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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

1945







COUNTY BOROUGH OF ROTHERHAM

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FOR THE YEAR

**1945**





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# COUNTY BOROUGH OF ROTHERHAM

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## MEDICAL SERVICES COMMITTEE.

## PUBLIC HEALTH AND HOUSING COMMITTEE.

(as at 31st December, 1945).

THE WORSHIPFUL THE MAYOR (Councillor Mrs. M. E. MOORHOUSE, J.P.).

Chairman :

Alderman A. BUXTON, J.P.

Chairman :

Alderman F. HARPER, J.P.

Vice-Chairman :

Councillor A. R. SHAYLER.

Vice-Chairman :

Councillor L. KIRK.

Alderman S. HALL, O.B.E., J.P.

„ F. HARPER, J.P.

„ F. C. WOFINDEN.

Councillor W. G. DENHAM.

„ Mrs. F. L. GREEN, J.P.

„ S. HARRIS.

„ Mrs. E. HUGHES.

„ D. J. S. MEADOWS.

„ J. E. MICKLETHWAIT.

„ R. ROSE.

(One vacancy).

Alderman A. BUXTON, J.P.

„ F. C. WOFINDEN.

Councillor F. DAVIES.

„ J. H. DICKINSON, J.P.

„ F. DUKE.

„ Mrs. F. L. GREEN, J.P.

„ Mrs. E. HUGHES.

„ Mrs. E. McNICHOLAS.

„ A. R. SHAYLER.

„ L. J. TARBIT.

„ M. W. YOUNG.

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## JOINT COMMITTEES.

### SHEFFIELD, ROTHERHAM AND DISTRICT SMOKE ABATEMENT COMMITTEE.

Alderman F. HARPER, J.P.

Councillor F. DAVIES.

### SOUTH WEST YORKSHIRE JOINT BOARD FOR THE MENTALLY DEFECTIVE.

Alderman A. BUXTON, J.P.

Alderman F. C. WOFINDEN.



## HEALTH OFFICERS OF THE LOCAL AUTHORITY.

(as at 31st December, 1945).

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., D.P.A.	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	Lay Administrative Officer.
MISS J. CASELDINE	Secretary, Medical Officer of Health.
General Office	Four 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.
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).

H. CHILDS, B.Sc., F.R.I.C.	Public Analyst.
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## SANITARY INSPECTORS' SECTION.

MR. J. E. FULLER, (1), (2), (4), (5), (6)

MR. W. PEARCE, (1), (2), (5), (6)

MR. T. W. PEARCE, (1), (2), (5), (6)

MR. W. HORTON, (1), (2)

MR. G. C. HARRISON, (1)

MR. S. MASTIN, (1), (2)

MR. L. W. LODGE, (1), (2)

MR. N. FROGGATT, (1), (2)

MR. J. H. HOARE, (3)

Senior Sanitary Inspector.

Assistant Senior Sanitary Inspector and Inspector  
of Food and Drugs.

District Sanitary Inspector.

District Sanitary Inspector.

District Sanitary Inspector.

District Sanitary Inspector.

District Sanitary Inspector.

Sanitary Inspector (Office).

Smoke Inspector (by arrangement with the  
Sheffield, Rotherham and District Smoke  
Abatement Committee).

Two Disinfectors,

One Ratcatcher.

Two Clerks.

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

Health Visitor.

MRS. E. MARSDEN, (3), (4)

Health Visitor.

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

Health Visitor.

MISS G. J. BOOKER, (3), (4), (5)

Health Visitor.

(Two vacancies including one on war service.)

### M.C.W. SECTION

Five 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., D.P.A.

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.

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

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

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

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

MRS. N. LLOYD, (1)

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

MISS E. M. BORMAN, (1)

MRS. E. RANDS, (1)

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

MISS W. M. COOPER

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.

D. RAMSAY, M.B., Ch.B.

(Vacancy)

A. BAGON, L.M.S.S.A.

H. M. MILLS, M.B., Ch.B.

MISS C. E. DAVIS

MISS H. GREEN

(Vacancy)

MISS A. M. SUMMERSGILL

MISS M. D. SIMPSON

MISS M. BETTERTON

MR. E. E. DAVIES

MISS R. K. COOPER

MISS F. G. WATERHOUSE

MR. G. M. SMITH

MISS M. M. USHER

Six Clerks.

OAKWOOD HALL SANATORIUM.

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

T. P. LENNON, L.R.C.P. & S.

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.

School Dental Surgeon.

Assistant School Dental Surgeon.

Physiotherapist.

School Nurse.

School Nurse.

School Nurse.

School Nurse.

School Nurse.

School Nurse.

School Nurse (Nurseries and Child Welfare).

Senior 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.

Assistant Dispenser.

Clerk and Steward (temporary).

Senior Clerk.

Medical Superintendent.

Assistant Resident Medical Officer.

Matron.

Teacher (Uncertificated).

Medical Superintendent.

Matron.

Tuberculosis Officer.



# VENEREAL DISEASES CENTRE.

R. C. WOFINDEN, M.D., B.S., D.P.H., V.D. Medical Officer.  
M.R.C.S., L.R.C.P., D.P.A.

MR. P. DOANE

Venereal Diseases Orderly.

MRS. P. MILLBURN, S.R.N., S.C.M.

Venereal Diseases Nurse.

# CLINICAL LABORATORY.

E. HARPER GILLESPIE, M.B., Ch.B.

Clinical Pathologist.

MR. C. W. OLIVER, B.Sc., A.M.I.L.T.

Laboratory Technician.

Two Junior Technicians.

One Clerk.

# 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.

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.

MRS. G. HEWITT

District Midwife.

MRS. M. M. WOOD

District Midwife.

MISS L. BENJAMIN

District Midwife.

MISS B. WATERHOUSE

Relief Midwife.

MISS M. PARKER

Relief Midwife.

# WAR-TIME NURSERIES.

MISS Q. E. POWELL

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, 1945 :

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  
Health Visitor. Welfare).

MISS T. ANTHONY

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.

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. C. CASSWELL

Assistant Porter, Isolation Hospital.

MR. J. ATKIN

Porter, Municipal General Hospital.



DEPARTMENT OF HEALTH.

MUNICIPAL OFFICES,

ROTHERHAM.

I submit, herewith, the annual report on the health services of the County Borough of Rotherham, for the year 1945.

With the return to post-war conditions, this is more detailed than what was possible in recent years, each section being now fully expanded to show the growth of the whole department.

A welcome feature was the return to civil life of several members of the staff, who were on war service, and to note their pleasure at resuming work with their former colleagues.

Again, I have to thank all those in charge of the various sections of the department, and, through them, the staff, senior and junior alike, who have all contributed to the work of the year, as well as to the happy relationships existing throughout.

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) 1945	..	..	..	..	..	..	..	..	75,630
Number of inhabited houses (31/12/1945)	..	..	..	..	..	..	..	..	21,575
Rateable value (1/4/1946)	..	..	..	..	..	..	..	..	£482,408
Sum represented by a penny rate (1/4/1946)	..	..	..	..	..	..	..	..	£1,900

### VITAL STATISTICS.

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

Live births :	Total	Male	Female					
Legitimate ..	1446	750	696	—	Birth rate per 1,000 of the estimated			
Illegitimate ..	89	39	50		resident population	..	..	20.30
Stillbirths ..	62	33	29	—	Rate per 1,000 (live and still) births			36.94
Deaths ..	892	476	416	—	Crude death rate per 1,000 of the			
					estimated resident population	..	..	11.79
					Adjusted death rate per 1,000 of the			
					estimated resident population			
					(comparability figure)	..	..	13.56

Deaths from puerperal causes :		Deaths	Rate per 1,000 total (live and still) births
Puerperal sepsis ..	..	1	0.61
Other puerperal causes ..	..	1	0.61
Total ..	..	2	1.22

Death rate of infants under one year of age :

All infants per 1,000 live births	..	..	..	..	..	..	..	56
Legitimate infants per 1,000 legitimate live births	..	..	..	..	..	..	..	58
Illegitimate infants per 1,000 illegitimate live births	..	..	..	..	..	..	..	22
Deaths from measles (all ages)	..	..	..	..	..	..	..	1
Deaths from whooping cough (all ages)	..	..	..	..	..	..	..	2
Deaths from diarrhoea (under 2 years of age)	..	..	..	..	..	..	..	12



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 causes of death at different periods of life, as supplied by the Registrar General, are given for the year 1945. 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 892.

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 887 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	-	-	2	-	-	-	-	-	-	-	2
3. Scarlet fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Whooping cough ..	1	-	-	-	-	-	1	1	-	-	-	-	-	1	2
5. Diphtheria ..	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1
6. Tuberculosis of respiratory system ..	-	-	-	9	13	6	28	-	-	-	8	2	3	13	41
7. Other tuberculous diseases ..	-	-	-	-	-	-	-	-	-	1	1	1	-	3	3
8. Syphilis ..	-	-	-	1	-	-	1	1	-	-	-	-	-	1	2
9. Influenza ..	1	-	-	-	-	2	3	-	1	-	-	-	3	4	7
10. Measles ..	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1
11. Acute polio-myelitis and polio-encephalitis ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1
12. Acute infectious encephalitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13. Cancer of buccal cavity and oesophagus (M) ..	-	-	-	-	1	5	6	-	-	-	-	8	4	12	18
14. Cancer of stomach and duodenum ..	-	-	-	1	7	6	14	-	-	-	2	4	3	9	23
15. Cancer of breast ..	-	-	-	-	-	-	-	-	-	-	1	8	4	13	13
16. Cancer of all other sites ..	-	-	-	4	21	26	51	-	-	-	1	13	11	25	76
17. Diabetes ..	-	-	-	1	2	2	5	-	-	-	1	2	4	7	12
18. Intra-cranial vascular lesions ..	-	-	-	1	8	31	40	-	-	-	1	16	34	51	91
19. Heart disease ..	-	-	-	4	29	47	80	-	-	-	9	10	49	68	148
20. Other circulatory diseases ..	-	-	-	1	4	13	18	-	-	-	1	2	14	17	35
21. Bronchitis ..	5	1	-	2	21	28	57	2	-	-	3	6	23	34	91
22. Pneumonia ..	6	2	-	1	5	7	21	13	1	-	2	1	7	24	45
23. Other respiratory diseases ..	-	-	-	-	-	-	-	-	-	-	1	1	1	3	3
24. Ulcer of stomach or duodenum ..	-	-	-	3	7	2	12	-	-	-	1	-	-	1	13
25. Diarrhoea (under 2 years of age) ..	6	1	-	-	-	-	7	5	-	-	-	-	-	5	12
26. Appendicitis ..	-	-	-	-	-	1	1	-	1	2	1	2	-	6	7
27. Other digestive diseases ..	-	-	-	2	2	3	7	-	1	1	1	-	12	15	22
28. Nephritis ..	-	-	-	4	3	2	9	-	-	2	1	1	7	11	20
29. Puerperal sepsis ..	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1
30. Other maternal causes ..	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1
31. Premature birth ..	8	-	-	-	-	-	8	6	-	-	-	-	-	6	14
32. Congenital malformation, birth injury, etc. ..	13	-	1	-	-	-	14	10	-	1	-	-	-	11	25
33. Suicide ..	-	-	-	-	2	2	4	-	-	-	-	-	-	-	4
34. Road traffic accidents ..	-	-	2	3	1	-	6	-	1	1	-	-	1	3	9
35. Other violent causes ..	3	2	1	3	5	4	18	-	1	-	-	1	3	5	23
36. All other causes ..	3	-	1	2	8	46	60	-	1	5	2	9	49	66	126
Total—all causes ..	48	7	6	43	139	233	476	38	7	13	39	87	232	416	892



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 1945
Rainfall—No. of wet days .. ..	13	14	8	15	16	17	12	15	13	12	12	13	160
Inches of rain .. ..	1.66	1.41	0.50	1.33	2.07	2.00	2.21	2.90	0.80	3.59	0.31	1.29	20.07
Maximum daily fall—day .. ..	29th	11th	19th	1st	20th	21st	14th	29th	10th	21st	18th	23rd	—
Maximum daily fall—inches ..	0.23	0.30	0.14	0.34	0.42	0.35	0.68	1.44	0.24	0.82	0.07	0.40	—
Births— Total .. ..	172	129	128	128	151	122	129	119	93	108	126	115	1520
Birth rate .. ..	27.29	20.46	20.31	20.31	23.96	19.36	20.46	18.88	14.76	17.14	19.99	18.25	20.09
Deaths— Gross .. ..	132	100	97	85	87	80	68	70	72	81	92	110	1084
Outward transfers .. ..	21	21	20	15	22	15	21	21	16	24	18	26	240
Inward transfers .. ..	6	1	5	3	3	10	2	2	4	3	2	2	43
Nett .. ..	117	80	82	73	68	75	49	61	60	60	76	86	887
Death rate (crude) .. ..	18.57	12.70	13.01	11.58	10.79	11.91	7.77	9.68	9.52	9.52	12.06	13.65	11.73
Nett deaths under 1 year of age ..	19	5	5	6	9	4	5	7	6	7	6	6	85
Infantile mortality rate per 1000 births ..	110	39	39	47	60	33	39	59	65	65	48	52	56
CASES OF INFECTIOUS DISEASES REPORTED	Acute anterior polio-myelitis .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Acute polio-encephalitis .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Cerebro-spinal meningitis .. ..	—	1	—	2	—	2	—	—	—	—	—	7
	Diphtheria .. ..	4	3	3	3	1	5	—	1	—	1	3	24
	Dysentery .. ..	—	—	1	2	—	2	—	1	2	—	—	10
	Encephalitis lethargica .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Erysipelas .. ..	—	1	3	5	—	2	1	—	1	3	4	20
	Malaria .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Measles .. ..	107	378	721	194	37	10	13	4	—	1	—	1466
	Ophthalmia neonatorum .. ..	—	2	—	—	1	—	1	—	1	—	—	5
	Pemphigus neonatorum .. ..	—	—	—	1	—	—	—	—	—	—	—	1
	Pneumonia .. ..	18	18	6	4	5	8	7	4	5	10	3	95
	Puerperal pyrexia .. ..	2	—	4	—	1	1	—	—	1	4	3	17
	Relapsing fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Scarlet fever .. ..	18	21	17	25	27	16	16	17	19	38	26	264
	Smallpox .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Typhoid and paratyphoid fevers ..	—	—	—	—	—	—	—	1	—	—	—	1
	Typhus fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Whooping cough .. ..	11	25	17	1	13	19	33	22	23	22	59	303
	Pulmonary tuberculosis— Males	2	2	1	3	1	3	1	3	8	5	3	35
	Females	—	3	2	1	2	3	2	3	2	1	—	21
	Other forms of tuberculosis— Males	—	—	2	—	—	1	1	—	1	—	1	6
	Females	—	—	—	—	—	1	—	—	3	1	—	6
DEATHS	Diphtheria .. ..	—	—	—	—	—	—	—	—	—	—	1	1
	Erysipelas .. ..	—	—	—	—	—	—	—	—	1	—	—	1
	Measles .. ..	—	—	—	—	—	1	—	—	—	—	—	1
	Scarlet fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Smallpox .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Typhoid fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Whooping cough .. ..	—	—	—	—	—	—	1	1	—	—	—	2
	Tuberculosis—respiratory .. ..	4	4	3	2	3	4	1	5	5	6	4	43
	other forms .. ..	—	—	—	—	—	—	1	—	—	1	—	3
	Influenza .. ..	—	2	1	—	1	1	—	—	1	—	2	8
	Diarrhoea and enteritis (under 2 yrs.)	2	1	1	1	2	1	—	2	—	—	—	12
	Bronchitis .. ..	15	13	11	8	3	1	5	2	5	4	9	90
	Pneumonia .. ..	13	5	4	1	—	1	3	5	3	1	4	43
	Malignant disease .. ..	8	2	18	10	14	14	11	6	12	7	11	126
	Diseases of the heart .. ..	24	16	12	13	14	12	5	9	9	9	15	148
	Nephritis and Bright's disease ..	1	2	2	2	1	2	1	2	1	—	3	18



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 1945
Estimated civilian population ..	10720	13200	3260	9940	5060	6050	6980	8970	4930	6520	75630
Number of houses, 31/12/45 ..	3055	3800	944	2875	1464	1750	2019	2593	1425	1653	21578
Acreage .. .. .	785	952	1403	2913	411	300	122	711	212	1446	9255
Density of houses per acre ..	3.89	3.99	0.67	0.99	3.56	5.83	16.55	3.65	6.72	1.14	2.33
Density of population per acre ..	13.66	13.87	2.32	3.41	12.31	20.17	57.22	12.62	23.26	4.51	8.17
Births— Total .. .. .	197	266	48	218	122	104	181	128	107	149	1520
Birth rate .. .. .	14.60	20.15	14.72	21.96	24.11	17.19	25.93	14.27	21.71	22.86	20.09
Deaths— Gross .. .. .	163	126	33	104	59	74	92	104	72	257	1084
Outward transfers .. .. .	57	3	—	6	—	—	—	3	—	171	240
Inward transfers .. .. .	6	5	4	7	3	3	3	3	6	3	43
Nett .. .. .	112	128	37	105	62	77	95	104	78	89	887
Death rate (crude) .. .. .	8.30	9.70	11.35	10.58	12.26	12.73	13.61	11.60	15.82	13.66	11.73
Nett deaths under 1 year of age ..	13	13	3	12	8	9	6	5	6	10	85
Infantile mortality rate per 1000 births	66	49	62	55	66	87	33	39	56	67	56
CASES OF INFECTIOUS DISEASES REPORTED	Acute anterior polio-myelitis ..	—	—	—	—	—	—	—	—	—	—
	Acute polio-encephalitis .. .. .	—	—	—	—	—	—	—	—	—	—
	Cerebro-spinal meningitis .. .. .	—	2	1	2	1	1	—	—	—	7
	Diphtheria .. .. .	1	2	—	3	3	3	1	—	8	24
	Dysentery .. .. .	3	—	—	1	1	1	4	—	—	10
	Encephalitis lethargica .. .. .	—	—	—	—	—	—	—	—	—	—
	Erysipelas .. .. .	3	1	3	4	1	6	—	1	1	20
	Malaria .. .. .	—	—	—	—	—	—	—	—	—	—
	Measles .. .. .	155	226	54	254	168	189	106	94	127	1466
	Ophthalmia neonatorum .. .. .	—	—	—	1	—	1	—	1	2	5
	Pemphigus neonatorum .. .. .	—	—	—	—	—	—	—	—	1	1
	Pneumonia .. .. .	7	14	5	22	15	13	2	6	5	95
	Puerperal pyrexia .. .. .	—	1	—	—	—	—	2	1	13	17
	Relapsing fever .. .. .	—	—	—	—	—	—	—	—	—	—
	Scarlet fever .. .. .	31	41	6	52	16	35	15	20	24	264
	Smallpox .. .. .	—	—	—	—	—	—	—	—	—	—
	Typhoid and paratyphoid fevers ..	—	—	—	—	—	—	—	1	—	1
	Typhus fever .. .. .	—	—	—	—	—	—	—	—	—	—
	Whooping cough .. .. .	33	27	6	42	34	43	21	27	33	303
	Pulmonary tuberculosis—										
	Males .. .. .	6	3	—	7	2	4	2	4	2	35
	Females .. .. .	2	5	1	1	—	1	5	3	—	21
	Other forms of tuberculosis—										
	Males .. .. .	2	2	—	1	—	—	—	—	1	6
	Females .. .. .	1	1	—	—	—	1	1	1	—	6
	Diphtheria .. .. .	—	—	—	—	—	1	—	—	—	1
	Erysipelas .. .. .	—	1	—	—	—	—	—	—	—	1
	Measles .. .. .	—	—	—	—	—	—	—	1	—	1
	Scarlet fever .. .. .	—	—	—	—	—	—	—	—	—	—
	Smallpox .. .. .	—	—	—	—	—	—	—	—	—	—
	Typhoid fever .. .. .	—	—	—	—	—	—	—	—	—	—
	Whooping cough .. .. .	—	—	—	—	—	—	—	—	2	2
	Tuberculosis—respiratory .. .. .	3	2	1	3	6	4	6	7	3	43
	other forms .. .. .	—	—	1	—	—	1	1	—	—	3
DEATHS	Influenza .. .. .	1	—	—	1	—	2	—	1	—	8
	Diarrhoea and enteritis (under 2 years) .. .. .	—	2	—	3	1	—	2	2	1	12
	Bronchitis .. .. .	11	14	6	10	3	7	12	9	8	90
	Pneumonia .. .. .	6	5	—	7	5	5	2	3	5	43
	Malignant disease .. .. .	14	25	8	14	4	7	15	6	13	126
	Diseases of the heart .. .. .	18	18	4	23	13	17	10	18	11	148
	Nephritis and Bright's disease ..	—	6	—	4	2	1	2	—	1	18



The following table shows the birth-rate, death-rate, and analysis of mortality, during the years 1941-1945, 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	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	2.2
	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	2.0
	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	2.2
	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	1.9
	1945	16.1	0.46	11.4	0.00	—	0.02	0.00	0.02	0.02	0.08	5.6	46	0.49	1.30	1.7
126 County Boroughs and Great Towns, including London	1941	14.7	0.58	14.9	0.00	—	0.03	0.00	0.07	0.08	0.17	7.5	71	Not Available		
	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			
	1945	19.1	0.58	13.5	0.00	—	0.02	0.00	0.02	0.02	0.07	7.8	54			
148 Smaller Towns (estim- ated resident populations 25,000 to 50,000 at Census 1931)	1941	16.4	0.60	13.0	0.00	—	0.03	0.01	0.06	0.06	0.20	4.6	56	Not Available		
	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			
	1945	19.2	0.53	12.3	0.00	—	0.02	0.00	0.01	0.02	0.07	4.5	43			
London (Administrative county)	1941	8.9	0.33	16.3	0.01	—	0.02	0.00	0.04	0.03	0.15	6.8	68	Not Available		
	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			
	1945	15.7	0.40	13.8	0.00	—	0.01	0.00	0.02	0.01	0.07	7.6	53			
Rotherham (Adjusted death rates)	1941	17.9	0.67	13.1	—	—	0.01	—	0.06	0.21	0.07	3.7	66	0.74	2.23	2.9
	1942	18.1	0.73	11.8	0.01	—	—	—	0.09	0.23	0.03	4.6	50	—	0.77	0.7
	1943	18.8	0.55	13.9	—	—	0.04	—	0.06	0.12	0.32	10.7	65	—	3.48	3.4
	1944	23.3	0.66	13.4	—	—	—	—	0.03	0.01	0.08	12.0	60	1.11	1.66	2.7
	1945	20.3	0.82	13.6	—	—	0.01	—	0.03	0.01	0.15	8.4	56	0.61	0.61	1.2

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



During the year, 126 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.	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	2	-	3
	F.	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	
Digestive organs and peritoneum	M.	-	-	-	1	1	2	9	16	10	39	-	-	-	-	-	-	-	-	62
	F.	-	-	-	-	2	4	5	6	6	23	-	-	-	-	-	-	-	-	
Respiratory organs	M.	-	-	-	1	1	4	4	1	-	11	-	-	-	-	-	-	-	-	13
	F.	-	-	-	-	-	1	1	-	-	2	-	-	-	-	-	-	-	-	
Uterus	F.	-	-	-	-	-	-	2	6	1	3	12	12	-	-	-	-	-	-	12
Other female genital organs	F.	-	-	-	-	-	-	1	2	-	3	3	3	-	-	-	-	-	-	3
Breast	F.	-	-	-	-	1	3	5	2	2	13	13	13	-	-	-	-	-	-	13
Male genital organs	M.	-	-	-	-	-	-	-	-	1	1	-	-	1	-	-	-	1	-	1
Urinary organs	M.	-	-	-	-	-	-	1	1	3	5	-	-	-	-	-	-	5	-	5
	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Skin (scrotum excepted)	M.	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	2	-	2
	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Brain and other parts of the nervous system	M.	-	-	-	-	-	1	1	-	-	2	-	-	-	-	-	-	2	-	3
	F.	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	1	-	
Other or unspecified organs	M.	-	-	1	-	-	-	-	2	1	5	-	-	1	1	-	-	5	-	9
	F.	-	-	-	-	-	-	-	3	1	4	-	-	-	-	-	-	-	-	
Totals	..	-	-	1	-	2	4	8	12	18	22	25	10	11	11	67	59	126		126

The ratio of cancer deaths to deaths from all causes expressed as a percentage for the years 1941-45 is as follows :—

In 1941 the percentage was 15.1 ; in 1942, 12.5 ; in 1943, 12.5 ; in 1944, 13.2 ; and in 1945, 14.2.



