

[Report 1951] / Medical Officer of Health, Rotherham County Borough.

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Rotherham (England). County Borough Council.

Publication/Creation

1951

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COUNTY BOROUGH OF ROTHERHAM

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1951



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(as at 31st December, 1951)

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COUNCILLOR Mrs. E. McNICHOLAS
COUNCILLOR J. E. MICKLETHWAIT
COUNCILLOR Mrs. M. H. MOORHOUSE, J.P.

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Mr. F. IRELAND
Mrs. F. M. KNIGHT, M.B.E., J.P.
Mr. H. NORTH
Miss E. M. RUSHFORTH
Mrs. E. SLACK, J.P.

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COUNCILLOR J. E. MICKLETHWAIT
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COUNCILLOR Mrs. E. McNICHOLAS

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REPRESENTATIVES ON THE SHEFFIELD, ROTHERHAM AND DISTRICT SMOKE ABATEMENT COMMITTEE

ALDERMAN F. HARPER, J.P.

COUNCILLOR F. DAVIES

STAFF

(as at 31st December, 1951)

MEDICAL OFFICER OF HEALTH AND CHIEF SCHOOL MEDICAL OFFICER :

William Barr, M.D., D.Sc., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND
SENIOR SCHOOL MEDICAL OFFICER :

Jos. A. Gillet, M.B., Ch.B., D.P.H.

ASSISTANT MEDICAL OFFICERS OF HEALTH AND
ASSISTANT SCHOOL MEDICAL OFFICERS :

Mary D. A. Boyd, M.B., Ch.B.

Anne O'Callaghan, M.B., Ch.B., D.C.H.

One vacancy.

SENIOR DENTAL OFFICER :

H. R. Heald, L.D.S.

ASSISTANT DENTAL OFFICERS :

G. W. Lowe, L.D.S.

Two vacancies.

CHIROPODIST (part time) :

L. Aldam, M.I.S.Ch.

CONSULTING STAFF (part time) :

OPHTHALMOLOGY :

W. M. Muirhead, M.B., Ch.B., D.O.M.S.

R.C.P.S. Eng.

EAR, NOSE AND THROAT :

H. M. Petty, M.B., Ch.B., D.L.O.,

R.C.P.S. Eng.

PSYCHIATRY :

R. Warnecke, M.R.C.S., L.R.C.P.,

D.P.M.

OBSTETRICS AND GYNAECOLOGY :

D. Ballantine, M.B., Ch.B., F.R.C.S.,

M.R.C.O.G., L.M.

TUBERCULOSIS :

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

ORTHODONTICS :

J. H. Gardiner, B.D.S.

ORTHOPAEDIC REGISTRAR :

E. G. Herzog, M.B., B.S. (Lond.),

M.R.C.S., L.R.C.P.

PUBLIC ANALYST (part time) :

H. Childs, B.Sc., F.R.I.C.

LAY ADMINISTRATIVE OFFICER :

G. E. Westby (1), (5)

SENIOR CLERK :

G. H. Biggin

MEDICAL OFFICER OF HEALTH'S SECRETARY :

Miss J. Caseldine

GENERAL OFFICE : CLERICAL STAFF :

5 Clerks

SENIOR SANITARY INSPECTOR :

L. Eastwood, M.S.I.A., A.M.Inst. P.C.

(1), (2), (4), (5)

DEPUTY SENIOR SANITARY INSPECTOR :

T. W. Pearce, M.S.I.A. (1), (2), (5)

SANITARY INSPECTORS :

E. Fuller, M.S.I.A. (1), (2)

G. C. Harrison, M.S.I.A. (1)

L. W. Lodge, M.S.I.A. (1), (2)

S. Mastin, M.S.I.A. (1), (2)

E. K. Robinson, M.S.I.A. (1)

T. E. Snape, M.S.I.A. (1), (2)

SMOKE INSPECTOR (by arrangement with the Sheffield, Rotherham and District Smoke Abatement Committee) :

J. W. Hoare (3)

SANITARY INSPECTOR'S SECTION :

2 Clerks

2 Disinfectors

1 Ratcatcher

1 Inspector of Common Lodging Houses
(part time)

SUPERINTENDENT HEALTH VISITOR AND NON-MEDICAL SUPERVISOR OF MIDWIVES :

Miss J. Barraclough (1), S.C.M.

ASSISTANT SUPERINTENDENT HEALTH VISITOR :

Miss E. Patterson (6), S.R.N., R.S.C.N.,
S.C.M.

HEALTH VISITOR/SOCIAL WORKER :

Miss M. J. Casey (6), S.R.N., S.C.M.

HEALTH VISITOR/SCHOOL NURSES :

Miss E. Bates (6), S.R.N., S.C.M.,
S.R.F.N.

Miss D. M. Cutts (6), S.R.N., S.C.M.

Miss I. O. Davison (6), S.R.N., S.C.M.

Miss N. Easton (6), S.R.N.

Mrs. M. M. Knowles (6), S.R.N., S.C.M.

Mrs. A. B. Payling (6), S.R.N., S.C.M.

Miss E. M. Sunderland (6), S.R.N.,
S.R.F.N.

Miss E. M. Stower (6), S.R.N., S.C.M.

Eight vacancies

SCHOOL NURSES :

Miss C. J. Crofton, S.R.N., S.C.M.

Miss G. K. Cave, S.R.N., S.C.M.

Mrs. N. Lloyd, S.R.N.

Miss E. M. Borman, S.R.N.

Mrs. E. Rands, S.R.N.

CLINIC NURSES :

Mrs. E. A. S. Hoyle, S.R.N., S.C.M.

Mrs. M. Shepherd, R.S.C.N.

Mrs. M. M. Charlesworth, S.R.N.

CLINIC ASSISTANTS :

Miss E. M. Nicklin

Miss M. Thompson

PHYSIOTHERAPIST :

Mrs. S. M. Hibberd, M.C.S.P.

SPEECH THERAPIST :

Vacant

MATERNITY AND CHILD WELFARE SECTION :

SENIOR CLERK :

Miss N. H. Platts

Six Clerks

SCHOOL HEALTH SECTION :

SENIOR CLERK :

Miss W. M. Cooper

4 Clerks

3 Dental Attendants (1 vacancy)

1 Dental Mechanic

HOME NURSING SERVICE :

SUPERINTENDENT :

Miss A. Ratcliffe, S.R.N., S.C.M.

ASSISTANT SUPERINTENDENT :

Miss V. M. McCarthy (6), S.R.N., S.C.M.

14 full-time nurses

11 part-time nurses

HOME HELP SERVICE :

ORGANISER :

Mrs. R. E. Wales

3 Clerks

DISTRICT MIDWIVES SERVICE :

SUPERINTENDENT MIDWIFE :

Mrs. M. J. Walsh, S.R.N., S.C.M.

DEPUTY SUPERINTENDENT MIDWIFE :

Mrs. S. E. Gosling, S.R.N., S.C.M.

DISTRICT MIDWIVES :

Miss E. Atkinson, S.R.N., S.C.M.

Mrs. H. M. Clarke, S.R.N., S.C.M.

Mrs. W. A. G. Herrington, S.R.N.,
S.C.M.

Mrs. G. Hewitt, S.R.N., S.C.M.

Mrs. E. Houghton, S.C.M.

Miss E. D. Jeyes, S.C.M.

Mrs. I. McGann, S.R.N., S.C.M.

Miss K. Ray, S.R.N., S.C.M.

Mrs. P. E. Shreves, S.R.N., S.C.M.

RELIEF MIDWIVES :

Mrs. E. O'Connor, S.R.N., S.C.M.

Mrs. E. A. Staley, S.R.N., S.C.M.

THAMES STREET DAY NURSERY :

MATRON :

Mrs. Goodchild (7), S.R.N., S.C.M.

4 Nursery Nurses

2 Nursery Assistants

MENTAL HEALTH OFFICER :

W. Bartholomew

ASSISTANT MENTAL HEALTH OFFICER :

W. E. Lloyd

OCCUPATION CENTRE SUPERVISOR :

Miss E. Kelford

3 Assistant Supervisors

HEALTH SERVICES BUREAU :

HEALTH SERVICES INFORMATION OFFICER :

R. J. Irving, B.E.M., A.C.I.S.

1 Clerk

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) Testamur, Institute of Public Cleansing (Honours).
- (5) Certificate, Board of Education (Buildings Construction).
- (6) Certificate, Royal Sanitary Institute (Health Visitor).
- (7) Housekeeping Certificate.

HEALTH DEPARTMENT,
MUNICIPAL OFFICES,
ROTHERHAM.

I submit herewith the Annual Report on the Health Services of the County Borough of Rotherham for the year 1951. This work was carried out under my predecessor Dr. William Barr who retired in January 1952 after 32 years of constructive work in the Borough.

The development of the health services continued during 1951 and there are two outstanding items to which attention should be drawn at the outset.

The first of these is that only one case of diphtheria occurred during the year. When one looks back to the commencement of the diphtheria immunisation campaign in 1941, when 150 cases were notified and 14 deaths occurred, the results are astounding. The last death in Rotherham from this disease occurred in 1949 and the one before that was in 1945. No deaths occurred amongst immunised persons.

The second item for special comment is the infantile mortality rate which was 28 per 1,000 live births. This is by far the lowest ever recorded in the County Borough and is due to the ever increasing facilities provided for mothers and young children. The appointment of the premature baby nurse and the concentration upon the neo-natal causes of death have been large factors in this good result.

The Registrar General estimates the civilian population of the County Borough at 81,670 and this gives a birth rate of 17.61 and a death rate of 11.91 for the year.

The Department had a representative exhibit in the Local Government Exhibition held in the Town Hall Assembly Rooms in July and whilst it is difficult to show all phases of the work, typical examples and photographs with suitable descriptive matters were shown. Members of the staff manned the stall throughout the exhibition and were on hand to give further information on health matters to the general public. Towards the end of the year a film projector was purchased by the Committee and this will prove of great value in health publicity work.

In September the Health Committee considered circulars from the Ministry of Health and the British Medical Association on health centres. It was decided to include loan charges for £1,000 as a token estimate for 1952/53 towards the purchase of a site — particular emphasis being placed on the Kimberworth Park Estate.

The members of the Health Committee who are also on the Executive Council were appointed the representatives of the Corporation on a joint sub-committee with the Executive Council, which body were asked to nominate their representatives. No further action was taken before the year end.

Token provision was also made in the 1952-53 estimates for an industrial centre to be attached to the occupation centre in the grounds of Ferham House. The usual exhibition and sale of work was held at the Occupation Centre during November and the Committee placed on record their thanks to the staff for the excellent work displayed. The three assistant supervisors at the Centre attended a refresher course at Manchester during Easter and the value of this was much appreciated. The Inspector who visited the Centre gave a good report on the work being carried out in the training of the defectives who attend. In September, Mr. N. Froggatt, Mental Health Officer, left Rotherham to take up duties with the Cumberland County Council and Mr. W. Bartholomew was promoted to the vacancy.

The list of medical practitioners approved for the issuing of certificates under the Mental Treatment Act 1930 was revised and brought up-to-date.

Problem families were reviewed from time to time throughout the year. The Corporation's approved scheme was revised and the whole of the proposals were revised so as to provide for mothers with or without children to be sent for mothercraft training at recuperative centres. Early in the year the Chairman of the Health Committee and the Medical Officer of Health attended a meeting organised by the Sheffield Council of Social Service to consider the establishment of such a centre at Barnes Hall, but later this project was not proceeded with on financial grounds. The Chairman was empowered to authorise additional service by the home helps to these families over the two weeks assistance normally given to such cases as may require this extension.

The rates of pay and conditions of service of the home helps were revised in August pending the preparation of a scheme of service on a national basis by the Council for Non-Trading Services (Manual Workers). This was accepted without prejudice to the final national award.

Approval was received during the year to the Council's proposals for the removal and transfer of the Thames Street Nursery to Ferham Villa. The alterations to the building and purchase of equipment were almost completed by the end of the year and the transfer was made in January 1952.

The child welfare centre at Blackburn was transferred to the new school premises during the early summer and in September authority was given to purchase the equipment for a centre to be held in the Broom Valley School.

Unfortunately the Yorkshire Home for Mothers and Babies at Harrogate closed

down during the year. For many years past, this home, of which Rotherham was one of the original prime movers, and at which many Rotherham mothers have had a period of convalescence has been a definite part of our health services. Its passing, owing to staffing difficulties leaves a gap in our maternity and child welfare scheme.

It was regretted that Miss J. Barraclough, Superintendent Health Visitor, found it necessary to relinquish her duties at the end of November owing to illness, prior to her retirement on 4th February, 1952, after 34 years service in the Department.

JOS. A. GILLET,

Medical Officer of Health

STATISTICS OF THE AREA

GENERAL STATISTICS

Area (in acres)	9255
Population (census) 1951 :	82,334
Population (estimated civilian) 1951	81,670
Number of inhabited houses (1/4/1952)	23,246
Rateable value (1/4/1952)	£469,115
Sum represented by a penny rate (1/4/1952)	£1,875

VITAL STATISTICS

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

Live Births :	Total	Male	Female			
Legitimate ..	1381	718	663	—	Birth rate per 1,000 of the estimated	
Illegitimate ..	57	34	23	—	resident population	17.61
Stillbirths	48	23	25	—	Rate per 1,000 (live and still) births	16.82
Deaths	973	584	389	—	Crude death rate per 1,000 of the	
					estimated resident population ..	11.91
					Adjusted death rate per 1,000 of the	
					estimated resident population	
					(comparability figure—1.15) ..	13.70

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

Death rate of infants under one year of age :

All infants per 1,000 live births	28
Legitimate infants per 1,000 legitimate live births	27
Illegitimate infants per 1,000 illegitimate live births	35
Deaths from measles (all ages)	—
Deaths from whooping cough (all ages)	—
Deaths from diarrhoea (under 2 years of age)	1

In the following table the causes of death at different periods of life, as supplied by the Registrar General, are given for the year 1951. 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 973.

