limited sessions offered for treatment.

No attempt was made to disinfect the homes of infected persons.

Children were re-admitted to school after the first treatment. The centre was open from 17th April to 13th September, during which time 42 sessions were held. The services of the centre were offered to the patients of general practitioners, but few private doctors availed themselves of these facilities. Scabies is not a popular diagnosis in general practice.

The following table gives a summary of the work carried out:—

1. Period for which centre was open	..	..	..	..	..	17/4/44—13/9/44
2. Number of sessions held	..	..	..	..	..	42
3. Number of complete families treated	..	..	..	..	..	57
4. Number of incomplete families treated	..	..	..	..	..	71
5. Number of families visited but who did not attend	..	..	..	..	..	20

	Adults		School children		Pre-school children		Total
	Males	Females	Boys	Girls	Boys	Girls	
Individuals seen	31	100	106	114	39	35	425
Individuals treated	24	60	96	99	34	29	342
Number of baths given	38	84	234	223	58	47	684

It will be seen from the table that the object of the scheme—the treatment of every member of an infected household—was not achieved completely. The reasons for this were to be found in the limited numbers and times of sessions which made it difficult or impossible for adult shift workers to attend, and the refusal of some adults to submit to treatment while allowing their children to be treated.

Nevertheless, these arrangements enabled 342 individuals, including 195 school children, to be cured of scabies and freed from its attendant itching and interference with sleep. Further, a considerable amount of lost school time was avoided.

The inadvisability of treating pre-school and school children at night sessions, together with the difficulty of travelling during the black-out, led to the winding-up of the scheme.

Before these arrangements were introduced, as also after their termination, the scheme of treatment mentioned in last year's annual report—namely, the printed notice to parents giving advice for sulphur treatment at home—was used. This method was also used in the case of those families refusing to attend the centre.

PUBLIC VACCINATION.

The following details are extracted from the annual returns forwarded to the Registrar-General, and relate to those births which were registered during the year 1943.

Number of live births returned in birth lists	..	..	..	1181
Number successfully vaccinated	..	..	..	430
Number insusceptible of vaccination	..	..	..	3
Number of conscientious objectors	..	..	..	642
Number who died unvaccinated	..	..	..	56
Number postponed by medical certificate	..	..	..	1
Number removed to other known districts	..	..	..	10
Number removed to places unknown	..	..	..	12
Number remaining not accounted for	..	..	..	27

The number of persons successfully vaccinated and re-vaccinated at the cost of the rates during the year is shown below:—

	NAME OF VACCINATION DISTRICT OR INSTITUTION				Total
	Rotherham South-East	Rotherham North-West	Rotherham Greas-borough	Municipal General Hospital	
Number of successful primary vaccinations	219	84	7	183	493
Number of successful re-vaccinations	1	7	—	—	8
	220	91	7	183	501

SECTION VII

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1944.

NOTIFICATIONS AND DEATHS.—The following table gives details of the number of primary notifications received during the year:—

Pulmonary		Non-pulmonary		Total
Males	Females	Males	Females	
23	13	8	1	45

In addition, the following cases were brought to notice other than by formal notification:—

	Pulmonary	Non-pulmonary
Death returns from local registrars ..	4	3
Transferable deaths from Registrar General	1	—
Posthumous notifications	2	1
Transfers from other areas (other than transferable deaths)	7	3

Particulars of new cases of tuberculosis and of deaths from the disease are given in the following table:—

Age periods Years		New cases*				Deaths			
		Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
		M.	F.	M.	F.	M.	F.	M.	F.
Under 1 ..		—	—	—	—	—	—	—	—
1-5		—	—	2	1	—	—	1	—
5-10		—	—	3	1	—	—	—	1
10-15		1	3	1	—	—	1	—	—
15-20		2	2	1	—	1	2	—	—
20-25		1	5	1	—	1	1	—	—
25-35		5	3	2	1	3	4	—	—
35-45		8	2	—	—	6	4	—	—
45-55		12	—	2	1	2	—	2	1
55-65		3	1	—	—	6	—	1	—
65 and upwards ..		2	—	—	—	2	—	—	—
Totals ..		34	16	12	4	21	12	4	2

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

A review of the deaths which occurred during 1944 amongst notified cases of tuberculosis shows the following periods elapsed between notification and death:—

Notification	Pulmonary	Non-pulmonary
After death	2	1
Within 1 month	4	2
1—3 months	1	—
4—6 months	2	—
7—12 months	5	—
1—2 years	3	—
2—3 years	3	—
3—4 years	1	—
4—5 years	1	—
Over 5 years	6	—
From death returns	5	3
Total number of deaths from tuberculosis ..	33	6
Causes other than tuberculosis	1	—

The ratio of non-notified tuberculous deaths to the total tuberculous deaths was 1 in 4.9. No action was required for cases of wilful neglect or refusal to notify.

REGISTER.—The following cases were removed from the register during the year:—

	Pulmonary		Non-pulmonary		Total
	M.	F.	M.	F.	
Recovery from the disease	12	10	7	1	30
Death (all causes)	21	13	4	2	40
Withdrawal of notification, (including transfer lost sight of, etc.)	8	9	8	7	32

Under the Public Health (Tuberculosis) Regulations, 1930, the number of cases of tuberculosis on the register of notifications on the 31st December, 1944, was 435, classified as follows:—

Pulmonary			Non-pulmonary.			Total cases
Males	Females.	Total.	Males.	Females.	Total.	
190	133	323	61	51	112	435

TUBERCULOSIS DISPENSARY.

During the year 488 new cases attended the dispensary, and of these 48 were found to be definitely suffering from tuberculosis. Of these cases 38 were pulmonary, and 22 were found to be sputum positive; the remaining 10 cases were suffering from non-pulmonary disease.

The following table shows the relation between primary notifications and the cases sent to the dispensary and accepted as suffering from tuberculosis:—

				Primary notifications	Accepted cases attending dispensary
Pulmonary	..	..	Males ..	23	25
			Females ..	13	13
Non-pulmonary	..	..	Males ..	8	9
			Females ..	1	1
				—	—
				45	48
				—	—

The figures for the accepted cases attending the dispensary for the first time include cases who were notified during the previous year.

The following table compares the figures for new cases examined at the dispensary during 1944 with those for the preceding years. The figures for the non-tuberculous cases are still above the average, and is due chiefly to examinations performed on behalf of the Medical Recruiting Board under the National Service Acts.

Years			Definitely tuberculous	Doubtfully tuberculous	Non- tuberculous	Total
1944	..	..	48	7	433	488
1943	..	..	42	2	455	499
1942	..	..	61	17	385	463
1941	..	..	44	6	318	368
1940	..	..	53	6	268	327
Totals	..	..	248	38	1859	2145

The following table gives the figures for new cases and contacts examined during the preceding 5 years (1935-39), compared with the totals of the above table:—

Years			Definitely tuberculous	Doubtfully tuberculous	Non- tuberculous	Total
1940-44	..	..	248	38	1859	2145
1935-39	..	..	313	33	1268	1614

CONTACTS.—The arrangements for contacts are as enumerated in the last report.

NON-TUBERCULOUS CONDITIONS.—The following conditions were revealed in the persons found to be non-tuberculous.

No apparent disease	..	..	229	Digestive diseases	..	..	6
Respiratory diseases	..	..	165	Nervous diseases	..	..	2
Circulatory diseases	..	..	15	Skin diseases	..	..	1
Blood diseases	..	..	6	Other non-tuberculous diseases	..	..	9

TUBERCULOSIS ALLOWANCES.

One change was made during the year in the administration of the scheme of allowances authorised by Memo 266/T, and this empowered the Chairman of the Medical Services Committee, as a matter of expediency, to determine discretionary allowances to those patients whose sole income is derived from maintenance allowances under the scheme.

Fourteen patients were in receipt of allowances granted in 1943, and 22 patients were granted maintenance allowances during the year. The following summary gives the reasons for the discontinuance of allowances during the year:—

Commenced work	..	..	..	..	..	..	7
Died	..	..	..	..	..	..	3
Ceased six months after discharge from sanatorium	..	..	..	..	..	..	1
Ceased on maximum period of allowances	..	..	..	..	..	..	1
Observation case, non-tuberculous	..	..	..	..	..	..	1
Refused further treatment	..	..	..	..	..	..	1
Single man, re-admitted to sanatorium	..	..	..	..	..	..	1
							—
							15
							—

Twenty-one patients were in receipt of maintenance allowances at the end of the year.

Of the patients detailed above, four were also receiving discretionary allowances when the year began, three of these being for insurance payments and one for excess rent and insurance payments. Five applications were dealt with during the year, and one of these was not approved. All four were for insurance payments, and of these, one had an excess rent allowance, and another had hire purchase payments granted in addition. Two discretionary allowances ceased when the patients recommenced work, and another patient's discretionary allowance ceased when he refused further treatment.

The five discretionary allowances being paid at the end of the year were being made in respect of insurance payments in all cases, and one case also received an excess rent allowance in addition.

No special payments were made during the year, as the need of the cases was met by grants from accrued national health insurance benefits.

The weekly amount of allowances paid increased during the year, and £38 12s. 7d. was the amount paid on the last week's sheet, whereas the same figure for 1943 was £23 8s. 1d. The amounts paid during the year were:—

						£	s.	d.
Maintenance allowances	..	..	..	..	..	1687	8	9
Discretionary allowances	..	..	..	..	..	41	4	4
Special payments	..	..	..	..	..	—	—	—
Total	..	..	..	..	..	1729	3	1

In the granting of these allowances, a heavy responsibility has been placed upon the Tuberculosis Officer, who has to make the decision whether a pulmonary patient's condition warrants the payment of an allowance under the scheme. The exclusion from the scheme of allowances of chronic or advanced cases of pulmonary disease, and also all cases of non-pulmonary disease—many of whom often require a long spell of sanatorium treatment—will, it is hoped, be remedied in the near future.