## SECTION II

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### 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 at 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 the year, five applications were made to the court for removal orders and one application for the renewal of an order. Six other aged and infirm persons were persuaded to enter the institution without orders being obtained.

In the removal of aged and infirm persons to institutional care under the Rotherham Corporation Act 1928, Section 101, there is invariably a note of tragedy.

Whilst the transference to better surroundings and greater care is for the old person's own good, the uprooting from home, however poor, is a break with habit, painful and upsetting.

In the process of nature, old age makes its own limitations, in appetite, mobility, energy ; but at the same time creates new demands, for comfort, warmth, rest. It is because of these limitations and demands that social and medical amenities are needed.

Whilst certain groups can and do manage without unbearable discomfort, many with disability of body or frailty of mind need more help than is available.

That this problem of assistance will be a growing one seems obvious with the present trend of population towards an increasing percentage of old persons. In 1931, one in ten of the population was aged (women over 60 and men over 65). By 1961, it is estimated there will be one in six ; and according to Beveridge there will be 20 per cent. in 1971.

The care of the aged, however, is not easy of solution as there is no one group apart from the fact of age.

In relation to housing they are found occupying houses or bungalows ; living with relatives, in lodgings, or in lodging houses ; or grouped in hostels, institutions, and hospitals.

Furthermore the solution is complicated by the state of health of old people. This may be classified briefly as follows :—

- Healthy.
- Healthy but feeble in varying degree.
- Crippled and lame.
- Infirm in body.
- Infirm in mind.
- Combination of any of these.

In addition there are the accidents and acute illnesses, minor illnesses, and temporary disabilities, all to be envisaged ; and death.



Temperamentally, old people feel important as they have every right to do, and cling to their independence and individuality. Their hearts are in their homes, with a real affection for their furniture and effects ; and whilst unwilling to be told how to live or to be regimented in any way, they do not like to feel lost or be left too much to their own devices.

It is because of these characteristics that their wishes should always be considered sympathetically, even to stay in a common lodging house, provided there is no danger to the old person or interference with others.

### Housing.

As the majority of aged persons are relatively healthy and within limits able to look after themselves, the provision of suitable housing is a main step in planning for their care.

In 1938 the Parliamentary Secretary to the Ministry of Health stated that of all the houses built since the first world war, only 1 per cent. of the dwellings provided since 1919 were specifically designed for old people, who at that time constituted 10 per cent. of the population. It is estimated that now 10-15 per cent. of houses should be for the aged.

It is gratifying to know of the various experiments being tried out for couples and single persons in both bungalows and in hostels ; of the many devices being introduced for safety and comfort ; and of the reactions of the aged to being grouped together or being dispersed among the general populace, with the varied reasons for their choice.

### General Care Outside Institutions.

Whilst old age may be healthy there is often an element of absence of health exemplified in small departures from normal well-being, minor illnesses, or a certain amount of uncleanness.

With rheumatism as a prevailing drawback, often associated with stoutness, there is inability to scrub and wash and clean up to the standard of younger days, so that not only the body but the house also gets deprived of the necessary care.

In such cases it would be desirable to have the services of a home help, handy-woman, or nursing orderly, who could assist in bathing, washing the hair, attending to overgrown toe nails, and such details of personal toilet ; or in connection with the house lending a hand at an occasional tidy-up or at cleaning windows.

With advent of illness of not too serious a character needing removal to hospital, help of this nature together with the skilled service of the district nurse would go far to



circumvent the drama of breaking up a home, and to remove or lessen one of the fears of increasing age.

### Institutional Care.

Despite all the outside attention that can be given to old persons, the time may come when institutional care is the only solution. It is interesting to note the keen appreciation that local authorities are now giving to this problem ; and the following brief resume of suggestions that have been put forward shows the drift of ideas.

These are :—

- (a) Easy transport to and from.
- (b) No large dormitories, but single and double bedrooms.
- (c) Comfort and amenities as wireless, library, warmth, plenty of light, a garden.
- (d) Allowed to wear own clothes if possible.
- (e) Full freedom to go out and about.
- (f) Encouraging visitors.
- (g) Occupational and diversional therapy.
- (h) Personal service, letter writing, etc.

Here again, however, there are graduations of wellbeing and incidental illnesses. Where such illnesses are temporary and not needing removal to hospital, a sick bay attached as part of the institution has been found very satisfactory. To this the patient can be transferred without any feeling of great disruption and, on completion of treatment, enjoy a speedy return to what is regarded as home.

### Hospital Care.

In the event of more serious illness, hospital care is essential.

Cases in the "acute" category are dealt with in the usual way as for all ages, being admitted, treated and discharged when treatment is completed. There are however the "chronic" cases for whom continuous hospital treatment is necessary, ranging from those requiring only general care, to sick in body and in mind, such as those suffering from incontinence, crippledom, mental derangement of varied forms, and all kinds of physical disorders.

For these it is becoming more and more recognised that there should be efficient doctoring and nursing, just as in the acute wards ; and that no one should ever be regarded as beyond remedy until there has been a thorough examination and an investigation of all the circumstances. Even then, skilled medical attention should still be the aim, for, undoubtedly, in the so-called chronic wards, a great reservoir for medical research is always available. It is a policy of despair to make any line of demarcation between the acute and the chronic ; both are sick persons needing the very best of attention.



## CLINIC SERVICES.

### CLINICS AND TREATMENT CENTRES.

The following is a list of the out-patient departments under the control of the Corporation and provided by them, together with the sessional times, and attendances for 1945 :—

Type of clinic and location	Day and hours of attendance	Cases attending	Attendances 1945
<b>ANTE-ANTAL :</b>			
Coleridge Road Centre, Coleridge Road	Tuesday : 2.30—5.0 p.m.	District cases	451
Ferham House Centre, Kimberworth Road	First and third Thursday in the month : 2.30—5.0 p.m.	District cases	265
	Friday : 10.0 a.m.	Municipal General Hospital cases	601
Greasbrough Centre, Greasbrough Public Hall	Second Wednesday in the month : 2.30—5.0 p.m.	District cases	86
Municipal General Hospital, Moorgate	Friday : 2.0 p.m.	Hospital cases	2773
Thorpe Hesley Centre, Thorpe Hesley School	Fourth Thursday in the month : 2.30—5.0 p.m.	District cases	32
<b>AURAL :</b>			
Coleridge Road Centre, Coleridge Road	Treatment sessions : Daily, except Sunday: 9 a.m.—12.30 p.m. Consultant's session : Friday : 11 a.m.—1.30 p.m.	School and pre-school children	3084
Ferham House Centre, Kimberworth Road	Treatment sessions : Monday to Friday : 2.0—5.30 p.m. Consultant's session : Monday : 2.0—5.0 p.m.	School and pre-school children	3378
Municipal General Hospital, Moorgate	Consultant's session : Friday : 3.0 p.m.	Hospital cases	64

Type of clinic and location	Day and hours of attendance	Cases attending	Attendances 1945
<b>BIRTH CONTROL :</b>			
Coleridge Road Centre, Coleridge Road	Tuesday : 2.30—5.0 p.m.	Expectant and nursing mothers seeking birth	38
Ferham House Centre, Kimberworth Road	First and third Thurs- day in the month : 2.30—5.0 p.m.	control advice on medical grounds	15
Greasbrough Centre, Greasbrough Public Hall	Second Wednesday in the month : 2.30—5.0 p.m.		1
Thorpe Hesley Centre, Thorpe Hesley School	Fourth Thursday in the month : 2.30—5.0 p.m.		4
<b>CANCER AND RADIUM :</b>			
Municipal General Hospital, Moorgate	Thursday : 2.30 p.m.	Hospital out-patients	1159
<b>CHILD GUIDANCE :</b>			
Ferham House Centre, Kimberworth Road	Wednesday : 9 a.m.—12.30 p.m. 2.0—5.30 p.m.	School children	75
<b>CHILD WELFARE :</b>			
Canklow Centre, Baptist Chapel, Westgate	Tuesday : 2.30—5.0 p.m.	Infants under 1 year	979
Coleridge Road Centre, Coleridge Road	Monday and Friday : 2.30—5.0 p.m.	Children 1—5 years	554
Ferham House Centre, Kimberworth Road	Monday and Friday : 2.30—5.0 p.m.	Infants under 1 year	3616
Greasbrough Centre, Greasbrough Public Hall	First, third and fourth Wed. in the month : 2.30—5.0 p.m.	Children 1—5 years	1598
Thames Street Nursery, Thames Street	First & third Tuesday in the month : 2.30—5.0 p.m.	Infants under 1 year	2737
Thorpe Hesley Centre, Thorpe Hesley School	First and third Thurs- day in the month : 2.30—5.0 p.m.	Children 1—5 years	1864
		Infants under 1 year	665
		Children 1—5 years	617
		Nursery children	
		Infants under 1 year	111
		Children 1—5 years	590
		Infants under 1 year	256
		Children 1—5 years	179
<b>DENTAL :</b>			
Coleridge Road Centre, Coleridge Road	Monday and Tuesday: 2.0—5.30 p.m. Wednesday, Thursday and Friday : 9 a.m.—12.30 p.m. 2.0—5.30 p.m. Saturday : 9 a.m.—12.30 p.m.	School and pre-school children, maternity and tubercular patients	3271



Type of clinic and location	Day and hours of attendance	Cases attending	Attendances 1945
Ferham House Centre, Kimberworth Road	Monday, Thursday and Friday : 9 a.m.—12.30 p.m. 2.0 —5.30 p.m. Tuesday & Saturday : 9 a.m.—12.30 p.m. Wednesday : 2.0 —5.30 p.m.	School and pre-school children, maternity and tubercular patients	3154
Greasbrough Centre, Greasbrough Public Hall	As required	School and pre-school children, maternity and tubercular patients	299
Oakwood Hall Sanatorium, Moorgate	As required	Sanatorium patients	64
Thorpe Hesley Centre, Thorpe Hesley School	As required	School and pre-school children, maternity and tubercular patients	254
<b>DIPHTHERIA</b>			
<b>IMMUNISATION</b>			
Coleridge Road Centre, Coleridge Road	Thursday : 2.0 —4.15 p.m.	School and pre-school children	Not separately recorded
Ferham House Centre, Kimberworth Road	Wednesday : 2.0 —4.15 p.m.		—
Greasbrough Centre, Greasbrough Public Hall	As required		—
Thorpe Hesley Centre, Thorpe Hesley School	As required		—
<b>DISTRICT OUT-PATIENT :</b>			
Devonshire Street Clinic, Devonshire Street	Daily, except Sunday: 10.0—10.30 a.m.	Social Welfare patients	—
Greasbrough Centre, Greasbrough Public Hall	Wednesday : 9.30 a.m.		—
Municipal General Hospital, Moorgate	Daily, except Sunday: 11.0—11.30 a.m. Monday, Tuesday, Wednesday & Friday: 5.0 —5.30 p.m.		2516
<b>GENERAL OUT-PATIENT :</b>			
Municipal General Hospital, Moorgate	Daily, except Sunday: 10.0 a.m.	Hospital out-patients	4945

Type of clinic and location	Day and hours of attendance	Cases attending	Attendances 1945
<b>GYNAECOLOGICAL :</b> Municipal General Hospital, Moorgate	Monday : 2.30 p.m.	Hospital out-patients	577
<b>MINOR AILMENT :</b> Coleridge Road Centre, Coleridge Road Ferham House Centre, Kimberworth Road	Daily, except Sunday: 9 a.m.—12.30 p.m. Daily, except Saturday afternoon and Sunday : 9 a.m.—12.30 p.m. 2 p.m.—5.30 p.m.	School and pre-school children	13695 11609
Greasbrough Centre, Greasbrough Public Hall Thorpe Hesley Centre Thorpe Hesley School	Monday and Friday : 2.0 —4.0 p.m. Friday : 2.0 —4.0 p.m.		846 462
<b>NERVOUS DISEASES :</b> Municipal General Hospital, Moorgate	Wednesday : 2.30 p.m.	Hospital out-patients	782
<b>OPHTHALMIC :</b> Coleridge Road Centre, Coleridge Road	Tuesday : 1.30—3.0 p.m.	School and pre-school children	1746
<b>ORTHOPAEDIC :</b> Coleridge Road Centre, Coleridge Road	Tuesday—by appoint- ment : 2.0 —5.0 p.m. (Approx. 7 sessions per year)	School and pre-school children	139
<b>PAEDIATRIC :</b> Coleridge Road Centre, Coleridge Road	Fourth Tuesday in the month : 11 a.m.—12.30 p.m.	School and pre-school children	38
Municipal General Hospital, Moorgate	Tuesday : 11.0 a.m.	Hospital out-patients	75
<b>PHYSIOTHERAPY :</b> Municipal General Hospital, Moorgate	Monday to Friday : 9 a.m.—5.0 p.m. Saturday : 9 a.m.—1.0 p.m.	Hospital out-patients	7615



Type of clinic and location	Day and hours of attendance	Cases attending	Attendances 1945
<b>POST-NATAL :</b>			
Coleridge Road Centre, Coleridge Road	Tuesday : 2.30—5.0 p.m.	Nursing mothers	50
Ferham House Centre, Kimberworth Road	First and third Thursday in the month : 2.30—5.0 p.m.		23
Greasbrough Centre, Greasbrough Public Hall	Second Wednesday in the month : 2.30—5.0 p.m.		12
Municipal General Hospital, Moorgate	Monday : 2.30 p.m.		62
Thorpe Hesley Centre, Thorpe Hesley School	Fourth Thursday in the month : 2.30—5.0 p.m.		2
<b>REMEDIAL EXERCISES :</b>			
Coleridge Road Centre, Coleridge Road	Monday, Thursday and Friday : 9 a.m.—12.30 p.m. 2.0 —5.30 p.m.	School and pre-school children	4632
	Tuesday : 2.0 —5.30 p.m.		
	Wednesday : 9 a.m.—12.30 p.m.		
Ferham House Centre, Kimberworth Road	Wednesday : 2.0 —5.30 p.m.		875
<b>SCABIES :</b>			
Ferham House Centre, Kimberworth Road	Monday, Tuesday, Wednesday & Friday : 9.30 a.m.—5.30 p.m. Thursday : 9.30 a.m.—7.30 p.m. Saturday : 9.30 a.m.—12.30 p.m.	Scabietic families	1629
<b>SUNLIGHT :</b>			
Municipal General Hospital, Moorgate	Daily, except Sunday: 9.30 a.m.	Hospital out-patients	333
<b>TUBERCULOSIS :</b>			
Tuberculosis Dispensary, 12, Frederick Street	Monday & Wednesday 2.0 —4.0 p.m.	Observation and accepted cases of tuberculosis	1171
	Thursday : 2.0 —4.0 p.m.	Contacts	

Type of clinic and location	Day and hours of attendance	Cases attending	Attendances 1945
<b>VENEREAL DISEASE :</b> Venereal Diseases Centre, 12, Frederick Street	<b>Medical Sessions :</b> <b>Males</b> Wednesday : 9.30 a.m.—12.30 p.m. 5.30—8.0 p.m. Friday : 11 a.m.—12.30 p.m. <b>Females</b> Tuesday & Thursday : 2.0 —4.30 p.m. Friday : 5.30—7.30 p.m. Saturday : 9.30 a.m.—12 noon <b>Children</b> Saturday : 9.30 a.m.—12 noon <b>Intermediate Sessions</b> <b>Males</b> Daily, except Sunday: 9.30 a.m.—12.30 p.m. Monday to Thursday and Saturday : 5.30—8.0 p.m. <b>Females</b> Monday to Friday : 2.0 —4.30 p.m.	V.D. patients	5086
		V.D. patients	1304
<b>X-RAY :</b> Municipal General Hospital, Moorgate	Monday to Friday : 10 a.m.—5.30 p.m.	Hospital cases	1248

### INSTITUTIONAL SERVICES.

#### GENERAL HOSPITALS.—(a) MUNICIPAL.

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

In February an agreement was made with the Sheffield Corporation for the surgical treatment of diseases of the lung to be undertaken at the Thoracic Unit of the City General Hospital, Sheffield. The charge for these cases, on the basis of the average daily ascertained cost per patient, was fixed at £1/1/- per day for patients admitted



from areas outside the City of Sheffield. The charge is an inclusive one covering specialist fees, etc., but does not include transport of patients to and from the City General Hospital.

#### GENERAL HOSPITALS.—(b) VOLUNTARY.

No meeting of the representatives of the Hospital and the Local Authority was held during the year. The agreement for the services of the clinical pathologist and for the examination of specimens at the laboratory was continued for a further period of one year from 1st April, 1945.

Later on in the year, the Rotherham Hospital was approached by the Corporation with regard to the use of the preliminary training school to be established at "Fairfield," Moorgate, Rotherham. The Hospital Authorities referred the matter to the General Nursing Council for England and Wales who stated that they would not object to student nurses from the Rotherham Hospital attending the training school on a non-resident basis. The Corporation agreed in principle to this proposal and the terms under which such students shall be admitted were referred to a joint meeting of the representatives of the Hospital and the Local Authority.

#### 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. An outpatient clinic is held weekly at the hospital.

#### 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.

At the end of 1945, 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 the Mentally Defective, who control the St. Catherine's Certified Institution, Loversall, near Doncaster, and which had at the end of 1945 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.

There have been no changes in the arrangements for the above as enumerated in the report for 1944.

#### 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, only the Thames Street Nursery was remaining, with accommodation for 80 children by day and 26 by night.



## ANCILLARY SERVICES.

### CLINICAL LABORATORY.

The clinical laboratory is situate 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 disease and is maintained at the Isolation Hospital.

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

## POST-WAR PLANNING.

The following memorandum was submitted to the Medical Services Committee in February, 1945, outlining the scheme of post-war requirements and developments of the health services of the Corporation.

“ The view that one can obtain of post-war medical services can only be a very partial one. It is necessarily restricted and must remain so until conclusions have been reached on :

1. The extent of the local government area to be served by the plan, whether by extension or amalgamation.
2. The resulting legislation on the National Health Service as envisaged in the White Paper.
3. The social legislation which may obtain from the Beveridge Report.
4. The coming into force on 1st April, 1945, of the Education Act under which certain powers for the welfare of children under five devolve on the Local Education Authority.
5. The publication of the National Hospital Survey before any hospital extension can be proceeded with.

In spite of the foregoing qualifications, however, and until more information is obtainable for outlining a long term policy, there are certain requirements needing immediate attention on a short term basis.

### HOSPITALS.

#### Municipal General Hospital :

1. Improvements to nurses' homes.
2. Preliminary training school for nurses.
3. Clinical dressing room on each ward.
4. Temporary out-patient block.
5. Temporary children's block.

### Isolation Hospital :

1. Nurses' home extension and increased bath and W.C. accommodation.
2. Study room for classes and equipment.
3. Cubicle block preferably with theatre.
4. Room for testing added to sluice room on each ward.
5. Hot and cold water to each ward with wash basins.
6. Nurses' duty room on each ward.
7. Cloak room for nurses on duty.
8. Sanitary annexe to each side ward.
9. Central heating of wards.