Cause of death	MALES									FEMALES									Total
	0-	1-	5-	15-	25-	45-	65-	75-	Total	0-	1-	5-	15-	25-	45-	65-	75-	Total	
Tuberculosis, respiratory	—	1	—	—	5	10	3	2	21	—	—	—	2	—	1	—	—	3	24
Tuberculosis, other	—	1	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	2
Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	2	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Malignant neoplasm, stomach	—	—	—	—	1	7	4	3	15	—	—	—	—	1	4	3	3	11	26
Malignant neoplasm, lung, bronchus	—	—	—	—	3	10	6	3	22	—	—	—	—	—	—	2	—	2	24
Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5	4	1	11	11
Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	3	9	9
Other malignant and lymphatic neoplasms	—	—	—	1	4	15	18	15	53	—	—	—	—	1	14	11	4	30	83
Leukaemia, aleukaemia	—	—	—	—	—	1	—	—	1	—	1	—	—	—	—	1	—	2	3
Diabetes	—	—	—	—	—	—	3	2	5	—	—	—	—	—	—	1	3	4	9
Vascular lesions of nervous system	—	—	—	—	—	7	23	28	58	—	—	—	—	2	11	15	21	49	107
Coronary disease, angina	—	—	—	—	6	28	19	16	69	—	—	—	—	1	8	17	6	32	101
Hypertension with heart disease	—	—	—	—	—	—	5	2	7	—	—	—	—	—	1	4	5	10	17
Other heart disease	—	—	—	—	4	10	24	31	69	—	—	—	—	—	16	20	43	79	148
Other circulatory disease	—	1	—	—	—	2	9	13	25	—	—	—	—	—	1	4	10	15	40
Influenza	—	—	—	—	1	3	3	5	12	—	—	—	—	—	7	—	3	10	22
Pneumonia	2	—	—	—	—	4	4	9	19	3	—	1	—	1	2	7	4	18	37
Bronchitis	2	—	—	—	—	23	25	31	81	—	—	—	—	1	2	13	8	24	105
Other diseases of the respiratory system	—	—	1	—	—	3	—	—	4	—	—	—	—	—	2	—	2	4	8
Ulcer of stomach and duodenum	—	—	—	—	—	3	—	—	3	—	—	—	—	—	—	1	—	1	4
Gastritis, enteritis and diarrhoea	1	—	—	—	—	1	1	—	3	—	—	—	—	—	—	—	1	1	4
Nephritis and nephrosis	—	—	—	—	2	2	2	4	10	—	—	—	—	—	2	1	—	3	13
Hyperplasia of prostate	—	—	—	—	—	—	6	3	9	—	—	—	—	—	—	—	—	—	9
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1
Congenital malformations	6	—	1	—	—	—	—	—	7	2	—	—	—	—	—	—	—	2	9
Other defined and ill-defined diseases	17	1	1	2	3	8	11	19	62	7	—	1	—	2	11	15	19	55	117
Motor vehicle accidents	—	—	2	—	—	—	—	—	2	—	—	1	—	—	—	—	—	1	5
All other accidents	—	2	—	1	3	3	3	3	15	—	—	1	—	—	—	4	3	8	23
Suicide	—	—	—	—	1	4	—	1	6	—	—	—	—	—	2	1	—	3	9
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total—all causes	28	8	5	4	34	144	169	192	584	12	1	5	3	10	93	126	139	389	973

The following table shows the birth-rate, death-rate, analysis of mortality, maternal mortality, and case rates for certain infectious diseases in the year 1951, compared with England and Wales as a whole and various other areas.

	England and Wales	126 County Boroughs and Great Towns (including London)	148 Smaller Towns (Resident Population 25,000-50,000 at 1931 Census)	London Administrative County	Rotherham
<i>Births</i>					
Rates per 1,000 Home Population					
Live Births	15.5	17.3	16.7	17.8	17.61
Still Births	0.36	0.45	0.38	0.37	0.59
<i>Deaths</i>					
All causes	12.5	13.4	12.5	13.1	13.7*
Typhoid and paratyphoid	0.00	0.00	0.00	—	—
Whooping cough	0.01	0.01	0.01	0.01	—
Diphtheria	0.00	0.00	0.00	0.00	—
Tuberculosis	0.31	0.37	0.31	0.38	0.36
Influenza	0.38	0.36	0.38	0.23	0.32
Smallpox	0.00	0.00	0.00	—	—
Acute poliomyelitis (including polioencephalitis)	0.00	0.01	0.01	0.00	0.03
Pneumonia	0.61	0.65	0.63	0.61	0.52
<i>Notifications (corrected)</i>					
Typhoid fever	0.00	0.00	0.00	0.01	—
Paratyphoid fever	0.02	0.03	0.02	0.01	—
Meningococcal infection	0.03	0.04	0.03	0.03	0.01
Scarlet fever	1.11	1.20	1.20	1.10	0.56
Whooping cough	3.87	3.62	4.00	3.11	0.86
Diphtheria	0.02	0.02	0.03	0.01	0.01
Erysipelas	0.14	0.15	0.12	0.15	0.23
Smallpox	0.00	0.00	0.00	—	—
Measles	14.07	13.93	14.82	14.64	16.00
Pneumonia	0.99	1.04	0.96	0.72	1.31
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.03	0.03	0.03	0.02	0.16
Non-paralytic	0.02	0.02	0.03	0.02	0.05
Food poisoning	0.13	0.15	0.08	0.23	0.15
<i>Deaths</i>					
Rate per 1,000 Live Births					
All causes under 1 year of age	29.6	33.9	27.6	26.4	27.7
Enteritis and diarrhoea under 2 years of age	1.4	1.6	1.0	0.7	0.7
<i>Notifications (Corrected)</i>					
Rates per 1,000 Total (Live and Still) Births					
Puerperal fever and pyrexia	10.66	13.77	8.08	14.90	6.06

Maternal Mortality in England and Wales

Intermediate List No. and cause	Rates per 1,000 total (live and still) births		Rates per million women aged 15-44	Rotherham	
	Number of deaths			Number of deaths	Rate per 1,000 total (live and still) births
A115 Sepsis of pregnancy, childbirth and the puerperium	70	0.10		—	—
A116 { Abortion with toxæmia	3	0.00	0	—	—
Other toxæmias of pregnancy and the puerperium	167	0.24		1	0.67
A117 Haemorrhage of pregnancy and childbirth	91	0.13		—	—
A118 Abortion without mention of sepsis or toxæmia	37	0.05	4	—	—
A119 Abortion with sepsis	66	0.09	7	—	—
A120 Other complications of pregnancy, childbirth and the puerperium	125	0.18		—	—

Notes: (a) Per 1,000 related live births.
A dash (—) signifies that there were no deaths.

SANITARY CIRCUMSTANCES

The elimination of nuisances and the achievement of hygienic conditions is a continuous process. It is only rarely that the gradual improvement is marked by what may be termed a milestone on the road to good sanitation.

One such milestone was passed during the year when the last trough closet was removed from schools in the County Borough. This does more than mark the end of an out-of-date sanitary convenience in Corporation property; it is an indication of the Council's determination, in difficult times, to ensure that conveniences in public places shall comply with modern standards.

Another milestone is the Council's decision to allocate a number of new houses each year for slum clearance purposes. Although this allocation is only of a token nature it will allow a resumption of the work so summarily suspended in 1939, and will give the opportunity of better conditions to families living in worn out and irreparable dwellings.

From the following report it will be seen that the standard of inspection was maintained during the year. The number of inspections made in connection with food premises again increased; this aspect of our work is yielding encouraging results.

WATER.

29 samples of drinking water and 7 samples of swimming bath water were taken for bacteriological examination. All the samples were satisfactory.

SANITARY ACCOMMODATION.

(a) HOUSE DRAINAGE.

1,476 visits were made in connection with drain tests, defective drains, and drainage appliances. In an area in which subsidence is regularly taking place it is to be expected that drains will often become defective, but many blockings are still caused by the inability of some members of the public to realise the limitations in capacity of a drain.

Further progress was made in the conversion of outmoded sanitary fittings and in the provision of additional W.C.'s to eliminate sharing of accommodation.

Additional W.C.'s provided	..	..	..	..	23
Trough closets converted to W.C.'s	..	..	..	..	2
Privy middens converted to W.C.'s	..	..	..	..	2
Pail closets converted to W.C.'s	..	..	..	..	2
Ashpits abolished	..	..	..	..	2
Cesspools abolished	..	..	..	..	2

(b) LICENSED PREMISES, CINEMAS, THEATRES.

The few remaining premises in which unsatisfactory conveniences were found are either awaiting building licences or are in the process of having new fittings installed. In the past three years a large number of licences have been granted in this area, and the Ministry of Works' co-operation in this matter has been gratifying.

(c) PUBLIC AND SCHOOL CONVENIENCES.

In addition to converting the 25 trough closets remaining in the last school to be dealt with, additional water closets, sinks, and washbasins were also installed.

It is pleasing to learn that one of our worst public conveniences is shortly to be replaced.

FACTORIES.

Type of factory	Number registered	Inspections	Notices
Non-mechanical	40	53	17
Mechanical	299	304	30

FACTORIES IN WHICH DEFECTS WERE FOUND.

Type of defect	Found	Remedied
Want of cleanliness	6	4
Sanitary conveniences insufficient	2	4
Sanitary conveniences unsuitable or defective	39	21
Sanitary conveniences not separate for sexes	1	1
Other offences	1	1

OFFENSIVE TRADES.

No nuisance was caused by the offensive trades in the district. 12 visits were paid to the two rag and bone dealers, one gut scraper, and one blood drier remaining on the register.

CANAL BOATS.

The following details are required to be sent annually to the Minister of Health.

Number of canal boats inspected	14
Number of persons on board :—	
Male adults	23
Female adults	Nil
Female children	Nil
Number of cases of infectious disease	Nil
Number of infringements observed	2
Number of notices served	Nil
Number of notices complied with	Nil
Number of notices outstanding	Nil
Legal proceedings taken	Nil

The two infringements noted were already being dealt with by the Sheffield Authority so no action was taken in these cases.

HOUSING.

(a) DEMOLITION AND CLOSURE.

Two sub-standard houses were closed during the year, and the decision of the Council to allocate 6 houses each year for this purpose is welcomed. There are a few really bad houses which cannot even be patched up to last for a few years and certainly cannot be made fit at reasonable cost. The demolition or closure of such houses can do nothing but good to everyone concerned.

865 visits were made in connection with the housing survey.

(b) NUISANCES AND DISREPAIR.

930 complaints of nuisance and disrepair were received during the year. This figure does not include the many nuisances found by the sanitary inspectors on inspection of their districts, the total number of defects or nuisances found being 3,643.

The rising cost of repairs compared with fixed rents, together with the shortage of labour and materials, has greatly increased the amount of work required to be done by the sanitary inspectors in securing the repair of houses. The time now taken from receipt of a complaint to the completion of the required repairs is almost double the time required before the war. Owners of property who are anxious to keep their buildings in a good state of repair find their builders with full order books and must take their turn for attention. The time taken by more reluctant owners and the increased number of visits inspectors must make to achieve the desired results can be well imagined.

Proceedings were instituted in respect of six Abatement Notices which were not complied with and Orders were made for the nuisances to be abated. In three other cases involving 26 houses the Corporation carried out work in default and charged the costs to the owners.

HOUSES-LET-IN-LODGINGS.

42 visits were made to the 16 houses let in lodgings. One house having ceased to be so used during the year.

COMMON LODGING HOUSES.

The two common lodging houses in the Borough were visited 65 times by the Sanitary Inspectors and 138 times by the Police. The Quarry Hill lodging house was finally closed at the end of the year having been used for this purpose for 40 years. The

inmates readily found other accommodation, having had several months warning of the proposed closure.

The remaining lodging house continues to be well maintained and conducted.

TENTS, VANS AND SHEDS.

Eight new licences to station and use caravans as dwellings were granted during 1951, eight licences were renewed, one application for a licence was refused, and one caravan ceased to be used during the year.

Having seen the comfortable homes which can be made in caravans, one cannot but feel that in certain conditions this method of housing could be of material assistance in easing the housing problem provided that a high standard of structure and convenience was demanded.

VERMINOUS PREMISES.

951 inspections of Corporation houses and the houses of prospective tenants were made during the year. Evidence of vermin was found on 37 occasions. This scheme continues to work well, and, although less than 4% of the houses inspected showed evidence of vermin, this type of inspection is of great value in keeping infestations of Corporation houses in check.

Few severe bug infestations were found throughout the year, and the complete elimination of the bed bug seems well within the bounds of possibility.

The incidence of infestation in all houses treated during the year was as follows : bugs 56 per cent. ; cockroaches 31 per cent. ; other pests 13 per cent.

	Bugs	Cockraches	Other pests	Total
Corporation premises treated ..	48	29	16	93
Private premises treated ..	95	50	18	163
	—	—	—	—
	143	79	34	256
	—	—	—	—

PUBLIC MORTUARY.

The arrangement whereby the mortuary at the Moorgate General Hospital was used as a public mortuary was continued throughout the year and 55 bodies were received there and detained for 201 days. The post mortem room was used on 45 occasions. Payments is made to the local Hospital Management Committee on a basis of 5/- per day per body and £1/1/0 for each occasion the post mortem room is used.

AGED AND INFIRM PERSONS.

No applications were made to a Court for orders to remove aged and infirm persons to hospital or The Mount.

PHARMACY AND POISONS.

203 licences were issued authorising the sale of poisons included in Part 2 of the Poisons List.

RATS AND MICE DESTRUCTION.

(a) SEWER TREATMENT.

Two maintenance treatments of the sewers were carried out to the satisfaction of the Ministry of Agriculture and Fisheries.

(b) INSPECTION AND TREATMENT OF PREMISES.

Over the past ten years there has been a steady reduction in the rat population in industrial areas. This has been due to a number of factors. Nation-wide publicity, improved methods of destruction, more regular and sustained attacks on the rat population, the rat proofing of food stores, and, by no means last, the greatly increased cost of foodstuffs, have all contributed to the decline in the rat population.

It would be difficult to find a really heavy infestation in almost any urban area today, but it must be emphasised that there are no signs whatever of the permanent elimination of rats. The combined efforts of local authorities and other interested organisations have done no more than reduce the rat population to the lowest level obtainable by present methods, knowledge, and available funds. Any slackening of effort would bring an immediate increase in the number of rats.

With this in mind, and failing the discovery of some poison irresistible to rats, it would seem that the present emphasis on rodent destruction might be better placed on the prevention of infestation. Infestation of otherwise sound structures regularly takes place through holes left below ground level in outer walls. Both old and new buildings regularly become infested in this way, usually following the laying of gas, water or electric services. The cost of clearing the infestation and making good the walls is out of all proportion to the small effort which would have been required to make up the hole in the first instance. The design of fittings for food premises should be such as to offer no harbourage to rodents, and all new buildings should be rat proof.

Measures such as these would cost little and would materially reduce the incidence of infestation throughout the country.

The following details have been extracted from the annual report required by the Ministry of Agriculture and Fisheries :—

	Type of property			
	Local Authority	Dwelling houses	Agricultural	Business etc.
Complaints received	13	274	4	82
Other inspections made	35	—	48	99
Properties found to be infested by rats -	30	167	27	83
Properties found to be infested by mice-	10	48	—	74
Notices served for structural work -	—	16	—	8

SHOPS.

525 visits were made during the year for the purpose of section 38 of the Shops Act, 1950. This section deals with the provision of adequate facilities in shops employing assistants, and includes heating, lighting, ventilation, washing facilities, sanitary accommodation, and facilities for taking meals. A good standard has been reached and is being maintained in all shops to which the section applies.

FOOD PREMISES AND FOOD INSPECTION.

The Food Byelaws, which came into force during the year, were well received by food traders in the district. The prior consultations with food organisations and the advance publicity had prepared the ground well, and little opposition was encountered. The sanitary inspectors visited all food premises in the County Borough, explained the main purposes of the Byelaws, together with the Council's recommendations on points to be observed or avoided, and at the same time made an inspection of the premises. Verbal or written notices were given of the faults found, and revisits were made where necessary.

The Food Byelaws are, in effect, a crystallisation of the work done in improving food premises and methods of food handling during the past few years. They do not provide a means by which every flaw in the food handling trades can be rigorously excised. Throughout the Byelaws the terms "reasonably necessary" and "suitable and sufficient" are used, and the use of these phrases is a recognition of the fact that it is not possible to lay down hard and fast rules covering every aspect of food handling, and that every case must be judged on its merits.

The following improvements were carried out in food premises as a result of action taken by this department, 2,651 visits being made during the year :—

Improvements effected	Premises affected
Hand washing notices displayed	74
Head coverings provided for staff	61
Animals removed from premises	15
Display covers provided for food	58
Additional W.C.'s provided	1
Additional washbasins provided	5
Additional sinks provided	7
Premises cleansed or repaired	78
Hot water supplies provided	85

MILK.

(a) SPECIAL DESIGNATIONS.