The following return shows the work of the dispensary during the year 1944:—

DIAGNOSIS	Pulmonary				Non-pulmonary				Total				Grand total
	Adults		Child		Adults		Child.		Adults		Child.		
	M	F	M	F	M	F	M	F	M	F	M	F	
A.—(1) Number of definite cases of tuberculosis on the dispensary register at 1st Janaury ..	127	87	25	20	16	7	34	32	143	94	59	52	348
(2) Transfers from other authorities ..	4	1	1	—	—	1	1	—	4	2	2	—	8
(3) Lost sight of cases returned ..	1	—	1	—	—	—	—	—	1	—	1	—	2
B.—Number of new cases diagnosed as tuberculous during the year :—													
(1) Class T.B. minus	11	4	—	1	—	—	—	—	11	4	—	1	16
(2) Class T.B. plus	14	6	—	2	—	—	—	—	14	6	—	2	22
(3) Non-pulmonary	—	—	—	—	5	—	4	1	5	—	4	1	10
C.—Number of cases included in A. and B. written off the dispensary register during the year as :—													
(1) Recovered	7	3	5	7	—	—	7	1	7	3	12	8	30
(2) Dead (all causes)	15	7	—	2	1	—	—	—	16	7	—	2	25
(3) Removed to other areas ..	1	—	—	—	2	1	—	—	3	1	—	—	4
(4) For other reasons	—	—	—	—	1	—	—	1	1	—	—	1	2
D.—Number of definite cases of tuberculosis on the dispensary register at the end of the year	134	88	22	14	17	7	32	31	151	95	54	45	345

Number of attendances at the dispensary (including contacts) .. 1062

Number of consultations with medical practitioners :
 (a) Personal 15
 (b) Otherwise 175

Number of visits by tuberculosis officer to homes (including personal consultations) .. 15

Number of visits by nurses or health visitors to homes for dispensary purposes (all visits) .. 641

Number of :—

(a) Specimens of sputum, etc., examined 174
 (b) X-ray examinations made in connection with dispensary work 742

Number of “recovered” cases restored to dispensary register and included in B above .. —

Number of “T.B. plus” cases on dispensary register on 31st December 123

The following summary shows the clinical condition of all patients at the end of 1944, classified as (a) pulmonary cases and (b) non-pulmonary cases, arranged according to the years in which they first came under public medical treatment.

(a) PULMONARY TUBERCULOSIS

Condition at the time of the last record made during the year to which the return relates	Previous to 1940				1940				1941				1942				1943				1944				
	Class T.B. minus				Class T.B. plus				Class T.B. minus				Class T.B. plus				Class T.B. minus				Class T.B. plus				
	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Group 1	Group 2	Group 3	Total (Class T.B. plus)	
Disease arrested—Adults M. F. Children	19 24 28	9 8 1	4 4 1	15 14 1	1 1 1	1 1 1	1 1 1	1 1 1	6 1 1	1 1 1	1 1 1	1 1 1	2 2 2	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	
Disease not arrested Adults M. F. Children	8 10 2	7 3 1	5 2 1	14 5 1	3 1 1	3 1 1	3 1 1	3 1 1	1 1 1	1 1 1	1 1 1	1 1 1	3 3 4	1 7 1	10 9 1	3 3 1	11 7 1	5 1 1	14 4 1	3 3 1	17 4 1	10 3 1	2 2 1	14 6 2	
Condition not ascertained during the year ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total on dispensary register at 31st December ..	91	28	13	50	5	6	8	19	11	4	1	5	11	18	1	19	7	18	3	21	13	3	12	7	22
Discharged as recovered Adults M. F. Children	237 172 309	4 4 —	3 3 —	20 9 —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lost sight of, or otherwise removed from dispensary register	432	18	45	78	2	—	—	—	2	—	—	—	1	1	—	1	1	—	—	—	1	—	—	—	
Dead—Adults M. F. Children	115 54 16	21 6 2	92 49 7	213 120 13	2 4 —	10 7 —	3 3 —	12 10 —	3 4 —	7 4 —	1 1 —	8 5 —	5 1 —	7 1 —	3 3 2	10 4 2	3 2 —	1 2 —	2 2 —	3 2 —	2 1 —	—	—	—	
Total written off dispensary register ..	1335	55	206	192	453	8	9	13	7	11	2	18	18	26	2	36	17	6	19	7	5	—	—	—	
GRAND TOTALS ..	1426	64	234	205	503	13	17	2	18	15	2	18	18	26	8	36	13	19	7	26	18	3	12	23	

(b) NON-PULMONARY TUBERCULOSIS

Condition at the time of the last record made during the year to which the return relates	Previous to 1940					1940					1941					1942					1943					1944				
	Bones and joints	Abdominal	Other organs	Peripheral glands	Total	Bones and joints	Abdominal	Other organs	Peripheral glands	Total	Bones and joints	Abdominal	Other organs	Peripheral glands	Total	Bones and joints	Abdominal	Other organs	Peripheral glands	Total	Bones and joints	Abdominal	Other organs	Peripheral glands	Total	Bones and joints	Abdominal	Other organs	Peripheral glands	Total
Disease arrested—Adults	1	1	2	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
M.	1	1	2	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
F.	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Children	8	5	1	4	25	3	1	1	4	9	3	1	1	4	6	3	1	1	3	6	1	1	1	1	1	1	1	1	1	1
Disease not arrested	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Adults	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
F.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Children	4	1	1	1	6	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Condition not ascertained during the year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total on dispensary register at 31st December	15	6	2	17	40	5	2	2	4	13	4	2	5	11	10	3	1	3	10	1	1	1	2	4	2	2	4	2	10	10
Transferred to pulmonary	3	1	1	5	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Discharged as recovered	5	2	3	9	19	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Adults	7	2	3	10	19	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
F.	7	2	3	10	19	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Children	57	20	5	120	202	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lost sight of, or otherwise removed from dispensary register	24	8	12	31	75	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dead	3	1	1	1	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Adults	3	1	1	1	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
F.	3	1	1	1	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Children	6	3	5	3	17	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total written off dispensary register	105	36	26	174	341	1	1	1	1	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
GRAND TOTALS of (a) and (b) (excluding those transferred to pulmonary)	120	42	28	191	381	6	3	3	4	16	5	2	..	5	12	4	3	..	3	10	1	..	2	4	7	2	4	2	10	10

DENTAL TREATMENT.

The scheme of dental treatment provided by the Corporation remains unchanged.

Details of the work performed by the Dental Officers in 1944 in respect of tuberculous patients are as follow:—

Individuals treated	..	..	..	..	..	..	28
Attendances made	..	..	..	..	..	..	111
Extractions	Permanent teeth	..	..	..	..	..	109
	Temporary teeth	..	..	..	..	..	7
Fillings	Permanent teeth	..	..	..	..	..	9
	Temporary teeth	..	..	..	..	..	—
Anaesthetics	Local	..	..	..	..	..	54
	General	..	..	..	..	..	—
Other operations	..	..	..	..	..	..	54
Patients supplied with dentures	..	..	..	..	..	..	7

Patients in the Oakwood Hall Sanatorium requiring dental treatment are visited and treated by the Senior Dental Officer. The treatment of ambulant patients is performed at the dental clinics at Ferham House and Coleridge Road Centres.

Patients are assisted by the Tuberculosis Care Committee to obtain dentures through their approved society, or directly by the Committee if unable to obtain them from any other source.

OAKWOOD HALL SANATORIUM.

The structural and other alterations outlined in the 1942 report are still outstanding, due to war conditions. The need for the alterations is still urgent; but until labour and materials are available, there is little prospect of these works being undertaken.

On 30th June, Miss A. Smeeton, the matron of the sanatorium, retired on superannuation on the grounds of ill-health. During the previous year she had not been well, and often carried out her duties under great difficulty.

She commenced her service with the Corporation in 1919, when the sanatorium was opened, and during her matronship had taken an active part in its development, from the time when the patients were housed in the old conservatory, to the building of the present ward blocks in 1921, and all its subsequent improvements. During her 25 years' service she was a valued member of the staff, and gave of her best to patients and staff alike.

Miss L. Craddock was appointed to fill the vacancy, and she commenced her duties on 16th August, 1944.

Once again the shortage of staff—both nursing and domestic—has been acute, and was chiefly responsible for the lowness of the bed occupancy. Throughout the year at least 10 beds have not been available on this account. In addition to the general shortage of staff, efforts to reduce working hours in an endeavour to approach the 96 hour fortnight, have created added difficulties through being unable to obtain the commensurate increase of staff occasioned by the reduction of working hours.