### Oakwood Hall Sanatorium :

1. Ward kitchens to be fitted with hot plate and feeding utensils steriliser.
2. Duty room on wards 1 and 3.
3. Sluice improvements on each ward with bed pan sterilisers, etc.
4. Service corridor at back of each ward.
5. Toilet and cloak-room for nurses on each ward.
6. Hot and cold wash basins for nurses on each ward.
7. Soiled laundry room on each ward.
8. Central laundry sorting room with steriliser.
9. Treatment section (dental, x-ray, plaster, etc.).
10. Isolation of night staff sleeping quarters.
11. Classroom and teaching equipment for nurses.
12. Feeding utensils steriliser and improvements in patients' dining room.
13. Ward for advanced cases of tuberculosis.
14. Retention of rest centre huts temporarily for :
  - (a) Schoolroom for children.
  - (b) Occupational therapy unit.
  - (c) Concert room.
  - (d) Nurses' classroom.
15. Demolition of porters' cottages and building new houses.
16. Repair of Medical Superintendent's house or building new one.
17. Renovation of Administrative Block and domestic quarters.

### Kimberworth Hospital :

At times when this is not being used for smallpox or typhus fever, it could serve as a convalescent home for children, subject to their immediate removal in the event of any epidemic and the need for hospital accommodation. Lavatory and W.C. facilities are in need of improvement and the erection of a coal store most desirable. All paths are requiring attention and the roadway from Kimberworth should be surfaced. The grass plot in the grounds should be fenced in as a playground.

### St. Catherine's Certified Institution.

An extension of this is urgently required to overcome the waiting list of mental defectives on the local register.



## Long Term Programme.

Subject to the five provisos enumerated at the beginning of this report, suggestions may be hazarded for future developments.

The Municipal General Hospital is entirely out of date ; the Isolation Hospital is old and can only deal with a limited number of types of infectious disease ; Oakwood Hall Sanatorium, while basically fairly good, is well below the standard required to-day ; Kimberworth Hospital is old, inconvenient, and needing a great deal of alteration even for its limited use for smallpox.

To bring these hospitals up to immediate reasonable fitness by alterations, extensions, etc., has already been described under the short term policy, but these suggestions should simultaneously be considered in the light of a long term programme.

What then is the long view? Even with adaptations of an extensive order the Municipal General Hospital cannot be rejuvenated. It is suggested therefore that an entirely new hospital should be considered. At Oakwood a large acreage of land belongs to the Corporation, land which possesses all the amenities of urbanisation—water, sewerage, gas, electricity, transport, accessibility, etc. On this site not only a new general hospital should be considered, with provision for medical, surgical, obstetric, gynaecological, children, and other departments ; but there should be a department for infectious diseases instead of the present Isolation Hospital, and one for tuberculosis by an extension of the Sanatorium already in the grounds. In this scheme there is envisaged the composite hospital, with unified administration, ease of transfer of patients, ready availability of one specialist integrating his work with another, and absence of reduplication of ancillary services. Moreover, the training of nurses and the departmental interchange of nurses in training and afterwards would facilitate staffing difficulties.

Such a scheme would take several years to complete so that priority of departments and the type of hospital buildings aimed at would be a first consideration.

In forecasting this, housing of the nursing staff is of primary importance. The building of a nurses' home in the grounds at Oakwood should be the first step towards the new composite, central hospital, and planned to meet future as well as more immediate needs. For instance, if the new hospital is envisaged at Oakwood, the lay-out of a nurses' home could be embarked on as a priority. Staff from this would be within easy reach of the existing Municipal General Hospital or any of the other hospitals until, bit by bit, the new hospital was in being on the new site.

Similarly on a long term programme for a central hospital, importance should be given to the provision of family houses for both medical and other male staff, as such lead to obtaining reliable staff, continuity of work and the necessary and helpful assistance during the years of development.



## CLINICS.

### Venereal Diseases Clinic.

No extensions or alterations are contemplated at present. In any new hospital development, however, provision should be made for both intern and extern patients.

### Tuberculosis Clinic.

No need exists at present for any change. In any new development associated with a central hospital, provision should be made for an out-patient section.

### District Clinics.

These serve jointly for the following activities—ante and post natal ; child welfare ; school medical ; dental ; orthopaedic ; ophthalmic ; ear, nose and throat ; paediatric ; child guidance ; immunisation ; scabies ; minor treatment ; and the sale of ancillary food products.

At the moment it seems unlikely that the existing clinics need enlarging. With various improvements in equipment, etc., extra clientele could be dealt with by more frequent sessions necessitating additional staff, together with a close co-operation between the clinics and the out-patient departments of the Municipal General Hospital and the formation of a children's block as already suggested.

One area, Eastdene—Herringthorpe, is badly served, and the establishment of a centre there should be considered particularly if any housing or school development is contemplated in this area. The suggestion is made, however, that in the developmental period, any clinic premises should be either temporarily built or temporarily leased and that no new permanent structure should be entertained till more facts are available as to future usage.

The suggestion that no clinic extensions should be undertaken at present and that no new premises should be built is supported by the proposals generally advanced that if, as a result of the White Paper on a National Health Service, health centres have to be built by the local authority, these should include accommodation not only for the practitioner service but also for the public health and preventive medical functions now operative. Obviously such health centres would be larger buildings and more elaborately equipped than the usual clinics ; and until a government decision on future policy has been made, no comprehensive plan can be drawn up.

## PATHOLOGICAL SERVICE.

It is early to speak of developments in this new service. On the short term basis more room will be available after the war for seeing patients and other activities. The long term policy should envisage the laboratory situated in the grounds of the central hospital.



## DISTRICT MIDWIVES HOUSES.

In the personal practice of midwifery, continuity of service counts for a great deal. In such continuity, a permanent midwife's house plays a most important part. It is suggested therefore that there should be a house in each district midwife's area, owned or rented by the Corporation, properly equipped and cared for, and which will come to be known by the public as well as a doctor's residence. The tenancy of this house would be entirely dependent on the midwife continuing in her official duty, and would go to her successor on giving up work. This would obviate all the difficulties of finding rooms or houses for new midwives, checking up on accommodation, changing telephones and so on. Already a step has been taken in this direction which has proved its value but the need is as great and much more difficult in areas where the Council do not at present own any house property. These poorer areas rely very greatly on the district midwifery service and in them the difficulty of getting a house suitable for a midwife is well nigh impossible for a private individual.

Furthermore, as the service is a service, and the midwife is actually given her area, the question of a standard rent (with certain safeguards) should be borne in mind. Under the Rushcliffe scheme it is recommended that no matter what the economic rent and rates of the house may be, the charge to the midwife should be £26 per annum.

## HOSTEL NURSERY.

After the war consideration should be given to the establishment of a hostel nursery.

In the hostel part, ante-natal and post-natal unmarried mothers (and married mothers where necessary) could stay during the last three months of pregnancy and the first three months of lactation. There should be sufficient residential accommodation to provide a home for unmarried mothers who are of full working capacity and have no home of their own. Attached to this should be a day and residential nursery so that the child-mother relationship may be maintained. In this not only small children but children of lower school age could be accommodated and other children admitted thereto without undue formality in the event of illness or the confinement of the mother.

## CONVALESCENT HOME.

This is necessary for both pre-school and school children following major illnesses. As already suggested, Kimberworth (Smallpox) Hospital could be used as such a home. On the long term programme and the possible formation of an infectious diseases unit at the central hospital, the Isolation Hospital in Badsley Moor Lane would become vacant. With its sufficiency of ground and open position, this hospital would make a convenient home for convalescent children and possibly for adults also.



## SCATTERED HOMES AND FOSTERING.

More adequate accommodation is desirable for children in need of care and protection. Such homes should be provided with facilities for the isolation of suspected infectious cases and the treatment of minor illness, and, as far as practicable the staff should have received some special training in child welfare. The boarding out of children with suitable foster-parents and the ultimate absorption of the child into family life is, however, generally considered a better solution and should be encouraged.

## PHYSICAL DEFECTIVES.

The open air school already provided should be put into commission as soon as possible. It is suggested that along with other physical defectives, partially sighted children should be admitted.

## MENTAL DEFECTIVES.

As already indicated an extension of institutional accommodation at St. Catherine's is necessary to overcome the waiting list. For the educable and ineducable defectives dealt with at home, special arrangements should be made.

For the educable, a day special school should be provided to supplant the teaching of feeble-minded, dull, and backward children in special classes attached to the elementary schools. On leaving school such children should be absorbed into a practical training centre. For the uneducable, an occupation centre (taking the place of the school) might be provided. While it is recognised that for a place the size of Rotherham these would be uneconomical as separate units, some combination might be effected."

Although, since this memorandum was submitted to the Committee, the Government have published their proposals on the future of the National Health and the National Insurance Services, which will mean the handing over of certain functions of the local authority to the Government, nevertheless, the report is of value as a survey of the requirements of the district.

The Hospital Survey relating to the Sheffield and East Midlands area has also been published, and this is summarised in the following :—

## THE HOSPITAL SERVICES OF THE SHEFFIELD AND EAST MIDLANDS AREA.

In September, the survey report relating to this area was published and the following remarks relate to the proposals for Rotherham and the surrounding area.



The objects of the survey were to include the ascertainment and collation of facts relating to the present and post-war hospital accommodation in the area and to make suggestions on the facts as ascertained.

It should be remembered that the views expressed are those of the surveying officers and not those of the Minister of Health who, at this stage, does not propose to indicate his own views upon any individual recommendation.

#### RELATION OF SHEFFIELD TO ROTHERHAM.

Sheffield is already the main hospital centre of the survey area and with a functional union of its hospitals and pooling of their resources, would remain so.

#### AREA TO BE SERVED BY ROTHERHAM.

Despite its proximity to Sheffield it is suggested Rotherham should be developed as a satellite hospital centre to serve the County Borough, part of the Rotherham Rural District, and neighbouring Urban Districts, including Rawmarsh, Dearne, Wath-on-Deane, Swinton and Mexborough, with a total population of about 180,000. This should relieve the already large centre in Sheffield to which Rotherham would still look for the more highly specialised services associated with its medical school.

#### DEVELOPMENT—FIRST STAGE.

It is urgent to provide an adequate consultant staff in Rotherham. There should be a functional union of all the hospitals in this centre and the new staff should be a joint staff. This staff should include, as a minimum, two surgeons, two physicians, one gynaecologist and obstetrician, one surgeon for ear, nose and throat cases, one ophthalmic surgeon, one radiologist, and one specialist for fracture clinic work. All these consultants would reside locally but would also work as assistants in the Sheffield centre.

Other special work in Rotherham such as dermatology and neurology would be covered by visiting consultants from Sheffield.

#### DEVELOPMENT—SECOND STAGE.

Additional beds are urgently needed for Rotherham, and these should be provided with a view ultimately to replace the two existing general hospitals. The admirable site at Oakwood is recommended for the new hospital where at least 300 beds for acute medical and surgical cases should be provided, with a priority on medical beds. A new maternity department should also be constructed. The surveying officers do not consider Oakwood Hall should be developed for sanatorium purposes but that the necessary beds for this area should be provided at the Sheffield or Doncaster sanatoria. This point will be developed more fully later.



## DEVELOPMENT—ULTIMATE STAGE.

In this phase the complete rebuilding of the hospital accommodation in Rotherham should be undertaken so that the new hospital centre may cope with the whole area with provision not only for the acute and chronic sick but for infectious disease as well. The beds should therefore number 1,200 to 1,400 including about 160 for infectious disease but not including beds for tuberculosis. This large hospital would be divided into separate sections such as maternity, infectious diseases, diseases of women, etc. A suggestion that the town hospital could be used for out-patients, accident and emergency work, while Oakwood would be the base hospital is not considered desirable.

## TUBERCULOSIS.

As already indicated the development of Oakwood Hall as a sanatorium is not considered desirable. It is suggested that tuberculous cases could be admitted to either Doncaster or Sheffield sanatoria as these are extended. At Doncaster this would be achieved on the existing site of their isolation hospital and sanatorium. At Sheffield their most urgent need is for adequate sanatorium accommodation for the treatment of tuberculosis and it is accordingly recommended that a new sanatorium should be provided and should form part of the Sheffield hospital centre. It is to this new Sheffield sanatorium or to the extended Doncaster sanatorium that Rotherham tuberculous patients would be admitted, although it is conceded in the survey that Oakwood Hall Sanatorium would form a useful nucleus for development to provide an area service beyond the existing local government boundaries, and that it is the best sanatorium in the area. The surveying officers point out that Oakwood is not sufficiently far away from the smoke laden atmosphere of this industrial area.

## OTHER SPECIAL WORK.

Radiotherapy, neurosurgery, plastic surgery, and thoracic surgery will continue to be associated with special centres in Sheffield with consultative and diagnostic centres as necessary in the surrounding area.

Orthopaedics for long stay cases will possibly be developed at Harlow Wood Hospital in conjunction with the specialised service to be made available at Sheffield, and to which cases from Rotherham would look for treatment.

Pathological services will continue to operate in Rotherham as a satellite centre, and under the University Department of Pathology as at present.

## EDUCATION ACT, 1944—SCHOOL MEDICAL SERVICE.

Consideration was given by the Education Committee in September 1945 to a letter from the Ministry of Education referring to Regulation 45 of the Handicapped



Pupils and School Health Regulations, 1945, and to Circular 41, under which the Authority shall submit for the approval of the Minister a statement of the arrangements proposed for the discharge of their functions of the School Medical Service.

The following proposals were adopted and submitted for approval :—

1. That all clinic treatment for school children including minor ailment, diphtheria immunisation, scabies, dental, orthopaedic, ophthalmic, child guidance, ear, nose and throat, and any treatment given at clinics subsequently set up by the Local Authority should be free of cost to the parent.
2. That the following appliances should be provided for school children free of cost : spectacles, repairs to spectacles, artificial eyes, hearing aids, splints, crutches, artificial limbs, dentures or orthodontic appliances.
3. That the cost of in-patient treatment of :
  - (a) Ear, nose and throat cases at the Municipal General Hospital, and
  - (b) Orthopaedic in-patient treatment at the Adela Shaw Orthopaedic Hospital, Kirbymoorside,be provided free of charge for school children.
4. That as soon as possible an arrangement should be made with the Rotherham Hospital for the in-patient ophthalmic treatment of clinic cases and with one of the Sheffield hospitals for the x-ray treatment of ringworm and other skin diseases.
5. That an arrangement be made with the local pharmaceutical committee regarding a standard formulary for the treatment of minor ailments, etc., so as to ensure uniformity of dispensing and cost of prescriptions issued by the school medical officers.
6. That as soon as an authoritative statement is made on hospital treatment generally, the medical and surgical in-patient treatment of other ailments (*e.g.*, heart disease, child rheumatism) should be considered.

Arising out of the above proposals, an arrangement was made in October, 1945, with the Department for Diseases of the Skin of the Sheffield Royal Infirmary for the treatment of school children suffering from ringworm of the scalp at a charge of £2/2/- per case.

During the year, approval was given by the Minister of Health under Section 204 of the Public Health Act, 1936, to an application made by the Council to provide the same facilities for free treatment and appliances for children under five not attending school as are available under the Education Act, 1944, for school children.



## SECTION III

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### SANITARY CIRCUMSTANCES OF THE AREA.

#### WATER.

During 1945 the water supply distributed in the area was satisfactory in both quality and quantity.

Chemical and bacteriological examinations were made of water going into supply. Chemical analyses were made each quarter. Bacteriological examinations, i.e. B. coli test (MacConkey's bile salt lactose broth), of the Ulley and Pinch Mill supplies were made twice weekly. The probable number of coliform organisms per 100 m.l. was nil for all samples taken during the year.

Water supplied in bulk to Rotherham from Sheffield was also subject to bacteriological examination by the Sheffield Waterworks Department.

The moorland water supplied by Sheffield in bulk was treated for plumbo solvent action and as the pH values show was near neutral.

There was no evidence of contamination, chloramine treatment being used as a safeguard on all supplies.

Three houses were supplied by means of a standpipe in the yard.

#### CHARACTER OF WATER.

The following reports were received from the Public Analyst with reference to samples taken from the distribution system :—

	Langsett water 28/6/45.	Derwent water 28/6/45.	Ulley & Langsett water mixed 28/6/45.
Physical characters :			
Suspended matter .. .. .	.. Faint Trace	None	Faint Trace
Appearance of a column 2 ft. long	.. Clear, yellowish	Clear, faintly yellowish	Clear, yellowish
Taste .. .. .	.. Normal	Normal	Normal
Odour .. .. .	.. None	None	None
Chemical examination :			
		Parts per 100,000	
Total solids dried at 180°C. .. ..	12·0	8·75	11·50
Chlorides as chlorine .. ..	1·50	1·20	1·50
Equivalent to sodium chloride .. ..	2·46	1·97	2·46
Nitrites .. .. .	None	Faint trace	None
Nitrates as nitrogen .. ..	0·10	0·035	0·07
Poisonous metals (lead, etc.) .. ..	None	None	None
Total hardness .. .. .	6·5	3·9	6·5



	Langsett water 28/6/45	Derwent water 28/6/45	Ulley & Langsett water mixed 28/6/45
Temporary hardness .. .. .	2.8	2.3	2.8
Permanent hardness .. .. .	3.7	1.6	3.7
Oxygen absorbed in 4 hours at 80°F. ..	0.064	0.073	0.056
Ammoniacal nitrogen .. .. .	0.0004	0.0008	0.0008
Albuminoid nitrogen .. .. .	0.0040	0.0040	0.0048
pH. value .. .. .	7.6	8.5	7.2
	Parts per million.		
Free chlorine .. .. .	0.08	None	0.15
Bacteriological examination :			
B. coli test (MacConkey's bile salt lactose broth)			
Probable number of coliform organisms per 100ml. .. .. .	0	0	0

The reports of three further samples were as follow :—

	Langsett water 18/9/45.	Derwent water 18/9/45.	Ulley water 18/9/45.
Physical characters :			
Suspended matter .. .. .	Faint trace	None	None
Appearance of a column 2 ft. long ..	Clear, 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. .. .. .	16.5	8.50	31.5
Chlorides as chlorine .. .. .	1.80	1.10	2.70
Equivalent to sodium chloride .. .. .	2.96	1.81	4.44
Nitrites .. .. .	None	Faint trace	None
Nitrates as nitrogen .. .. .	0.10	0.03	0.26
Poisonous metals (lead, etc.) .. .. .	None	None	None
Total hardness .. .. .	9.4	3.8	23.2
Temporary hardness .. .. .	4.0	3.0	8.5
Permanent hardness .. .. .	5.4	0.8	14.7
Oxygen absorbed in 4 hours at 80°F. ..	0.082	0.088	0.103
Ammoniacal nitrogen .. .. .	0.0008	0.0006	0.0024
Albuminoid nitrogen .. .. .	0.0044	0.0048	0.0064
pH. value .. .. .	7.4	8.4	7.6
	Parts per million.		
Free chlorine .. .. .	None	None	0.15
Bacteriological examination			
B. coli test (MacConkey's bile salt lactose broth)			
Probable number of coliform organisms per 100ml. .. .. .	0	0	0

#### REMARKS.

Langsett supply—The figures for total solids and hardness are considerably higher than those usually obtained on Langsett water.

Evidently there has been some admixture with a harder water such as Ulley supply. The sample is, however, satisfactory chemically and bacteriologically.

Derwent and Ulley supplies—The results obtained on these two samples show no abnormality. Both samples are satisfactory chemically and bacteriologically.

## 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.

During 1945 the sewers were being extended to meet the needs of the housing developments.

Cesspools exist in the unsewered parts of the district.

## CLOSET AND ASHPIT ACCOMMODATION.

During the year six privies and four dry ashpits were abolished.

The numbers of the following types remained at the end of the year :—

Privies	..	..	..	..	..	171
Trough closets	..	..	..	..	..	45
Pail and chemical closets	..	..	..	..	..	36
Dry ashpits	..	..	..	..	..	18

Of the dry ashpits, six served six houses and twelve were in use at institutions and chapels or were disused.

## PUBLIC CLEANSING.

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



The method of disposal is 100 per cent. controlled tipping in low-lying areas.

In order to facilitate the provision and maintenance of moveable ashbins power was granted under the Rotherham Corporation Act, 1930, to enable the Corporation to provide and maintain refuse bins. A charge of 9d. per annum is made in respect of each premises. From the inception of the scheme in April, 1931, to 31st March, 1946, 25,836 bins have been provided.

The amount of house refuse collected and bins provided or renewed during the year ended 31st March, 1946, were as follow :—

Refuse collected .. .. .	19,929 tons 16 cwts.
Bins supplied .. .. .	1,429

### SANITARY INSPECTION OF THE AREA.

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

Complaints investigated .. .. .	510
Miscellaneous inspections and visits .. .. .	4217
Re-inspections of nuisances .. .. .	2973
Inspections of work in progress .. .. .	261
Visits for sanitary alterations .. .. .	24
Interviews with owners, agents, and builders .. .. .	526
Inspections of tents, vans, and sheds .. .. .	16
workshops and factories .. .. .	249
offensive trades (including fish friers) .. .. .	121
canal boats .. .. .	11
cowsheds and dairies .. .. .	19
common lodging houses (including visits by police inspector) .. .. .	139
houses let in lodgings .. .. .	51
premises where made up goods are prepared .. .. .	42
hairdressers' premises .. .. .	65
Visits to slaughterhouses (excluding whole time inspector at Public Abattoir) .. .. .	90
Cases of infectious diseases investigated .. .. .	309
Visits to zymotic contacts .. .. .	19
Food control visits .. .. .	271
Drains tested .. .. .	60
Number of verbal intimations .. .. .	450
preliminary notices and letters .. .. .	1436
statutory notices .. .. .	19
Matters referred to other Departments .. .. .	144
Samples obtained under Food and Drugs (Adulteration) Act .. .. .	139
Milk samples for bacteriological examination .. .. .	58
Proceedings instituted .. .. .	3
Applications to Court for removal orders (infirm persons) .. .. .	6

Two proceedings were instituted for failure to comply with abatement notices and one was under the Food and Drugs Act.

Number of nuisances abated .. .. .	1730
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## HOUSING.

Although circumstances enabled certain types of repair work to be carried out more quickly, it was not possible to carry out the more comprehensive overhaul of houses which is needed.

During 1945, 1,541 houses were inspected for structural defects. At three houses, repairs were carried out by the Corporation in default of the owner.

## SMOKE ABATEMENT.

There were six meetings of the Sheffield, Rotherham and District Smoke Abatement Committee held during the year.