The following licences were issued in connection with the Milk (Special Designations) Regulations :—

Pasteuriser's	1
Dealer's "Tuberculin Tested"	20
Dealer's "Pasteurised"	17
Dealer's "Sterilised"	121
Supplementary "Tuberculin Tested"	17
Supplementary "Pasteurised"	19
Supplementary "Sterilised"	9

(b) BACTERIOLOGICAL EXAMINATION.

154 samples of milk were taken for examination as to cleanliness and efficacy of heat treatment with the following results :—

Class of milk	Samples tested	Passed	Failed
Tuberculin Tested	30	27	3
Tuberculin Tested (Pasteurised)	36	35	1
Pasteurised	41	38	3
Sterilised	35	33	2
Undesignated	8	4	4

Few retailers are now handling undesignated milks, the number having decreased greatly in the last four years.

(c) BIOLOGICAL EXAMINATION.

54 samples of milk were taken to be examined for the presence of Tubercle bacilli. There are 27 milch herds in the County Borough and a sample is taken from each herd twice yearly. Six of the samples proved to be tuberculous, and arrangements were made where necessary for the milk to be heat treated until the diseased cow had been found and removed from the herd.

In many cases the diseased cows are found at once on examination by the Veterinary Officer, which seems to indicate that a more frequent examination of milch herds is

desirable.

ICE CREAM.

The number of manufacturers of ice cream in Rotherham was further reduced during the year and only 5 are now in regular production. 246 premises are registered for the sale and storage of ice cream.

The demand for ice cream did not appear to be sustained during the year and the number of new applications for registration will probably be greatly reduced.

38 samples of ice cream were submitted for bacteriological examination with the following results :—

Satisfactory		Unsatisfactory	
Grade 1	Grade 2	Grade 3	Grade 4
19	10	7	2

7 samples of ice cream were submitted for chemical analysis and all conformed to the Food Standards (Ice Cream) Order, 1951.

SHELLFISH.

All consignments of mussels inspected during the year were from clean layings or had been subjected to an approved cleansing process.

MEAT.

The following details of animals slaughtered at the public abattoir have been supplied by the Markets Superintendent :—

Cattle	Calves	Sheep	Pigs	Total
8,814	1,276	18,776	3,531	32,397

In addition, 54 pigs were slaughtered on private premises for home consumption ; and the carcasses of 3 cattle, 7 sheep, and 74 pigs brought to the abattoir after slaughter were inspected.

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

All causes	..	..	..	..	..	87 tons	6 cwts.
Tuberculosis only	..	..	..	..	..	43 tons	15 cwts.

The percentage of animals found to be diseased is given in the following table :—

	Cattle		Cows	Calves	Sheep	Pigs
	excluding cows					
Number inspected	6763		2054	1276	18783	3605
All diseases except tuberculosis :						
Whole carcasses condemned ..	9		16	211	39	86
Carcasses of which some part or organ was condemned ..	1801		586	13	1013	1014
Percentage affected	26.6		23.9	17.6	5.6	30.5
Tuberculosis only :						
Whole carcasses condemned ..	17		59	4	—	3
Carcasses of which some part or organ was condemned ..	1001		749	—	—	86
Percentage affected	13.6		39.3	0.3	—	2.5

OTHER FOOD.

In the following table details are given of food surrendered or returned for salvage during the year :—

	Number	lbs.		Number	lbs.
Biscuits		369	Fruit (dried)		1
Biottled goods	426		Meat		2938
Bread loaves	13220		Meat (prepared)		526
Butter		4	Meat pies	74	—
Cakes, buns, etc.	230	—	Nuts	—	130
Confectionery	408	—	Packet goods	2581	—
Dried egg	—	8	Rabbit	72	—
Fish	—	770	Tinned goods	4358	—
Fruit and vegetables	—	816			

SAMPLING OF FOOD AND DRUGS.

171 samples of food and drugs were submitted to the Public Analyst for examination. 9 samples were reported to be not genuine. Details of all samples taken are given in the following tables :—

No.	Nature of samples	Genuine		Not reported as genuine	
		Formal	Informal	Formal	Informal
3	Ammoniated tincture quinine	—	2	—	1
2	Baking powder	—	2	—	—
1	Chocolate roll	—	1	—	—
1	Coconut macaroon	—	1	—	—
1	Coffee and chicory extract ..	—	1	—	—
1	Coffee essence	—	—	—	1
1	Coffee	—	1	—	—
1	Composition powder	—	1	—	—
2	Cornflour	—	2	—	—
1	Crab paste	—	1	—	—
1	Dessert gelatine	—	1	—	—

1	Glycerine	..	..	..	-	1	-	-
1	Ground rice	..	..	..	-	1	-	-
7	Ice cream	..	..	..	-	7	-	-
1	Ice lollipops	..	..	..	-	1	-	-
1	Jam	..	..	..	-	1	-	-
1	Lemon butter	..	..	..	-	1	-	-
1	Meat paste	..	..	..	-	1	-	-
1	Meat potted	..	..	..	-	-	-	1
2	Mincemeat	..	..	..	-	2	-	-
115	Milk	..	..	..	112	-	3	-
1	Mint-dried	..	..	..	-	1	-	-
1	Pastry mix	..	..	..	-	1	-	-
3	Pepper	..	..	..	-	3	-	-
1	Sage—dried	..	..	..	-	1	-	-
1	Salad cream	..	..	..	-	1	-	-
15	Sausage	..	..	..	-	13	-	2
1	Tomatoes—bottled	..	..	..	-	-	-	1
1	Tomato ketchup	..	..	..	-	1	-	-
1	Vinegar—malt	..	..	..	-	1	-	-
171					112	50	3	6

SAMPLES REPORTED AS "NOT GENUINE".

No.	Article	Report and action taken
4414	Milk	4.6% deficient in milk fat. Warning letter sent to vendor as to satisfactory mixing of milk during bottling operation.
4450	Milk	Slightly deficient in milk fat. In view of small deficiency no action taken.
4500	Milk	Slightly deficient in milk fat. Warning letter sent to vendor.
4425	Bottled tomatoes	Contained a high proportion of copper. The stocks of bottled tomatoes were withdrawn from sale.
4476	Pork sausage	21.5% deficient in meat. Action taken by Food Executive Officer. Vendor fined £5 and £3/3/0 costs.
4478	Pork sausage	Contained 60% of meat. In view of small deficiency no action taken.
4545	Potted meat	Potted meat paste sold as potted meat. Referred to Food Executive Officer.
4559	Ammoniated tincture of quinine	Slightly deficient in ammonia. As the quinine sulphate content, which is the vital ingredient was satisfactory, no action was taken.
4561	Coffee and chicory essence	Slightly deficient in caffeine. Further sample to be taken.

FERTILISER AND FEEDING STUFFS ACT, 1926

During the year under review 8 samples of fertiliser and 4 samples of feeding stuffs were taken for analysis.

One sample of fertiliser was found to contain soluble phosphoric acid in excess of the guarantee. As the probable cause was due to the bone meal drying out in store no further action was taken.

A sample of pig meal was found to be deficient in protein and to contain an excess of salt. The inspector of the district in which the meal was produced was informed and as a result of his investigations the use of an iodised mineral additive, which caused the excess salt content, was discontinued.

SUMMARY OF SANITARY INSPECTORS' VISITS AND NOTICES SERVED DURING 1951.

Water supply	43	Verminous premises—visits	280
Drainage	1476	Infectious disease inquiries	100
Stables and piggeries	33	Visits re disinfection	99
Offensive trades	12	Miscellaneous infectious disease	
Fried fish shops	176	visits	25
Common lodging houses	65	Meat inspection visits	75
Houses let in lodgings	42	Butchers	226
Tents, vans, and sheds	46	Canteens	5
Canal Boats	14	Dairies and milkshops	317
Factories, power	305	Fishmongers and poulterers	126
Factories, non-power	53	Food preparing premises	145
Outworkers	1	Grocers	754
Bakehouses	89	Greengrocers and fruiterers	230
Pharmacy and poisons	93	Ice cream premises	581
Theatres and places of		Market stalls	1
entertainment	6	Restaurants	31
Licensed premises	19	Street vendors and hawkers carts	7
Interviews	1538	Sweet shops	228
Refuse disposal	3	Milk — bacteriological	155
Rats and mice	80	Milk — tubercle bacilli	54
Drain tests	149	Ice cream samples	45
Schools	14	Food and drug samples	171
Shops	525	Fertilizers and feeding stuffs	19
Miscellaneous sanitary visits	3749	Miscellaneous food visits	683
Hairdressers	30	Shellfish samples	1
Matters referred to other Depts.	250	No. of nuisances found	3643
Houses inspected under Public Health		No. of nuisances abated	3124
Acts	1114	Verbal notices served	578
Re-inspections of above houses	3567	Verbal notices complied with	469
Houses inspected under Housing		Informal notices served	1600
Acts	8	Informal notices complied with	1542
Overcrowding inspections	8	Statutory notices served	270
Overcrowding — re-visits	4	Statutory notices complied with	213
Miscellaneous housing visits	865	Premises affected by notices	3108

INFECTIOUS DISEASES AND TUBERCULOSIS

The prevalence of the infectious diseases notifiable in the county borough is shown in the following table :—

Disease	1947	1948	1949	1950	1951
Acute encephalitis—Infective	1	—	—	1	1
Post-infectious	—	—	—	—	—
Acute poliomyelitis—Paralytic	7	3	12	3	13
Non-paralytic	—	—	—	1	4
Cerebro-spinal meningitis	4	4	1	x	x
Diphtheria	8	7	28	5	1
Dysentery	33	24	1	35	5
Encephalitis lethargica	—	—	—	—	—
Erysipelas	14	35	26	28	19
Malaria	1	—	—	—	—
Measles	994	1638	855	525	1307
Meningococcal infection	x	x	x	2	1
Ophthalmia neonatorum	12	2	—	6	1
Pemphigus neonatorum	4	—	—	—	—
Pneumonia	77	76	122	72	107
Puerperal pyrexia	7	13	13	10	9
Relapsing fever	—	—	—	—	—
Scarlet fever	66	105	227	157	46
Smallpox	—	—	—	—	—
Typhoid and paratyphoid fevers	—	—	—	1	—
Typhus fever	—	—	—	—	—
Whooping cough	273	358	96	240	70
Tuberculosis—respiratory	55	42	38	63	50
other forms	9	9	12	5	16
Food poisoning	—	—	—	7	12
Totals	1565	2316	1331	1161	1662

The Public Health (Acute Poliomyelitis, Acute Encephalitis, and Meningococcal Infection) Regulations 1949 came into operation on 1st January 1950 and the changed descriptions introduced standard classifications which in the case of acute encephalitis slightly extended the scope of clinical conditions notifiable.

Notifiable disease	No. of cases notified													Total cases notified in each ward of the borough								Total cases re-moved to hospital	Total deaths							
	At ages—years													Clifton	East	Greasbrough	Kimberworth	Masbro'	North	St. Ann's	South			Thornhill	West					
	At all ages	Under 1 year	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	5 to 10 years	10 to 15 years	15 to 20 years	20 to 35 years	35 to 45 years	45 to 65 years	65 years and over																	
Acute encephalitis—infective	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
post infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Acute poliomyelitis—paralytic	13	—	2	4	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
non-paralytic..	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Diphtheria ..	5	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Dysentery ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Encephalitis lethargica ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Erysipelas ..	19	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Malaria ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Measles ..	1307	52	163	204	231	227	410	15	4	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Meningococcal infection ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Ophthalmia neonatorum ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Pemphigus neonatorum ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pneumonia ..	107	1	2	3	—	2	13	3	1	12	13	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal pyrexia ..	9	—	—	—	—	—	—	—	—	5	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Relapsing Fever ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	46	—	1	3	9	7	19	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Smallpox ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid and paratyphoid fevers ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus fever ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	70	4	9	6	9	9	31	2	2	9	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis: respiratory, males	29	—	—	—	—	1	1	1	5	12	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
females	21	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
other forms, males	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
females	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning ..	12	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	1662	58	181	222	255	251	486	28	16	49	28	50	38	171	326	96	302	52	122	149	186	66	192	66	66	66	66	66	66	66

During the year 66 cases of infectious disease were notified from or removed to hospitals in the district, and the following table gives the distribution :—

	Infectious Diseases Hospitals			Other Hospitals					Total
	Lodge Moor Sheffield	Wath Wood, Nr. Rotherham	Swallownest, Nr. Rotherham	Moorgate General Hospital	Rotherham Hospital	Royal Infirmary, Sheffield	City General Hospital, Sheffield	Children's Hospital, Sheffield	
Acute encephalitis	1	-	-	-	-	-	-	-	1
Acute poliomyelitis	13	-	-	1	-	-	-	1	15
Diphtheria	1	-	-	-	-	-	-	-	1
Dysentery	-	-	2	1	-	-	-	-	3
Erysipelas	-	1	1	-	-	-	-	-	2
Measles... .. .	3	4	-	-	-	-	-	-	7
Meningococcal infection	1	-	-	-	-	-	-	-	1
Ophthalmia neonatorum	-	-	-	-	-	-	-	-	-
Pneumonia	1	-	-	2	-	-	1	1	5
Puerperal Pyrexia	-	-	-	7	-	-	-	-	7
Scarlet fever	3	7	12	-	-	-	-	-	22
Typhoid fever	-	-	-	-	-	-	-	-	-
Whooping cough	-	1	-	-	-	-	-	-	1
Food poisoning	-	-	-	1	-	-	-	-	1
Totals	23	13	15	12	-	-	1	2	66

In addition to these cases, 13 patients were admitted for observation who were ultimately diagnosed as not suffering from infectious disease. These patients were as follows :—

Admitted for observation for	Lodge Moor, Sheffield	Wath Wood, Nr. Rotherham	Swallownest, Nr. Rotherham	Kendray Hospital, Barnsley	Moorgate General Hospital	Rotherham Hospital	Total
Acute poliomyelitis	5	-	-	-	-	-	5
Diphtheria	-	2	2	-	-	-	4
Dysentery	-	-	-	1	-	-	1
Meningococcal infection	-	1	-	-	-	-	1
Scarlet fever	-	2	-	-	-	-	2
Food poisoning	-	-	-	-	-	-	-
	5	5	2	1	-	-	13

The following table gives details of the notifications received monthly throughout the year :—

Notifiable disease	January	February	March	April	May	June	July	August	September	October	November	December	Total
Acute encephalitis—infective ..	-	-	1	-	-	-	-	-	-	-	-	-	1
Post infectious	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis—paralytic ..	-	-	1	-	-	-	-	3	3	4	1	1	13
Non-paralytic	-	-	-	-	-	-	1	2	-	-	1	-	4
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	1	1
Dysentery	-	1	-	2	1	-	1	-	-	-	-	-	5
Encephalitis lethargica	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	3	2	2	2	2	2	1	1	-	-	3	1	19
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	556	256	199	176	44	24	33	10	5	1	2	1	1307
Meningococcal infection	-	-	-	1	-	-	-	-	-	-	-	-	1
Ophthalmia neonatorum	-	-	-	-	-	-	-	-	1	-	-	-	1
Pemphigus neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	31	21	12	9	5	2	2	5	3	5	7	5	107
Puerperal pyrexia	1	-	-	-	1	2	1	1	1	-	-	2	9
Relapsing fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet fever	8	4	2	2	5	4	3	3	6	3	3	3	46
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid and paratyphoid fevers	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping cough	6	3	5	5	13	8	5	4	3	-	3	15	70
Tuberculosis: respiratory, males	4	-	6	3	2	4	3	2	-	1	2	2	29
females	1	1	5	-	5	4	1	1	-	-	2	1	21
other forms, males	2	1	3	1	-	-	3	-	-	-	-	-	10
females	1	-	1	-	-	-	2	-	-	1	1	-	6
Food poisoning	-	-	-	-	-	-	-	12	-	-	-	-	12
Totals	613	289	237	201	78	50	56	44	22	15	25	32	1662

In amplification of the foregoing tables the following observations are made on the principal notifiable diseases. Of the 17 cases of acute poliomyelitis reported, 15 were treated in hospital, and 2 remaining at home. Two deaths occurred, both being paralytic cases. Five other patients were admitted to hospital for observation, but were subsequently not accepted as suffering from the disease, the diagnoses being two suffering from otitis media, and one each from tonsillitis, herpes, and teething respectively.