The following table shows the percentage bed occupancy of the sanatorium during the year:—

Quarter	Patients from			Total
	Rotherham	Yorkshire W.R.	Other areas	
March	46·1	20·4	7·4	73·9
June	45·0	26·8	9·9	81·7
September ..	46·7	29·5	10·6	86·8
December	44·7	31·7	9·3	85·7
Total 1944 ..	45·6	27·2	9·3	82·1
Total 1943 ..	52·0	13·6	8·9	74·5

ADMISSIONS AND DISCHARGES.—The following table gives details of the number of patients admitted and discharged during the year from the County Borough, and the several authorities renting beds in the sanatorium:—

Authority	Remaining in 1/1/44	Admitted	Discharged	Died	Remaining in 31/12/44
Rotherham C.B.	44	68	64	8	40
Yorkshire W.R.C.C. ..	19	37	20	5	31
Blackpool C.B.	4	3	6	—	1
West Hartlepool C.B. ..	2	5	3	—	4
Hull C.B.	—	2	—	—	2
Total	69	115	93	13	78

Details of the Rotherham patients treated in the sanatorium during the year are given in the following table:—

Number of patients in hospital.				1/1/44	Admitted	Dis-charged	Died	31/12/44
Observation cases	Adults	M.	..	1	1	2	—	—
		F.	..	2	7	9	—	—
	Children	..	..	2	10	8	—	4
	Total	..	..	5	18	19	—	4
Pulmonary cases	Adults	M.	..	23	27	26	6	18
		F.	..	9	14	12	1	10
	Children	..	..	1	2	1	1	1
	Total	..	..	33	43	39	8	29
Non-pulmonary cases	Adults	M.	..	—	4	2	—	2
		F.	..	2	—	1	—	1
	Children	..	..	4	3	3	—	4
	Total	..	..	6	7	6	—	7
Grand Total				44	68	64	8	40

The following table gives particulars of the observation cases admitted to the sanatorium during the year:—

Diagnosis on discharge from observation	For pulmonary tuberculosis						For non-pulmonary tuberculosis						Totals		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch
Tuberculous ..	—	1	—	—	2	—	—	—	1	—	—	1	—	3	2
Non-tuberculous ..	—	—	—	2	4	3	—	1	—	—	1	1	2	6	4
Doubtful	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2
Totals ..	—	1	—	2	6	3	—	1	3	—	1	2	2	9	8

The immediate results of the treatment of definitely tuberculous patients discharged from the sanatorium during the year are given in the following table:—

PULMONARY TUBERCULOSIS.				Duration of residential treatment in the institution															Grand totals
Classification on admission to the institution	Condition at time of discharge	Over 28 days and under 3 months			3—6 months			6—12 months			More than 12 months			Totals					
		M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch			
PULMONARY TUBERCULOSIS.	Class TB minus	Quiescent ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Not quiescent ..	1	-	-	2	-	-	-	2	1	1	1	-	4	3	1	8	
		Died in institution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Class TB plus Group 1	Quiescent ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Not quiescent ..	-	-	-	-	1	-	1	-	-	-	-	-	1	1	-	2	
		Died in institution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Class TB plus Group 2	Quiescent ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Not quiescent ..	1	-	-	-	-	-	8	4	-	7	4	-	16	8	-	24	
		Died in institution	1	-	-	-	-	-	-	-	-	1	-	-	2	-	-	2	
	Class TB plus Group 3	Quiescent ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NON-PULMONARY TUBERCULOSIS.		Not quiescent ..	-	-	-	-	-	-	2	-	-	3	-	-	5	-	-	5	
		Died in institution	-	-	-	1	-	-	1	-	-	-	-	2	-	-	-	2	
		Totals (pulmonary)	3	-	-	3	1	-	12	6	1	12	5	-	30	12	1	43	
	Bones and joints	Quiescent ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Not quiescent ..	-	-	-	-	1	-	-	-	-	-	-	1	-	1	1	2	
		Died in institution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Abdominal	Quiescent ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Not quiescent ..	-	-	1	1	-	-	-	-	-	-	-	-	1	-	1	2	
		Died in institution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Other organs	Quiescent ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Not quiescent ..	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	1	
		Died in institution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Peri-pheral glands	Quiescent ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Not quiescent ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Died in institution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Totals (non-pulmonary)		-	-	1	1	1	-	1	-	-	-	-	1	2	1	2	5		

In addition to the patients dealt with in the above table there was one non-pulmonary case discharged, and four pulmonary cases died in sanatorium within 28 days of admission.

GENERAL TREATMENT.—The general principles of treatment employed have been described in previous reports and remain unaltered.

RECREATION.—Billiards, cards, dominoes, darts, etc., continue to be favourite pastimes, with occasional small whist drives. Concerts were arranged during the year, and several of these were held in the open air.

LIBRARY.—The library continues to be well used and is a boon to the patients.

SCHOOL.—The children who are unable to receive instruction at the school through being confined to bed are visited daily by the teacher. Lessons are given to children in accordance with their educational standard. The numbers on the register during the year were 18 girls and 14 boys.

MUNICIPAL GENERAL HOSPITAL.

No beds are specifically allocated for the treatment of tuberculosis in the hospital. Details of the cases treated will be found in Section V of this report.

TUBERCULOSIS CARE COMMITTEE.

The Committee's schemes of assistance by extra nourishment, clothing and dentures have all continued to function during the year. Extra nourishment in the form of milk, meat, eggs, fresh vegetables and groceries have continued as reported upon previously. During the year the following grants were made:—

Milk	..	..	..	..	..	..	..	91½ galls.
Eggs	..	..	..	..	..	..	..	366
Meat	..	..	..	..	..	..	..	104 lbs.
Vegetable grants	..	..	..	..	..	..	..	52

Eighteen patients received grants of clothing, underclothing or boots; seven were assisted to obtain dentures through the Committee's scheme, and one was granted assistance towards the cost of the provision of dentures by his National Health Insurance Society. One patient in the sanatorium was granted assistance towards his rent and insurance payments during a period when he was ineligible to receive an allowance under Memo 266/T, and another was granted rent assistance towards his house on the Corporation's housing scheme.

The Committee agreed during the year to undertake dental treatment of those patients in the sanatorium who, though eligible for assistance through their approved society, were too ill to be allowed to visit their private dentist. In the event of such cases arising in future, the case will be reported to the Committee for approval, and

the Senior Dental Officer of the Corporation will be asked to do the work for the approved society on the National Health Insurance scale. In such cases the patient will be assisted according to need as provided in their dental scheme.

The Committee's car park scheme was in abeyance, the Corporation Street car park still being used by the Transport Department for the parking of 'buses.

Special grants were made during the Christmas period to persons in receipt of assistance from this Committee, and also those borough patients granted leave from the sanatorium. The arrangement with the Social Welfare Committee whereby the Tuberculosis Officer's certificate for grants of extra medical necessities to patients in receipt of assistance by that Committee was continued as in previous years.

The Committee again participated in the Christmas Seal Sale organised by the National Association for the Prevention of Tuberculosis. This effort, as in past years, provided the Committee with sufficient funds to carry out its work.

SECTION VIII

VENEREAL DISEASES.

The clinic sessions remained unchanged throughout the year. Mr. P. Doane, Venereal Disease Orderly, was absent from duty from March to September, due to illness, his place being filled temporarily by Mr. Butterell.

The following table gives a summary of the patients attending, the diseases treated and the number of attendances made during the past five years:—

	1940	1941	1942	1943	1944
Number of persons attending who were suffering from :					
Syphilis	185 (1)	221 (26)	249 (29)	306 (22)	319 (9)
Soft sore.. .. .	—	—	—	—	—
Gonorrhoea	102 (2)	174 (55)	146 (32)	133 (7)	128 (1)
Conditions other than venereal	166	183 (34)	183 (21)	314 (5)	299 (1)
Totals	396 (3)	578 (115)	578 (82)	753 (34)	746 (11)
Out-patient attendances :					
To see medical officer ..	5342 (6)	5077 (391)	5192 (300)	6379 (88)	6172 (26)
For intermediate treatment ..	1546	1791 (150)	1763 (135)	1598 (41)	1181 (20)
Totals	6888 (6)	6868 (541)	6955 (435)	7977 (129)	7353 (46)
In-patients :					
Patients admitted to hospital	5 (1)	7 (1)	7	6	4
Total in-patient days	180 (30)	270 (75)	236	91	61

(Figures given in brackets refer to Service cases treated and these are included in the individual totals.)

The number of patients attending and the number of attendances made were slightly less than last year, with cases of syphilis still showing a high proportion. Non-venereal cases remain at a high level, but account for only a small proportion of the total attendances, since many of them are found on examination to be perfectly normal. There was a further fall in the number of Service cases attending.

INDIVIDUAL DISEASES.

SYPHILIS.

The following table gives the number of new cases of early syphilis dealt with at the clinic in each of the past five years:—

	1940		1941		1942		1943		1944	
	M	F	M	F	M	F	M	F	M	F
Primary	6	—	8	—	10	5	16	2	10	2
Secondary	2	2	1	2	3	2	3	15	3	12
Latent in first year of infection	—	4	1	3	2	2	5	13	—	5
	8	6	10	5	15	9	24	30	13	19
	14		15		24		54		32	

It will be seen that the high level attained during 1943 has not been maintained during the year under review, but still remains higher than the general level for previous years.

ANTE-NATAL CASES.

The following table shows the results of routine blood tests for syphilis in patients attending the ante-natal clinics during 1944:—

Blood examined	258
Cases in which the blood showed :—	
WR++ Kahn ++	2
WR— Kahn +	}
or WR+ Kahn—	
or WR+ Kahn—	
or WR— Kahn—	
or WR— Kahn—	0
Patients induced to attend for further examination	2
Patients treated	2

It is gratifying to note that since this routine procedure was introduced in 1942 the number of patients examined has steadily increased.

TOXIC COMPLICATIONS OF ARSENICAL TREATMENT.

During the year there were 16 cases of arsenical jaundice; 14 of these were mild, one was of moderate severity and one a severe case.