Owing to the staff still being required for war work the Chief Smoke Inspector was the only available member of the staff working during the year, and the amount of observations were limited.

A special report on the causes of pollution was submitted at the February meeting stating that increased pollution was due to :—

1. The using of low grade fuels.
2. The lack of suitable mechanical appliances.
3. The shortage of skilled labour

This report also asked for the position with regard to the Public Health Act, 1936, to be clarified, to enable some definite action to be taken in respect of smoke nuisance and showed that the amount of pollution at Attercliffe, Sheffield, had increased from 28 tons per square mile per month in 1936, to 46·7 tons per square mile per month in 1944.

Dust and fumes from electricity power stations caused considerable discussion and eventually the matter was referred to the Central Electricity Board for their consideration. It was found that all the electricity power stations in the area were to be extended, but that no provision was being made to clean the gases before passing them to the atmosphere.

As a war time measure the Ministry of Health took complete control of colliery spoilbanks in order to obviate glare from spontaneous combustion, and a circular was received advising Local Authorities that now "black-out" conditions were rescinded they should again accept responsibility for the control of these spoilbanks. A survey showed that of eight spoilbanks in the area of the Committee, five were on fire and three were innocuous.



A resolution to the Ministry of Fuel and Power was sent requesting that :—

- (a) All waste matter should be disposed of by replacing it in the pit—the practice carried out in various mining areas on the continent, or
- (b) If such method is thought impracticable, that the waste matter be dealt with on the embankment system of placing layers of specified thickness on the bank, with layers of inert material between, so packed as to exclude air and the possibility of overheating.

The Ministry replied that though they were conscious of nuisance by certain spoilheaps there was no cheap and easy method of prevention yet devised, and that the Ministry had no statutory responsibility in this matter which was that of the Local Authority to ensure that colliery spoilbanks did not become a public nuisance.

The Committee endorsed a resolution of the National Smoke Abatement Society that “ immediate and determined joint action be taken by the Ministries of Health, Works, and Fuel and Power to make possible the fitting in all new houses of appliances of higher efficiency as recommended in the Government Housing Manual, 1944.”

An experimental domestic fireplace fitted in the reception room at City General Hospital, Sheffield, was inspected after the September meeting. This fireplace is a smokeless open fire which will burn for fifteen hours without replenishing, it being hopper fed with coke as fuel.

An important conference took place in September with the Divisional Fuel Officers and members of the Committee to review the legal position with regard to pollution from metallurgical process and combination chimneys. It was agreed that the Ministry's fuel technologists should be called in to assist in this matter, and that a list of the companies concerned should be submitted for the purpose.

Complaints were received of nuisance caused by fumes in a works where crude coke oven gas was used as fuel and sulphuric acid (dilute) for pickling purposes. Analyses of air samples showed that the fumes were caused by coal tar bases from a restrainer used in the pickling process. Though unpleasant, these fumes were not of sufficient strength to become a danger to health, and it was recommended that better ventilation and draughting at the works would reduce the nuisance.

Complaints were also received of fumes emitted from an oil refinery where lubricating oils are prepared for use. A special plant for the arrestment of the vapour emitted from the process was installed, but this has not proved successful and additional remedial work will be necessary in order to control these fumes. The management are most anxious to obviate this nuisance as soon as possible.

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 <sub>3</sub> per 100 sq. cms. grammes.
				Total soluble	Total insoluble	Total solids	
January ..	33.3	0.260	0.401	9.23	14.23	23.46	4.24
February	—	—	—	—	—	—	4.01
March ..	8.1	0.165	0.388	5.86	13.77	19.63	3.33
April ..	29.1	0.207	0.542	7.35	19.24	26.58	2.62
May ..	51.5	0.204	0.478	7.24	16.96	24.20	2.34
June ..	62.6	0.194	0.338	6.89	11.99	18.88	1.65
July ..	35.3	0.173	0.159	6.14	5.64	11.78	1.91
August ..	58.4	0.172	0.662	6.10	23.49	29.60	1.94
September	15.8	0.132	0.306	4.68	10.86	15.54	2.43
October ..	87.3	0.251	0.528	8.91	18.73	27.65	3.97
November	6.1	0.128	0.321	4.54	11.39	15.94	4.91
December	28.5	0.168	0.303	5.96	10.75	16.72	2.41
Average ..	37.8	0.187	0.402	6.63	14.28	20.91	2.98

OAKWOOD HALL SANATORIUM.

Month	Soot deposit gauge.					
	Rainfall m/m's.	Total solids dissolved grams.	Total insoluble matter grams.	Equivalent to tons per square mile.		
				Total soluble	Total insoluble	Total solids
January .. ..	43.3	0.207	0.201	6.94	6.74	13.68
February .. ..	38.8	0.115	0.163	3.86	5.46	9.32
March .. ..	9.2	0.067	0.154	2.25	5.16	7.40
April .. ..	33.4	0.130	0.297	4.36	9.95	14.32
May .. ..	51.9	0.154	0.292	5.16	9.79	14.95
June .. ..	66.4	0.106	0.232	3.55	7.78	11.33
July .. ..	37.3	0.213	0.164	7.14	5.50	12.64
August .. ..	76.5	0.169	0.305	5.67	10.22	15.89
September .. ..	22.0	0.073	0.298	2.45	9.99	12.44
October .. ..	96.2	0.168	0.190	5.63	6.37	12.00
November .. ..	10.1	0.092	0.090	3.08	3.02	6.10
December .. ..	27.4	0.096	0.140	3.22	4.69	7.91
Average .. ..	42.7	0.132	0.210	4.44	7.06	11.50



## OFFENSIVE TRADES.

There was no change in the number of offensive trades during 1945 and at the end of the year the following were in existence :—

Tripe boilers .. .. .	2
Gut scrapers .. .. .	1
Rag and bone dealers .. .. .	2
Blood driers .. .. .	1
	<hr/>
	6
	<hr/>

Fish frying, though not scheduled as an offensive trade, is controlled by bye-laws.

The following matters were dealt with and remedied :—

Fish friers :

Lack of cleanliness .. .. .	9
Unsuitable arrangements in preparing room .. .. .	3
Lack of ventilation .. .. .	1
Drainage defect .. .. .	1

## COMMON LODGING HOUSES.

Two common lodging houses, with accommodation for 64 persons, were in use during the year. They were maintained in a reasonable manner having regard to the type of lodgers. Bugs were introduced into one of the premises but they were eradicated before the place became heavily infested.

A total of 139 visits were paid, including visits by the police inspector.

## HOUSES LET IN LODGINGS.

At the end of the year the number of registered houses let in lodgings was 23, the same as last year end. Three ceased during the year and three were entered in the register. Fifty-one visits were paid. No special difficulty was experienced. The bulk of the lodgers occupied these premises because they were unable to get a house of their own on account of the house shortage.

## TENTS, VANS, SHEDS AND SIMILAR STRUCTURES USED FOR HUMAN HABITATION.

During the year, Section 269 of the Public Health Act, 1936, became operative in the Borough.

The number of structures in the Borough was as follows :—

Fixed huts .. .. .	10
Stationary vans .. .. .	6
	<hr/>
	16
	<hr/>

During the year, two vans were pitched by consent of the Council, one of which was removed before the end of the year, and two old stationary vans were removed.

### FACTORIES.

The number of factories registered at 31st December, 1945, was 318. During the year 249 inspections were made.

The defects remedied were :—

Want of cleanliness .. .. .	20
Insufficient sanitary accommodation .. .. .	1
Unsuitable or defective sanitary accommodation .. .. .	15
Other nuisances .. .. .	4

### CANAL BOATS.

No canal boats have been registered in Rotherham.

Number of canal boats inspected .. .. .	11
Number of persons on board : Male adults .. .. .	20
Female adults .. .. .	2
Children (male) .. .. .	1
Cases of infectious disease .. .. .	—

One boat which did not comply with the regulations had apparently been laid up for some time and had been brought into use for short distance haulage of outcrop coal. The captain, wife and one child lived on board. The owner stated that it was against his desire that anyone should live on the boat but the captain was unable to get a house.

A number of other short distance boats were in use for outcrop coal. None of these were used as dwellings.

### DISPOSAL OF THE DEAD.

Apart from earth burial, cremation facilities are available at the City Cemetery, Sheffield. During the year, 25 persons from Rotherham were cremated there as compared with 16 in the previous year.

### SCHOOLS.

#### SCHOOL HYGIENE.

Beyond painting, decoration and minor repairs where necessary, there have been no major works executed in any of the schools in the County Borough during the year.

#### 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.

As noted in Section II of this report, approval was given by the Minister of Health to provide the same facilities for free treatment and appliances for children under five not attending school as are available under the Education Act, 1944, for 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 31 bodies were received there and detained therein for 117 days. The post mortem room was used on 21 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.

Infested or re-infested premises treated	..	..	..	373
Rats killed	..	..	..	1812
Estimated number of rats poisoned	..	..	..	1099

The estimate of the number of rats poisoned is arrived at by a calculation based on the amount of poisoned bait taken. Of the estimated number of rats poisoned, 322 poisoned bodies were picked up ; these are not included in the figure given for rats killed, which relates to rats killed by methods other than poison.

Endeavours were made to find the origin of infestation and much work was done to render premises rat proof and to remove harbourages.

Owing to the efforts made during previous years and the present control methods, there are no constant heavy surface infestations in the Borough.

## ERADICATION OF HOUSEHOLD PESTS.

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

				Bugs	Other household pests
Council houses	..	..	..	134	16
Private houses	..	..	..	137	54
Other premises	..	..	..	5	7
				<hr/>	<hr/>
Total	..	..	..	276	77
				<hr/>	<hr/>

Proprietary insecticides (liquids and powders) were used. D.D.T. preparations were being used at the end of the year, but they have not been made available for public use sufficiently long enough to afford experience as to their effectiveness under civilian conditions.

## 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 beds 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 1945 :—

Registered cow keepers (producers within the Borough)	..	34
Cowkeepers within the Borough retailing their own supplies		19
Retail roundsmen with premises within the Borough	..	14
Retail roundsmen from premises outside the Borough	..	31

Nine licences were issued under Milk (Special Designations) Regulations :—

Tuberculin tested :							
Dealer	..	..	..	..	..	..	1
Supplementary		..	..	..	..	..	3
Accredited :							
Producer	..	..	..	..	..	..	1
Supplementary		..	..	..	..	..	2
Pasteurised :							
Premises	..	..	..	..	..	..	1
Supplementary		..	..	..	..	..	1

Fifty-seven samples of designated milk were procured for bacteriological testing with results as shown below :—

Class of milk	Samples tested	Nature of test	Number of samples	
			Passed	Failed
Tuberculin tested ..	15	Methylene blue .. ..	13	2
		Coliform .. ..	12	3
Accredited .. ..	24	Methylene blue .. ..	22	2
		Coliform .. ..	19	5
Pasteurised .. ..	18	Plate count .. ..	12	6
		Phosphatase .. ..	18	—
		Methylene blue .. ..	15	3

## MEAT.

During 1945, all slaughtering for sale was centralised at the 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
6,184	921	16,455	1,552	25,082

In addition to the above, 122 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	..	..	..	..	..	..	82 tons 13½ cwt.
Tuberculosis only	..	..	..	..	..	..	52 tons 1 cwt.

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.. .. .	3,601	2,583	921	16,455	1,674
All diseases except tuberculosis :					
Whole carcasses condemned .. ..	1	59	18	59	3
Carcasses of which some part or organ was condemned .. .. .	566	205	5	1,189	96
Percentage of the number inspected affected with disease other than tuberculosis ..	15·46	10·22	2·50	7·58	5·91
Tuberculosis only :					
Whole carcasses condemned .. ..	10	79	3	—	5
Carcasses of which some part or organ was condemned .. .. .	894	954	1	—	100
Percentage of the number inspected affected with tuberculosis .. .. .	25·08	39·99	0·43	—	6·27

Of the 1,674 pigs inspected, 122 were slaughtered on private premises.



## OTHER FOOD.

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

						Number	lbs.
Imported meat	..	..	..	..	..	—	2,078
Prepared foods	..	..	..	..	..	—	2,765
Wet fish ..	..	..	..	..	..	—	4,375
Mussels (bags)	..	..	..	..	..	1	—
Fruit (fresh and dried)	..	..	..	..	..	—	1,330
Vegetables	..	..	..	..	..	—	4,026
Groceries	..	..	..	..	..	—	967
Eggs ..	..	..	..	..	..	370	—
Oat cakes, pikelets, pies	..	..	..	..	..	5,864	—
Packet foods	..	..	..	..	..	624	—
Tinned food	..	..	..	..	..	4,719	—
Rabbits ..	..	..	..	..	..	1,183	—
Bread (loaves)	..	..	..	..	..	104	—
Mushrooms (baskets)	..	..	..	..	..	10	—

## FOOD AND DRUGS ACT.

During the year, 139 samples of food and drugs were obtained and submitted to the Public Analyst for examination. Fourteen samples (10·07 per cent.) were reported to be not genuine ; of these, eight were of milk, four were of baking powder and one each of self-raising flour and gelatine.

Five supplies were involved in the eight samples of milk which failed to conform to the requirements of the Sale of Milk Regulations. In three of the supplies, deficiencies were due to unequal intervals between milking times, and in the fourth supply a low milk-fat content was due to faulty bottling practice. The producers in these cases were informed of the factors making for deficiencies in the supplies and later samplings yielded satisfactory results. The fifth milk supply adversely reported upon contained a small amount of added water and the vendor was warned.

When two of the informally purchased samples of baking powder were reported not to conform to the Baking Powder Order, two formal samples were procured and these were also found to be deficient in available carbon dioxide. In one case, proceedings were taken and the vendor was convicted and fined ; in the second case, the deficiency was slight, the vendor was warned and he withdrew his stock from sale.

In the cases of the sample of self-raising flour which was slightly deficient in available carbon dioxide and the sample of gelatine containing a slight excess of copper, no action was taken.

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

No.	Nature of samples	Genuine		Not reported as genuine		Formal samples	
		Formal	Informal	Formal	Informal	Prosecutions instituted	Penalties including costs
8	Baking powder .. ..	—	4	2	2	1	£ s. d. 1 13 0
3	Camphorated oil .. ..	—	3	—	—	—	—
6	Coffee .. ..	—	6	—	—	—	—
2	Cream of tartar.. ..	—	2	—	—	—	—
6	Flour (self raising) ..	—	5	—	1	—	—
1	Gelatine .. ..	—	—	—	1	—	—
4	Ground ginger .. ..	—	4	—	—	—	—
3	Liquorice powder .. ..	—	3	—	—	—	—
96	Milk .. ..	88	—	8	—	—	—
2	Mustard .. ..	—	2	—	—	—	—
2	Paregoric.. ..	—	2	—	—	—	—
3	Pepper .. ..	—	3	—	—	—	—
3	Zinc ointment .. ..	—	3	—	—	—	—
139	Totals .. ..	88	37	10	4	1	1 13 0

The quarterly average composition of the samples of milk was as follows :—

Period	Percentages.		No. of samples
	Milk-fat	Solids not fat	
1st quarter .. ..	3·43	8·53	35
2nd quarter .. ..	3·60	8·60	19
3rd quarter .. ..	3·73	8·75	20
4th quarter .. ..	3·73	8·73	22
The whole year ..	3·62	8·65	96



## SECTION V.

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### 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. The latest estimates of population of these areas are 75,630 and 111,040, making a total population served by the hospital of 186,670.

#### BEDS.

The beds provided for sick, medical, surgical, children, isolation, gynaecological, maternity and mental cases at the commencement of the year were 447. On 11th July, Ward G of The Mount was handed back to the Social Welfare Committee which reduced the total beds to 376. No other change occurred during the year.

#### 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, two medical officers for nervous diseases, and visiting anaesthetist.

A radiographer and a physio-therapist are on the permanent staff and the sunlight massage and x-ray departments are in operation daily.

The nursing staff 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. Owing to the shortage of pupil midwives undertaking part 2 training, it was still necessary to employ assistant nurses in the maternity wards. The staff at the end of the year was 22 trained nurses, 3 pupil midwives, 7 assistant nurses, 60 student nurses, and 6 male attendants.

#### PRELIMINARY TRAINING SCHOOL.

During the year the Council approved the provision of a preliminary training school under the block system of training for the student nurses of the hospital in conjunction with those from the Isolation Hospital, Oakwood Hall Sanatorium and the Rotherham Hospital. Suitable premises were obtained at Fairfield, Moorgate, Rotherham, and were taken over as from the 1st August. At the end of the year, the operation of the scheme was delayed until outstanding articles of equipment had been delivered. It is hoped to open the school in 1946.

## IN-PATIENTS.

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

In-patients (including births)								
Civilian cases	..	..	..	..	..	..	3814	
E.H.S. and Service cases	..	..	..	..	..	..	394	
							<hr/>	4208
Deaths	..	..	..	..	..	..	..	305
Discharges	..	..	..	..	..	..	..	3907

## 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	..	..	..	..	..	..	..	4,945
district	..	..	..	..	..	..	..	2,516
Physiotherapy	..	..	..	..	..	..	..	7,615
Sunlight	..	..	..	..	..	..	..	333
Nervous diseases	..	..	..	..	..	..	..	782
Radium and cancer	..	..	..	..	..	..	..	1,159
X-ray	..	..	..	..	..	..	..	1,248
Ear, nose and throat	..	..	..	..	..	..	..	64
Ante-natal : Municipal General Hospital				..	..	..	..	2,773
Ferham House	..	..	..	..	..	..	..	601
Post-natal	..	..	..	..	..	..	..	62
Gynaecological	..	..	..	..	..	..	..	577
Total	..	..	..	..	..	..	..	<hr/> 22,675 <hr/>

The out-patient clinics are held as follow :—

Clinic	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
General out-patients	10-0 a.m.	10-0 a.m.	10-0 a.m.	10-0 a.m.	10-0 a.m.	10-0 a.m.
District out-patients	11-0 a.m. 5-0 p.m.	11-0 a.m. 5-0 p.m.	11-0 a.m. 5-0 p.m.	11-0 a.m. —	11-0 a.m. 5-0 p.m.	11-0 a.m. —
Gynaecological and post-natal	2-30 p.m.	—	—	—	—	—
Child welfare	—	11-0 a.m.	—	—	—	—
Nervous disease	—	—	2-30 p.m.	—	—	—
Radium and cancer	—	—	—	2-30 p.m.	—	—
Ante-natal	—	—	—	—	2-30 p.m.	—
Ear, nose and throat	—	—	—	—	3-0 p.m.	—



## MATERNITY.

The following table gives particulars of the maternity cases dealt with during the year :—

1. Number of maternity beds exclusive of isolation and labour beds .. .. .	43
2. Number of beds included in the above which have been allocated to, and reserved for, expectant mothers in need of hospital treatment .. .. .	4
3. Number of maternity cases admitted during the year .. .. .	856
4. Number of women treated during the year in the beds shown against item 2, and which are included in item 3 .. .. .	78
5. Average duration of stay of cases included against item 3..	14 days
6. Number of cases delivered by :	
(a) midwives .. .. .	681
(b) doctors .. .. .	77
7. Number of cases in which medical assistance was sought by the midwife in emergency .. .. .	191
8. Number of cases admitted after delivery .. .. .	20
9. Number of cases notified as puerperal pyrexia .. .. .	12
10. Number of cases of pemphigus neonatorum .. .. .	1
11. Number of infants not entirely breast fed while in the institution .. .. .	63
12. Number of infants wholly breast fed on leaving the institution	657
13. Number of cases of ophthalmia neonatorum .. .. .	—
14. Number of maternal deaths .. .. .	4
15. Number of infant deaths :	
(i) stillborn .. .. .	51
(ii) within 10 days of birth .. .. .	22

Of the 856 maternity cases dealt with during the year 279 were resident in the area of the West Riding County Council.

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 .. .. .	155	855
Attendances made .. .. .	601	2773

Sixty-two women attended during the year at the post-natal clinic held at the hospital and made 62 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 93.

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.

1,159 attendances were made by patients at the radium and cancer clinic held each Thursday afternoon at the hospital.

## AURAL.

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

The following table gives details of the cases treated :—

	Admitted	E.N.T. operation		Days in hospital
		performed	not performed	
Pre-school children	62	61	1	98
School children	321	319	2	578
Total ..	<u>383</u>	<u>380</u>	<u>3</u>	<u>676</u>

In addition to the above cases, 7 adult in-patients, 4 out-patients and 13 children from the area of the West Riding County Council had operative treatment for ear, nose, and throat conditions.

64 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 .. .. .	18
Non-pulmonary .. .. .	6

## CHILD WELFARE.

As from the 17th April, a children's clinic was held each Tuesday at 11-0 a.m. and was attended by Professor A. E. Naish, the consultant paediatrician. From the commencement of the clinic to the end of the year, 41 children were seen and made 75 attendances. Children in hospital are also seen and advice is given regarding treatment.

Forty-six infants were born in hospital who weighed 5½ lbs. or less at birth, and of these, 5 died during the first 24 hours. 35 were still living at the end of one month after birth.

## NEW DEVELOPMENTS.

During the year, an arrangement was made with the Sheffield Corporation for the admission of suitable chest cases requiring surgical treatment to their thoracic unit at the City General Hospital, Sheffield. Cases are admitted to the unit on a patient day charge of £1/1/- per day and includes all special fees.



## SECTION VI

### INFECTIOUS DISEASES GENERALLY.

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

Disease	1941	1942	1943	1944	1945
Acute anterior polio-myelitis .. .. .	—	—	4	—	—
Acute polio-encephalitis .. .. .	—	—	—	—	—
Cerebro-spinal meningitis .. .. .	27	10	5	3	7
Diphtheria .. .. .	150	134	66	48	24
Dysentery .. .. .	1	1	3	9	10
Encephalitis lethargica .. .. .	—	—	—	—	—
Erysipelas .. .. .	55	47	47	17	20
Malaria .. .. .	—	1	—	1	—
Measles .. .. .	179	1039	871	50	1466
Ophthalmia neonatorum .. .. .	8	11	6	10	5
Pemphigus neonatorum .. .. .	1	2	—	2	1
Pneumonia .. .. .	146	136	140	89	95
Puerperal pyrexia .. .. .	14	9	7	7	17
Relapsing fever .. .. .	—	—	—	—	—
Scarlet fever .. .. .	118	214	272	270	264
Smallpox .. .. .	—	—	—	—	—
Typhoid and paratyphoid fevers .. .. .	6	3	—	—	1
Typhus fever .. .. .	—	—	—	—	—
Whooping cough .. .. .	275	174	211	98	303
Tuberculosis : respiratory .. .. .	36	71	49	36	56
other forms .. .. .	16	10	8	9	12
Totals .. .. .	1032	1862	1689	649	2281

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.