One case of acute encephalitis was notified in March and was treated in the Lodge Moor Hospital, Sheffield.

46 notifications of scarlet fever were received and 22 cases were treated in hospital and 24 remained at home. Two further cases were admitted to hospital for observation but were subsequently not accepted as suffering from scarlet fever, and were diagnosed

as impetigo and agranulocytosis respectively. One patient, a girl aged 9 years who was notified on 23/5/1949 as suffering from scarlet fever died on 13/12/1951, the cause of death being I (a) Chronic nephritis (b) scarlet fever.

Only one case of diphtheria occurred during 1951 and is the lowest figure ever recorded in Rotherham since notification commenced. No deaths occurred. The figures for the past 25 years in Rotherham for this disease are :—

Year	Cases notified	Deaths	Year	Cases notified	Deaths
1927	104	17	1940	128	14
1928	70	6	1941	150	14
1929	74	1	1942	134	15
1930	146	10	1943	66	8
1931	188	6	1944	48	1
1932	104	5	1945	24	1
1933	57	1	1946	33	—
1934	91	3	1947	8	—
1935	140	10	1948	7	—
1936	154	8	1949	28	1
1937	299	17	1950	5	—
1938	359	10	1951	1	—
1939	149	5			

This tremendous reduction in cases is due entirely to immunisation and the following table gives details of the children who have been immunised against diphtheria year by year since 1939, together with the increasing immunised child population as compared with the total children aged 0-15 years. The cases occurring among immunised and non-immunised children are also given :—

Year	Children immunised during the year	Child population 0-15 years		Diphtheria	
		Immunised	Total	Cases	Deaths
1939	24	24	17,750	149	5
1940	591	617	17,750	128	14
1941	3,103	3,720	18,069	150(2)	14
1942	3,890	7,584	18,069	134(7)	15
1943	2,001	9,001	18,589	66(14)	8
1944	896	9,298	18,606	48(7)	1
1945	1,001	9,803	18,900	24(3)	1
1946	2,677	11,434	19,100	33(7)	—
1947	827	12,377	19,510	8	—
1948	1,034	12,614	19,833	7(2)	—
1949	1,629	12,971	20,044	28(9)	1
1950	1,020	13,217	20,384	5	—
1951	1,038	13,333	20,220	1	—

Note : Cases occurring amongst children who had previously been immunised are given in brackets. No death from diphtheria occurred in any immunised child.

Two notifications of meningococcal infections were received and both cases were

removed to hospital for treatment. One case was subsequently not accepted and was diagnosed as influenzal meningitis.

1,307 cases of measles were reported during the year and of these, 7 were treated in hospital. The majority of the cases (1,011) were notified in the first quarter of the year, and were a continuation of the cycle which commenced in November 1950. No deaths occurred from this disease.

70 cases of whooping cough were notified and no deaths occurred. Of the cases notified, 5 children had previously received protective courses of injections. One case was removed to hospital.

Five cases of dysentery, 3 of which were treated in hospital, were notified during the year. One other patient was also admitted to hospital but was subsequently diagnosed as not suffering from this disease.

Nine notifications of puerperal pyrexia were received of which 7 occurred in institutional and 2 in domiciliary confinements. One case of ophthalmia neonatorum was notified and occurred in a domiciliary confinement. Subsequent treatment resulted in the child's vision being unimpaired.

19 cases of erysipelas were reported, all of which, except two, being treated at home

Two outbreaks of food poisoning occurred in August and 12 cases were notified. No specific cause could be discovered. A further outbreak, which was not notified medically occurred in March. On Friday morning, March 2nd, 1951, a telephone message was received from the Deputy Director of Education to the effect that a number of girls and staff at the High School for Girls had been taken ill on Thursday night/Friday morning. Enquiries at the school revealed that out of a total of 400 girls together with the teaching and kitchen staffs who had eaten the school dinner on the Thursday, 175 girls, 7 teaching and 5 kitchen staff had been affected. Twenty-six girls and 3 teaching staff were absent from school that morning, of whom 20 girls and 3 teaching staff were affected.

The symptoms had begun at various times ranging from 8½ to 14 hours after taking the meal and consisted of abdominal pain and diarrhoea, associated in a few cases with vomiting. It appeared that rissoles and gravy were the only common article of food consumed by those affected. Samples of these which had been left over from the previous day's dinner were obtained; the other articles of food having been destroyed. These, with swabs from the affected teaching and kitchen staffs, were submitted to the laboratory for bacteriological examination.

It was not found possible to trace the cause of the outbreak. Certain specific instructions and recommendations regarding the storage of food etc., to reduce the possibility of contamination were adopted. The circumstances arising and report of the findings of the enquiry were duly reported to the Ministry of Health.

TUBERCULOSIS

NEW CASES AND MORTALITY DURING 1951.

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	
29	21	10	6	66

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 ..	1	-
Posthumous notifications	4	-
Transfers from other areas (other than transferable deaths)	8	2

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	-	-	-	-	-	-	-	-
1-2	-	-	1	-	-	-	1	-
2-5	1	1	3	2	1	-	-	-
5-10	1	-	4	2	-	-	-	-
10-15	-	1	-	-	-	-	-	-
15-20	2	5	-	-	-	-	-	-
20-25	6	8	-	1	-	2	-	-
25-35	6	7	1	1	3	-	-	-
35-45	7	4	1	-	2	-	1	-
45-55	6	1	1	-	4	1	-	-
55-65	7	-	-	-	6	-	-	-
65-75	4	-	1	-	3	-	-	-
75 and upwards ..	1	-	1	-	2	-	-	-
Totals	41	27	13	6	21	3	2	-

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

A review of the deaths which occurred during 1951 amongst notified cases of tuberculosis shows the following periods elapsed between notification and death :—

Notification	Pulmonary	Non-pulmonary
After death	4	—
Within one month	3	1
1—3 months	1	—
4—6 months	—	—
7—12 months	—	—
1—2 years	3	—
2—3 years	2	—
3—4 years	1	—
4—5 years	—	—
Over 5 years	4	1
From death returns	6	—
Total number of deaths from tuberculosis	24	2
Causes other than tuberculosis	4	1

The ratio of non-notified tuberculous deaths to the total tuberculous deaths was 1 in 3.7. No action was required for cases of wilful neglect or refusal to notify.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.—There was no occasion to take action under the above Regulations relating to tuberculous employees in the milk trade.

PUBLIC HEALTH ACT 1936 : SECTION 172.—No action was taken under this Section dealing with the compulsory removal of cases of tuberculosis to hospital.

TUBERCULOSIS CARE COMMITTEE.

The work of this voluntary committee is very closely allied to the official work of the Health Committee in that it is the approved organisation under the Council's scheme for the care and after-care of tuberculosis. The constitution of the Committee, with His Worship the Mayor as President and comprising all the members of the Health Committee together with representatives of other local organisations, remained unaltered from 1950 with one exception when, following the Annual Meeting of the Council, Councillor Mrs. A. Eastwood was appointed to the Health Committee on the retirement from the Council of Mr. F. H. W. Green. Two changes occurred in the officers of the Committee when Miss A. Ratcliffe, Superintendent of the Home Nursing Service was appointed to a senior post at Leicester and Dr. Wm. Barr, Medical Officer of Health, retired from the service. Tributes were paid at the November meeting of the Care Committee to the services rendered by these officers and an appreciation was recorded in the minutes.

The Care Committee continued its affiliation to the National Association for the Prevention of Tuberculosis and, in accordance with previous practice, this report is in respect of the year ended 31st March, 1952.

As in past years the Committee participated in the Christmas Seal sale and, apart from interest from invested funds, this effort provided the income for the year and was the only appeal made to the general public. The receipts from sales and donations amounted to £220 16s. 0d. against an expenditure of £12 17s. 0d. in respect of seals, postages, printing, stationery, etc. A donation of £10 0s. 0d. was sent to the N.A.P.T. and the balance, £193 19s. 0d., was paid into the local fund.

The Car Parks Scheme operated by the Committee was continued throughout the year. Employment was provided for five ex-sanatorium patients who worked a 44 hour week at the two car parks. Two changes in personnel occurred during the year, both men being subsequently referred to the Ministry of Labour following the expiry of their period of light employment. The expenditure on wages and N.I.C. was £1,328 17s. 8d. against an income of £1,186 12s. 11d. from car park receipts. This loss of £142 4s. 9d. together with rent and rates £47 10s. 0d., electricity £26 3s. 10d., printing and stationery £52 10s. 1d. brought the total deficiency on the year's working of the scheme to £268 8s. 8d. The working loss was foreseen by the Committee when increased wage rates were approved on two occasions during the year. Instead of dispensing with the services of one of the attendants as a means of balancing the increased expenditure, the Committee decided to incur the loss until such time as one of the men was fit to be referred to the Ministry of Labour and National Service for other employment, and then reduce the staff to four attendants. Full co-operation was maintained with the Local Rehabilitation Officer of that Ministry during the year.

Grants of clothing, bedding and extra nourishment amounted to £76 12s. 11d. A special grant of £15 0s. 0d. was made towards the fare and expenses of a girl aged 14 years who had been granted one of the few vacancies for a six weeks holiday in Switzerland under a national scheme. This patient had previously spent over 3½ years in sanatorium with tuberculosis of the hip and it was felt by the regional and local organisations involved in the arrangements, that this opportunity for a wonderful holiday should not be missed. Accordingly sufficient funds were raised to cover the cost, including pocket money, and, at a later meeting of the Committee, the medical officer read a letter of thanks, written in Switzerland, describing the marvellous time she was enjoying. Another special grant made by the Committee was the payment of outstanding hire purchase liabilities incurred by a patient prior to his illness. This patient's income, of sickness benefit supplemented by National Assistance grant, was insufficient to provide the extra nourishment required owing to the weekly payments and the Committee took the practical way of solving the difficulty. Assistance towards travelling expenses was provided so that a wife could pay more frequent visits to her husband, who was a patient in a sanatorium near Leeds. These examples show the value of voluntary funds

to meet the particular needs of patients, which do not follow any set pattern but nevertheless require to be overcome.

The Committee continued their grant of £3 0s. 0d. per month to the Medical Superintendent of the Oakwood Hall Sanatorium for the provision of prizes etc., at the patients' whist drives and concerts held at the Sanatorium. A grant of £20 0s. 0d. was also given towards the provision of extras to the patients at Christmas time. The patients granted Christmas leave from the Sanatorium were included in the Committee's grants whereby those receiving treatment or in receipt of assistance from the Committee were made cash grants up to a maximum of £2 0s. 0d. each during the festive season. In all, 91 patients were assisted at a cost of £128 0s. 0d.

In the rehousing of patients, the Corporation accept the recommendations of the Tuberculosis Officer and place at his disposal twelve houses for allocation to families who are living in households with one or more persons suffering from active tuberculosis. The points scheme of letting is not operated in such cases

CARE OF MOTHERS AND YOUNG CHILDREN

CHILD WELFARE CENTRES.

Child welfare sessions were held bi-weekly at the two main clinics, Ferham House and Cranworth Road; weekly at the five branch clinics, Thorpe Hesley, Blackburn, Canklow, Greasbrough, and High Greave; and monthly at the day nursery.

Equipment was acquired for a clinic to be held in the near future at Broom Valley School.

Attendances at these various clinics are set out below:—

Centre	Sessions held	New registrations		Total children attending		Total attendances		Medical consultations	
		Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.
Ferham House	101	253	39	364	261	2237	1051	893	562
Cranworth Road	101	323	63	456	353	2704	1417	930	687
Thorpe ..	48	56	4	83	60	651	198	174	94
Greasbrough ..	39	69	4	98	60	509	268	183	118
Canklow ..	48	132	37	182	162	946	591	490	331
Blackburn ..	51	40	10	52	56	402	119	94	31
High Greave ..	52	143	15	186	104	1342	422	262	146
Total ..	440	1016	172	1421	1056	8791	4066	3026	2069

2,477 children made 12,857 attendances.

This is a slightly lower number than in previous years but a reduction in clinic attendances usually follows if less frequent home visits are made by health visitors.

The formation of toddlers' sessions at the clinics on an appointment basis to be put into operation in the near future will, it is hoped, contribute to the well being of the older pre-school child who has not been under such frequent supervision as in previous years.

All the facilities of the treatment schemes for school children were available for the pre-school child —

Vaccinations	Dental treatment	Physiotherapy
Immunisation for diphtheria and whooping cough	Ophthalmic treatment	Speech therapy
	Aural treatment	Minor ailment treatment
	Orthopaedic treatment	Child guidance
	Chiropody	

HEALTH EDUCATION.

Activities in the field of health education have been continued during the year with :

Displays in the welfare centres.

Mothercraft classes at Cranworth and Ferham Clinics.

The Mothers' Club at Ferham Clinic on Monday evenings.

Lectures on child care and the care of the unmarried mother were given to Queen's Nurses in training, and lectures to outside organisation were given when requested.

DENTAL TREATMENT.

The dental inspection and treatment of patients attending the dental clinics in Rotherham during 1951 was organised in a similar fashion to that which has prevailed since 1948. Indeed the only extension of the services provided since that date has been the routine inspection of the maternity patients, the treatment available having been complete and comprehensive for some years prior to the National Health Service Act, 1946.

For various reasons, relating mainly to a wish to avoid crowded waiting rooms, a larger proportion of the expectant mothers did resort to obtaining their treatment in 1949-50 at private practitioners surgeries (or went without it at all). With the institution of part payment for dentures under the General Dental Services there appears to have been an increase in the later months of 1951 of such patients attending the clinics.

A patient attending a private practitioner has on occasions had her teeth extracted and during the waiting period before her mouth was ready for dentures she has become pregnant and so eligible for treatment as a priority class at the local authority clinic. This overlapping of the public and general dental services is unfortunate, and although on the few occasions which have occurred so far matters have been smoothed out, due to the understanding and helpful co-operation of the private dentists concerned, it will easily be understood that in the future difficulties might arise. Incidentally there is a room at Ferham House Clinic in which these people can wait, apart from the ordinary dental waiting room. Although working to a system of appointments it is not always possible to avoid some delay. There are many reasons for this, the chief one being casual attenders with toothache and people whose treatment takes longer than expected. Many hundreds of patients do not wait more than a few minutes, and one naturally only hears complaints from those unfortunate enough to attend at an extra busy session of a badly under-staffed service.

The mothers of children under five years old are not now being pressed by the health visitors to bring their youngsters for dental treatment unless their mouths are obviously in need of attention. It is sincerely hoped that soon the dental staff will be augmented and the very fine introductory card, drawn up some few years ago by the Superintendent Health Visitor, will be again given to each child as soon as it is two or three years old. It is much better for a young child to attend a dentist for the first time "for a ride in the chair and to have his teeth looked at" than to be brought after being awake a couple of nights with toothache and with a swollen face.