There were four cases of arsenical dermatitis. One of these progressed to exfoliation and necessitated in-patient treatment at the Municipal General Hospital.

During the past six years there have been three cases of syphilis attending the venereal disease clinic receiving treatment with arsenic, which have developed exfoliative dermatitis. Two of these cases occurred in the early years of the war, and both were in hospital for three months. Arsenical exfoliative dermatitis is a distressing disease, dangerous to life, and productive of much suffering on the part of the patient, apart from its nuisance value from a nursing point of view. The advent of a new form of treatment, introduced by Professor Peters, of Oxford University, was therefore warmly welcomed, and was used in the treatment of the third case. The results of treatment were startling; within a few days the patient's general condition had improved tremendously, the exfoliation had ceased and a rapid recovery was made. This new form of treatment has also been tried elsewhere with equally good results, and promises to remove much future suffering.

GONORRHOEA.

The number of new patients attending for the treatment of gonorrhoea was about the same as last year.

A disturbing feature of treatment has been the increasing number of cases in which the patient has become infected with a sulphonamide resistant strain of gonococcus. Two, and sometimes three, courses of sulphonamides are now failing to cure cases of gonorrhoea, which a year or so ago were cured by one course. The reason for this is that a strain of gonococcus is now circulating from person to person which, instead of being killed by the sulphonamides, thrives on the drug. These sulphonamide resistant cases were brought to notice in the Italian campaign, and appear to have spread throughout the world. Why certain strains of gonococci have become sulphonamide resistant is not known with certainty. The reason may well have been due to the treatment of cases with small and inadequate doseages, so that the organism, instead of being killed by the drug, has developed a capacity to withstand its lethal effects. In other words, it has become drug fast. Fortunately, penicillin is reported to be producing excellent results in the treatment of gonorrhoea. It is to be hoped that when this drug becomes generally available its use will be closely supervised in order to prevent the possibility of drug-fastness, and the loss to medicine of another potent weapon of offence in treating venereal disease.

NON-VEREAL DISEASES.

The number of patients attending who were not suffering from venereal disease was again high. This increase is largely attributable to the intensified propaganda campaign. It has been estimated by Col. L. W. Harrison, of the Ministry of Health, that the percentage of cases of non-venereal disease in the clinics throughout the country has increased from 40 before the campaign started to over 60.

EDUCATION.

The national efforts in venereal disease propaganda have again been given strong local support by the regular advertising of clinic sessions and the exhibition of posters and cinema slides.

REGULATION 33B AND CONTACT TRACING.

The working of this regulation was fully described in last year's annual report. The following table shows the results for 1944, and refers to patients residing within the Borough.

	Males	Females
(1) Total number in respect of whom Form I was received	1	9
(2) Number of cases in (1) in which attempts were made outside the scope of the regulation to persuade the contact to be examined before the latter had been named on a second Form I ..	1	8
(a) Contacts found	1	8
(b) Contacts examined	1	6
(3) Number of those in (1) in respect of whom 2 or more Forms I were received	—	1
(4) Number of those in (3) who were :		
(a) Found	—	1
(b) Examined after persuasion	—	1
(c) Served with Form II	—	1
(d) Examined after service of Form II	—	1
(e) Prosecuted for failure :		
(i) To attend for, and submit to medical examination	—	—
(ii) To submit to and continue treatment	—	—

During the year under review fewer contacts have been located under this regulation than in 1943.

The introduction of Regulation 33B, and the results achieved by the medical services of the United States Army overseas in "contact tracing," together with the Tyneside report on "The Social Background of the Venereal Diseases," have brought to the front the question of contact tracing in this country.

Briefly, there are three ways in which efforts can be made to persuade contacts to attend for medical examination and treatment.

(a) Persuasion by social workers.

This is the method employed when taking informal action on receipt of Form I relating to a once-named contact under Regulation 33B.

(b) Persuasion by the original patient.

This is the method which has been used by venereal disease medical officers for many years, and results in attendance of many contacts for examination at venereal disease clinics.

(c) Contact slips.

With this method, the original patient hands to the contact a slip, explaining the possibility of having been in contact with a case of venereal disease and advisability of being examined. The slip gives the addresses of clinics and times of sessions.

All three methods have their appropriate uses. During the year under review, four male and 23 female contacts were persuaded to attend the clinic by the original patient. This compares with the attendance of one male and six female contacts after being named once and visited informally under Regulation 33B. The persuasion method is of the greatest value in securing the attendance of the husband, wife or fiancée of the patient. Visiting under Regulation 33B seems to be the best method to apply when the contact was merely an acquaintance of the patient. The contact slip method is best used when the patient does not know, or is hesitant in finding out, the name and address of the contact, who is usually a known frequenter of a public-house. The results obtained from this latter method may be disappointing, as the patient may not deliver the slip, or may deliver it to the wrong person. The contact, however, is less likely to follow out suggestions for examination than if he or she was approached personally by a social worker.

PATHOLOGY:

Part of the pathological work in connection with venereal disease was transferred to the Department of Health laboratory, centred at the Municipal General Hospital from 11th May, 1944. Where an immediate diagnosis of early syphilis or gonorrhoea is required, the requisite microscopical examination is carried out, and will continue to be carried out, at the clinic. With many microscopical examinations, however, such as those required for tests of cure, an urgent result is not so important, and these can be undertaken at the laboratory. It is hoped that cultural examinations for gonococci will also be carried out at the laboratory, and to this end most of the pathological equipment provided at the clinic in 1940 was removed to the laboratory. It is not anticipated that the Department of Health laboratory will carry out serological tests for some considerable time. In order that the laboratory be recognised for this purpose, it is necessary that a certain quota of tests should be carried out each year.

At present the number of specimens in Rotherham for serological examination falls a good deal short of this quota. The serological reactions will continue to be carried out at Sheffield University as in previous years.

The pathological work performed during 1944 in connection with venereal disease is summarised in the following table :—

Examinations of pathological material	MICROSCOPICAL for detection of		CULTURAL for detection of	SEROLOGICAL		
	Spirochaetes	Gonococci, Trichomonas vaginalis, or other organisms	Gonococci	Wassermann or Kahn reaction	Wassermann and Kahn reaction	Gonococcal complement fixation test
Specimens from persons attending at the treatment centre which were examined at the centre	20	567	—	—	—	—
Specimens from persons attending at the treatment centre which were examined at the						
Rotherham laboratory	—	543	—	—	—	—
Sheffield University	—	—	—	8	799	141
Specimens from persons in hospitals and from private practitioner's patients which were examined at the						
Rotherham laboratory	—	60	—	—	—	—
Sheffield University	—	—	—	12	206	5

(The above figures are exclusive of 258 Wassermann and Kahn reactions carried out on ante-natal cases).

SECTION IX

MATERNITY AND CHILD WELFARE.

MIDWIVES.

The balance of confinements as between homes and institutions (including private nursing homes) has shown a slight increase in favour of the latter during 1944. Of the total confinements, 56.9 per cent. occurred in such institutions as against 53.7 in the preceding year. 4.5 per cent. of the domiciliary confinements, and 35.4 per cent. of the institutional confinements occurred in private practice, which constituted approximately 20 per cent. of the total confinements of the area.

The following table gives the analysis of midwifery practice within the area, including cases taken at the Sandygate Annexe of the Municipal General Hospital up to the 14th April, 1944, on which date the annexe ceased to be used for maternity purposes:—

Number of midwives practising at the end of the year in the area of the Local Supervising Authority			Number of cases in the area attended during the year by midwives			
			Domiciliary cases		Institutional cases	
			Midwifery	Maternity	Midwifery	Maternity
Employed by the Council	Domiciliary	12	603	159	—	—
	Institutional	10	—	—	665	79
Employed by voluntary associations	Domiciliary	2	57	15	—	—
Private practice	Domiciliary	3	5	35	—	—
	Institutional	9	—	—	108	298
Total		36	665	209	773	377

The domiciliary midwives service functioned much as in previous years. There were several staff changes, but the practices were carried on without serious interruption.

The Meadowbank midwife, who had been granted leave on account of pregnancy in 1943, returned to duty on the 1st February, 1944, after 11 months' absence.

During the year the Superintendent and the Thornhill midwife were granted leave on account of pregnancy.

The Superintendent's duties were undertaken by the Broom midwife from the 14th January to the 1st August, and a temporary relief midwife was employed to take over the Broom district during this period. This relief midwife lived at the home of the principal midwife while engaged in her practice, thus close continuity was assured.

No extra relief was employed to cover the practice of the Masbro' midwife and, since she resigned without returning to duty after the birth of her child, this practice was merged in that of Thornhill on re-arrangement of the districts in August.

The Eastdene midwife terminated her appointment in October after a period of six months' absence on account of ill-health. The temporary midwife appointed to carry on this practice during the absence of the principal midwife, was then appointed to the permanent staff.

The area distribution of the cases taken by the Council's domiciliary midwives is summarised below:—

Year	Eastdene	Canklow	Eastwood and Cranworth	St. Ann's	Broom and Herringthorpe	Bradgate	Thornhill	Masborough (to end of August)	Meadowbank	Clifton	Thorpe D.N.A.	Greasbrough D.N.A.	Total
1944	94	70	88	91	95	68	85	35	75	61	35	37	834

In August a survey of district practice was made in order to implement the recommendations of the Rushcliffe Midwives Salaries Committee on the conditions of service.