## 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 1945	In hospital 31st Dec. 1944	Admissions 1945	Discharges 1945	Deaths 1945	Remaining in hospital 31st Dec. 1945	Total patient days
Scarlet fever ..	264	11	173 (1)	174 (1)	—	10	5228 (26)
Diphtheria ..	24	4	28 (1)	27 (1)	1	4	1305 (43)
Typhoid fevers ..	1	—	1	1	—	—	49
Cerebro-spinal meningitis ..	7	—	7	6	1	—	138
Other diseases ..	—	—	37	34	3	—	585
Total ..	—	15	246 (2)	242 (2)	5	14	7305 (69)

Comparative patient-day figures for the various diseases during the past five years are shown below :—

Year	Scarlet fever	Diphtheria	Typhoid fevers	Cerebro-spinal meningitis	Other diseases	Total patient days	Average daily bed occupancy
1941	2866	7754	344	805	1639	13408	36·7
1942	4255	7304	103	212	1208	13082	35·9
1943	5589	3637	109	55	1317	10707	29·3
1944	4910	2383	—	53	796	8142	22·3
1945	5228	1305	49	138	585	7305	20·0

The Kimberworth Smallpox Hospital was available for overflow purposes throughout the year but at no time was its use necessary.

### 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.

A total of 173 persons suffering from scarlet fever was admitted to the Isolation Hospital during the year. One patient was a member of the Services and one was a member of the Isolation Hospital staff, this latter case not being subject to notification. This leaves 171 notified civilian cases admitted—the balance of notified cases (93) being treated in their own homes.



Once again it is pleasing to record that no deaths occurred from scarlet fever ; generally speaking the disease was of a very mild type and unaccompanied by complications. The fact that no death has occurred in the Borough from scarlet fever since 1937 tends to reinforce the opinion expressed in earlier reports that when measles or whooping cough are prevalent and when either disease is complicated by other conditions or if the patient is housed under conditions which preclude proper isolation or nursing facilities, the hospitalisation of scarlet fever should, in the main, be discontinued and priority be given to measles and whooping cough.

In this connection it is interesting to note that during the past six years (1940—1945 inclusive) 1,155 cases of whooping cough were notified and 22 deaths from the disease recorded, giving a case mortality over the period of 1·82 per cent. Corresponding figures for measles during the same period were 6,406 cases, 7 deaths and case mortality 0·11 per cent. For scarlet fever, however, the records show that 1,218 cases occurred during the six years period with no deaths from the disease. Since there is no cubicle block at the Isolation Hospital, local statistics emphasise the desirability of treating scarlet fever at home and offering hospital accommodation for measles or whooping cough when these diseases are complicated or reach epidemic proportions.

#### Diphtheria.

Every notified case of diphtheria which occurred in 1945 was treated at the Isolation Hospital—the treatment of this disease in hospital is most desirable in case complications develop. Four cases not subject to civilian notification in the Borough (one services patient, one case occurring in an infectious diseases hospital and two patients notifiable to other local authorities) were also admitted during the year.

The downward trend in the incidence of diphtheria continued during 1945 ; only 24 cases occurred within the Borough. The average annual number of cases between 1930 and 1942 was 161·5. In 1943 the effects of the intensive campaign for diphtheria immunisation were noticeable in the reduction of the number of cases to 66. This decline in incidence continued in 1944 (48 cases) and the figure for 1945 (24 cases) is the lowest for twenty years.

Only one death from diphtheria occurred—the patient had not been immunised.

#### Typhoid Fevers.

One case of typhoid fever was notified during the year. The patient was admitted to the Isolation Hospital where he made an uneventful recovery after the disease had run its normal course without complications. The source of the infection was thought to be in Lincolnshire where the patient had been camping out, although this was not confirmed.



### Cerebro-spinal Fever.

Seven cases were treated at the Isolation Hospital, one of which was notifiable to an adjacent local authority. One other patient was nursed at the Municipal General Hospital. The results were again satisfactory as can be seen from the tabulated statistics.

### Other Diseases.

The following table lists the cases admitted to the Isolation Hospital who were classified as "other diseases" after final diagnosis. This category may be divided into roughly two groups :

- (a) Cases of the minor infectious illnesses with complications or where home nursing was impracticable.
- (b) Cases admitted on mistaken diagnoses or patients suffering from diseases thought to be infectious who were admitted for observation.

Bronchitis .. .. .	1	Laryngitis .. .. .	1
Chickenpox .. .. .	4	Measles .. .. .	8
Constipation .. .. .	1	Meningismus .. .. .	1
Convulsions .. .. .	2	Nephritis .. .. .	1
Croup .. .. .	1	Pneumonia .. .. .	2
Diphtheria carrier (not notifiable) .. .. .	1	Pneumococcal meningitis .. .. .	1
Dysentery (Sonne) .. .. .	1	Tonsillitis .. .. .	4
Dysentery carrier .. .. .	2	No apparent disease .. .. .	2
German measles .. .. .	4	Total .. .. .	37

### KIMBERWORTH HOSPITAL.

No patients were admitted to Kimberworth Hospital during the year.

### DIPHTHERIA IMMUNISATION.

The fixed clinic sessions at Ferham House and Coleridge Road centres were continued throughout the year. In addition children have been immunised at the child welfare and school clinics. Children in the nursery classes and at the Thames Street Nursery have, by arrangement, been immunised on the premises and the opportunity is always taken of immunising children admitted to the Isolation Hospital for some disease other than diphtheria. The facilities for diphtheria immunisation can therefore be considered as quite adequate.

The local facilities have been well advertised—on the screen (by kind permission of the local cinema owners) and in the local press and transport vehicles. The staff of the Department of Health and school teachers have carried on the campaign "by word of mouth".

The dosage and method remained as described in previous annual reports.

In the tables which follow, the salient features of the results of the diphtheria immunisation campaign in Rotherham since its inception in 1940 are given. 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
1945 ..	6,980 ..	11,920 ..	18,900 ..	56,730 ..	75,630

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

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
1945 ..	963 ..	138 ..	1,001 ..	- ..	1,001

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
1945 ..	2,383 ..	7,420 ..	9,803 ..	1,736 ..	11,539



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
1945	.. ..	4,597	..	4,500	..	9,097	..	54,994	.. 64,091

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
1945	34·14	65·86	62·25	37·75	51·87	48·13	3·06	96·94	15·26	84·74

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 422 cases of diphtheria in the Borough, 389 occurred in the non-immunised, and only 33 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 (2)
1942 ..	24 (2)	..	82 (5)	..	106 (7)	..	28	..	134 (7)
1943 ..	14 (1)	..	32 (13)	..	46 (14)	..	20	..	66 (14)
1944 ..	10 (1)	..	21 (6)	..	31 (7)	..	17	..	48 (7)
1945 ..	3	..	12 (3)	..	15 (3)	..	9	..	24 (3)

(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
1945 ..	0.43	..	1.01	..	0.79	..	0.16	..	0.32

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
1945	—	0.65	0.40	2.00	0.31	1.32	—	0.16	0.26	0.38



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
1945	..	—	..	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
1945	—	—	0.09	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
1945	..	—	..	8.33	..	6.67	..	—	4.17

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
1945 .. ..	—	11.11	8.33	—	4.76

The most notable features shown by the above tables are as follow :—

1. No immunised person has died from diphtheria in Rotherham since the campaign began.
2. As the number of persons immunised has increased year by year, so the number of cases of diphtheria in the Borough has diminished.
3. The figures continue to bear out the observation that unprotected persons run a much graver risk of developing diphtheria than those protected by immunisation.
4. During the year under review, the concentration of effort on the 0-5 years group has elicited a better response to diphtheria immunisation than during the previous two years.
5. By the end of the year, 34.14 per cent. of the 0-5 years group and 62.25 per cent. of the 5-15 years group had been immunised against diphtheria. These figures are equivalent to 51.87 per cent. of all children under the age of 15 years and still fall short of the "target" of 75 per cent.

#### 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 4 phials, representing 16,000 units, were issued.

#### SCABIES.

As from 15th January, 1945, one male and one female attendant were appointed with full-time duties in the treatment of scabies.



The treatment clinic is based at Ferham House Centre and is open daily, excepting Sundays, as follows :—

Monday	..	..	..	..	..	9.30 a.m. to 5.30 p.m.
Tuesday	..	..	..	..	..	9.30 a.m. to 5.30 p.m.
Wednesday	..	..	..	..	..	9.30 a.m. to 5.30 p.m.
Thursday	..	..	..	..	..	9.30 a.m. to 7.30 p.m.
Friday	..	..	..	..	..	9.30 a.m. to 5.30 p.m.
Saturday	..	..	..	..	..	9.30 a.m. to 12.30 p.m.

Medical sessions for diagnosis and certification of cure are held on Wednesdays from 9.30 a.m. to 12.0 noon and on Thursdays from 5.30 p.m. to 7.30 p.m.

Cases are ascertained by medical officers at clinics and schools, and by school nurses and health visitors. Treatment is arranged by appointment and home visits ensure as far as possible that all the members of the family are treated.

Bathing, followed by applications of benzyl benzoate emulsion (N.W.F.) has been the standard treatment. Two treatments have usually been sufficient to effect a cure. No attempt has been made to disinfect the homes of infected persons. Children have been readmitted to school after the first treatment.

The facilities of the clinic were extended to patients referred from surrounding West Riding areas and also to the patients of private practitioners.

No attempt was made to implement the Scabies Order, 1941.

During the year, 737 individuals were treated and 1,629 treatments carried out. 728 of these cases, who made 1,613 attendances were residents of the County Borough.

The following table shows the number of cases treated and the number of treatments given during the year :—

					Cases		Attendances
Pre-school children	..	..	..	..	114	..	218
School children	..	..	..	..	405	..	963
Adults	..	..	..	..	218	..	448
Total	..	..	..	..	737	..	1629

## 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 1944.

Number of live births returned in birth lists	..	..	..	1929
Number successfully vaccinated	..	..	..	613
Number insusceptible of vaccination	..	..	..	7
Number of conscientious objectors	..	..	..	1056
Number who died unvaccinated	..	..	..	85
Number postponed by medical certificate	..	..	..	—
Number removed to other known districts	..	..	..	53
Number removed to places unknown	..	..	..	26
Number remaining not accounted for	..	..	..	89

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 .. .. .	236	62	8	117	423
Number of successful re-vaccinations	1	—	—	2	3
	237	62	8	119	426



## SECTION VII

### TUBERCULOSIS.

#### NEW CASES AND MORTALITY DURING 1945.

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	
35	21	6	6	68

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

	Pulmonary	Non-pulmonary
Death returns from local registrars ..	5	1
Transferable deaths from Registrar General	3	—
Posthumous notifications .. ..	—	1
Transfers from other areas (other than transferable deaths) .. ..	7	—

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 .. ..			—	—	1	—	—	—	—	—
5-10 .. ..			—	1	2	4	—	—	—	1
10-15 .. ..			—	1	1	1	—	—	—	—
15-20 .. ..			1	2	—	—	—	—	—	—
20-25 .. ..			5	9	1	1	—	1	—	—
25-35 .. ..			13	6	—	—	3	5	—	—
35-45 .. ..			2	3	1	1	6	2	—	1
45-55 .. ..			10	2	—	1	10	2	—	1
55-65 .. ..			7	—	—	—	5	—	—	—
65 and upwards ..			6	3	—	—	6	3	—	—
Totals ..			44	27	6	8	30	13	—	3

\*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 1945 amongst notified cases of tuberculosis shows the following periods elapsed between notification and death :—

Notification	Pulmonary	Non-pulmonary
After death .. .. .	—	1
Within 1 month .. .. .	13	1
1—3 months .. .. .	—	—
4—6 months .. .. .	2	—
7—12 months .. .. .	2	—
1—2 years .. .. .	6	—
2—3 years .. .. .	6	—
3—4 years .. .. .	1	—
4—5 years .. .. .	2	—
Over 5 years .. .. .	3	—
From death returns .. .. .	8	1
Total number of deaths from tuberculosis ..	43	3
Causes other than tuberculosis .. .. .	3	—

The ratio of non-notified tuberculous deaths to the total tuberculous deaths was 1 in 5·1. 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	4	3	3	22
Death (all causes) .. ..	30	16	—	3	49
Withdrawal of notification (including transfer lost sight of, etc.) .. ..	10	5	2	—	17

Under the Public Health (Tuberculosis) Regulations, 1930, the number of cases of tuberculosis on the register of notifications on the 31st December, 1945, was 432 classified as follows :—

Pulmonary			Non-pulmonary.			Total cases
Males	Females.	Total.	Males.	Females.	Total.	
182	135	317	62	53	115	432



## TUBERCULOSIS DISPENSARY.

During the year 483 new cases attended the dispensary, and of these 62 were found to be definitely suffering from tuberculosis. Of these cases 54 were pulmonary, and 16 were found to be sputum positive ; the remaining 8 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	35	31
			Females	21	23
Non-pulmonary	..	..	Males	6	5
			Females	6	3
				—	—
				68	62
				—	—

The figures for the accepted cases attending the dispensary for the first time include cases who were notified during the previous year and cases transferred in from other areas.

The following table compares the figures for new cases examined at the dispensary during 1945 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
1945	..	..	62	1	420	483
1944	..	..	48	7	433	488
1943	..	..	42	2	455	499
1942	..	..	61	17	385	463
1941	..	..	44	6	318	368
Totals	..	..	257	33	2011	2301

The following table gives the figures for new cases and contacts examined during the preceding 5 years (1936–40), compared with the totals of the above table :—

Years			Definitely tuberculous	Doubtfully tuberculous	Non- tuberculous	Total
1941–45	..	..	257	33	2011	2301
1936–40	..	..	301	30	1294	1625



CONTACTS.—The arrangements for contacts are as enumerated in the report for year 1942.

NON-TUBERCULOUS CONDITIONS.—The following conditions were revealed in the 420 persons found to be non-tuberculous.

No apparent disease .. ..	263	Digestive diseases .. ..	4
Respiratory diseases .. ..	132	Other non-tuberculous diseases	13
Circulatory diseases .. ..	8		

The following return shows the work of the dispensary during the year 1945 :—

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 January ..	134	88	22	14	17	7	32	31	151	95	54	45	345
(2) Transfers from other authorities ..	2	3	—	1	—	—	—	—	2	3	—	1	6
(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 .. ..	20	10	—	—	—	—	—	—	20	10	—	—	30
(2) Class T.B. plus .. ..	8	8	—	—	—	—	—	—	8	8	—	—	16
(3) Non-pulmonary .. ..	—	—	—	—	1	1	4	2	1	1	4	2	8
C.—Number of cases included in A. and B. written off the dispensary register during the year as :—													
(1) Recovered .. ..	6	4	6	—	—	2	3	1	6	6	9	1	22
(2) Dead (all causes) .. ..	17	9	—	1	—	—	—	—	17	9	—	1	27
(3) Removed to other areas ..	9	5	—	—	1	—	—	—	10	5	—	—	15
(4) For other reasons .. ..	1	—	—	—	1	—	—	—	2	—	—	—	2
D.—Number of definite cases of tuberculosis on the dispensary register at the end of the year .. ..	132	92	16	14	16	6	33	32	148	98	49	46	341

Number of attendances at the dispensary (including contacts) 1,171

Number of consultations with medical practitioners :  
 (a) Personal .. .. —  
 (b) Otherwise .. .. 154

Number of visits by tuberculosis officer to homes (including personal consultations) .. .. 41

Number of visits by nurses or health visitors to homes for dispensary purposes (all visits) .. 594

Number of :—

(a) Specimens of sputum, etc., examined .. .. 161

(b) X-ray examinations made in connection with dispensary work .. .. 725

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 .. .. 97



The following summary shows the clinical condition of all patients at the end of 1945, 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 1941				1941				1942				1943				1944				1945			
	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	15 23 25	3 10 4	4 9 4	17 17 2	1 1 1	2 3 1	1 1 1	4 4 2	1 1 1	3 1 1	3 1 1	7 5 3	1 1 1	1 1 1	1 1 1	3 3 3	1 1 1	1 1 1	1 1 1	3 3 3	1 1 1	1 1 1	1 1 1	3 3 3
Disease not arrested Adults M. F. Children	4 8 1	1 3 1	5 3 1	12 4 1	1 1 1	2 3 1	2 2 1	13 2 2	1 1 1	3 1 1	6 3 1	10 3 3	2 1 1	9 2 1	3 3 1	13 6 1	2 6 1	8 1 1	2 2 1	14 9 1	8 6 1	2 1 1	10 7 1	17 7 1
Condition not ascertained during the year ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total on dispensary register at 31st December ..	76	9	30	115	4	10	14	28	1	3	6	17	1	14	7	20	14	3	17	23	14	8	2	10
Discharged as recovered Adults M. F. Children	243 176 315	4 4 —	13 3 1	20 8 —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from dispensary register	438	19	46	503	—	—	—	—	1	1	2	4	—	—	—	—	—	—	—	—	—	—	—	—
Dead— Adults M. F. Children	118 58 16	21 6 2	105 56 4	228 131 7	8 4 1	3 1 —	7 3 2	18 6 2	1 1 1	5 1 —	3 2 —	10 6 2	3 3 2	4 1 —	3 3 —	7 4 —	2 2 —	2 1 —	3 1 —	4 1 —	2 1 —	2 1 —	3 1 —	2 3 —
Total written off dispensary register ..	1364	56	227	1647	12	14	21	47	1	7	13	21	8	12	17	38	9	16	25	23	14	8	6	10
GRAND TOTALS ..	1440	65	257	1762	1	15	2	18	17	7	19	27	16	14	9	26	25	6	22	25	16	6	6	22



**(b) NON-PULMONARY TUBERCULOSIS**

Condition at the time of the last record made during the year to which the return relates	Previous to 1941					1941					1942					1943					1944					1945				
	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 M. F. Children ..	20 1 2	1 1 5	2 1 1	— 3 15	5 3 36	— 1 1	— 1 1	— 1 1	— 5 7	— 1 7	1 3 3	2 1 1	— 1 1	— 3 3	3 1 6	1 3 3	— 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 ..	— 1 1	— 1 1	1 1 1	— 1 1	1 1 1	— 1 2	— 1 1	— 1 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 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 ..	20 7 4	15 46 3	2 2 1	5 10 2	10 2 2	4 3 4	3 3 3	1 1 1	5 10 2	10 2 2	4 3 4	3 3 3	1 1 1	5 10 2	10 2 2	4 3 4	3 3 3	1 1 1	5 10 2	10 2 2	4 3 4	3 3 3	1 1 1	5 10 2	10 2 2	4 3 4	3 3 3	1 1 1	5 10 2	
Transferred to pulmonary ..	3 1 1	5 10 1	1 1 1	2 2 2	2 2 2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Discharged as recovered Adults M. F. Children ..	5 2 3	7 2 2	5 7 2	9 12 21	19 21 206	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from dispensary register ..	25 8 12	32 77	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dead Adults M. F. Children ..	3 1 1	6 3 19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total written off dispensary register ..	106 38 27	180 351 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTALS of (a) and (b) (excluding those transferred to pulmonary) ..	126 45 31	195 397 4	2 2 1	5 11 5	11 11 11	4 4 4	3 3 3	1 1 1	5 10 2	10 2 2	4 3 4	3 3 3	1 1 1	5 10 2	10 2 2	4 3 4	3 3 3	1 1 1	5 10 2	10 2 2	4 3 4	3 3 3	1 1 1	5 10 2	10 2 2	4 3 4	3 3 3	1 1 1	5 10 2	



## TUBERCULOSIS ALLOWANCES.

No change was made during the year in the administration of the scheme of allowances authorised by Memo 266/T.

Twenty-one patients were in receipt of allowances granted in previous years, and 12 patients were granted maintenance allowances during 1945. The following summary gives the reasons for the discontinuance of allowances during the year :—

Commenced work	..	..	..	..	..	..	..	3
Died	..	..	..	..	..	..	..	4
Ceased on maximum period of allowances					..	..	..	2
Observation case, non-tuberculous	..	..	..	..	..	..	..	3
Refused further treatment	..	..	..	..	..	..	..	1
								<hr/>
								13
								<hr/>

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

Of the patients detailed above, five were also receiving discretionary allowances when the year began, all of these being for insurance payments and one also had an excess rent allowance in addition. Two applications were dealt with during the year, one being for insurance payments and the other for excess rent allowance and insurance payments. Two discretionary allowances ceased when the patients recommenced work, and another patient's discretionary allowance ceased when he had received allowances for the maximum period.

The four discretionary allowances being paid at the end of the year were 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 benefits.

The amount of allowances paid during the year were :—

						£	s.	d.
Maintenance allowances	..	..	..	..	..	1,839	1	10
Discretionary allowances	..	..	..	..	..	59	12	4
Special payments	..	..	..	..	..	-	-	-
						<hr/>		
Total	..	..	..	..	..	1,898	14	2
						<hr/>		



## DENTAL TREATMENT.

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

Details of the work performed by the Dental Officers in 1945 in respect of tuberculous patients are as follow :—

Individuals treated	..	..	..	..	..	..	..	36
Attendances made	..	..	..	..	..	..	..	89
Extractions	Permanent teeth	..	..	..	..	..	..	93
	Temporary teeth	..	..	..	..	..	..	9
Fillings	Permanent teeth	..	..	..	..	..	..	10
	Temporary teeth	..	..	..	..	..	..	—
Anaesthetics	Local	..	..	..	..	..	..	42
	General	..	..	..	..	..	..	3
Other operations	..	..	..	..	..	..	..	37
Patients supplied with dentures	..	..	..	..	..	..	..	2

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.