The actual treatment provided during the year can be seen in the appended tables, together with their explanatory notes. This treatment is given along with that of school children at the different clinics throughout the week and not at separate sessions once or twice per week.

These points indicate how features which are common to any scheme of dental service are viewed locally, but it must be remembered that the individual will assess the success of any service by how it personally affects him or her. Thus the courteousness of the clerk receptionist, the gentleness of the dental nurse or attendant, and the kindness of the dentist allied to his respective skill and efficiency, are very important factors to the patient. In other words the most delectable schemes may be made or marred by the workers furthest removed from the organising agency, and the further authority is delegated the more difficult it is for defects to be rectified or alterations brought about.

It is the purpose of an annual report to one's local authority to give an account of the work performed during the year and to indicate in what direction such work can be extended and improved in the future. Nowadays the desire for dental attention is known, but the dentists for treating the disease are not available in sufficient numbers nor are any preventive measures yet known which will bring dental disease and decay down to such dimensions that the present numerical strength of the dental profession can deal with it properly. Dental research is progressing at the different dental schools throughout the country, though this, like research in any other branch of knowledge, is necessarily slow but does seem to offer the best hope for eventually combating dental disease successfully. The suggested use of dental ancillary workers, or partly trained dentists, is of doubtful value, though fortunately the decision to use them or not will be made by people other than public dental officers.

The details of the dental treatment given to these patients in 1951 are given in the following tables :—

	Child Welfare	Maternity	Total 1951	Total 1950
Total attendances	417	967	1384	1511
Number of individuals treated	313	379	692	826
Extractions—permanent teeth	—	501	501	592
—temporary teeth	567	3	570	535
Fillings —permanent teeth	—	74 in 69	74 in 69	60 in 56
temporary teeth	31 in 29	—	31 in 29	43 in 42
Anaesthetics—local	1	43	44	27
general	319	162	481	512
Other operations	79	563	642	557
Number of patients supplied with dentures	—	83	83	111

NUMBERS PROVIDED WITH DENTAL CARE.

	Expectant and nursing mothers	Children under five
Inspected	244	313
Needing treatment	233	313
Treated	252*	313
Made dentally fit	165	313

*Treatment often extends over several months, thus some individuals referred in 1950 are included in the 1951 treatment figure. Of those referred in 1951, 117 were treated before December 31st, 1951.

FORMS OF DENTAL TREATMENT PROVIDED.

	Expectant and nursing mothers	Children under five
Extractions	504	567
Anaesthetics—local	43	1
general	162	319
Fillings	74 in 69	31 in 29
Scalings, gum treatment, silver nitrate treatment and dressings, etc. ..	563	79
Radiographs	13	—
*Dentures provided—complete	57 (33)	—
partial	73 (56)	—

* For the purposes of this table a “full” or “complete” denture is taken to mean a complete set of artificial teeth for one jaw only, i.e., a patient having a full upper only, has one complete denture while a patient having a full set of dentures has two complete dentures. Similarly a patient having a partial denture in each jaw is credited with two partial sets. The actual number of patients provided with dentures is given in brackets. Actually a patient having a full upper denture and a partial lower denture figures in both columns. There were six patients in this category in 1951, so that the total number of individuals supplied with dentures in 1951 was 83.

PREMATURITY AND INFANT MORTALITY.

The infant mortality rate of 1949 was 53 per 1,000 births.

The infant mortality rate of 1950 was 50 per 1,000 births.

The infant mortality rate of 1951 was 28 per 1,000 births.

The actual number of infant deaths in 1949 was 81.

The actual number of infant deaths in 1950 was 71.

The actual number of infant deaths in 1951 was 40.

This subject was given priority by the health visitors during the year, and in the face of decreasing staff, every effort was made to cover all districts in visiting and advising parents on children under one year.

The care of the premature infant undertaken by Mrs. Shepherd, Premature Baby Nurse, proved a very valuable contribution to a lowered infant mortality rate.

The discharge from hospital of the weakly and premature baby was possible at a much earlier date than hitherto. In most cases the mother and baby were discharged together, and the value of this procedure is made evident by the fact that out of 82 premature babies supervised by Mrs. Shepherd, 48 were still being breast fed at four weeks old.

The mothers, almost without exception, welcomed the daily visits and the practical

help and advice ; and the weekly weighing session was very popular.

The majority of mothers were co-operative in carrying out advice given, such as the wearing of masks and other means of keeping infection away from the weakly infant ; and special equipment in form of Belcroy feeders, breast shields, extra hot-water bottles, and premature baby cots was made available.

As well as the care of premature babies discharged from hospital or the District Midwives Service, Mrs. Shepherd also undertook the supervision of cases of difficult feeding in the early weeks of life, giving the frequent visiting over a limited period which is necessary for the success of establishing a satisfactory feeding regime.

The liaison between the staff of the Health Department and the Paediatrician at Moorgate General Hospital and Doncaster Gate Hospital was excellent and, through his co-operation and that of the general practitioners, a scheme to check the physical attainments of all the premature born children in the Borough was put into operation in June 1951.

Appointments were made for a medical examination and blood count of these infants at six monthly intervals, commencing at the age of six months, and the varying degrees of anaemia found were treated. It is intended that this follow-up will continue until the age of two years and longer if necessary.

It may well prove in time that a lessening of intercurrent infections such as diarrhoea and bronchitis, peculiar to weakly infants, may result from this follow-up.

In endeavouring to free the premature baby nurse from the necessity of having to deal with infectious cases, credit is due to the good relations with, and the co-operation of, the Superintendent of the Home Nursing Service, who takes over the care of any baby whose condition might prove infectious.

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	21	4	-	1	26	1	5	3	2	37
uncertified	-	-	1	-	1	-	2	-	-	3
Smallpox	-	-	-	-	-	-	-	-	-	-
Chicken-pox	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-
Scarlet fever	-	-	-	-	-	-	-	-	-	-
Whooping cough	-	-	-	-	-	-	-	-	-	-
Diphtheria and croup	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-
Tuberculosis meningitis	-	-	-	-	-	-	-	-	-	-
Pulmonary tuberculosis	-	-	-	-	-	-	-	-	-	-
Other tuberculosis diseases	-	-	-	-	-	-	-	-	-	-
Meningitis (not tuberculous)	-	-	-	-	-	-	-	-	-	-
Convulsions	-	-	-	-	-	-	-	-	-	-
Laryngitis	-	-	-	-	-	-	-	-	-	-
Bronchitis	-	-	-	-	-	-	2	-	-	2
Pneumonia (all forms)	1	-	-	-	1	-	5	-	1	7
Diarrhoea	-	-	-	-	-	-	-	-	-	-
Enteritis	-	-	-	-	-	-	-	1	-	1
Gastritis	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-
Rickets	-	-	-	-	-	-	-	-	-	-
Suffocation, overlying	-	-	-	-	-	-	-	-	-	-
Injury at birth	2	-	-	-	2	-	-	-	-	2
Atelectasis	3	1	-	-	4	-	-	-	-	4
Congenital malformations	3	1	-	1	5	1	-	-	-	6
Premature birth	11	1	-	-	12	-	-	-	-	12
Atrophy, debility & marasmus	1	-	-	-	1	-	-	-	-	1
Other causes	-	1	1	-	2	-	-	2	1	5
Totals	21	4	1	1	27	1	7	3	2	40

Nett births in the year :	legitimate infants	1381
	illegitimate infants	57
Nett deaths in the year :	legitimate	38
	Illegitimate	2
Infantile mortality rate per 1,000 births :	legitimate	27
	illegitimate	35

CONVALESCENCE OF MOTHERS AND BABIES.

During 1951 facilities for convalescence were not available as in past years owing to the closing of the Harrogate Home. Some references were made by the health visitors to Mr. Irving in the Health Service Bureau for convalescence, through the Rotherham District Nursing Association Commemoration Fund, but during the year, only one mother referred accepted a place so offered.

THAMES STREET NURSERY.

The closing of the Thames Street premises as a nursery was looked forward to during 1951, but December still saw this nursery in occupation, though with definite prospects of removal to Ferham Villa early in 1952.

The nursery was without a matron during the early part of the year, and the trained nursery staff shared the responsibility of the work, supervised by the Assistant Superintendent Health Visitor.

Miss G. Wooler, Matron, who commenced duties in April was married in July and is now Mrs. Goodchild.

There were no other changes in the staff during the year, and the nursery continued to admit social cases.

Altogether 37 children passed through the nursery during the year, all cases qualifying for admission were accepted, and there is no waiting list.

Monthly child welfare sessions were held at the nursery and 198 examinations were made.

There were fifteen illegitimate children, five of separated parents, four children of widows, as well as four children of disabled fathers cared for during the year, also several short stay cases due to illness of mothers. There were 23 names on the register at the end of the year.

In the following tables details are given of the occupancy of the nursery :—

MONTH	NUMBER OF DAYS OPEN	NUMBER OF CHILDREN ATTENDING			NUMBER OF ATTENDANCES		
		0-2 yrs.	2-5 yrs.	Total	0-2 yrs.	2-5 yrs.	Total
January	27	6	14	20	79	169	248
February	24	5	15	20	46	175	221
March	25	6	16	22	98	243	341
April	25	8	14	22	151	260	411
May	25	9	17	26	118	274	392
June	26	3	18	21	44	282	326
July	26	4	20	24	72	317	389
August	26	4	17	21	77	271	348
September	25	4	21	25	65	322	387
October	27	5	19	24	92	347	439
November	26	4	17	21	76	356	432
December	24	3	18	21	58	271	329

MONTH	AVERAGE ATTENDANCE			MAXIMUM ATTENDANCE AT ONE SESSION	MONDAY TO FRIDAY		SATURDAY
	0-2 yrs.	2-5 yrs.	Total				
January ..	2.9	6.2	9.1	15	5	1	
February ..	1.9	7.3	9.2	15	6	-	
March ..	3.9	9.7	13.6	18	14	1	
April ..	6.0	10.4	16.4	21	16	3	
May ..	4.7	11.0	15.7	22	12	2	
June ..	1.7	10.8	12.5	18	12	2	
July ..	2.8	12.2	15.0	19	15	3	
August ..	3.0	10.4	13.4	20	2	2	
September	2.6	12.9	15.5	21	14	4	
October ..	3.4	12.8	16.2	22	14	4	
November	2.9	13.7	16.6	20	15	6	
December	2.4	11.3	13.7	21	6	3	

TRAINING OF NURSERY NURSES.

Eleven Rotherham girls sat for the National Examination Board examination (Part B only) in May and November, and seven satisfied the examiners.

A report on the desirability of continuing this training within the Borough was submitted in November 1951, and negotiations with the Education Authority have been proceeding.

CHILDREN'S COMMITTEE—RESIDENTIAL NURSERY AND CHILDREN'S HOMES.

The arrangements made between the Children's Committee and the Health Committee for medical inspection of children in the Residential Nursery and Children's Homes continued during 1951.

All children were examined on admission and on discharge by one of the Health Department's medical officers, routine medical examinations were carried out quarterly for school children in the Homes and monthly for children in the nursery, and protection against smallpox, diphtheria and whooping cough was given at varying times.

The removal of the babes and pre-school children from Park Mount to Oakwood Grange in August appears to have lessened the upper respiratory infections, which were so troublesome at Park Mount. It may be that the more adequate ventilation at Oakwood Grange contributed to this improvement.

The extra living space in the new premises was in the children's interest, as also was the increase of trained personnel on the nursery staff.

WELFARE COMMITTEE—TEMPORARY ACCOMMODATION.

Relations with the Welfare Department for the supervision of children in the families taken into temporary accommodation were cordial. Health visitors continued to visit these families in The Mount and also, since 23rd August, 1951, those in 50-52 Canklow Road.

Infants and school children were examined by the medical officer from the Health Department as soon as possible after admission. Every encouragement was given for continued supervision of the pre-school child at Canklow Clinic.

The following are the numbers of families with whom contact was made during 1951 :—

Visits paid by medical officer and health visitor	..	..	..	23
Visits to families	..	..	..	43
Visits to new births	..	..	..	4
Visits to other infants under 1 year	..	..	..	18
Visits of infants of 1-5 years	..	..	..	40
Visits to notified cases of tuberculosis	..	..	..	3
Visits for infectious diseases (measles)	..	..	..	1

It is a regrettable fact that even this small number of families coming into temporary accommodation consist of parents with young children, who, because of housing difficulties, lack the stable foundation for real family life.

The evictions from a succession of lodgings and from over-crowded homes which result from incompatibility of temperament and increasing families create conditions too overwhelming for these young people, and matrimonial upsets and separations often ensue.

Temporary accommodation extending as it does to some kind of permanency, with no hope of housing before the normal length of time on the waiting list has run its course, though keeping the family together, is a poor substitute for home life in a young family.

MATERNITY SERVICES AND THE DOMICILIARY MIDWIVES SERVICE

MATERNITY SERVICES.

The total number of confinements of women normally resident in the Borough during 1951 was 1,457, 50 per cent. of which were domiciliary cases. Enquiries made by health visitors for assessing the need for hospital confinement on sociological grounds were 358, of which 88 were recommended for home confinements.

The several branches of the maternity services were used in the following way :—

Confinements amongst the normally resident in the Borough :—

	1947	1948	1949	1950	1951
A. SERVICES PROVIDED WITHIN THE BOROUGH :—					
Moorgate General Hospital	733	736	578	496	482
Rotherham General Hospital	6	2	1	—	—
Private nursing homes . .	283	145	119	80	43
Domiciliary confinements	855	710	763	722	704
B. SERVICES PROVIDED OUTSIDE THE BOROUGH :—					
The Jessop Hospital, Sheffield	12	11	8	8	15
*Listerdale Maternity Home	12	4	52	126	172
*Hallamshire Maternity Home	1	2	8	8	11
Private nursing homes and other institutions . .	5	9	6	10	6
Domiciliary confinements	4	5	6	5	8
Total confinements	1911	1624	1541	1455	1441

(* Prior to July 1948, West Riding County Council Maternity Homes. National Health Service maternity homes from that date).

1951 shows some increase in the proportion of hospital confinements compared with other years.

In 1947, 39.9 per cent of the confinements took place in hospitals.

In 1948, 46.4 per cent of the confinements took place in hospitals.

In 1949, 42.0 per cent of the confinements took place in hospitals.

In 1950, 43.8 per cent of the confinements took place in hospitals.

In 1951, 47.6 per cent of the confinements took place in hospitals.

Health visitors paid first visits to 1,344 live births, that is 92 per cent. of the total.

DOMICILIARY MIDWIVES SERVICE.

The establishment of the domiciliary midwives remained the same during 1951 with one superintendent and twelve district midwives.

Three appointments were made and three midwives resigned.

Miss Booker applied for and was accepted for the Midwife Teachers Course at Kingston Hill, Surrey.

Mrs. Pugh left the service for health reasons in July, 1951.

Miss Kay, who commenced duties in July, 1951, left the service in November.

Mrs. O'Connor was appointed district midwife in October.

Mrs. Staley was appointed district midwife in December, 1951.

Some reorganisation of districts followed from these changes in personnel and the house at 260, Badsley Moor Lane, previously occupied by Miss Booker, has now been taken over by Mrs. Staley. The house at 133, Broom Valley was acquired for Mrs. O'Connor.