The establishment of the urban area, excluding the two districts of Thorpe and Greasbro', in which the midwifery is conducted by the District Nursing Associations under agreement with the Local Supervising Authority, was fixed as under:—

Number of midwifery districts in the area	..	..	..	..	9
Staff :					
Superintendent	..	..	..	..	1
Permanent district midwives	..	..	..	..	9
Holiday relief midwife	..	..	..	..	1
Emergency and sickness relief midwife	..	..	..	..	1
					—
Total establishment	..	..	..	..	12
					—

No further district appointments will be made unless the bookings materially increase.

On the 1st November, 1944, a weekly off-duty period of 36 hours was introduced, and the following conditions of service, to take effect from the 1st January, 1945, were adopted:—

1. The maximum number of cases booked by a midwife working without a pupil shall be approximately 70 per annum, of which she will personally attend approximately 65 cases per annum, the remainder being taken by the relief midwife during the period of annual leave.

The maximum booked by a midwife working with a pupil shall be approximately 90 cases per annum, of which she will personally attend approximately 84 cases per annum.

2. In three weeks out of every four the midwife shall have two consecutive nights and the intervening day off duty a week, and in the fourth week she shall be given a long week-end of 60 hours duration. Such off duty shall be taken in accordance with the prescribed rota.

3. Midwives shall work in pairs and relieve each other for these off-duty periods as here stated:—

Team A	Broom	Eastdene
Team B	Eastwood	St. Ann's
Team C	Clifton	Canklow
Team D	Bradgate	Meadowbank
Team E	Thornhill	General relief midwife

The holiday relief midwife shall take the off duty of the midwife for whom she is acting as relief.

Twenty-eight days annual leave, in two periods of 14 days each, shall be granted. This will be taken in accordance with the rota of leave, which will be varied annually.

4. Midwives shall be on call at all times of the day or night, except in off-duty periods as prescribed in the rota.

5. Midwives shall reside in the area allocated to them, and in premises considered suitable by the Corporation. Generally it will be postulated that the midwife shall provide a room in which she will have a couch and other apparatus as provided by the Corporation for the examination of patients.

6. The Corporation retains the right to transfer midwives from one area of the Borough to another, should this prove necessary in maintaining an efficient domiciliary service.

7. Midwives shall sign an agreement not to practise midwifery in the County Borough of Rotherham for a period of three years after termination of service.

8. If midwives are also state registered nurses, they will be required to partake in the Part II training of pupil midwives on the district.

9. Refresher courses will be compulsory as required, or in conformity with the rules of the Central Midwives Board.

By the end of the year, three of the principal district midwives had been housed by the local supervising authority, but the principle of a basic rent for midwives, as recommended by the Midwives Salaries Committee, had not been accepted by the Council.

There is no change to report in the method of the supervision of midwives, and all the practices were conducted to the satisfaction of the obstetric officer, Dr. D. Ballantine, who is medical inspector of midwives to the Rotherham Local Supervising Authority.

The Obstetric Emergency Unit is designed mainly to bring hospital facilities and personnel to the patient's own home in cases where removal of the patient to hospital is considered inadvisable.

The service is available to any woman in the County Borough of Rotherham, whether in her own home or in a nursing home. The type of emergency varies; calls have been made for cases of pre-eclamptic toxæmia, puerperal pyrexia, disproportion, failed forceps, but the majority of cases have been post partum hæmorrhage, often with retained placenta. In this type of case the unit has undoubtedly proved invaluable on many occasions, and the supplies of stored blood and plasma at the Municipal General Hospital have been utilised for giving transfusions. This has almost certainly saved life on more than one occasion.

During the year 18 calls were answered.

DISTRICT ANTE-NATAL CLINICS.

There was no change in the conduct of these clinics, and the obstetric officer remained in charge throughout the year.

The following table gives the comparative attendance at the four district ante-natal clinics:—

Centre	Sessions held	New cases attending for the first time			Total number of women attending			Total attendances			Average attendance per session
		Ante-natal	Post-natal	Birth control	Ante-natal	Post-natal	Birth control	Ante-natal	Post-natal	Birth control	
Ferham House ..	24	196	52	10	211	53	10	337	65	12	17.2
Coleridge Road ..	47	318	61	11	359	66	15	537	79	23	13.6
Greasbrough ..	12	38	8	—	46	9	1	103	12	1	9.6
Thorpe ..	12	24	8	2	28	8	3	57	9	3	5.7
Total ..	95	576	129	23	644	136	29	1034	165	39	12.9

MUNICIPAL GENERAL HOSPITAL.

Details of the attendance at the hospital's ante and post-natal clinics, together with particulars of cases admitted into the maternity ward, will be found in Section V of this report, wherein the work of the Municipal General Hospital is described.

NOTIFICATION OF BIRTHS.

The following table gives the births notified during the year:—

Births notified as having taken place within the area :

From institutions or by doctors :

Live births	..	..	..	..	..	..	1121
Still births	..	..	..	..	..	..	56
							—1177

By midwives :

Live births	..	..	..	..	..	..	853
Still births	..	..	..	..	..	..	16
							— 869

By parents :

Live births	..	..	..	..	..	..	1
Still births	..	..	..	..	..	..	— 1
							2047

From information supplied by the registrars, the following births were not notified:—

Born in institutions not attended by doctors :							
Live births	..	..	..	..	..	..	10
Still births	..	..	..	..	..	..	1
							— 11
Attended by midwives :							
Live births	..	..	..	..	..	..	3
Still births	..	..	..	..	..	..	— 3
							14
							—

HEALTH VISITING.

There was a staff deficiency of three in January and February, and of two thereafter to the end of the year.

A further encroachment on health visiting time was made by requiring health visitors to attend extra treatment and investigation clinics.

The health visitor may have many uses in a medical services scheme, but she can only be satisfactorily used as a general purposes officer when staffing is properly related to the duties which she is required to perform, and the case load for which she is held responsible.

The ill effect of the sense of frustration engendered in the mind of the health visitor who is always trying to "catch up" with her work is seldom regarded, but it is hardly to be expected that a dispirited officer makes a glowing apostle of health. Not until the conditions of service include some limitation of case load can either a proper criticism or appreciation be made of the value of health visitors.

Meanwhile, during 1944 an endeavour was made to maintain the essentials, which were interpreted as being publicity on the value of immunisation, the welfare of the illegitimate, and vigilance in regard to fostering and adoption, and the follow up of those vagrant children admitted and discharged from the social welfare nurseries, which are so often lost sight of in the general schemes of child welfare.

A new duty, cheerfully undertaken during the year, was that of welcoming and visiting two large parties of mothers and children which were received in the area as evacuees from Southern England during July and August.

Besides assisting at the reception and medical inspection of the evacuees, the health visitors realised their personal responsibility in regard to the visitors. Within 48 hours of their arrival, case cards for all the expectant mothers and children under

five were made out from the forms used at the medical inspections. A maternity and child welfare clerk attended daily at the Billeting Office and obtained the addresses and changes of address of the visitors. These records were furnished to the health visitors as soon as such information was completed, and thereafter early home visits were paid, and the local maternity and child welfare service explained.

Beds were reserved at the Municipal General Hospital for all the expectant mothers, who were informed where to attend for ante-natal care. Where necessary, short term residential nursery accommodation was obtained for young children during the mother's confinement period and other emergencies.

Close liaison between the billeting officer and the child welfare and school medical service officers was maintained with mutual advantage.

Information was sent on return to the medical officers of the areas from which the children came, and expressions of thanks were received.

From the 7th September onwards, investigations on the vitamin A deficiency in lactating women were conducted at the Coleridge Road Centre, under the direction of Professor Crebbs, of the Chair of Bio-chemistry, of Sheffield University, on behalf of the Ministry of Health. Fifteen sessions were held in the fourth quarter of the year, but so far no report on the findings has been published.

Health visitors were required to attend at the investigations, and also to assure the attendance of nursing mothers from all sections of the community. Four mothers were invited to attend each session, and the individual investigation lasted about half an hour. A very good response in attendance was obtained.

The work of the health visitors is summarised as follows:—

Visits and enquiries in respect of :

Expectant mothers—1st visits	858	Pre-adoption enquiries	..	12
Expectant mothers—re-visits	380	Adoption of children (Regulation) Act 1939	..	8
Post-natal visits—1st visits	.. 279	Measles	..	18
Post-natal visits—re-visits	.. 68	Chickenpox	..	7
Still-births	.. 46	Pneumonia	..	23
Births—1st visits	.. 1577	Whooping cough	..	82
Infants under 1 year	.. 7511	Diarrhoea	..	18
Infants—1 to 5 years	12573	Puerperal pyrexia	..	2
Ineffective visits—under 1 year	1263	Ophthalmia neonatorum	..	8
Ineffective visits—1 to 5 years	1885	Tuberculosis	..	590
Defects followed up—under 1 yr.	131	Tuberculosis—contacts	..	51
Defects followed up—1 to 5 yrs.	515	Pemphigus neonatorum	..	2
Premature infants under 3 mths.	45	Scabies	..	72
Illegitimate children—under 1 yr.	256	V.D. contacts	..	7
Illegitimate children—1 to 2 yrs.	217			

School entrants 649	Mental defectives 414
School children referred to school medical service .. 13	Public lavatories 45
Escorting children 1	Attendances at :
Foster children (Public Health Act 1936) 31	Ante-natal clinics 95
Death enquiries 21	Child welfare clinics .. 485
Medical aid enquiries .. 9	Nursery medical sessions .. 40
Home help enquiries .. 15	Venereal diseases clinics .. 5
Verminous conditions .. 163	Tuberculosis dispensary .. 3
Philanthropic enquiries .. 6	Paediatric clinic 5
Breast abscess 4	Scabies clinic 30
Ill-cared for children—under 1 year 202	Vitamin research sessions.. 15
Ill-cared for children—1 to 5 yrs.911	Half-days attending evacuees at minor treatment centre 25
Total half-days spent visiting 2,269	
Houses visited 23,713	

CHILD WELFARE CENTRES.