The dental treatment of tubercular patients is mainly palliative though some conservative work was done and two patients were supplied with full dentures during the past year.

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. Patients in sanatorium from the area of the West Riding County Council who require dentures receive treatment by arrangement, and the County Council re-imburse the Corporation for the cost of dentures supplied on the basis of the National Health Insurance scale.

## OAKWOOD HALL SANATORIUM.

The structural and other alterations outlined in the 1942 report are still outstanding. The need for the alterations is still urgent, and it is hoped that something may be done to speed up this work in the near future. Certain protective blast walls have been removed and this has restored good ventilation and improved the outlook for the patients.

It is a matter for regret that the bed occupancy has remained at a low level. This is due to the same factors as detailed in the last report, namely, shortage of both nursing and domestic staff. This became increasingly worse towards the end of the year when on 18th December it became necessary to close down one of the 32 bedded wards. Only 56 patients were remaining in the sanatorium at the end of the year.



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 .. ..	40·4	31·9	9·4	81·7
June .. ..	41·0	32·6	9·5	83·1
September .. ..	48·4	23·2	9·4	81·0
December .. ..	39·6	16·7	11·2	67·5
Total 1945 ..	42·4	26·0	9·9	78·3
Total 1944 ..	45·6	27·2	9·3	82·1

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 1/1/45	Admitted	Discharged	Died	Remaining in 31/12/45
Rotherham C.B. .. ..	40	71	71	11	29
Yorkshire W.R.C.C. ..	31	38	47	4	18
Blackpool C.B. .. ..	1	1	1	—	1
West Hartlepool C.B. ..	4	8	7	—	5
Hull C.B. .. ..	2	3	2	1	2
Oxford C.B. .. ..	—	1	—	—	1
Total .. ..	78	122	128	16	56

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

Number of patients in hospital.				1/1/45	Admitted	Dis-charged	Died	31/12/45
Observation cases	Adults	M.	..	—	6	5	—	1
		F.	..	—	5	5	—	—
	Children	..	..	4	7	11	—	—
	Total	..	..	4	18	21	—	1
Pulmonary cases	Adults	M.	..	18	25	28	6	9
		F.	..	10	22	17	5	10
	Children	..	..	1	—	1	—	—
	Total	..	..	29	47	46	11	19
Non-pulmonary cases	Adults	M.	..	2	2	2	—	2
		F.	..	1	1	1	—	1
	Children	..	..	4	3	1	—	6
	Total	..	..	7	6	4	—	9
Grand total				40	71	71	11	29

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 ..	2	1	-	-	-	-	-	-	-	-	1	1	2	2	1
Non-tuberculous ..	-	-	-	3	3	8	-	-	-	-	-	2	3	3	10
Doubtful .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals ..	2	1	-	3	3	8	-	-	-	-	1	3	5	5	11



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

Classification on admission to the institution			Condition at time of discharge	Duration of residential treatment in the institution															Grand totals
				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 ..	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
		Not quiescent ..	1	3	—	4	—	—	2	2	—	1	—	—	8	5	—	13	
		Died in institution	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
	Class TB plus Group 1	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class TB plus Group 2	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ..	1	5	—	5	1	1	10	2	—	2	2	—	18	10	1	29	
		Died in institution	—	—	—	—	—	—	1	1	—	1	—	—	2	1	—	3	
	Class TB plus Group 3	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ..	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
		Died in institution	—	—	—	—	1	—	—	—	—	1	1	—	1	2	—	3	
	Totals (pulmonary)			4	9	—	9	2	1	13	5	—	5	3	—	31	19	1	51
NON-PULMONARY TUBERCULOSIS.	Bones and joints	Quiescent ..	—	—	—	1	—	—	—	—	—	1	—	1	2	—	1	3	
		Not quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Abdominal	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Other organs	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Peripheral glands	Quiescent ..	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	
		Not quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Totals (non-pulmonary)			—	—	—	1	—	—	—	—	—	1	1	1	2	1	1	4

In addition to the patients dealt with in the above table there were two pulmonary cases 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.

During the year a most helpful arrangement was reached with the Sheffield Corporation whereby cases of pulmonary tuberculosis requiring treatment by a thoracic surgeon could be transferred to the City General Hospital, Sheffield. The cases are returned to the sanatorium early in their post-operative convalescence. This procedure, which it is hoped to further develop, fills a much needed want.

In the latter part of the year an occupational therapy class was commenced. This meets on four afternoons each week. Difficulty was experienced in obtaining all the necessary materials but already this class has proved a success and has been particularly appreciated by the female patients.

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. During the year several of the books were replaced through the arrangement made before the war whereby the Chief Librarian of the Public Library overlooks the stock of books in the sanatorium library.

A much appreciated gift during the year was made by the local branch of the British Red Cross and St. John organisation in the presentation of a book trolley. This allows bed patients to make their own choice of library books from stock and volunteers from the W.V.S. come to the sanatorium weekly and undertake the issue of books on the wards.

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 24 girls and 21 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 was granted to only two patients and amounted to :—

Milk	..	..	..	..	..	..	..	..	..	91½ galls.
Egg grants	..	..	..	..	..	..	..	..	..	52
Meat grants	..	..	..	..	..	..	..	..	..	52
Grocery and vegetable grants	..	..	..	..	..	..	..	..	..	52

Fifty-five grants of clothing, underclothing or boots were made. One patient was granted free dentures under the Committee's scheme, and one patient was granted financial assistance during a period of three weeks when her father was ill.

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. During the year on the resumption of the basic petrol ration, the Chairman and the Secretary were instructed to make enquiries regarding the possibilities of the scheme being re-started. At the year end, it had not been found practicable so to do, but from the enquiries then made it is pleasing to report that the scheme was resumed early in 1946.

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 arrangements 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.

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

	1941	1942	1943	1944	1945
Number of persons attending who were suffering from :					
Syphilis .. .. .	221 (26)	249 (29)	306 (22)	319 (9)	316 (8)
Soft sore.. .. .	—	—	—	—	—
Gonorrhoea .. .. .	174 (55)	146 (32)	133 (7)	128 (1)	145 (15)
Conditions other than venereal	183 (34)	183 (21)	314 (5)	299 (1)	276 (14)
Totals .. .. .	578 (115)	578 (82)	753 (34)	746 (11)	737 (37)
Out-patient attendances :					
To see medical officer ..	5077 (391)	5192 (300)	6379 (88)	6172 (26)	5086 (97)
For intermediate treatment ..	1791 (150)	1763 (135)	1598 (41)	1181 (20)	1304 (72)
Totals .. .. .	6868 (541)	6955 (435)	7977 (129)	7353 (46)	6390 (169)
In-patients :					
Patients admitted to hospital	7 (1)	7	6	4	11
Total in-patient days .. ..	270 (75)	236	91	61	106

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

During the year under review the numbers of patients receiving treatment for syphilis and conditions other than venereal disease were slightly less, and for gonorrhoea, slightly more, than in 1944.

In spite of this there was a big reduction in the total attendances, more particularly in the attendances for syphilitic treatment. Much of this fall was attributable to the exceptional number of holidays which co-incided with the principal Tuesday medical sessions. The three bank-holidays, Christmas day, the V.E. and V.J. holidays all included a Tuesday on which day one female and two male medical clinics are held. Although the patients were given alternative dates on which to attend they did not keep their appointments. Now that the Rotherham Corporation has standardised bank-holidays to include Monday and Tuesday it has been decided that early in 1946 the medical sessions for males will be held on Wednesdays instead of Tuesdays.



## 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 :—

	1941		1942		1943		1944		1945	
	M	F	M	F	M	F	M	F	M	F
Primary .. .. .	8 (5)	—	10 (3)	5	16	2	10	2	17 (2)	3
Secondary .. .. .	1	2	3 (1)	2	3	15	3	12	4 (1)	4
Latent in first year of infection ..	1	3	2 (2)	2	5	13	—	5	1	5
	10 (5)	5	15 (6)	9	24	30	13	19	22 (3)	12
	15 (5)		24 (6)		54		32		34 (3)	

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

The number of new cases of early syphilis remains at a high local level. There is evidence that some of the cases in women have been contracted from members of H.M. Forces who have returned on leave from Europe.

Penicillin is proving of great value in the treatment of cases of early syphilis. At present it is advised that such cases should be admitted to hospital. The course of treatment necessitates sixty injections, each of 40,000 units of penicillin, given at three hourly intervals, i.e., a total of 2,400,000 units of penicillin is given in seven and a half days.

Some difficulty has been found in persuading patients to enter hospital for the treatment of early syphilis with penicillin. In the first place such patients do not feel ill and therefore cannot understand why admission should be necessary. Secondly, patients fear that their admission to hospital will mean divulging their secret to relatives or friends, and thirdly, admission means about ten days away from work with consequent loss of earnings.

During the second half of the year, two men, one woman and two members of H.M. Forces were persuaded to have in-patient treatment for syphilis.

Syphilis is a disease which may lay dormant within the body for twenty or thirty years before declaring its presence in the form of symptoms and signs. For this reason an extremely close and prolonged "follow-up" of penicillin treated cases will be necessary. Penicillin appears to cause rapid disappearance of spirochaetes from early syphilitic lesions and some cases have been observed for a period of two years without any evidence of clinical or serological relapse. Nevertheless a real answer to its value in the treatment of syphilis will not be forthcoming for another twenty or thirty years. For this reason it has been advocated that a three months course of arsenic and bismuth injections should follow the treatment with penicillin.



This practice is being followed at the Rotherham Clinic.

At the time of writing this report there is promise of a new type of penicillin suspended in beeswax and arachis oil which seems to have distinct advantages in the treatment of early syphilis. This product is stable at room temperature for several weeks in contrast to the ordinary soluble penicillin which, if its potency is to be preserved, needs storage in a refrigerator. Further, by its delayed action effect, the number of injections can be reduced to one a day for eight days. Each injection that is given contains 300,000 units of penicillin so that a total dosage of 2,400,000 is used in treatment. The use of this drug should surmount the difficulty of finding hospital beds for cases of early syphilis or of persuading such patients to go into hospital for treatment. Another advantage of penicillin in the treatment of early syphilis is the absence of toxic effects. Even with the large doses employed in treatment toxic reactions are minimal. Although arsenic is a potent anti-syphilitic drug its employment is always liable to set up toxic complications in susceptible subjects.

The general employment of penicillin in beeswax and arachis oil is therefore anticipated with keen pleasure.

#### ANTE-NATAL CASES.

The following table shows the results of routine blood tests for syphilis in patients attending the ante-natal clinics during 1945 :—

Blood examined	..	..	..	..	..	..	142
Cases in which the blood showed :—							
WR++	Kahn ++			..	..	..	2
WR —	Kahn +	}		..	..	..	11
or WR +	Kahn —						
or WR +	Kahn —						
or WR —	Kahn +						
Patients induced to attend for further examination	..	..					6
Patients treated	..	..	..	..	..	..	2

It is a matter for regret that the continued shortage of doctors with consequent crowding of clinics is preventing the routine blood testing of many of the patients attending the ante-natal clinics.

#### TOXIC COMPLICATIONS OF ARSENIC TREATMENT.

During the year under review there were twelve cases of jaundice in patients receiving treatment with arsenic. Ten of these cases were very mild and of short duration ; two were of moderate severity. No case required admission to hospital.

There were five mild cases of arsenical dermatitis, none of which needed in-patient treatment.



## GONORRHOEA.

There was an increase in the number of new patients attending during 1945 for the treatment of gonorrhoea.

The excellent results achieved by the use of penicillin in the treatment of gonorrhoea led, during the year under review, to its routine use in these cases. Supplies have been freely available throughout the last six months of the year. During this time, 28 males and 14 females have been treated with this drug. In addition, 10 members of H.M. Forces were given treatment with penicillin for gonorrhoea.

In the majority of these cases the routine treatment has consisted of five injections, each of 30,000 units, given at two-hourly intervals—10 a.m., 12 noon, 2 p.m., 4 p.m. and 6 p.m. In the male cases it was noticeable that at the 6 o'clock injection the discharge had practically ceased and the urine was clear. Serial microscopical examinations were carried out in the male cases, almost invariably with the following result. The first smear taken at 10 a.m. showed numerous gonococci of a normal type; at noon the smear showed large, bloated, atypical organisms and subsequent smears at 2 p.m., 4 p.m. and 6 p.m. showed no organisms at all if the case was responding satisfactorily.

In this small series of cases three males had a relapse within a few days of the treatment. Two of them gave a history of excessive consumption of alcohol and in the third case there had been a re-exposure to possible infection. All three cases responded satisfactorily to a second course of 200,000 units of penicillin. In one of these cases the relapse was accompanied by an acute epididymo-orchitis with a temperature of 102° F. This man was visited at home and given 200,000 units of penicillin in one dose. The next morning he was free from pain, his temperature was normal and the swelling had started to subside. He made an uninterrupted recovery without further treatment. Another of these relapse cases had a further relapse after the second course of treatment. He was admitted to hospital and treated for three days with three hourly injections each of 15,000 units, i.e., he received a total dosage of 360,000 units, which led to complete recovery.

The fact that penicillin is of value in the treatment of both gonorrhoea and syphilis and that the incubation period of the former is much shorter than the latter has led to the possible danger that cases of early syphilis might be masked. The usual dosage of penicillin in the treatment of gonorrhoea is quite inadequate for the treatment of syphilis. Although penicillin rapidly cures the vast majority of cases of gonorrhoea the patient must be kept under observation for at least four months. By the end of that time most of those patients who have contracted a dual infection will show signs of syphilis even allowing for a possible prolongation of the incubation period by reason of having received penicillin for the treatment of gonorrhoea.

Two of the women who received penicillin treatment for gonorrhoea did, in fact, develop signs of syphilis during this observation period. In neither case did the incubation period appear to be prolonged.



Penicillin in beeswax and arachis oil is also reputed to produce excellent results in the treatment of gonorrhoea. One injection of 200,000 units produces cure in well over 90 per cent. of cases.

The employment of such a potent remedy as penicillin in the treatment of syphilis and gonorrhoea promises a fairly rapid reduction in the incidence of these diseases during the post war years.

#### NON-VENEREAL DISEASES.

The number of cases of non-venereal disease attending the clinic remains at a high level. *Trichomonas vaginitis* accounts for a high proportion of the female cases. Stovarsol continues to give good results in the treatment of this condition.

#### REGULATION 33B AND CONTACT TRACING.

The working of this regulation was fully described in the annual report for 1943. The following table shows the results for 1945 and refers to patients residing within the Borough.

	Males	Females
(1) (a) Total number in respect of whom Form I was received ..	-	6
Number in (a) transferred from other areas .. .. .	-	1
(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 ..	-	5
(a) Contacts found .. .. .	-	2
(b) Contacts examined .. .. .	-	1
(3) Number of those in (1) in respect of whom two or more Forms I were received .. .. .	-	-
(4) Number of those in (3) who were :		
(a) Found .. .. .	-	-
(b) Examined after persuasion .. .. .	-	-
(c) Served with Form II .. .. .	-	-
(d) Examined after service of Form II .. .. .	-	-
(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 1944.

On the other hand, 6 cases of syphilis, 19 cases of gonorrhoea and 28 non-venereal cases were brought under treatment by the persuasive efforts of the original patient. For the most part these contacts were wives, husbands or fiancées.



## PATHOLOGY.

The pathological work performed during 1945 in connection with venereal disease is summarised in the following table :—

Examinations of pathological material	MICROSCOPICAL for detection of		CULTURAL for detection of	SEROLOGICAL			Other tests
	Spiroch- aetes	Gonococci, Trichomonas vaginalis, or other organisms	Gonococci	Wasser- mann or Kahn reaction	Wasser- mann and Kahn reaction	Gono- coccal comple- ment fixation test	
Specimens from persons attending at the treatment centre which were examined at the centre	10	757	—	—	—	—	—
Specimens from persons attending at the treatment centre which were examined at the							
Rotherham laboratory	—	702	13	—	—	—	3
Sheffield University	—	—	—	23	1000	103	—
Specimens from persons in hospitals and from private practitioners' patients which were examined at the							
Rotherham laboratory	—	98	—	—	—	—	—
Sheffield University	—	—	—	24	220	9	—

(The above figures are exclusive of 142 Wassermann and Kahn reactions carried out on ante-natal cases.)

## SECTION IX

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### MATERNITY AND CHILD WELFARE.

#### MIDWIVES.

The increasing favour of institutional care during confinement was again demonstrated in 1945. The percentage of confinements taking place in institutions including private nursing and maternity homes was 60·5 as compared with 56·9 in 1944 and 53·7 in 1943. Private practice remained constant at approximately 20 per cent. of the total confinements of the area.

During 1945, 36 midwives notified their intention to practise midwifery within the area of the Local Supervising Authority. Of these, 13 were on the staff of the Corporation's domiciliary service ; 7 were in private practice—5 within maternity and nursing homes ; 6 were district nurses and reliefs employed by the district nursing associations undertaking midwifery by agreement for the local authority; and 10 were on the staff of the maternity department of the Municipal General Hospital. In addition, 2 midwives on the staff of the voluntary general hospital acted as maternity nurses to 5 cases admitted to hospital for caesarean section during the year. The total number of midwives actually engaged in practice at the end of the year was 32.

Supervision of mode of practice and of the nursing technique of midwives was exercised by the Obstetric Officer and the Superintendent Midwife ; lay administration and co-ordination with the health visiting and clinic services being conducted by the Superintendent Health Visitor. All midwives performed their duties within the rules laid down by the Central Midwives Board, and therefore no penal action was necessary.

The domiciliary service functioned throughout the year with little interruption. Continuity of staff, a basic factor in the satisfactory operation of the service, was maintained.

It is with great regret that one records that Mrs. Gresser, an old member of the domiciliary service, died in office in December. The vacancy thus created was immediately filled by a midwife who had previously been in the domiciliary service and who recently had resigned a post of staff midwife in hospital.

The Superintendent Midwife was granted leave of absence owing to ill health on the 5th November and the deputy took over the administrative duties and also carried on her district practice to the end of the year, no relief midwife being appointed.



Six of the domiciliary midwives were sent to the Jessop Hospital, Sheffield, for training in the administration of analgesics, and all attained the approved standard. A further five midwives will be required to take the training at a future date. Apparatus for the administration of analgesics on the area has not yet been obtained.

The Rushcliffe Midwives Salaries Committee's recommendations regarding off-duty for domiciliary midwives were fully implemented on the 1st January and the conditions of service as set out in the report for 1944 are now operative.

During the year, a holiday relief midwife was provided with a house by the local authority, making a total of four tied tenancies in the service. The principle of a basic rent for midwives, as recommended by the Midwives Salaries Committee, remains the sole recommendation of that Committee not implemented by the County Borough Council.

### DISTRICT ANTE-NATAL CLINICS.

There is no change to report in the conduct, scope and staffing of these clinics.

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 ..	23	150	20	9	184	23	12	265	23	15	13.2
Coleridge Road ..	47	239	42	13	289	44	17	451	50	38	11.5
Greasbrough ..	11	37	6	1	45	6	1	86	12	1	9.0
Thorpe ..	12	17	2	—	19	2	3	32	2	4	3.2
Total ..	93	443	70	23	537	75	33	834	87	58	10.5

### 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	..	..	..	..	..	..	744	
Still births	..	..	..	..	..	..	52	
							<hr/>	796

By midwives :

Live births	..	..	..	..	..	..	1031	
Still births	..	..	..	..	..	..	25	
							<hr/>	1056

By parents :

Live births	..	..	..	..	..	..	-	
Still births	..	..	..	..	..	..	-	
							<hr/>	1852

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

Born in institutions or attended by doctors :

Live births	..	..	..	..	..	..	7	
Still births	..	..	..	..	..	..	1	
							<hr/>	8

Attended by midwives :

Live births	..	..	..	..	..	..	-	
Still births	..	..	..	..	..	..	-	
							<hr/>	8

## HEALTH VISITING.

On the 1st January, 1945, staffing was two under strength. One vacancy was filled in January, and thereafter a staff deficiency of one remained until the 30th September, when it was again increased to two by the transfer of Miss Gaffney to service under another authority. No appointments to these vacancies were made and staffing was two under strength at the end of the year.

The difficulties resulting from lack of staff were fully commented on in the report for 1944. The local position has not improved and higher national standards cannot obtain until the case load of health visitors is limited and their duties properly co-related.



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

Visits and enquiries in respect of :

Expectant mothers—1st visits ..	713	Verminous conditions .. ..	133
Expectant mothers—re-visits ..	321	Death enquiries .. ..	22
Post-natal visits—1st visits ..	408	Medical aid enquiries ..	8
Post-natal visits—re-visits ..	31	Measles .. ..	727
Still-births .. ..	63	Chickenpox .. ..	6
Births—1st visits .. ..	1394	Pneumonia .. ..	14
Infants under 1 year .. ..	6651	Whooping cough .. ..	117
Infants—1 to 5 years .. ..	13495	Diarrhoea .. ..	9
Ineffective visits—under 1 year	1092	Puerperal pyrexia .. ..	3
Ineffective visits—1 to 5 years ..	1785	Ophthalmia neonatorum ..	4
Defects followed up—under 1 yr.	145	Tuberculosis .. ..	570
Defects followed up—1 to 5 yrs.	397	Tuberculosis—contacts ..	24
Premature infants under 3 mths.	65	Pemphigus neonatorum ..	1
Illegitimate children—under 1 yr.	283	Scabies .. ..	95
Illegitimate children—1 to 2 yrs.	233	Mental defectives .. ..	443
Breast abscess .. ..	3	Public lavatories .. ..	44
School entrants .. ..	698	V.D. clinic defaulters ..	5
Foster children (Public Health		Cancer clinic defaulters ..	4
Act 1936) .. ..	80		
Pre-adoption enquiries .. ..	42	Attendances at :	
Adoption of children (Regulation)		Ante-natal clinics .. ..	94
Act 1939 .. ..	23	Child welfare clinics ..	531
Foster mothers .. ..	8	Nursery medical sessions ..	20
Ill-cared for children—under 1		Venereal diseases clinics ..	5
year .. ..	289	Tuberculosis dispensary ..	113
Ill-cared for children—1 to 5 yrs.	756	Paediatric clinic .. ..	10
Total half-days spent visiting	.. ..	2372	
Houses visited .. ..	.. ..	22805	

## CHILD WELFARE CENTRES.

The standard of medical sessions adopted on the appointment of Dr. Lindsay in 1944 was continued throughout 1945.