The case load of the domiciliary midwives was maintained as indicated below :—

	1946	1947	1948	1949	1950	1951
Domiciliary midwives ..	721	811	604	781	737	712
District nursing associations	51	36	6	—	—	—
Private midwives ..	32	25	16	—	—	—
Total cases	804	872	626	781	737	712
	—	—	—	—	—	—

The number of cases of infection or suspected infection in mother or infant, passed over to the Home Nursing Service during the year, was 15.

The premature baby nurse received into her care 22 premature or weakly infants from district midwives during the year, and premature baby cots were issued in ten cases.

Analgesia was administered throughout the year both by means of pethidine and gas and air, and the 15 Minitt's apparatus were overhauled four times during the year to keep them in good working condition.

District midwives continued to give service to mothers discharged from Moorgate General Hospital, Listerdale and Hallamshire Maternity Nursing Homes, and Jessop Hospital, Sheffield, before the fourteenth day.

The supervision of midwives was undertaken throughout the year by Dr. Ballantine, Consultant Obstetrician, in his capacity as medical supervisor, and by Miss Barraclough, the non-medical supervisor of midwives. The usual annual inspection of midwives and nursing homes was carried out by Dr. Ballantine, and the day to day supervision and

consultations with Mrs. Walsh, Superintendent Midwife, by Miss Barraclough.

The Garrowtree Maternity Home closed in September, 1951, and it is with regret that I have to report that Miss Thain, who had served the community for many years as Matron of this Home, has retired from active midwifery.

PUPIL MIDWIVES.

There were eight pupil midwives who took training on the district and presented themselves for part 2 of the examination of the Central Midwives Board ; of these seven satisfied the examiners.

POST CERTIFICATE COURSES.

Four midwives attended courses at Manchester, Birmingham, and Bristol during the year.

FIRST AID MIDWIFERY LECTURES.

A course of lectures was given to male nurses and Queen's Nurses in training at the request of the Superintendent of the Home Nursing Service.

DISTRIBUTION OF CONFINEMENTS WITHIN THE AREA.

The distribution of maternity cases amongst the agencies providing care up to and from the appointed day is indicated below :—

CONFINEMENTS WITHIN THE AREA :—		1949	1950	1951
Unattended	.. .. . Resident	—	—	—
Domiciliary : Midwifery—Municipal	.. Resident	611	583	563
	Transfer-out	12	11	7
Maternity—Municipal ..	.. Resident	152	139	141
	Transfer-out	5	4	1
Institutional : Moorgate General Hospital	.. Resident	578	496	482
	Transfer-out	538	536	482
Rotherham General Hospital	.. Resident	1	—	—
	Transfer-out	—	1	—
Clifton Lane Nursing Home	.. Resident	50	30	24
	Transfer-out	18	20	9
Garrowtree Maternity Home	.. Resident	69	50	19
	Transfer-out	9	12	5

DISTRICT ANTE-NATAL AND POST-NATAL CLINICS.

The following is an analysis of the attendances at the consultant ante-natal clinics and shows a slight increase in the attendances during 1951 as compared with the figures of 1950 :—

	Sessions held	New cases			Total women attending			Total attendances		
		A.N.	P.N.	B.C.	A.N.	P.N.	B.C.	A.N.	P.N.	B.C.
Ferham House ..	24	200	61	-	213	61	-	307	67	-
Cranworth Road ..	49	248	125	-	285	128	5	471	142	6
Thorpe ..	11	18	11	-	21	9	-	44	9	-
Greasbrough ..	12	55	4	-	59	6	-	112	24	-
	—	—	—	—	—	—	—	—	—	—
Total ..	96	521	201	-	578	204	5	934	242	6
	—	—	—	—	—	—	—	—	—	—

The domiciliary midwives held ante-natal clinics on centre premises at which 874 mothers made 3,024 attendances.

The educational facilities of the ante-natal clinics continued, such as general health propaganda, advice on preparation of a layette, and instruction in the use of the gas and air machine.

The attendances at the relaxation classes and mother craft classes held at the two main clinics varied from time to time, and general practitioners and hospital staffs as well as domiciliary midwives referred their patients. During the latter months in the year arrangements were made, after a meeting of domiciliary and hospital midwives and health visitors, for the physiotherapist to be supported at the relaxation classes by a midwife instead of a health visitor, as it was thought that it was easier for the mother to relate this instruction to her actual labour if she had the midwife with her in the class from time to time. This became the practice in January 1952.

RHESUS INVESTIGATION.

The taking of blood samples at the consultant clinics and by midwives continued, and records were sent and made available from previous pregnancies to hospitals and clinics in the Borough and the West Riding as circumstances necessitated.

The examination of blood for this purpose is now the rule rather than the exception in this Borough, so making the prospect of a live and healthy baby more likely in cases where incompatibility has been shown.

HEALTH VISITING

HEALTH VISITORS AND SCHOOL NURSES.

The proposed arrangements for combined duties of health visiting and school nursing, which were established in 1950, were working well during 1951 until the later months of the year when it became evident that the recruiting of health visitors and student health visitors was not keeping step with the desire of the staff to seek further experience in other areas, especially in the cases of ex-students completing their two years service with this authority, and that the expected level of establishment visualised in 1950 was not going to be maintained.

In November it was regretfully decided that the health visitor's allocation of schools and the care of school children in her area could not be continued. Although her knowledge of the family background and home conditions was of inestimable value in bringing information to school staffs and the School Health Service, it had to be recognised that, in making the best possible use of trained staff available, the work in connection with school medical inspections and hygiene surveys must revert to the whole-time school nurses, with active help from the clinic assistants.

The case load at the end of the year was :—

SCHOOL NURSING.

Number of children 5-15	13859
Number of nursery schools	1
Number of nursery classes	6
Number of voluntary schools	2
Number of primary schools	19
Number of secondary modern schools	4
Number of County grammar schools	2
Number of special schools	
Open air school	1
Educationally sub-normal school junior and senior	1
	- 2
Oakwood Hall Sanatorium school	16 children

HEALTH VISITING.

Infants under 1 year on visiting list	1394
Infants 1-5 years on visiting list	6106
Tuberculous patients	358
Mental defectives	195
Aged persons	1043
Chronic sick	25
Day nurseries supervised	1

Other duties undertaken in respect of local authority services were hygiene surveys, etc., at the residential nurseries and homes, supervision of families in temporary accom-

modation, visits to hospital departments and wards, and visits to the Chest Clinic and the Oakwood Hall Sanatorium.

The health visitors, school nurses, clinic nurses, and clinic assistants, with clerical aid, have staffed child guidance clinics, minor ailment clinics, consultant ophthalmic clinics, audiometry testing in school clinics, child welfare clinics, ante-natal clinics, aural clinics, immunisation clinics, mothercraft afternoons, and mothers' clubs.

The sale of infant food and nutritional aids has been continued at all child welfare centres.

The wholetime health visitor service at the end of 1950 was 11. During the year one student health visitor appointed as health visitor and three health visitors resigned, leaving only 9 wholetime health visitors at the end of the year.

The number of visits paid during the year was as follows :—

	First visits	Total visits
Expectant mothers	1033	1346
Children under 1 year	1331	8372
Children 1-5 years	23	14281
Other cases	1115	4811

The health visitors continued to visit the nursery classes at fortnightly intervals in the interest of health and cleanliness.

The scope of home visiting expanded in the sphere of the aged sick and hospital after care, and latterly the existing staff have endeavoured to cover all districts, doing the work that appears to be the most necessary, including visits to infants under one year, the aged, the tuberculous, mental defectives, and other cases brought to their notice as needing special care, and with unavoidable relaxation of contact with the older pre-school child.

Two members of the staff attended refresher courses during the year, and the Assistant Superintendent Health Visitor attended a one week lecture course for superintendent health visitors in Exeter in September.

SOCIAL CASE WORK.

EXPECTANT MOTHERS.

Since December, 1950, 32 unmarried expectant mothers have been dealt with by the Health Department. Arrangements were made for eight of these girls to be admitted to Mother and Baby Homes ; six were confined at home and seventeen in hospital ; and one girl was confined and cared for in another town where she worked, the Health Visitor Social Worker acting as liaison between the voluntary association concerned and the girl's own home. The girl subsequently married the putative father, who also belonged to Rotherham.

Twenty-three of the above mothers kept their own babies, four infants have been adopted, one died and one was still born, whilst the remaining three have yet to arrive.

A further six expectant mothers were cared for, but these came under the category of married separated wives ; of these, all six kept their babies. Many more of this type were referred to the Department but, being fairly independent financially, with widow's pensions, separation allowances, established homes and so on, they did not eventually require the Health Visitor Social Worker's special care.

The aim in dealing with all these cases has been to assist the girl until she becomes re-adjusted to her ordinary life and to help her in caring for the child whilst she works. The value of this complete re-adjustment was brought home to the Health Visitor/Social Worker recently when she encountered a transfer into the Borough, an attractive woman with several children, who seemed to have missed advice and the chance of re-adjustment at the right time ; she was now completely dependent upon the financial goodwill of the most recent putative father, and afraid to relinquish what was comparative luxury for the paltry amount that an Affiliation Order would provide. When the object of the work of special care was explained to this woman, that is of immediate and sustained help in achieving economic independence of the putative father, if she herself so wished, she was envious of the younger generation who were given such a chance of regaining their self respect and again taking their place in normal society.

If there were any criticism of the high standards of care of the unmarried mother and her child today it would be that care must be exercised not to overdo public financial benefits. Although financial help such as National Assistance allowance is essential when the unmarried girl's baby is perhaps under two or three months old, it is better to take her place in the working world again as soon as possible. It may be mentioned, in passing, that in Rotherham, of all the girls who have kept their babies, there are only three who have stayed at home in receipt of National Assistance allowance beyond three months after the birth of the child. The Health Visitor/Social Worker feels, however, that this is a point in her work to which she must devote more positive action in the next year so that a greater proportion of these girls can take their place in the working world.

ADOPTION.

Sixteen adoptions came to the notice of the Health Department during the year ; eight cases were handled by adoption societies ; three were privately arranged, the infant being directly handed over by the mother ; and five were dealt with by the Children's Officer.

It is noticeable that the number of adoptions in this year have declined by about half compared with last year. It is obvious when doing the work that, for the first time in history, a girl is much less harassed by economic necessity in deciding the fate of her baby, and it is cheering, also, to think that the natural link between mother and child is being more widely maintained.

A three day residential conference on adoption was held at Swanwick under the auspices of the Standing Conference of Adoption Societies for social workers, and the Rotherham Health Visitor Social Worker was invited to attend. The different aspects of adoption were reviewed and, paradoxically, the unanimous feeling of the Conference was that further efforts could be made by the Ministry of Health so that no mother would be forced to part with her child due to lack of accommodation, and a resolution to that effect was forwarded to the Minister. Regional short stay hostels were envisaged, so that in a crisis the unmarried mother could be admitted with her child until such time as she was rehabilitated in the community. In Rotherham the need for such accommodation occurred only once during the past year when voluntary home accommodation was sought in vain and a girl had ultimately to enter The Mount until she was able to make her own arrangements. On applying for this girl's admission it was stressed by the Welfare Officer that there were no facilities there for this type of case but, at great inconvenience the hairdressing room was placed at the disposal of the mother and baby for a temporary period.

The Health Visitor Social Worker continues to serve on the case committee of Sheffield and District Adoption Society, and twenty attendances were made at meetings during the year. It should be stressed that the main importance of this contact is not solely for the purpose of adoption but in receiving confidential information regarding girls in need of help, and in being able as a member of the Adoption Committee to visit their homes, and to advise and extend to these girls the full amount of local help available without their feeling that their confidence has been, in any way, betrayed.

CHILD NEGLECT AND PROBLEM FAMILIES.

Fifty problem families were dealt with during the year, showing an increase of more than double that of the year before, and embracing 195 children within the group.

The aim of this work is still to alleviate and prevent child neglect. Thirty-two cases were referred from the health visitors during the year, three being ultimately transferred back as not in need of special visiting. Three families already being dealt with left the Borough.

It was necessary to report 15 cases to the Inspector of the National Society for the Prevention of Cruelty to Children, six of these being already under his supervision. Following a medical report from Dr. Boyd the Society removed one infant from its home on a Magistrate's Order, subsequently instituting proceedings against the parents for neglect. Twelve cases were reported to the Society for general lack of care, and two for failing to obtain medical aid, although advised to do so. In only one case was there a suggestion of intentional cruelty. This was the story of the small child with a facial defect, coupled with bad habits and generally unloveable ways; a case where the parents, though not unintelligent, were unwilling to shoulder their burden and making the necessary sacrifice of their own comforts and feelings that having a physically defective child entails.

With the co-operation of the Children's Officer, and with the permission of their parents, two children were temporarily admitted to Park Mount Corporation Home on Health Department doctors' certificates that such a course was necessary for their health. Other two children of a problem family were retained in the Corporation Homes following their mother's complicated confinement and subsequent ill-health for several months, as the mother was not fit to cope with her entire family on her discharge from hospital. It should be mentioned that, in doing the work this year, there has been excellent co-operation between the Children's Department and the Health Department, which has greatly benefited the work.

Free home help facilities were sought and granted in three cases, one of these applications being due to the above mother's debility following her confinement ; another a palliative measure where home conditions were appallingly bad due to the mother's apparently sluggish mentality and her consequent inaction ; and the third as an important part of the completely successful pattern of treatment tried out this year for the first time in the Borough, that is, the installation of a home help, in whom the mother had confidence, to care for home, husband, and family, whilst the mother and her youngest child were sent to a Recuperative Training Centre for Mothers, for a period of three months, with a further retention of the Home Help Service for two weeks for the handing over process on the recovered and refreshed mother's return. Co-operation, on all sides, in this experiment was perfect, the husband reforming and working regularly, the children behaving well in their mother's absence and since her return, the home help fitting in smoothly and tactfully, often giving more than the service for which she was paid, and the Home Help Organiser, as ever before, zealous in seeing that her co-operation had positive results. It should be stressed that, in any undertaking in which the Health Visitor Social Worker has had to call on the Home Help Service, help has always been unstintingly and generously forthcoming, obviously at some inconvenience, as enlisting the right type of staff for such work at, very often, short notice, is bound to cause an emergency "shuffle round" process in their ranks.

Several families were supplied with paper and paint from a local voluntary fund and improved their decorations and hygiene.

When doing the work this year the Health Visitor/ Social Worker finds, for the first time, that progress is really evident. The framework laid down in previous years seems to be filling in, much in the style of a jig-saw puzzle, with the pieces of machinery for dealing with the problem families becoming more complete, although the need for recuperative training home facilities for mothers remains a vital necessity, particularly as the value of such training has now, in the one case, been proved by practical experience.

Amongst the long standing cases there is more confidence shown in the goodwill of the Health Department to help them. This attitude is undoubtedly due in no small way to the deeper understanding of the problems that all those visiting the cases have gained from Case Conference exchanges ; and there is perhaps less persecution by each indiv-

idual visitor when pursuing his, or her, own line of enquiry. This perhaps, combined with the evidence of material help they may be receiving, may be having the effect of building up the family self-confidence and self-respect, the surest foundation for effecting an eventual cure, and ridding them of the fear that we intend to manifest only illwill to them. A Christmas treat was organised also, this year, each child invited receiving a present and a small supply of Christmas fare ; this also had an effect on the attitude of the parents towards the Health Department, and the recipients themselves undoubtedly "came over" a hundred per cent. on our side.