Changes in the medical staff caused a reduction in the number of medical sessions held at the centres between February and May, when they were reduced to one per week at Ferham House and at Coleridge Road Centre, and abandoned at the Canklow Centre. The remaining centres functioned as in the preceding year, with two medical sessions each per month.

Consequent upon the appointment of Dr. Lindsay on 8th May, 1944, the medical sessions were increased to two per week in the main centres, and two per month at Canklow, Greasbro', and Thorpe; and this standard was maintained throughout the remainder of the year.

A scabies bathing station was operated from April to the end of September for the treatment of infested families. Sessions were held from 6.30 p.m. to 8.30 p.m. on Mondays and Wednesdays. Two health visitors or two school nurses attended at each session with a medical officer, and volunteers from the Red Cross and St. John Organisations also assisted in the work.

There was a development in the specialist services in June, when Professor Naish, of Sheffield, commenced a monthly paediatric clinic at Coleridge Road Centre, and also took over the supervision of the children's ward at the Municipal General Hospital. The scheme for the care of the prematurely born is being worked out, and will include wards specially adapted to the needs of these infants.

Inter-availability with all the specialist schemes of the Medical Services Committee was maintained as in previous years.

The following is an analysis of the attendance at the centres during the year:—

Centre	Sessions	New cases		Total children attending		Total attendances		Average attendance per session
		Under 1 year	Over 1 year	Under 1 year	Over 1 year	Under 1 year	Over 1 year	
Ferham House	99	383	59	540	485	2713	1861	46.2
Coleridge Road	99	498	47	814	494	3955	1577	59.9
Greasbrough	40	96	7	152	128	819	452	31.7
Thorpe	24	45	4	81	40	375	163	22.4
Canklow	47	137	13	198	98	1240	457	36.1
Nurseries	41	22	22	42	210	154	1084	30.2
Total	350	1181	152	1827	1455	9256	5594	42.4

INFANTILE MORTALITY.

The following table gives the details concerning infantile mortality:—

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 ..	29	9	12	4	54	15	22	7	7	105
uncertified ..	-	-	-	-	-	-	-	-	-	-
Small-pox	-	-	-	-	-	-	-	-	-	-
Chicken-pox	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-
Scarlet-fever	-	-	-	-	-	-	-	-	-	-
Whooping cough	-	-	-	-	-	-	1	-	-	1
Diphtheria and croup	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-
Tuberculous meningitis	-	-	-	-	-	-	-	-	-	-
Pulmonary tuberculosis	-	-	-	-	-	-	-	-	-	-
Other tuberculous diseases	-	-	-	-	-	-	-	-	-	-
Meningitis (not tuberculous)	-	-	-	-	-	-	-	-	-	-
Convulsions	-	-	-	-	-	-	1	1	-	2
Laryngitis	-	-	-	-	-	-	-	-	-	-
Bronchitis	-	1	-	-	1	-	2	1	-	4
Pneumonia (all forms)	-	3	-	-	3	3	8	1	5	20
Diarrhoea	-	-	-	-	-	-	-	-	-	-
Enteritis	-	1	1	1	3	8	6	2	2	21
Gastritis	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-
Rickets	-	-	-	-	-	-	-	-	-	-
Suffocation, overlying	-	-	-	1	1	-	-	-	-	1
Injury at birth	2	-	1	-	3	-	-	-	-	3
Atelectasis	4	-	-	-	4	-	-	-	-	4
Congenital malformations	2	1	-	-	3	1	2	-	-	6
Premature birth	16	3	3	1	23	1	-	-	-	24
Atrophy, debility & marasmus	4	-	7	1	12	-	2	-	-	14
Other causes	1	-	-	-	1	2	-	2	-	5
Totals	29	9	12	4	54	15	22	7	7	105

Nett births in the year :	legitimate infants	..	..	..	..	1675
	illegitimate infants	..	..	..	..	77
Nett deaths in the year :	legitimate	..	..	..	..	96
	illegitimate	..	..	..	..	9
Infantile mortality rate per 1,000 births :	legitimate	..	..	..	..	57
	illegitimate	..	..	..	..	117

HOME HELPS.

In consequence of the national publicity given to this service by the Minister of Labour, an attempt to revive the local scheme was made during the year, but failed from inability to mobilise an adequate staff. Three cases were attended, and 53 days service was given.

OPHTHALMIC TREATMENT.

No change has taken place in the year under review. The following table gives details of the work undertaken for expectant mothers and for children under five years of age: —

Group	Cases	Retractions attendances	Re- inspections	Spectacles prescribed
Mothers	2	4	6	—
Children	62	113	205	48

AURAL TREATMENT.

No change occurred in the arrangements for treatment of aural cases during the year.

328 cases were admitted to the Municipal General Hospital, and 323 operations, chiefly for the removal of tonsils and adenoids, were performed. These patients stayed 672 days in hospital.

During the financial year ended 31st March, 1945, 67 child welfare cases were re-charged by the Education Committee to the Medical Services Committee.

ORTHOPAEDIC SCHEME.

There was no change to report during the year in the operation of the scheme, and details of the pre-school children attending the orthopaedic clinics were as follow: —

Sessions	New cases attending	Total children attending	Examinations made
7	28	51	73

DENTAL TREATMENT.

The following table summarises the dental work done during the year for expectant and nursing mothers, and for children under five years of age:—

	Maternity	Child welfare	Total 1944	Total 1943
Individuals treated	251	94	345	351
Attendances made	893	118	1011	847
Extractions :				
permanent teeth	1740	—	1740	1611
temporary teeth.. ..	—	239	239	247
Fillings :				
permanent teeth	84	—	84	40
temporary teeth.. ..	—	11	11	—
Anaesthetics :				
local	39	—	39	25
general	365	110	475	469
Other operations	463	1	464	345
Patients supplied with dentures	62	—	62	38

It will be noted that nearly the same number of patients were treated as in 1943, but that they made nearly 200 more attendances, this being explained by the increased number of fillings and dentures, for which the same person attended on several occasions. The column, "other operations," includes mainly visits for scalings and the making of dentures, both of which operations may well occupy half an hour's time. In general, the treatment of maternity patients takes longer than that of school children, and it is again stressed that, with the present dental staff working at maximum pressure, if extra maternity patients are treated in a year, then fewer school children will be treated. The appointment of further dentists is an urgent requirement.

The income scale for payments for dentures by maternity patients was again revised and, as from 5th April, no woman expecting a baby is now debarred from obtaining complete dental treatment at the clinics if she so wishes. The removal of oral sepsis from these patients, and also the tubercular ones, is essential to the maintenance of their general health at as high a level as is possible. Pregnancy is not the ideal time for extensive dental treatment, but only when the general realisation of the importance of a healthy mouth is appreciated will the necessity for such treatment be removed. There is, I think, an improvement in the average dental condition of expectant mothers during the past 10 years.

The following table gives details of applications for dentures received from expectant and nursing mothers:—

					Full dentures	Partial dentures
Applications received	..	..	..	..	51	26
Granted free	..	..	..	..	3	—
Granted half-cost	..	..	..	..	5	8
Granted at cost	..	..	..	..	32	14
Disallowed	..	..	..	..	11	4
Approximate cost	..	..	..	..	£146/ 0/6	£35/ 2/6
Amount recovered	..	..	..	..	£125/18/6	£28/17/-

With the increase in the number of dentures supplied to maternity patients, consequent upon the revised income scale, and also considering the number of orthodontic plates made for school children, the time may not be too distant when the appointment of a full-time mechanic will be justified, both on the grounds of expense and expediency. The present system of sending the mechanical work for maternity patients to Sheffield is satisfactory and economic for the present numbers.

It is sincerely hoped that the improvements in the rooms and facilities for after-care of extraction cases at Ferham House will receive attention as soon as possible, as the present conditions are far from satisfactory.

ADOPTION OF CHILDREN (REGULATION) ACT, 1939.

During 1944, so far as is known, four children were placed within the area by private individuals (other than parents or legally appointed guardians), and in only one instance was formal notice under the Act received by the Welfare Authority.

The other three infants were found through the area vigilance of the health visitors, and thereafter were brought under supervision in accordance with the terms of the Act. In each of these three cases the person placing the child was traced and was informed of the contravention. No legal action was taken, but it is interesting to note that these children were placed by responsible people, as stated below, who should have known of the general terms of the Act.

Case No. 3. Placed by a domiciliary midwife employed by an adjoining local supervising authority. Employing authority informed.

Case No. 5. Placed by an officer of the National Association for the Prevention of Cruelty to Children.

Case No. 6. Placed by a moral welfare worker employed in a nearby township.

The homes found for all the children were satisfactory, and were therefore approved.

An Adoption Order was obtained in respect of one of the infants during the year, and the remaining three infants continued under the statutory supervision of the health visitors, who are the child life protection officers of the Welfare Authority.

CHILD LIFE PROTECTION (SECTIONS 206-220, PUBLIC HEALTH ACT, 1936).

At the end of 1943 there were seven children fostered for reward within the area. Of these children one was adopted by the foster-parents, one was placed for adoption by a registered adoption society, and one attained the age of nine years during 1944.