The closure of the Arnold Road Wartime Nursery in May resulted in the nursery sessions being continued thereafter solely at the Thames Street Nursery.

The average attendance at all the centres has been much the same as in 1944.

Immunisation of pre-school children has been performed during child welfare sessions as well as at the special immunisation clinics held at other times on the centre premises.

Propaganda on the value of the welfare foods provided by the Ministry of Food for expectant mothers and children has been widely put over at the centres, but with no appreciable increase in the take up of the several foods concerned. From a survey on the question of "take-up" which was made throughout the area, it was evident that



this declines with the general standards of households. Mothers lacking in initiative or native wit just cannot "be bothered" to collect the welfare foods, and seldom take the time to attend child welfare centres, which attendance now necessarily requires a cleanly state of mother and child both in person and clothing.

This factor of a higher hygienic state which now attaches to centre attendance has created a barrier to the attendance at the centres of mothers of low standards of living, whose needs are consequently greater and who seldom come within the sphere of the child welfare medical personnel.

Malnutrition and lack of spirit, like poverty and mental deficiency, are now so inter-related that it is difficult to determine cause and effect. The contribution towards solving some of these problems which may be afforded by family allowances is awaited with interest. In a state in which the basic needs of all are met in equal quantity according to those needs, there should be no submerging of the individual. If family allowances and a fair rationing of commodities do not secure a decent living standard for all children, then, from those who fall short, will arise a new problem requiring research and perhaps bolder experiment in adaptation to environment.

Physical well-being may not be the sole guarantee of happiness, but without it a child's chances of attaining full expression and development are infinitely reduced, and although a child may attain a deep sense of security in his mother under appalling conditions, the fact remains, that an equal sense of security can be attained within living standards more in keeping with the accepted decencies and human values.

The spheres of influence in child welfare work which still need to be expanded to attain fruition are the schemes for the welfare of the prematurely born, for the handicapped children of the social problem group, and convalescent provision for the under-fives.

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 .. ..	101	345	34	510	451	2737	1864	45·6
Coleridge Road .. ..	101	427	53	739	431	3616	1598	51·6
Greasbrough .. ..	38	46	5	108	125	665	617	33·7
Thorpe .. ..	23	40	1	60	39	256	179	18·9
Canklow .. ..	47	125	18	191	124	979	554	32·6
Nurseries .. ..	21	13	5	29	100	111	590	33·4
Total .. ..	331	996	116	1637	1270	8364	5402	41·6



# 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 .. .. .	24	9	2	2	37	16	18	8	6	85
uncertified .. .. .	-	-	-	-	-	-	-	-	-	-
Small-pox .. .. .	-	-	-	-	-	-	-	-	-	-
Chicken-pox .. .. .	-	-	-	-	-	-	-	-	-	-
Measles .. .. .	-	-	-	-	-	-	-	-	-	-
Scarlet-fever .. .. .	-	-	-	-	-	-	-	-	-	-
Whooping cough .. .. .	-	-	-	-	-	-	1	1	-	2
Diphtheria and croup .. .. .	-	-	-	-	-	-	-	-	-	-
Erysipelas .. .. .	-	-	-	-	-	-	-	-	-	-
Tuberculous meningitis .. .. .	-	-	-	-	-	-	-	-	-	-
Pulmonary tuberculosis .. .. .	-	-	-	-	-	-	-	-	-	-
Other tuberculous diseases .. .. .	-	-	-	-	-	-	-	-	-	-
Meningitis (not tuberculous) .. .. .	-	-	-	-	-	1	-	-	-	1
Convulsions .. .. .	-	-	-	-	-	-	1	-	1	2
Laryngitis .. .. .	-	-	-	-	-	-	-	-	-	-
Bronchitis .. .. .	-	-	-	1	1	3	2	1	-	7
Pneumonia (all forms) .. .. .	2	2	-	1	5	4	4	3	3	19
Diarrhoea .. .. .	-	-	-	-	-	-	-	-	-	-
Enteritis .. .. .	-	2	-	-	2	1	7	1	-	11
Gastritis .. .. .	-	-	-	-	-	-	-	-	-	-
Syphilis .. .. .	-	-	-	-	-	-	1	-	-	1
Rickets .. .. .	-	-	-	-	-	-	-	-	-	-
Suffocation, overlying .. .. .	-	-	-	-	-	-	2	-	-	2
Injury at birth .. .. .	2	1	-	-	3	-	-	-	-	3
Atelectasis .. .. .	2	-	-	-	2	1	-	-	-	3
Congenital malformations .. .. .	4	1	1	-	6	5	-	1	-	12
Premature birth .. .. .	12	2	-	-	14	-	-	-	-	14
Atrophy, debility & marasmus .. .. .	2	1	1	-	4	-	-	-	-	4
Other causes .. .. .	-	-	-	-	-	1	-	1	2	4
Totals .. .. .	24	9	2	2	37	16	18	8	6	85

Nett births in the year : legitimate infants .. .. . 1446  
   illegitimate infants .. .. . 89  
 Nett deaths in the year : legitimate .. .. . 83  
   illegitimate .. .. . 2  
 Infantile mortality rate per 1,000 births : legitimate .. .. . 58  
   illegitimate .. .. . 22

## HOME HELPS.

This service failed to function during the year owing to the inability to obtain staff.

## 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	Refractions attendances	Re-inspections	Spectacles prescribed
Mothers .. ..	1	1	1	—
Children .. ..	55	121	221	43

## AURAL TREATMENT.

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

The following table gives details of the cases treated :—

		Admitted	E.N.T. operation		Days in
			performed	not performed	hospital
Pre-school children	..	62	61	1	98
School children	..	321	319	2	578
		<hr/>	<hr/>	<hr/>	<hr/>
Total	.. ..	383	380	3	676
		<hr/>	<hr/>	<hr/>	<hr/>

## 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
6	13	45	62

79 intermediate treatments were given to these patients at the remedial exercises clinics.



## 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 1945	Total 1944
Individuals treated .. ..	213	113	326	345
Attendances made .. ..	862	151	1013	1011
Extractions :				
permanent teeth .. ..	1230	—	1230	1740
temporary teeth.. ..	—	271	271	239
Fillings :				
permanent teeth .. ..	68	—	68	84
temporary teeth.. ..	—	9	9	11
Anaesthetics :				
local .. .. .	54	1	55	39
general .. .. .	286	123	409	475
Other operations .. ..	431	22	453	464
Patients supplied with dentures .. .. .	75	—	75	62

The most interesting feature, and one which augurs well for the future, is the decrease during the past seven years of the number of children requiring extractions at less than 5 years old. In 1938, 343 children had 898 teeth removed whereas in 1945, 113 children required 271 teeth extracting ; since the majority of such patients attend the clinics, rather than private practitioners, it would seem safe to assume that there is a definite improvement in the structure of the teeth in children brought up on wartime diet. It will be interesting to see if this decrease in dental decay continues when the " whiter loaf " is again produced. The full effect of the extraction of deciduous teeth (a term much preferable to " milk " or " temporary teeth ") at such early ages, is only felt when the permanent teeth in the pre-molar regions are erupting, i.e., at say ten to twelve years of age ; and mothers cannot be too often reminded of the value of the first teeth. It is to be hoped that in the near future it will be possible to carry out more work of a conservative nature in these teeth.

The number of patients attending from the ante-natal clinics was higher than in any previous year since 1938, though it is noticeable that the teeth of the younger women are an improvement on those that used to be seen before the war in the mouths of women of comparable ages. It is perhaps unfortunate that time does not permit of enquiring in detail into the dental treatment required at the various age groups of these expectant mothers. However there are still many patients requiring complete extractions and supplying of dentures, and 75 women had either full or partial dentures in 1945. The greater part of the denture making is done by a mechanic in Sheffield, but any adjustments are done by the dentists and sometimes no inconsiderable time has to be



spent on such work ; perhaps, in view of the amount of work done in making regulation appliances and one-tooth dentures for school children in addition to the work mentioned above, it will soon be found possible to appoint a full-time mechanic. The present arrangements are satisfactory and can be reviewed when any national scheme for medical and dental treatment crystallises from the proposals now under discussion.

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

					Full dentures	Partial dentures
Applications received	..	..	..	..	48	18
Granted free	..	..	..	..	5	2
Granted half-cost	..	..	..	..	2	1
Granted at cost	..	..	..	..	41	15
Approximate cost	..	..	..	..	£175/4/-	£35/2/6
Amount recovered	..	..	..	..	£153/6/-	£30/16/6

The gap in the dental treatment scheme, which exists between the time the child leaves school and the attendance of the young expectant mother at the ante-natal clinic, is a handicap in maintaining sound oral hygiene. If all adolescent girls, and indeed all women of child bearing age were regarded as potential mothers, and included in the medical services scheme of regular dental inspection and curative treatment, the stress of extraction and extensive dental treatment during pregnancy would be eliminated and the general health level of all parturient women would be greatly improved.

The present scheme so far as mothers are concerned is curative rather than preventative. Expectant mothers complaining of toothache or with apparent extensive caries are referred to the dental surgeon; but the surgeon does not examine the teeth of all the women attending the ante-natal clinics as a routine measure. It is very much open to doubt that early caries, the treatment of which is the most important, can be detected without the dental surgeon's mirror and his specialised examination.

Routine oral inspection of all expectant mothers would be a step forward, but routine inspection and treatment of all potential mothers would perfect the scheme. A high average attendance at the dental surgeries by women advanced in pregnancy cannot be regarded as the highest interpretation of a scheme of oral health or of maternal welfare.

Although pregnancy may be a normal function to which no ills should be attached, there are in fact discomforts, and dental treatment during pregnancy is one which should be eliminated in so far as this is practicable.



## ILLEGITIMATE CHILDREN.

MINISTRY OF HEALTH CIRCULAR 2866.

There has been no change in the scheme of welfare of the unmarried mother and her child.

This problem is so linked up with that of nursery provision for children, and of ante-natal and post-natal provision, that any extension of the scheme can only be considered in relation to this wider development, which would require the building of specially designed premises or the adaptation of existing buildings.

A report on the provision of a local authority nursery, which envisaged this wider provision for the unmarried mother and her child, was submitted to the Medical Services Committee in October, 1945. This stated :—

“ consideration should be given to the attachment of a hostel to the nursery premises. In the hostel part, ante-natal and post-natal unmarried mothers (and married mothers where necessary) could stay during the last three months of pregnancy and the first three months of lactation. Sufficient residential accommodation should be available to provide a permanent home for unmarried mothers who are in full working capacity and have no home of their own. Such mothers would have easy access to their children in the nursery part so that the child/mother relationship would be maintained and adoption made a secondary consideration.”

No action on this report has, so far, been taken.

The post of almoner, as recommended in Circular 2866 was advertised but failed to attract any candidates. A proposal to appoint a health visitor with a qualification in social case work to the post, was under consideration at the end of the year.

Meanwhile, the general arrangements for the welfare of the illegitimate children have been administered by the Superintendent Health Visitor in association with the existing workers in voluntary societies. The extent of this work, in interviews, correspondence, the visiting of proposed fosterings, adoptions, and cases of difficulty, has made serious encroachment on the Superintendent's time which should have been more properly devoted to the supervisory duties in connection with her office.

The district health visitors have accorded a priority of interest in the visiting of mothers and children within this group and the recommendations in Circular 2866 have been implemented as far as possible.

The following is the general outline of the existing scheme :—

1. Illegitimate pregnancies are brought to the notice of the Department of Health through the ante-natal clinics of the hospital or the district midwifery service, through the midwives themselves, through relatives and through information obtained in the normal routine home visiting of the health visitor.



2. Thereafter the district health visitor visits the expectant mother and advises on ante-natal and post-natal provisions and on the solution of the several problems of the particular case. It is in the social aspect of the work that the Superintendent acts as liaison officer with the voluntary and official bodies which are able to assist in removing some of the difficulties encountered.
3. Advice is given regarding affiliation, and, in the case of single girls, the absorption of the child into the mother's family is encouraged.
4. Information regarding the adoption of the child is given if this course is considered desirable.
5. Information on the legitimation of the child on the marriage of its parents is given and mothers are advised to re-register the birth of a legitimated infant.
6. Where a mother marries, the husband not being the father of the child, advice is given on a joint application for the adoption of the infant.
7. Daily and residential accommodation in the Thames Street Nursery is obtained as necessary and liaison with the Social Welfare Department is maintained to secure institutional care during pregnancy, and out-door relief for the mother and child during the early months of lactation. Nursery accommodation at the Social Welfare Committee's nursery is also used.

It is to be regretted that maternity and destitution should ever be synonymous.

8. Unmarried mothers and their children are visited by the health visitors until the child enters upon school life. Where an illegitimate child is fostered or adopted within the area supervision of the infant is still maintained. When a mother and child remove or a child is placed either for fostering or adoption outside the area, confidential information is sent to the medical officer of health of the area into which the child is taken.
9. Children in the "nomadic group"—the normal population of houses let in lodgings and the casual admissions to Social Welfare Nurseries and Homes, provide the hard core in the supervision of the illegitimate children. Difficult at all times to trace and to maintain under supervision, these children are frequently lost sight of. A weekly return of admissions to, and discharges from, these homes is furnished to the Medical Officer of Health. The return is of value in the following up of the nomadic group but social welfare officials are not always able to state "the address from which the child was admitted" or "the address to which the child is discharged." Registration of travellers, which applies to hotels and boarding houses might, with advantage, be applied to the transitory residents of social welfare nurseries and homes.



The following table gives an analysis of the extent of the problem of illegitimacy relating to children under five as on the 31st December, 1945. The average number of illegitimate births dealt with in pre-war years was 40 ; that it should have been 91 in 1945 is indicative that, with the termination of hostilities and the return of the men from the Services, many maladjustments in family relationships will have to be restored.

	YEAR OF BIRTH					TOTAL
	1941	1942	1943	1944	1945	
A. MOTHER AND CHILD TOGETHER AND :						
Parents co-habiting.. .. .	14	17	14	22	22	89
Parents now married, child legitimated ..	2	7	4	6	2	21
Child accepted by husband on marriage ..	1	4	2	-	1	8
Child accepted by husband after re- conciliation .. .. .	-	-	-	3	1	4
With relatives .. .. .	13	15	12	18	28	86
At own home .. .. .	3	3	4	3	8	21
Total .. .. .	33	46	36	52	62	229
B. MOTHER AND CHILD SEPARATED AND :						
Child accepted by wife after reconciliation	1	-	-	-	-	1
Child adopted .. .. .	5	3	13	8	11	40
Child fostered .. .. .	-	-	1	1	-	2
Child resident in wartime nursery ..	-	2	1	2	1	6
Child resident in Social Welfare Com- mittee's nursery or home .. ..	1	-	4	2	-	7
Child remained in hospital since birth ..	-	-	-	1	1	2
Child taken by relatives .. .. .	2	2	4	1	2	11
Total .. .. .	9	7	23	15	15	69
Mother and child removed out of area, records						
sent out .. .. .	7	10	11	7	8	43
Child died within 14 days of birth .. ..	2	3	4	5	2	16
Lost sight of .. .. .	1	3	6	2	4	16
Total .. .. .	10	16	21	14	14	75
TOTAL CHILDREN DEALT WITH .. .. .	52	69	80	81	91	373

On the 31st December, 1945, of the 298 children classified under A and B, eighteen had died during the five years under review.

## CONCLUSIONS.

1. That, on the 31st December, 1945, there were 298 infants of Rotherham domiciled on the five year register of whom 18 had died between the ages of 14 days and 5 years.
2. That of these 298 cases, in 229 instances the mother/child relationship had been maintained (approximately 77 per cent. of the whole).



3. That of the 69 cases in which the relationship was not maintained in 11 (or 16 per cent. of these cases) the child was taken by relatives within the mother's family.
4. That of the 298 cases, in only 40, or 13·4 per cent. of the whole, was adoption sought. It is to be regretted that, in this group, the mother's right to her child is still in dispute at the bar of society and that adoption is still resorted to not from personal choice, but from economic and social pressure.

From these conclusions it is evident that in the face of many difficulties the mother/child relationship has been maintained. Therefore no scheme for the welfare of the unmarried mother and her child is adequate which does not subscribe to this principle, and provide specially adapted schemes of maternal welfare and supervision of the mother and child until either the child is self-supporting, or the mother marries, and the child is absorbed happily in the new family unit.

### ADOPTION OF CHILDREN (REGULATION) ACT, 1939.

Three children were under statutory supervision at the commencement of the year, and of these, two were legally adopted and the third was returned to the Children's Home of the Social Welfare Committee as unsuitable for adoption.

Formal notice under the Act was received in respect of one infant during the year. The placing of the child was approved and an Adoption Order was later obtained.

No children were therefore remaining under supervision at the end of the year.

During 1945, twenty-three visits were paid by the health visitors to "adopted children" under the Act and area vigilance was exercised in normal routine visiting, in order to bring within supervision such children as had been placed by parents and to whom the provisions of the Act do not apply.

During the year, a contravention of the Act was observed in the publication of an advertisement by means of a notice displayed in a shop window stating that a parent desired the adoption of an infant. The occupier of the premises was visited by the Superintendent Health Visitor, and was warned of her liability. She pleaded ignorance and immediately withdrew the notice from display. A letter was thereafter addressed to the occupier of the premises by the Medical Officer of Health confirming the visit and the warning given, stating that in the event of further default, legal proceedings would be instituted.

Liaison with the registered adoption societies placing children within the area has been maintained. All the homes into which children from these societies have been received have been visited and approved by the infant life protection visitors before the children have been placed. Progress reports have also been furnished to the societies as required. In all, forty-two reports have been furnished to the following societies prior to the placing of children during 1945 :—



The Sheffield and District Adoption Committee of the Sheffield Council of Social Service.

The Leeds Diocesan Rescue and Protection Society.

The National Adoption Society.

The Homeless Children's Aid and Adoption Society.

The Scottish Association for the Adoption of Children.

The number of visits paid to these children after the placing have not been separately recorded but the health visitors have continued their supervision up to the time the children have entered school irrespective of when an Adoption Order was obtained.

The health visitors do not furnish the home condition reports for the information of the magistrates when the application for the Adoption Order is heard. These reports are made by an officer of the Local Education Authority acting independently. Although this results in a plurality of visiting for a short time, it also provides a double check on the suitability of the applicants in safeguarding the welfare of the child.

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

Five children were fostered for reward at the commencement of the year and of these, one was removed and placed for adoption by a moral welfare worker, one was adopted by the fosterparents and three remained on the list at the end of the year.

Twelve new registrations of children being received for reward apart from their parents were recorded during the year. Of these, five children returned to the custody of their parents, one was adopted and six remained with their foster-parents making a total of nine children under supervision at the end of the year.

Eighty visits were paid to foster-children by the infant life protection visitors during the year. The standard of care was good. No deaths were recorded.

A point of law concerning the application of Section 206 of the Act to premature infants retained in maternity homes after the discharge of the mother, was referred to the Ministry of Health in November and the question remained sub judice at the close of the year. The section is applied when a child is retained in a maternity home pending adoption, the first case of this kind having come under observation during the year.

#### WAR-TIME NURSERIES.

At the end of 1944, notification was received from the Ministry of Health that after consultation with the Ministry of Labour and the Supply Departments, the continuance of the Erskine Road Nursery was not justified. The nursery was accordingly closed for the reception of children on 23rd December, 1944, and was finally closed down after cleaning, inventory, etc., on 6th January, 1945.



A similar decision was arrived at in April regarding the Arnold Road Nursery, and this was closed for the admission of children on the evening of 27th April, 1945, being ultimately closed down about a fortnight later. This left only the Thames Street Nursery in use at the end of the year. It is a pre-fabricated double unit providing 80 places by day and 26 by night.

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

Month	Arnold Rd.		Thames St.		Total	
	Day	Night	Day	Night	Day	Night
January .. .. .	27·6	17·9	39·2	19·4	66·8	37·3
February .. .. .	16·7	9·9	33·1	14·8	49·8	24·7
March .. .. .	21·3	13·8	29·0	11·8	50·3	25·6
April .. .. .	15·8	9·1	36·2	13·8	52·0	22·9
May .. .. .	—	—	40·9	21·4	40·9	21·4
June .. .. .	—	—	29·2	17·2	29·2	17·2
July .. .. .	—	—	37·3	18·8	37·3	18·8
August .. .. .	—	—	30·6	14·8	30·6	14·8
September .. .. .	—	—	35·5	16·4	35·5	16·4
October .. .. .	—	—	32·3	14·1	32·3	14·1
November .. .. .	—	—	34·3	17·0	34·3	17·0
December .. .. .	—	—	35·0	19·8	35·0	19·8

The Arnold Road Nursery was closed for part of the month of February, 1945, owing to an outbreak of measles.

One of the nurses at the Thames Street Nursery developed Sonne dysentery on 18th May, and in view of her close contact with the children it was decided not to admit any new children from that date or to discharge any children. The whole of the children and nursery and domestic staffs were swabbed. Of the 76 swabs examined, it was found that eight were positive to Sonne dysentery and two to Flexner dysentery. These ten persons, one of whom was a member of the staff, were found to be carriers and not suffering from dysentery. All persons in the nursery were given a five day course of treatment with sulphaguanidine, and after a week's interval were re-swabbed on alternate days on three occasions.

As a result of the re-swabbing, seven children were found to be still carrying dysentery organisms. Five of these were sent home with instructions for their own doctor to carry out the treatment, and the other two were admitted to the Isolation Hospital owing to the impracticability of sending them home.