Of stable cures, the end of the year shows a total of two ; one other is well on the way towards this state ; one mother who has worked miracles in her home could only be fully recovered with the addition of a short training in homecraft ; eight more mothers would benefit with mothercraft training ; and two, although urgently in need of the care that a recuperative centre could give, appear as if the responsibility of a home and children was beyond their capabilities. A further two mothers are mentally defective and extremely erratic in their standards but, on the whole, rally well when encouraged. The remainder are difficult to place within a category ; some just seem to live a life devoid of standards or ideals, and depend mainly on their wits for their hand to mouth existence ; these are the people who require constant supervision in caring for their children, so that they may grow up not only physically healthy, but as healthy in mind as their environment will allow them to be.

ILLEGITIMATE CHILDREN.

Forty-eight illegitimate children born during the year were cared for by the health Visitor/Social Worker. Seven of these infants were subsequently transferred to the health visitor for the area on becoming legitimized by adoption, as also were a further eleven infants, either by their mother's rehabilitation in the community, or by reason of an established home being already available for them, for example by the parents cohabiting.

Forty-five illegitimate children over a year, yet under five years of age, are still in the Health Visitor Social Worker's care also, together with an additional five resident in the Corporation Homes. Of these 55 children, only twelve are of 1952 school age, this figure giving a fair idea of the mother's rehabilitation rate.

In 1951 more children of all the age groups were transferred back to the area health visitors ; and although this was due in a great part to the earlier reference of the unmarried expectant mother, which has been secured with the good co-operation of other agencies such as hospitals, midwives, Sheffield Adoption Society, local medical practitioners and the like, many of the older cases were relinquished to lighten the Health Visitor Social Worker's case load which had become greatly increased during the year by another branch of her work. Case records are, however, still retained by the Health Visitor Social Worker, and reference back, if ever necessary, would be an easy matter.

An intimation was received during the year that Sheffield Diocesan Moral Welfare

Council had decided to serve the area more actively, following their enlistment of an outdoor worker for Mexborough. The work of a voluntary society is of great advantage in the area, being especially helpful in securing Affiliation Orders, an early interview of the putative father often resulting in his admission of responsibility.

Twelve illegitimate children were cared for in the Day Nursery and two in privately arranged foster homes.

VENEREAL DISEASE.

The Social Worker has not been called upon regarding contact tracing or female defaulters from the Venereal Disease Clinic this year, and this is no doubt connected with the fact that this work is now part of the hospital side of the Health Service.

OTHER PROBLEMS.

A number of temporary problems were referred by the area health visitor, each case being transferred back on becoming stabilized again.

A number of enquiries were received at the office during the year from childless couples who were interested in adoption and were seeking advice on its various aspects.

GENERAL STATISTICS.

The following statistical summary details the work performed by health visitors, clinic nurses, and clinic assistants (excluding duties undertaken in the School Health Service).

Sections 22, 24, 26, 28, and 51, National Health Service Act.

EXPECTANT MOTHERS.				YOUNG CHILDREN (visits paid after the birth of the child).			
Home enquiries regarding hospital bookings	357	Still births :—					
Revisits	15	Hospital and nursing home confinements	20				
First visits expectant mothers other than above	676	Domiciliary confinements	20				
Revisits	298	Live births :—					
Contacts with social agencies on behalf of mothers	131	Hospital and nursing home confinements	645				
Arranging convalescence	31	Domiciliary confinements	686				
Escorting duties	3	SOCIAL ENQUIRIES FOR ALMONERS, SHEFFIELD HOSPITALS.					
Visits to maternity wards	39	1st visits	22				
CHILDREN UNDER 1 YEAR.				Re-visits	6		
Premature babies—nurse's supervisory visits	1877	FOLLOW-UP VISITS, HOSPITAL PATIENTS					
General routine visits	6606	OTHER THAN CHILDREN.					
Illegitimate	277	1st visits	332				
Ill-cared for	80	Re-visits	249				
Death enquiries	38						

CHILDREN 1-5 YEARS.

General routine visits	13209
Illegitimate	667
Ill-cared for	366
Found on area (and not known to have been visited before)	23
Investigations for places in day nursery	18
Contacts with social agencies ..	215
Visits 5-18 years—illegitimate ..	205

CHILDREN 0-15 YEARS—HOSPITAL FOLLOW-UP

1st visits	371
Re-visits	295
Visits to children's wards	61
Attendances at paediatric clinics ..	80

PSYCHIATRIC VISITS

	52
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SOCIAL CASE WORK.

Number of cases referred	44
Visits paid to homes	308
Cases referred to N.S.P.C.C.	27
Other social contacts	183

ADOPTION AND FOSTERING OF CHILDREN

Enquiries on behalf of adoption societies	20
Visits paid after placing and until order obtained	20
Adoptions by direct placing	14
Visits paid after placing and until order obtained	16
Attendances at Sheffield Adoption Committee	21
Social contacts re adoption	6
Vigilance—fostering and adoption cases referred to the Children's Officer	12
Visits to homes of fostermothers where arrangements for placing pending	10
Visits to illegitimate children placed in foster homes	8
Escorting duties	3

GENERAL CARE AND AFTER CARE.

1st visits	73
Re-visits	41

TUBERCULOSIS.

1st visits to patients	80
Re-visits	868
Attendances at Chest Clinic	73
Patients visited in Oakwood Hall Sanatorium	12

OTHER INFECTIONS AND INFESTATIONS.

Total visits	244
Contact swabbing	12
Referred to social agencies	7

MENTAL DEFICIENCY.

1st visits	15
Re-visits	440
Escorting duties	9

AGED PERSONS.

1st visits	500
Re-visits	1891
Ward visits	107
Referred from bed bureau for investigation	2
Contacts with social agencies	108
Visits to reading rooms	46

DUTIES DELEGATED BY THE CHILDREN'S COMMITTEE.

Hygiene surveys—Park Mount Nursery	14
Visits to residential homes	11

DUTIES DELEGATED BY THE WELFARE COMMITTEE.

Hygiene surveys — temporary accommodation at The Mount	9
Visits paid to separate families in accommodation	27

DUTIES DELEGATED BY THE EDUCATION COMMITTEE.

Lectures to nursery students	34
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STAFF ATTENDANCES AT LOCAL HEALTH AUTHORITY CLINICS AND NURSERIES.

Ante-natal clinics	292
Child welfare clinics	972
Nursery welfare sessions	12
Immunisation clinics	96
Mothers Club (evenings)	93

HOME NURSING

The service has continued to be administered by the Nursing Sub-committee, which is composed of eight members of the Health Committee and six co-opted members from the Rotherham and District Nursing (Benevolent) Association. The Sub-Committee remained unaltered from 1950, with one exception when, following the Annual Meeting of the Council, Councillor Mrs. A. Eastwood was appointed to the vacancy on the Health Committee on the retirement from the Council of Mr. F. H. W. Green, and she was subsequently appointed to the resulting vacancy on the Sub-Committee.

Representation also continued as previously on the North-Eastern Area Federation of the Queen's Institute of District Nursing, which, in turn, was represented on the General Council of the Institute by Dr. W. Barr, Medical Officer of Health.

The year has been one of further progress, and opened with a very heavy period of nursing caused by the outbreak of influenza, referred to in detail later in this report. Following a revision of the establishment of male nurses, it was decided in June to abandon for the time being the post of the third male nurse and to provide two auto-cycles for the male staff. This change has proved its value and each nurse is now responsible for approximately half of the County Borough area as divided by the River Don.

Miss V. McCarthy, Assistant Superintendent, returned in July from the health visitors training course in Leeds, having successfully passed the examination. The qualification and experience gained will greatly assist in the training of Queen's candidates.

An adjustment of districts occurred in September when the nurse resident at the Thorpe Hesley Nurse's Home resigned. It was decided to transfer the nurse from Greasbrough to this area and to nurse the Greasbrough district directly from the Nurse's Home in Rotherham.

Contacts were made throughout the year, as suggested by the Ministry of Health circular 15/51 dealing with care and after-care of illness, with the local British Red Cross Society and the St. John's Ambulance Brigade for members of these organisations to undertake suitable voluntary duty with the Home Nursing Service. No great response was received and the matter was still under consideration at the end of the year.

The Service assisted the Health Department during the Local Government Exhibition held in the Town Hall Assembly Rooms during July and suitable exhibits illustrating the work undertaken were displayed. Members of the staff attended and performed duty at the stall and were able to supplement the information given to the general public on the home nursing work.

During the year two candidates (one Rotherham and one West Riding) successfully

completed their training as Queen's Nurses, and at the year end two Rotherham, one West Riding, and one Barnsley candidate were undergoing training. In previous courses the candidates had received their lectures in Sheffield but, owing to the lack of candidates in that area, the arrangement was discontinued in September. The lectures and demonstrations are now held in Rotherham and I am grateful for the assistance rendered to the service by the several members of the staff of the Health Department who have lectured on their own special subjects.

The Queen's Visitor, on the annual inspection of the service in October and November, was able once again to give a good report on the nursing staff as well as on the amenities provided for nursing work and for the comfort of the staff in the Home.

The growth of the service noted in previous reports continued and an increasing number of acute nursing cases were treated. The years total of 2,720 cases is the largest number of cases nursed in any year.

At the beginning of the year 235 cases were brought forward from 1950 and 2,485 new cases were reported, making a total of 2,720 cases nursed during the year 1951. Of the new cases 1,692 were medical, 655 surgical, 117 gynaecological, 13 obstetrical, and 8 maternity; these cases were referred to the service by:

	No.	Per Cent.		No.	Per Cent.
Doctors	2157	86.8	Health Department service	44	1.8
Hospitals	105	4.2	Individual applications ..	179	7.2

At the end of the year 225 cases were remaining on the books and in 2,495 cases the nursing had ceased for the following reasons:—

	No.	Per Cent.		No.	Per Cent.
Convalescent	1955	78.4	Transferred to other districts or removed for other causes	53	2.1
Died	237	9.5			
Removed to hospital ..	250	10.00			
				<hr/>	<hr/>
				2495	100.0
				<hr/>	<hr/>

The area distribution of the total cases nursed and visits paid was as follows:—

Area	Cases	Visits
Blackburn and Holmes	179	3650
Kimberworth	123	3844
Masborough	199	4085
Broom	245	4337
Clifton	199	4002
East Dene	145	2652
Wellgate	139	4156
Canklow	236	4476
Town Centre	336	6771
Greasbrough	93	3362

Thorpe Hesley	141	2133
East Herringthorpe	201	4041
Thornhill	108	3694
Cases attended by male nurses	376	8659
Supervisory visits	-	976
	<hr/>	<hr/>
Total	2720	60838
	<hr/>	<hr/>

The following summary shows the increase which has occurred since the service was taken over in July, 1948 :—

	Total cases nursed	Visits	Average daily visits paid
1948 (July-December)	963	23442	130.2
1949	2177	55442	151.9
1950	2613	62241	170.5
1951	2720	60838	166.7

The work of the Children's Unit continued throughout the year and 508 cases were nursed, details of which are as follows :—

	Under 1 yr.	1-5 years	5-15 years	Total
Brought forward 1/1/51	1	3	2	6
New cases, 1951	120	232	150	502
	<hr/>	<hr/>	<hr/>	<hr/>
Total	121	235	152	508
	<hr/>	<hr/>	<hr/>	<hr/>
Result of treatment				
Convalescent	112	211	144	467
Removed to hospital	7	11	6	24
Died	-	1	-	1
Removed or transferred	1	4	1	6
Remaining on books 31/12/51	1	8	1	10
	<hr/>	<hr/>	<hr/>	<hr/>
	121	235	152	508
	<hr/>	<hr/>	<hr/>	<hr/>
Visits paid	1175	1905	1070	4150

Included in the above cases were 55 pneumonia, 48 bronchitis, 6 of measles and pneumonia, 4 of gastro-enteritis and 2 each of scarlet fever, chicken-pox and whooping cough.

The results of the treatment of these cases were :—

Disease	Convalescent	Removed to hospital	Died	Remaining on books 31/12/51
Pneumonia	44	9	1	1
Bronchitis	45	2	-	1
Measles	6	-	-	-
Measles and pneumonia	4	1	-	-
Gastro-enteritis	3	1	-	-
Scarlet fever	1	-	-	1
Chicken-pox	2	2	-	-
Whooping cough	2	-	-	-

Early in the New Year evidence of an outbreak of influenza was noticed and information on the numbers of new cases, with particular reference to respiratory disease, was supplied to the Health Department daily.

For the five weeks before Christmas 1950, the average number of new cases referred to the Home Nursing Service averaged 47 per week, and this was regarded as a fairly safe basic figure. During the week ending 6th January, 1951, the number of new cases rose to 59, of which 26 were suffering from respiratory diseases (pneumonia, bronchitis or influenza) and in subsequent weeks the figures were :—

					New cases	Including respiratory disease
13th January, 1951	..	..	..	..	63	33
20th January, 1951	..	..	..	..	69	40
27th January, 1951	..	..	..	..	74	42
3rd February, 1951	..	..	..	..	107	67
10th February, 1951	..	..	..	..	57	26

After this period the weekly figures slowly declined and were approximately back to the average by the middle of March.

This outbreak made very heavy calls on the nursing service and during the worst period the daily average number of visits paid by staff to cases rose to 200 per day. I would like to express my appreciation to the staff for their response to the demands made upon them during this period and also to the Nursing Sub-Committee for showing their appreciation of the efforts made by instructing me to adjust the staff rotas so as to give compensatory time off in lieu of the overtime worked.

Many of these respiratory cases occurred in the older age groups and consequently the figures for the nursing care of the aged also increased. Reviewing the cases of pensionable age nursed during the year, 118 were on the books on 1st January and 576 new cases were reported, making a total of 694 cases nursed. 26,151 visits were made to these cases, an average of 71.6 per day. The results of treatment show that 329 cases were removed from the register as convalescent, 83 cases were removed to hospital, 144 died, 19 cases were transferred to other districts or removed for other causes, leaving 119 cases on the books at the year end.

During the year 472 visits were made to 39 cases of maternal complications. These included 16 of mastitis, 9 of abortion, 7 of pyrexia, and 7 other cases. In 33 of these cases nursing ceased on convalescence, 2 were handed over to the midwifery service, 2 were removed to hospital, and 2 cases remained under treatment on 31st December, 1951.

From the nursing point of view the year was a heavy one, but with a full and competent staff no nursing case was refused. The staff at the beginning and end of the year was as follows :—

				1st January	31st December
FULL-TIME STAFFS.					
Superintendent	..	..	..	1	1
Assistant superintendent	..	..	..	1	1
Queen's nursing sisters	Male	..	..	2	2
	Female	..	..	6	6
Queen's candidates	Female	..	..	—	4
State registered nurses	Female	..	..	3	3
				— 13	— 16
PART-TIME STAFFS.					
Queen's sisters	Female	..	..	4	3
State registered nurses	Female	..	..	6	6
State enrolled assistant nurses	Female	..	..	4	2
				— 14	— 11
				—	—
				27	27
				—	—

Basing the services rendered by the part time staff on a 48 hour week the equivalent full time staff at the beginning of the year was equal to 7.6 and to 6.3 at the end of the year. The staff totals as adjusted are therefore 20.6 and 22.3 respectively.

Thanks are expressed to the Nursing Sub-Committee for their ready help in suggestions for improvement of the service, and to the donors of the many gifts, particularly our friends in New Zealand for the large consignment of infants clothing, the Women's Section of Maltby Toc H, the Rotherham and District Nursing Association Benevolent Fund, the Rotary Club, Distaff Club, Inner Wheel, and especially the children of Wellgate Primary School, for gifts of money, comforts for patients, fruit and flowers.