One new fostering was recorded in the year, and therefore there remained five children under the supervision of the child life protection visitors at the end of the year. Thirty-one visits were paid to foster-children during 1944, and the general care was found to be highly satisfactory.

No legal action was taken and no deaths occurred.

WAR-TIME NURSERIES.

The work of the nurseries continued throughout the year on similar lines to previous years. The Moorgate nursery was closed on 20th August, 1944, when the building was taken over for use as a children's ward by the Municipal General Hospital. This reduced the accommodation by 40 during the day and 13 by night. The three remaining nurseries were pre-fabricated double units, each with accommodation for 80 children by day and 26 by night.

The following table gives the average number of children received daily into the nurseries during the year:—

Month	Moorgate		Arnold Rd.		Erskine Rd.		Thames St.		Total	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
January	18.9	10.7	23.8	12.1	22.2	13.7	30.3	18.5	95.2	55.0
February	17.5	10.2	31.3	13.2	28.4	17.3	30.5	21.7	107.7	62.4
March	15.4	8.4	32.7	11.9	23.4	15.1	27.2	16.3	98.7	51.7
April	12.9	7.1	27.8	11.1	19.2	12.8	22.7	17.6	82.6	48.6
May	14.7	5.4	30.2	14.8	20.7	11.0	28.6	15.7	94.2	46.9
June	19.6	9.2	30.9	16.6	22.9	10.2	24.3	12.0	97.7	48.0
July	18.0	7.0	33.4	16.5	23.5	10.5	25.4	8.0	100.3	42.0
August	14.3	5.6	23.9	12.9	21.2	10.6	28.6	11.4	88.0	40.5
September	—	—	31.4	17.3	26.4	14.1	33.4	15.4	91.2	46.8
October	—	—	32.9	16.6	26.6	13.6	31.9	13.6	91.4	43.8
November	—	—	32.2	14.5	20.6	9.1	28.8	11.6	81.6	35.2
December	—	—	25.7	10.6	22.2	11.9	31.5	16.7	79.4	39.2

SECTION X

MENTAL DEFICIENCY.

In the following table particulars are given for the year 1944 of mental defectives (A) "subject to be dealt with" by the Local Authority, and (B) who may become "subject to be dealt with" by the Local Authority.

A—Number of cases "subject to be dealt with" :—

					Males	Females	Total
1.	Under "order" :—						
	(a) (1) In institutions (excluding cases on licence).						
	Under 16 years of age	..	..	..	5	3	8
	Aged 16 years and over		..	..	33	33	66
	(2) On licence from institutions.						
	Under 16 years of age	..	..	..	1	—	1
	Aged 16 years and over		..	..	3	5	8
	(b) (1) Under guardianship (excluding cases on licence).						
	Under 16 years of age	..	..	..	—	—	—
	Aged 16 years and over		..	..	1	3	4
	(2) On licence from guardianship.						
	Under 16 years of age	..	..	..	—	—	—
	Aged 16 years and over		..	..	1	—	1
2.	In "places of safety."						
	Under 16 years of age	..	..	..	—	—	—
	Aged 16 years and over		..	..	—	—	—
3.	Under statutory supervision.				18	19	37
	of whom—						
	(a) Awaiting removal to an institution	..	..	..	12	15	27
4.	Action not yet taken under any one of the above headings	..			14	20	34

B.—Number of cases not at present "subject to be dealt with" but for whom the Local Authority may subsequently become liable :—

1.	In institutions or under guardianship—dealt with under Sec. 3	..			—	—	—
2.	Reported to the Local Authority from any reliable source and recognised by them as mentally defective but as to whom no action under the Mental Deficiency Acts has been taken.						
	(a) Children between the ages of 14 and 16 years	..	..		2	1	3
	Of whom number, if any, under voluntary supervision	..			2	1	3
	(b) All other cases	..	..	..	38	59	97
	Of whom number, if any, under voluntary supervision	..			38	59	97

The total number of mental defectives under the supervision of the department at the end of 1944 was 259 (comprising 116 males and 143 females). Of this number 88 were the subject of Orders under the Mental Deficiency Acts, 74 being resident in certified institutions, nine on licence leave from such institutions, four under guardianship, and one on licence leave from guardianship. The placing of these defectives is shown in tabular form below:—

Institutional :	Detained under Order		Licence Leave	
	Male	Female	Male	Female
St. Catherine's, Doncaster.	36	30	3	3
Whittington Hall, nr. Chesterfield	—	5	—	1
Stoke Park Colony, near Bristol . .	2	1	1	—
The Home, Everton Terrace, Liverpool	—	—	—	1
	38	36	4	5
<hr/>				
Guardianship :				
Brighton Guardianship Society . .	—	3	1	—
Provisional National Council for Mental Health	1	—	—	—
	1	3	1	—
	<hr/>			

The Local Authority is responsible for these defectives. There were, however, in addition to those listed above, five defectives (four male and one female) detained in State Institutions. These patients were normally resident within the Borough, and this Local Authority would be responsible in the event of any one of them being discharged or transferred from State Institutions.

Only one petition for an Order under the Mental Deficiency Acts for admission to a certified institution was presented during the year. This was in respect of a feeble-minded young woman of 27 years, who was in need of care and protection (having had two illegitimate children). One feeble-minded female defective (aged 35 years was transferred from Whittington Hall Institution, near Chesterfield, to St. Catherine's.

LEAVE OF ABSENCE ON LICENCE FROM INSTITUTIONS.

Three males and six females were on licence leave from institutions at the end of 1943. During the year under review one female defective was returned to St. Catherine's on account of misconduct after being on leave for five months, and a young male defective was granted a further trial period of licence leave. In this latter case an earlier trial on licence had been determined on account of misbehaviour some

14 months earlier, but this second period promises to be more successful. It is regrettable to record that the female defective who was on licence from The Home, Everton Terrace, Liverpool, absconded from her situation at a Liverpool hospital in January, 1944, and has not since been traced. The other patients on licence leave continued to be of good behaviour, and accordingly extensions of leave have been made.

GUARDIANSHIP.

Mention was made in last year's report of a male defective, formerly an inmate of St. Catherine's, who was transferred by Varying Order to the guardianship of his father during 1943. In this case the Order under the Mental Deficiency Acts lapsed by operation of law during 1944, and the defective was transferred to the supervision of the Cheshire County Council, in whose area he is now resident. An adult male defective, who had been under the supervision of the Brighton Guardianship Society for 13 years, was allowed licence leave from guardianship to the care of his brother in Rotherham, who has found useful employment for the defective. These are the only noteworthy changes as regards guardianship cases, and the distribution of patients at the year end was as shown in the sub-table appearing above.

GENERAL.

At the end of 1944, 14 defectives were inmates of either the Municipal General Hospital or The Mount, Alma Road, Rotherham, and 21 were receiving outdoor relief from the Social Welfare Department. Statutory supervision was exercised by the Department of Health in 37 cases (18 males and 19 females—of whom 12 males and 15 females were awaiting removal to appropriate institutions). All the remaining defectives were under the voluntary supervision of the Local Authority in their own homes.

Comment was made in the last annual report regarding a decrease in the number of domiciliary visits to the homes of defectives, which was due mainly to a serious depletion in the number of health visitors. It is pleasing, therefore, to record that during 1944 the number of such visits corresponds more closely with pre-war figures—396 effective and 18 non-effective visits.

Six defectives were notified to the Local Authority under Section 2 (2) by the Local Education Authority. All were placed under statutory supervision and await removal to a certified institution.

Five female defectives gave birth to children during 1944, and of these one was unmarried. Two female defectives married during the year.

Two defectives died during the period under review—one a male imbecile, aged 17, whose body was recovered from a canal, the Coroner recording a verdict of "found drowned," and the other, a feeble-minded female, aged 19, who died from pulmonary tuberculosis.

ST. CATHERINE'S INSTITUTION.

There has been no change in the nominal allocation of beds provided for the use of Rotherham patients at St. Catherine's Institution (30 male and 35 female beds). At the end of 1943, 37 male and 27 female defectives were in residence, with a further two males and four females on licence leave. Two females were admitted during 1944, one male was granted initial licence leave, and the licence leave granted to a female defective in 1943 was cancelled in 1944. Thus there were at St. Catherine's 36 males and 30 females in residence at the close of the year, with six defectives (three male and three female) on leave of absence on licence from the institution.

This represents the serious degree of overcrowding which has been apparent at St. Catherine's for a number of years.

OBSERVATIONS.

For the past few years it has been noted that the supreme difficulty as regards efficient operation of the mental deficiency scheme has been the lack of institutional accommodation. The year under review has been marked by the same feature. As time goes by the situation becomes worse—institutions are becoming more and more overcrowded (where this is possible), and local authorities' waiting lists lengthen. There seems no prospect that conditions (at least so far as Rotherham is concerned) will materially improve for a number of years, since any beds made available at St. Catherine's by the release of that institution from Emergency Hospital commitments would be promptly utilised to relieve overcrowding, and for the admission of a small proportion of the urgent cases awaiting admission. Even so, there would still remain many Rotherham patients waiting for admission. If the policy which is frequently adopted by the managers of certified institutions of admitting either cases from a prescribed area only or patients of a certain type (avoiding low grade and epileptic defectives) is continued, the only solution to our local difficulties would seem to be the provision (by building) of more accommodation—with emphasis, again so far as Rotherham is concerned, on the male side. But this is a slow process, and in the meantime the complete lack of accommodation frustrates the primary requisite of the service.