Following the exclusion of these children, all the people in the nursery were given a second course of treatment between 12th and 16th June. They were then re-swabbed on 25th June and the succeeding two alternate days, and all gave negative results. The nursery was then able to resume its normal routine and new cases were then admitted.



In view of the prevalence of diarrhoea throughout the Borough about this period, general practitioners in the area were circularised drawing their attention to the possibility of the cases being dysentery, and to the facilities for investigation provided by the Clinical Laboratory, together with details of the most modern form of treatment.

The following report on the establishment of a local authority nursery in the event of the disbandment of the existing war-time nursery at Thames Street was submitted to the Medical Services Committee at their meeting on 15th October, 1945.

“No suggestion has so far been made that this nursery will cease in the immediate future, but recent questions in the House of Commons have made it clear that the Government wish local authorities to take over such buildings either as nursery schools or as nurseries when the appropriate time arrives.

Welfare authorities are empowered by the Public Health Act, 1936, to make provision for the care of children under five years of age who are not being educated in schools recognised by the Ministry of Education ; and the Ministry of Health is prepared to approve a nursery under these powers provided it does not prejudice or interfere with the provision of nursery schools or classes.

Whatever facilities under the Education Act may be made for nursery schools or classes to deal with children from 2½ or 3 years upwards, there will still be the children under this age in the province of the local authority as a child welfare authority, and for whom a nursery needs to be considered.

While it is reasonable to assume that with the diminution of female labour, more mothers will be able to look after their small children, so lessening the number of entrants to a war-time nursery, there will still be a number of women with small children ready, either continuously or from time to time, to make use of a local authority nursery. Such women may be roughly classified as follows :—

1. Women who have to work ; for example : widows with children, and mothers of illegitimate children ; women who have to augment a husband's wages or pension, and so on.
2. Mothers who are sick themselves or have to nurse someone who is ill. This includes mothers going to have another baby or who are being confined at home or in hospital.
3. Mothers who live in unwholesome or overcrowded houses or on main streets where it is dangerous for children to play.
4. Mother who recognise that it is advantageous for a child to be in healthy happy surroundings and mixing with its fellows for some part of the day. It is generally agreed that self confidence and independence are so nurtured ; and that regulation of play and rest, carefully planned food, regular medical attention, toys and equipment that few mothers can buy, all contribute to a child's well being.
5. Women who appreciate that a happy wife and mother should have time for rest, recreation and outside interests.



Even with the provision of nursery schools and classes catering for children from 2—5 years of age, the nursery can still function for this group also, particularly in the morning before 9.0 a.m., in the afternoon after 4.0 p.m., during school holidays, as well as in the domestic crises of illness and confinement.

While the foregoing applies to the nursery proper, either residential or day, consideration should be given to the attachment of a hostel to the nursery premises.

In the hostel part, ante-natal and post-natal unmarried mothers (and married mothers where necessary) could stay during the last three months of pregnancy and the first three months of lactation. Sufficient residential accommodation should be available to provide a permanent home for unmarried mothers who are in full working capacity and have no home of their own. Such mothers would have easy access to their children in the nursery part so that the child/mother relationship would be maintained where it was desired, and adoption made of secondary consideration.

At the present time nursery children under five years of age are under the care of two committees : Social Welfare and Medical Services, and are divisible into (a) children under three years of age at the Mount and (b) children in the war-time nursery.

It seems to be worth considering that these pre-school children might be placed under one committee (or joint committee) and looked after in a well-equipped nursery. In view of Oakwood Grange being contemplated as a Children's Home where the amenities of fresh air and sunshine are greater than in the town the amalgamation of the two nurseries might be a possibility.

It can be argued of course that for daily children who are brought in the morning and taken home at night, the distance from the mother's home or workplace is a difficulty; yet even with a nursery at Thames Street it too presents a difficulty for residents in other parts of Rotherham.

For resident children, that is for those in the whole week or from Monday to Friday, the distance problem would be more easily overcome.

In order to show the activity of Thames Street at the present time, the children on the register for October is given :

Total number under 5 years	..	..	..	..	..	..	61
Under 1 year	..	..	..	..	..	..	6
1 to 2 years	..	..	..	..	..	..	15
2 to 3 years	..	..	..	..	..	..	13
3 to 5 years	..	..	..	..	..	..	27

Divided into residents and daily children these are :—

						Resident	Daily
Under 1 year	..	..	..	..	..	4	2
1 to 2 years	..	..	..	..	..	9	6
2 to 3 years	..	..	..	..	..	7	6
3 to 5 years	..	..	..	..	..	3	24



## SECTION X

### MENTAL DEFICIENCY.

In the following table particulars are given for the year 1945 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	..	..	..	8	4	12
	Aged 16 years and over	..	..	..	30	32	62
	(2) On licence from institutions.						
	Under 16 years of age	..	..	..	—	—	—
	Aged 16 years and over	..	..	..	3	4	7
	(b) (1) Under guardianship (excluding cases on licence).						
	Under 16 years of age	..	..	..	—	—	—
	Aged 16 years and over	..	..	..	1	2	3
	(2) On licence from guardianship.						
	Under 16 years of age	..	..	..	—	—	—
	Aged 16 years and over	..	..	..	1	1	2
2.	In "places of safety."						
	Under 16 years of age	..	..	..	—	—	—
	Aged 16 years and over	..	..	..	—	—	—
3.	Under statutory supervision.	..	..	..	22	20	42
	of whom—						
	(a) Awaiting removal to an institution	..	..	..	7	6	13
4.	Action not yet taken under any one of the above headings	..			16	18	34

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

..	..	..	..	..	..	..	43	59	102
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The total number of mental defectives under the supervision of the Department at the end of 1945 was 264 comprising 124 males and 140 females. Of this number 86 were the subject of Orders under the Mental Deficiency Acts, 74 being resident in certified institutions, 7 on licence leave from such institutions, 3 under guardianship,



and 2 on licence leave from guardianship. The placing of these defectives is shown in tabular form below :—

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

#### STATE INSTITUTIONS.

In addition to these defectives, and not appearing in the foregoing statistics, there were seven defectives, six males and one female, detained in the Rampton State Institution. State institutions are maintained for the supervision of defectives who exhibit strongly criminal or vicious propensities and who are unsuitable on that account for the ordinary mental deficiency colony or institution. Two Rotherham patients were admitted to the Rampton State Institution during 1945 ; one, a feeble-minded youth aged 21 years, who had vicious sexual proclivities and who was admitted from Leeds Prison under an Order made by the Secretary of State, and the other was a feeble-minded man aged 35 years, who was transferred to Rampton from St. Catherine's. This last mentioned defective had formerly been detained in Rampton, was later admitted to St. Catherine's on licence from Rampton, and finally transferred to St. Catherine's. The improvement in his behaviour was not maintained, and it became necessary to arrange for his re-admission to Rampton.

#### ORDERS UNDER MENTAL DEFICIENCY ACTS.

Only three petitions for Orders under the Acts were presented during the year, and in each case an Order was made for admission to St. Catherine's. The patients were :—

1. A male imbecile aged 12 years whose parents had been imprisoned for child neglect.
2. A female imbecile aged 8 years whose mother was not able to give the necessary supervision.
3. A feeble-minded boy aged 15 years who was in trouble with the police regarding alleged cruelty to a dog.



#### LEAVE OF ABSENCE ON LICENCE FROM INSTITUTIONS.

At the end of 1944 there were on licence leave from institutions four males and five females. It is pleasing to record that one of these, a young man aged 21 years, was discharged from Order by the Board of Control after two years' successful licence leave. In this case parental control and supervision were of a very high standard, and the problem of finding suitable employment, though made considerably more difficult by the patient's extremely defective vision, was finally overcome. A young male defective was returned to St. Catherine's after a second trial period of licence leave ; the failure of licence in this case being due to the unsuitability of parental supervision, the patient's mother attempting to make up her disciplinary deficiencies by "nagging". In only one case, a man aged 26 years who had been in St. Catherine's for eight years, was an initial period of absence on licence granted. Four of the five female defectives on licence leave from institutions at the end of 1944 remained on licence at the end of the year under review.

The defective young woman who absconded in January, 1944, from her employment as a hospital maid whilst on leave of absence on licence from The Home, Everton Terrace, Liverpool, has not since been found and the Order for detention has lapsed by operation of law.

#### GUARDIANSHIP.

There has been practically no change in the cases under guardianship during the year. One female defective under the supervision of the Brighton Guardianship Society was granted licence leave from her statutory guardian on account of domestic difficulties in the latter's home. The young man who was reported last year as being on licence leave to his brother in Rotherham continues to do well and application will be made for his discharge from Order in the near future.

#### GENERAL.

Eleven defectives, two males and nine females, were inmates of either the Municipal General Hospital or The Mount, Alma Road, Rotherham, at the end of the year, and 17 were receiving outdoor relief from the Social Welfare Committee. Statutory supervision was exercised by the Department of Health in 42 cases, 22 males and 20 females. Of this number 13, 7 males and 6 females, were awaiting accommodation in suitable institutions. All the other defectives were under the voluntary supervision of the Department in their own homes.

Domiciliary supervision was carried out by the health visitors who made 429 visits to the homes of defectives during the year.

Ten cases were notified by the Local Education Authority to the Local Authority during 1945 and all were placed under statutory supervision ; one of these however, a female idiot aged 10 years, died before institutional accommodation could be provided.



Four married defectives gave birth to children and two female defectives married during the year.

Five defectives died and the details are as follow :—

1. A male imbecile, aged 27 years died from broncho-pneumonia at St. Catherine's where he had been detained for 13 years.
2. A female feeble-minded person aged 65 years died from broncho-pneumonia at St. Catherine's where she had been detained for 13 years.
3. A male imbecile aged 72 years died from senility at the Municipal General Hospital.
4. A female imbecile aged 70 years died from chronic bronchitis at home.
5. A female idiot aged 10 years died from cerebral diplegia at home.

#### ST. CATHERINE'S INSTITUTION.

The allocation of accommodation for the use of Rotherham patients at St. Catherine's remains at 30 male and 35 female beds. The number of beds occupied at the end of 1945 was 36 male and 30 female excluding 3 males and 3 females on licence leave. This shows no change from the position at the close of 1944.

Two deaths occurred, and a male patient was transferred to Rampton during the year, and three new patients were admitted.

The serious overcrowding at this institution caused in the main by the use of two wards for Emergency Hospital purposes by the Ministry of Health, promises to be relieved to some degree in the near future. The Ministry of Health decided to withdraw the two children's wards from the Emergency Hospital Service as from the 15th October, 1945, and it is expected that these will be available after interior decoration for the relief of overcrowding and for a limited number of new admissions early in 1946.

Even when internal redistribution of patients at St. Catherine's following the release of the two wards has been effected, the fact remains that Rotherham's allocation of beds will remain at 65, and since there are 66 patients in residence plus 6 on licence leave, it cannot be expected that many additional beds will be available for Rotherham's use.

#### OBSERVATIONS.

The comments made during the past few years have been centred on the lack of suitable institutional accommodation for mental defectives and this theme must once more claim first attention. The problem is not a local one, nor is it a district or regional one ; the whole country is similarly affected, and the only solution, and that a long-term is by new building. Rotherham's immediate need is for accommodation for a small number of male and female patients of the lowest grade, but the ultimate shortage will be on the high grade adult side and it is estimated that in five or six years' time, Rotherham will need for this latter type of patient at least twice the number of beds it has at its disposal at St. Catherine's at present.



Some measure of the success of institutional treatment is afforded by the number of patients who are granted leave of absence on licence from institutions, but such a yardstick must not be applied too rigidly. A fairly large percentage of the high grade defectives who are admitted to institutions have become "subject to be dealt with" under the Mental Deficiency Acts because of some anti-social offence which has brought them before the courts. It is very often found that this class of defective responds well to institutional training; social or emotional maladjustments are straightened out, and in a year or two, the defective is ready for a trial on licence leave. But at this stage the conditions of his or her home life may, and all too often do, act as a barrier against the return to normal civilian life. Obviously it would be futile to return a defective, who in the past has exhibited delinquent tendencies, to an atmosphere where such tendencies might be re-awakened. As an example, the case of a high grade feeble-minded youth who pleaded guilty in 1942 to a charge of petty larceny and who was admitted to St. Catherine's following the Court's order that a petition be presented, can be quoted. This young man, now aged 22 years, has done well at St. Catherine's during the past three years and is deserving of a trial period of licence leave from the institution. His parents would only be too glad to have him at home, if only as an extra wage earner, but parental guidance and help would be almost completely lacking since both father and step-mother are mentally backward. The "home" consists of a single room in a house let in lodgings, which is used as living room, bedroom and kitchen by the defective's father and step-mother, and the step-mother's illegitimate child. Obviously the lad is much better off at St. Catherine's, but the need in this case, as in many other cases, is for some employer of labour to offer a home and job to the defective, so that he may have his rightful opportunity of re-entering the normal civilian stream. If socially-minded people would undertake such work as guardians they would be fulfilling a great need; they would have the benefit of the defective's labour; and, they would be liberating a certain amount of institutional accommodation for more pressing cases. In the absence of facilities for granting licence leave or for transfer to guardianship in deserving cases, the patient's outlook tends to become embittered, and the proper sequence of treatment—institutional, licence leave, discharge, is halted after the first stage.



## SECTION XI

### CLINICAL LABORATORY.

The report for 1944 outlined the work of the initial complete year of the laboratory service. In this report for 1945, which tabulates the work of a more fully equipped and better staffed laboratory, it will be seen that the investigations performed, expressed in unit values, doubled themselves, being 18,214 in 1944 and 39,596 in 1945.

The unit system applies to the examination of specimens from all hospitals and clinics of the Rotherham Corporation, as well as from the Rotherham Hospital. It is applicable also to specimens sent from the Rotherham Rural District Council and from the Maltby Urban District Council under agreements for the examination of swabs for diphtheria from their areas. It should be noted that although 9d. per unit is not strictly the actual cost, the system does show how the work has been distributed between the various users.

The unit values of specimens examined from the several users of the service are given in the following table and are also shown on a percentage basis of the total work of the laboratory during the years since the commencement.

User	Specimens examined (units)		Percentage of total work performed	
	1944	1945	1944	1945
Municipal General Hospital..	6494	11087	35·6	28·0
Rotherham Hospital ..	2823	11531	15·4	29·1
Oakwood Hall Sanatorium ..	1016	1396	5·6	3·5
Isolation Hospital .. ..	212	561	1·1	1·4
Practitioner Service ..	793	4897	4·4	12·4
Department of Health ..	4192	7301	23·1	18·4
Tuberculosis Dispensary ..	361	323	1·9	0·8
Venereal Diseases Centre ..	1223	2012	6·8	5·1
Rotherham R.D.C. .. ..	1047	415	5·8	1·1
Maltby U.D.C. .. ..	53	73	0·3	0·2
Total .. ..	18214	39596	100·0	100·0

During the year, consultations with the Clinical Pathologist by the various medical staffs have been an increasing feature.

With the expanding amount of work undertaken by the laboratory, it will be necessary to plan for the future, as it is now obvious that the present laboratory accommodation is too small. Space will need to be provided for histology, the preparation of media, a consulting room, and an animal house.



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

#### PUBLIC HEALTH AND CLINICS.

During the year there were numerous cases of dysentery of the Sonne and Flexner types. Many were fully investigated, the treatment checked and specimens from convalescents examined with a view to the prevention of carriers.

There was an outbreak of dysentery in one of the nurseries. Specimens were examined on seven occasions from 76 people for diagnosis and for the control of treatment.

A similar service was rendered to one of the children's homes where specimens were examined on three occasions from 14 people with satisfactory results.

During one week-end, several complaints were received of acute food poisoning following the consumption of pork pies. Although no specific organism was found the results of the investigation excluded typhoid or dysentery.

Following an outbreak of acute food poisoning in a school in the Parkgate area, many children were admitted to the Rotherham Hospital where numerous investigations were performed with negative results.

An unusual fatal case of food poisoning in 1944 following the consumption of a duck egg due to bact. typhi-murium was followed up and fully investigated. The strains isolated from the case proved to be of the same Vi-phage type as those isolated from the eggs, ovaries and intestinal tracts of the ducks composing the flock from which the egg was obtained. The latter investigations were performed by the Veterinary Laboratory of the Ministry of Agriculture and Fisheries, Weybridge.

Swabs from contacts of a case of diphtheria in a school canteen were examined with negative results.

During the year samples were tested monthly from all designated milks distributed in the Borough. The majority were up to standard. As more laboratory staff becomes available it is hoped to test regularly all milk retailed in the Borough.

The work for public health investigations constituted 18·4 per cent. of the total work of the laboratory.

#### HOSPITALS.

A close co-operation has been maintained between the laboratory and the medical staffs of the three municipal hospitals and of the Rotherham Hospital.

The pathologist has continued to visit the hospitals regularly and has attended the special consultation sessions at Rotherham Hospital. Regular blood examinations of cases of anaemia attending the out-patient departments have been made.



At present all the hospital laboratory work is concentrated at the central laboratory, but arrangements are being made to perform the simpler routine tests in the clinical side room of the Rotherham Hospital when technical staff is available.

It should be noted that in comparison with last year the work from the Rotherham Hospital has increased very rapidly.

#### PRACTITIONERS.

Advantage was taken by many more practitioners of the facilities offered by the laboratory during the year. They were also able to get supplies of penicillin which otherwise would have been unobtainable.

#### OUTSIDE AUTHORITIES.

Arrangements have continued for the examination of throat swabs for Rotherham Rural District Council and for Maltby Urban District Council.

#### DIPHTHERIA SWABS.

Swabs for examination for diphtheria constituted 8.3 per cent. of the work of the laboratory. These are also examined simultaneously for haemolytic streptococci and for the organisms of Vincent's angina, a procedure which has proved very beneficial as penicillin lozenges are effective in the treatment of septic sore throat associated with the haemolytic group and of carriers of this infection.

#### PERNICIOUS ANAEMIA.

Regular blood counts have been performed on a large number of cases of pernicious anaemia and their treatment regulated accordingly. At 31st December there were 67 cases under control from the out-patient departments of the two hospitals and private practitioners.

#### PENICILLIN.

During the year 105 million units were dispensed for systemic or local therapy for the hospitals and practitioners. As new methods of treatment have been discovered these have been rapidly introduced. Personal contact between the pathologist and the doctor has led to the instruction in the many ways of how to use penicillin to the best advantage.



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 .. .. .	515	548	596	640	684	842	623	738	562	758	839	707	8052	—
Unit values of specimens examined from :														
Municipal General Hospital ..	542	828	776	852	939	759	1013	1042	760	1176	1211	1189	11087	28.0
Rotherham Hospital ..	516	600	852	895	679	482	1160	1301	746	1309	1648	1343	11531	29.1
Oakwood Hall Sanatorium ..	148	61	103	119	228	124	125	113	106	101	94	74	1396	3.5
Isolation Hospital ..	—	32	46	63	51	88	46	—	93	65	67	10	561	1.4
Practitioner Service ..	227	149	361	369	283	211	322	438	416	603	978	540	4897	12.4
Department of Health ..	485	605	456	445	830	2103	329	333	336	538	364	453	7301	18.4
Tuberculosis Dispensary ..	20	24	25	21	30	50	43	26	22	24	18	20	323	0.8
Veneral Diseases Centre ..	118	200	200	236	212	298	62	250	162	114	86	74	2012	5.1
Rotherham R.D.C. ..	21	91	52	10	15	15	91	32	31	32	15	10	415	1.1
Maltby U.D.C. ..	16	10	—	16	—	—	5	5	—	16	5	—	73	0.2
Totals .. .. .	2093	2600	2871	3026	3267	4130	3196	3539	2697	3978	4486	3713	39596	100.0

The growth of the work of the laboratory is shown in the following table which gives the number of specimens examined month by month and their unit values during the years 1944 and 1945 :—

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Total number of specimens examined :													
1944 .. .. .	241	289	387	273	419	369	415	396	385	410	486	397	4467
1945 .. .. .	515	548	596	640	684	842	623	738	562	758	839	707	8052
Unit values of specimens examined :													
1944 .. .. .	1180	1192	1636	1097	1420	1447	1770	1519	1475	1724	1963	1791	18214
1945 .. .. .	2093	2600	2871	3026	3267	4130	3196	3539	2697	3978	4486	3713	39596



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	Milk	Mis-cellaneous	Total
Municipal General Hospital	3836	1122	1442	4662	x	x	x	—	25	11087
Rotherham Hospital ..	4439	607	1567	4918	x	x	x	—	—	11531
Oakwood Hall Sanatorium	27	6	—	173	2	1188	—	—	—	1396
Isolation Hospital ..	8	18	—	238	272	—	—	—	25	561
Practitioner Service ..	2203	538	611	1540	x	x	x	—	5	4897
Department of Health ..	28	12	—	2706	2672	1454	—	404	25	7301
Tuberculosis Dispensary ..	—	—	—	—	—	323	—	—	—	323
Venereal Diseases Centre ..	—	—	—	330	—	4	1678	—	—	2012
Rotherham R.D.C. ..	92	—	—	72	251	—	—	—	—	415
Maltby U.D.C. ..	—	—	—	—	73	—	—	—	—	73
Total ..	10633	2303	3620	14639	3270	2969	1678	404	80	39596
Per cent. ..	26.8	5.8	9.1	37.0	8.3	7.5	4.3	1.0	0.2	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.

The following summary gives the types of investigations which have been performed since 1944 expressed in unit values and also as a percentage of the total work of the laboratory.

Investigations performed (unit values) :	Haemato-logy	Urine	Bio-chemistry	Bacterio-logy	Diphtheria swabs	Tuber-culosis sputa	G.C. smears	Milk	Mis-cellaneous	Total
1944 ..	6404	1204	1084	1812	4404	1975	1223	—	108	18214
1945 ..	10633	2303	3620	14639	3270	2969	1678	404	80	39596
Percentage of total work :	35.1	6.6	5.9	10.0	24.3	10.8	6.7	—	0.6	100.0
1944 ..	26.8	5.8	9.1	37.0	8.3	7.5	4.3	1.0	0.2	100.0
1945 ..										