SECTION XI

CLINICAL LABORATORY.

In the report for last year, the arrangements for the provision of a clinical laboratory service to undertake the whole of the work of the County Borough were outlined.

On 3rd January, 1944, Dr. E. Harper Gillespie commenced his duties as Clinical Pathologist and, together with the trained technician appointed late in the previous year, formed the basic trained staff of the new service. Later on, as the work of the laboratory grew, a clerk was appointed, and also a junior laboratory technician.

Whilst the Ministry of Health had provided an initial amount of standard equipment for the laboratory, it was realised that this required to be supplemented by additional equipment over and above this grant and that already taken over from the side rooms of the hospitals. Additional structural alterations were also required in the adaptation of the building, which was found in the initial stages of its working to require further bench and storage accommodation. Owing to war-time conditions this took some time and, consequently, for a while the new service was working under extreme difficulties and could not undertake its full liabilities.

In the meantime, as the service evolved, the Council adopted the unit system of charging as detailed in Circular 2861 of the Ministry of Health, and a charge of 9d. per unit was fixed. The unit system provides a fair basis of charging out the many different investigations undertaken for the services using the laboratory, and is based on the Ministry's experience of their Emergency Pathological Service.

This basis of charge is applied to the examination of specimens from all hospitals and clinics of the Corporation and the Rotherham Hospital. It applies also to specimens sent from the Rotherham Rural District Council, and also from the Maltby Urban District Council under an arrangement for the laboratory to undertake the bacteriological examination of swabs for diphtheria from their areas.

It was also agreed with the Rotherham Hospital authorities that the Clinical Pathologist should attend at their hospital for consultations, and that for these sessions the rate of charge for his services should be £1 5s. per hour, and proportionately for fractions of an hour.

The Council decided that no charge be made for patients or specimens sent for examination to the laboratory by medical practitioners, dentists and veterinary surgeons. The provision of this free service to the practitioners of the town should prove of immense value to all residents of the County Borough, and it is believed that Rotherham, if not the first, is one of the first towns in the country to make this provision.

In April, in order that the laboratory shall be kept in touch with all the latest developments, the Council invited Professors Green and Wilson Smith, of Sheffield University, to act as Honorary Advisers in Pathology and Bacteriology respectively, and it is pleasing to record that these invitations were accepted.

Whilst an appreciable amount of work was performed during the year, it should be remembered that at this time the laboratory was only in its first stage of development, and that its service to the hospitals, clinics, medical practitioners and others will grow year by year as its contacts grow, till eventually it will take its true place in the Medical Services of the County Borough. Already the laboratory has provided a service which was urgently required in the district, as efficient pathological laboratory investigations can only be done in a laboratory where there is a clinical pathologist who is in direct control personally, and who co-operates directly with the practitioners and at the bedside when necessary.

The application of the laboratory service to the various hospitals, clinics, etc., and to particular aspects of the work undertaken during the first year was as follows:—

PUBLIC HEALTH AND CLINICS.

With the exception of Wassermann tests, which were sent to Sheffield University, all specimens for the control of infectious diseases were examined, such as for diphtheria, haemolytic streptococcal infections, meningitis, tuberculosis, typhoid, dysentery, food poisoning, and venereal diseases. These were submitted by the various clinics and hospitals, and by the practitioners of the Borough. This work accounted for 42 per cent. of the total.

HOSPITALS.

A close co-operation was soon established between the clinical pathologist and the medical staffs of the three municipal hospitals, and of the Rotherham Hospital.

Routine investigations on behalf of the Oakwood Hall Sanatorium and the Isolation Hospital constituted seven per cent. of the year's work.

At the Municipal General Hospital clinical consultative work was frequently undertaken, and special pathological investigations pursued. The majority of blood samples were obtained by the pathologist or the technician, and out-patients were seen at the laboratory by appointment—a feature of the service which saves the time of both patients and staff. Twenty cases of pernicious anaemia attending for liver therapy had regular blood counts taken at monthly intervals. The routine investigations at this hospital constituted 35 per cent. of the year's work.

At the Rotherham Hospital, for which the complete laboratory service is also available, the clinical pathologist attended three sessions weekly in a consultative capacity, and at other times when necessary. Out-patients were seen by previous appointment on Thursday mornings. All blood counts and special pathological specimens were taken from the patient by the pathologist, and only in his absence from duty by his technician. This has led to a close co-operation at the bedside between the pathologist and the medical staff. As at the Municipal General Hospital, all cases of pernicious anaemia, 16 in number, were controlled in their treatment by regular blood counts. Routine investigations totalled 15 per cent. of the year's laboratory work. In time it is hoped to develop the clinical side room at the Rotherham Hospital for certain investigations, but for the majority it is considered better to have the work done at the central laboratory, where there is adequate equipment.

PRACTITIONERS.

The free clinical pathology laboratory service provided to patients and practitioners, as well as to dental and veterinary surgeons, is so far a unique one in the story of public health administration. It met with a good response from the doctors, and proved its helpfulness, particularly in the treatment of pernicious anaemia, as well as in other conditions requiring detailed examination. By providing such a service patients are able to be seen privately by the pathologist at the laboratory or at their home, and practitioners are able to send specimens to the laboratory for examination without any cost to the patient.

OUTSIDE AUTHORITIES.

As already indicated, agreements were reached with Rotherham Rural District Council and with Maltby Urban District Council for urgent throat swabs to be examined. The advantage taken of the easily accessible laboratory in Rotherham has led to the earlier diagnosis and treatment of several serious cases.

DIPHTHERIA SWABS.

Swabs sent for examination for diphtheria constituted 25 per cent. of all the laboratory's work. These swabs were not only examined for diphtheria bacilli, but for

the organisms of Vincent's infection and for haemolytic streptococci. In addition to the usual Loeffler slopes, special tellurite selective media has been used for the detection of diphtheria with a resultant greater accuracy in the diagnosis of cases, convalescents, and contacts.

PERNICIOUS ANAEMIA.

It is important that all anaemias should be accurately diagnosed and their treatment controlled by laboratory investigations. This is an absolute necessity in the case of pernicious anaemia, which can only be diagnosed at the onset of the illness by full haematological investigations before any treatment is commenced. Once pernicious anaemia is scientifically diagnosed it means a life sentence of liver treatment, but, if adequately controlled, of normal health if no complications have arisen before treatment is started. The dose of liver can only be controlled by repeat blood estimations of haemoglobin and red cells. The laboratory has provided this service in the diagnosis and control of cases of pernicious anaemia attending the Municipal General Hospital, the Rotherham Hospital or the private practitioners. During 1944 10 new cases were diagnosed, while 32 old patients regularly attended for blood count controls, making 42 cases under control at December, 1944.

Details of the work performed for the hospitals and services using the laboratory month by month during the year are given in the following table:—

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Per cent.
Total number of specimens examined	241	289	387	273	419	369	415	396	385	410	486	397	4467	—
Unit values of specimens examined from :														
Municipal General Hospital ..	340	464	353	384	356	621	762	551	531	702	649	781	6494	35.6
Rotherham Hospital ..	88	171	185	176	251	186	178	266	277	338	481	226	2823	15.4
Oakwood Hall Sanatorium ..	88	105	82	78	72	68	78	100	92	92	94	67	1016	5.6
Isolation Hospital ..	28	28	36	36	5	5	—	5	10	25	6	28	212	1.1
Practitioner Service ..	3	8	19	36	37	48	157	39	30	99	119	198	793	4.4
Department of Health ..	433	234	822	280	371	243	302	308	271	266	387	275	4192	23.1
Tuberculosis Dispensary ..	38	28	26	22	57	30	42	36	22	26	24	10	361	1.9
Veneral Diseases Centre ..	12	14	23	10	182	108	120	148	172	134	188	112	1223	6.8
Rotherham R.D.C. ..	150	140	90	75	89	138	115	61	70	15	10	94	1047	5.8
Maltby U.D.C. ..	—	—	—	—	—	—	16	5	—	27	5	—	53	0.3
Totals	1180	1192	1636	1097	1420	1447	1770	1519	1475	1724	1963	1791	18214	100.0

The types of examinations given in unit values performed for the hospitals and services were as follow:—

Specimens examined from	Haemato-logy	Urine	Bio-chemistry	Bacterio-logy	Diphtheria swabs	Tuber-culosis sputa	G.C. smears	Mis-cellaneous	Total
Municipal General Hospital	3666	811	852	1117	x	x	x	48	6494
Rotherham Hospital	2027	310	160	326	x	x	x	-	2823
Oakwood Hall Sanatorium	8	3	-	29	-	976	-	-	1016
Isolation Hospital	16	-	-	64	130	2	-	-	212
Practitioner Service	622	57	57	42	x	x	x	15	793
Department of Health	41	17	15	222	3203	649	-	45	4192
Tuberculosis Dispensary	13	-	-	-	-	348	-	-	361
Venereal Diseases Centre	-	-	-	-	-	-	1223	-	1223
Rotherham R.D.C.	11	6	-	12	1018	-	-	-	1047
Maltby U.D.C.	-	-	-	-	53	-	-	-	53
Total	6404	1204	1084	1812	4404	1975	1223	108	18214
Per cent	35.1	6.6	5.9	10.0	24.3	10.8	6.7	0.6	100.0

In the preparation of the above tables, all specimens of a public health nature examined from the hospitals and medical practitioners have been allocated to the examinations performed for the Department of Health. Similarly, specimens examined for gonococci from these sources have been allocated to the Venereal Diseases Centre, and are shown thus x.