VACCINATION AND IMMUNISATION

VACCINATION.

During the year records were received of 491 persons who were vaccinated or re-vaccinated. Details of these are given in the following table :—

		Under 1 year	1 to 4 years	5 to 14 years	15 years or over	Total
Vaccinations	..	255	38	15	58	366
Re-vaccinations	..	-	-	9	116	125

Of these the records of 205 persons were received from thirty private medical practitioners and the remainder from the Corporation's medical officers at the various clinics in the borough.

IMMUNISATION—DIPHTHERIA.

No change was made during 1951 in the arrangements for immunisation. Fixed clinic sessions were held at Ferham House and Cranworth Road Centres, and facilities were also available at any child welfare or school clinic session.

870 children under 5 years of age and 168 between 5 and 15 years, a total of 1,038 children, were immunised ; and 560 children received reinforcing doses. 192 records of immunisation were received from 29 private medical practitioners, the remainder being carried out by the Corporation's medical staff at clinics and schools.

At the end of the year the position in Rotherham regarding immunisation in relation to the child population was as follows :—

Age groups	Estimated mid- year population	Immunised at year end	Percentage immunised
Under 5 years	7659	3374	44.0
5-14 years (inclusive) ..	12561	9959	78.3
Total	20220	13333	65.9

These figures represent a slight percentage increase when compared with those of the previous year, the percentages then being 43.9, 78.3, and 64.8 respectively.

In the 5-14 years age group, 3,251 children had received stimulating doses by the year end. This represents 25.9 per cent. of the immunised children in that group.

The numbers of children immunised at the end of the year, divided into age groups according to the year of birth, are :—

1937— 980	1942— 930	1947—1023
1938— 961	1943—1024	1948— 934
1939— 993	1944—1313	1949— 724
1940— 932	1945— 972	1950— 614
1941— 911	1946— 943	1951— 79

During 1951, only one case of diphtheria occurred in the borough, making the lowest annual figure on record. This child was 7 years old and had received a course of immunisation in 1946. There was no death from diphtheria during the year.

WHOOPING COUGH.

In the main, protection against this disease is given at the same time as diphtheria by the use of diphtheria-pertussis vaccine. 497 children received injections of this vaccine and 11 received whooping cough vaccine, making a total of 508 children immunised during 1951.

At the end of the year there were 3,039 children under the age of 15 years who had been immunised against whooping cough.

During the year 1951, 70 notifications of this disease were received and, of these, 5 children under the age of 4 years had previously received protective courses of injections. The time elapsing between the final injection and the diagnosis that the child was suffering from whooping cough varied from one to two and a half years, with an average period of two years. It is yet too early to pass any comment on these figures. No deaths occurred from this disease during the year.

B.C.G. VACCINATION.

46 contacts of tuberculosis cases were vaccinated during the year 1951.

AMBULANCE SERVICE

The Ambulance Service continued to function as a joint service with the Fire Brigade as in previous years and was operated from the Fire Station, Erskine Road, Rotherham.

In June 1950 an amendment of the approved scheme under Section 27 of the National Health Service Act, 1946, was approved by the Minister of Health so as to permit an increase of personnel employed over 24 should this be found necessary. The arrangements with the neighbouring authorities of the City of Sheffield and the West Riding County Council for the interavailability of the ambulance services were revised and continued throughout the year. Constant supervision was exercised in co-operation with the hospital authorities and the medical practitioners in an endeavour to avoid unnecessary journeys.

Replacement of ambulances during the year included three 27 h.p. Bedford ambulances, with body and internal fittings by Lomas. At 31st December, 1951, 7 ambulance one transit ambulance for sitting cases, and 3 sitting case cars were in service and the whole time personnel of drivers and attendants was 8. These are assisted as necessary up to a total of 16 firemen. One civilian mechanic is employed on vehicle maintenance work.

The statistics for the year 1951 are as follows :—

	Ambulances	Cars	Total
Total number of journeys made	4043	5803	9846
Number of accident and other emergency journeys included in the above	1819	574	2393
Total number of patients carried	5764	20427	26191
Total mileage	53111	69174	122285

PREVENTION OF ILLNESS, CARE AND AFTER CARE.

HOSPITAL LIAISON.

The contact with hospital departments continued, in the interest of aftercare of the sick, and 1951 saw some extension of this work by the health visiting staff.

PAEDIATRIC CLINICS AND CHILDREN'S WARDS.

The paediatric clinics and children's wards were visited throughout the year, on Tuesday mornings (except the second Tuesday in the month), at Moorgate General Hospital, and on Thursday afternoons at Rotherham General Hospital.

These duties were undertaken for three monthly periods by a rota of health visitors, so giving all the staff in turn an opportunity of making personal contact with the Paediatrician, Dr. Harvey, and the hospital staff.

Medical officers from the Health Department attended the paediatric clinic at Moorgate General Hospital weekly during the year, and it is hoped to extend this scheme to Rotherham General Hospital in the near future.

	Moorgate General Hospital	Rotherham General Hospital
Number of clinics attended in 1951	35	45
Number of children attending in 1951	219	216
Total attendances under 5 years		
Rotherham C.B.	270	77
West Riding	155	68
Total attendances school children		
Rotherham C.B.	52	128
West Riding	45	149

Special references were made in the interest of the children concerning the following conditions :—

	Moorgate General Hospital	Rotherham General Hospital
Home environment	9	4
Feeding	7	—
Home help	1	—
Child guidance	2	—
School teacher	1	1
Eye specialist	1	2
Physiotherapist	7	11
Residential school	—	1
Orthopaedic	—	1

This service is still proving a very valuable contact and the opportunities for keeping up to date with modern treatment in paediatrics generally is of immense value to the health visitor. Likewise her discussion with the ward staff regarding home conditions and progress must be of mutual advantage to staff and patients.

THE PREMATURE BABY NURSE.

The premature baby nurse phoned the ward sister daily at 9 a.m. for information about pending discharges needing extra supervision, as well as the maternity ward sister for particulars of premature babies for discharge. She also reported in writing to the Paediatrician on the progress of any baby under her care attending the paediatric clinic.

MATERNITY DEPARTMENT, MOORGATE GENERAL HOSPITAL.

Weekly visits were continued to this Department by Miss Osborne, Health Visitor, until November, 1951, and then by Miss Cutts, Health Visitor.

Number of ward visits paid	43	Number of mothers interviewed	..	576
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The following special references were made for after-care :—

Social problems	4	B.C.G. vaccinations	2
Rhesus reports	..	..	..	71	Premature babies	..	..	..	17
Feeding difficulties	..	..	..	23	Congenital defects	..	..	..	8
Abnormal or complicated births	..	..	..	103					

THE CHRONIC SICK WARDS : MOORGATE GENERAL HOSPITAL AND BADSLEY MOOR LANE HOSPITAL.

Miss Bates, Health Visitor, undertook the visiting at Moorgate General Hospital on Tuesday mornings and Badsley Moor Lane Hospital on Friday afternoons. The background reports of all cases admitted to Moorgate General Hospital were submitted by the district health visitor through Miss Bates to the hospital, with special reference to the facilities available for the ultimate care of the patient if he should be discharged from hospital. This proved and is still proving of value in preventing rapid deterioration of any old person, by stimulating relatives to help, putting statutory services into operation as speedily as possible, and advising on the need for other accommodation such as part III or hostel according to circumstances.

MEDICAL AND SURGICAL WARDS.

Routine visits were not paid to these wards by the Borough health visiting staff, but contacts were made with the West Riding health visitor who visited both Moorgate General Hospital and Rotherham General Hospital and by telephone direct between the hospital staff and the Superintendent Health Visitor on any matter causing anxiety. Visits were then made to these wards to interview such cases as seemed necessary in the interest of their progress and after-care.

A good relation existed between almoners of Sheffield hospitals and the Health Department and reports were exchanged by letter and phone in the interest of Rotherham

cases in these hospitals.

CHEST CLINIC AND SANATORIUM.

In March, 1951, when the new premises were occupied by the Chest Clinic, the clinic nurse on the staff of the Health Department was withdrawn.

Mrs. Knowles, Health Visitor, has made regular contacts with the Chest Clinic from April, 1951, and paid monthly visits to Oakwood Hall Sanatorium, and there was an exchange of information on social conditions in the interest of prevention and after-care of tuberculosis.

Health visitors have continued to visit notified cases and contacts, and the following are particulars of visits made :—

Attendances of clinic nurse at chest clinic	..	..	..	..	..	24
Attendances of health visitor at chest clinic	..	..	..	..	..	49
Visits by health visitor to sanatorium	..	..	..	..	..	8

GENERAL.

In relation to the care and after-care generally of hospital admissions and discharges, individual reports continued to be exchanged for all patients within the following groups — aged, maternity, and children.

The diagnoses, etc., of other patients were brought to the health visitor's notice and home visits were made if conditions appeared to require them. Towards the end of the year special attention was paid to conditions resulting from accidents in the home.

All this very valuable liaison work is an important contribution to the successful implementing of the National Health Service Act, and should result in preventive medicine making a positive contribution to the Health Services.

CARE OF THE AGED IN THEIR HOMES.

Every effort was made to meet the increasing demands on the Health Department staff in their responsibility for the care of the aged and 2,438 visits were paid during the year.

A great number of these visits were paid at times of crisis when much care was required in making the arrangements necessary to relieve a particular problem, and a greater number of visits were necessary to follow up old folk who had been in need of care and attention in the past.

The lack of contacts for some of the aged living alone, and the difficulties of shopping and providing suitable meals in bad weather or temporary indisposition (contributing as these problems do to malnutrition and general deterioration) have caused the

staff much concern and it is hoped that at some future date voluntary bodies will take on this important duty of making friendly contacts with the aged living alone. This will be a great relief to the health visitors, who at present feel that they can only touch the fringe of this huge social problem brought about by the necessity of caring for the aged in their own homes.

Regular visits were paid by some of the health visitors to such places as reading rooms on housing estates, for the purpose of giving advice and help to aged people in need and taking messages for others unable to attend ; and eighteen old people were referred to Darby and Joan clubs by Health Visitors following these visits.

HEALTH SERVICES BUREAU

Good progress can be reported in the work of the Bureau for 1951, the third year's report. The variety of activity has been well maintained and the accompanying statistics give some indication of the use made of the Bureau by the public and the variety of problems. It is interesting to note how many of these problems are connected with ill-health.

The work of the Bureau can be divided into the following headings :—

GENERAL INFORMATION AND ADVICE.

When the Bureau opened in August 1948 one of its main functions was to provide general information and advice, and the volume of work in this respect did not at that time permit of much more service being undertaken. The year 1951 has proved that, with the continuous request for information and advice, that there is still a definite need for this service and that the public has come to regard the Bureau as the place meeting this need.

The variety of queries can be gathered from the analysis, but more details than this cannot be given as all personal matters are treated as confidential.

It is the aim of the Bureau to be practical in its help, and again it can be recorded that, whilst many other public offices pass on people from one place to another, the Bureau has the reputation of providing more immediate solutions.

NURSING EQUIPMENT.

This service is becoming more and more popular and the turnover of all types of equipment is really astounding. No effort is spared to meet a patient's need, whether it be the provision of wheelchairs, of special fittings to beds, or of general advice on the use and improvisation of equipment.

The stock has been well maintained to meet the demand during the year. In 1951 the following number of appliances were issued :—

Bed pans	221	Bed tables	7
Bed rests	258	Water beds	9
Rubber sheeting	276	Sputum flasks	7
Draw sheets, linen (pairs)	173	Feeders	8
Air rings	145	Dunlopillo mattresses	4
Bottles, urine	189	Twin push pram	1
Bed cages	37	Steam kettle connection	1
Wheel chairs	42	Douche cases	1
Crutches (pairs)	15	Commodes	5

HEALTH EDUCATION AND PUBLICITY.

This is now becoming a very active side of the work and much progress has been made. The regular window displays attract a wide public interest and it can be said with no uncertainty that benefit is derived from the message of positive health and of prevention of illness which is given. To hear general comment as people pass by and to have people call in the office and give their comments is sufficient proof of its value. It has in fact become the established "corner" for the Health Service.

Displays on files, exercise for health, milk and pasteurisation, home safety, vitamins, tuberculosis, care of teeth, and the human body illustrated by means of a skeleton, have been arranged, and the central situation of the premises has proved to be of immense value by the publicity it provides.

VISUAL AID.

This development was mentioned in last year's report and this year saw its realisation by the acquisition in November of a 16 m.m. sound cinematograph projector. Full use of this was not of course made in 1951, but the showing of health education films to clinics, meetings, works, etc., was commenced.

LITERATURE.

All types of selected pamphlets and posters are issued and periodically posters are distributed to works in the town for display on notice boards. Talks have been given to meetings and a good deal of interest has been shown.

SUMMARY OF ENQUIRIES.

An analysis of these is given in the following tables :—

LOCAL AUTHORITY HEALTH SERVICES.	HOSPITAL AND SPECIALIST SERVICES.
Home Helps 156	Appliances :—
Convalescence 246	Surgical 32
School and child welfare 41	Deaf aids 88
Sanitary matters 34	Wigs 6
Nursing appliances 2221	Specialists fees, etc. 2
Tuberculosis 4	Travelling 7
Ambulance 31	Appointments 8
Midwifery 34	Chiropody 55
Nursing 16	Chest radiography 40
Immunisation 7	Blood donors 5
General health matters 17	Sundry enquiries 29
Blind welfare 113	—
Social worker 8	272
Housing 26	—
Posters and pamphlets 131	
Window display and exhibition 84	
—	
3169	
—	

EXECUTIVE COUNCIL SERVICES.

Dental lists, benefits, etc.	42
Optical lists, benefits, etc.	32
Medical lists, benefits, etc.	9
Medical cards	9
Forms E.C.1 and completion	5
Change of doctor and dentist	29
Chemists open	4
	—
	130
	—

NATIONAL INSURANCE ACT.

Benefit enquiries :—	
Sickness	29
Maternity	133
Death	6
Widows	5
Compensation	1
Retirement	25
Inconsiderate employment	1
General	8
Special insured classes :—	
Married women	5
Students	—
Self employed	1
Increased contributions	2
National insurance	2
Insurance cards	4
Stamp arrears	6
Juvenile employment	7
Family allowances	15
	—
	250
	—

GENERAL.

Assistance Board	70
Location of offices	82
Advice re-employment	7
Forms completed	6
General assistance and sundries	426
Civil defence	10
Marriage guidance	1
Talks	5
Legal aid	6
Rent tribunal	1
Electorial roll	6
Food parcels	2
	—
	622
	—

SUMMARY.

	Total	Per Cent.
Local Authority Health		
Services	3169	71.33
Hospitals	272	6.12
Executive Council	130	2.92
National Insurance	250	5.63
General	622	14.00
	—	—
Total	4443	100.00
	—	—

Number of people making enquiries 4432

DOMESTIC HELP

One of the most important aspects of the Home Help Service is its preventive work, and the provision of a home help at a critical time can do much to preserve the security and happiness of family life. As a class, the housewife with a family of children has a heavier burden to bear than any other person in the community, and the welfare of a family depends mainly on a mother who is healthy, both physically and mentally. If the mother's efficiency fails owing to ill-health or prolonged strain through nursing any sick member of the family, the family will suffer as a result. The father may be forced to stay at home with consequent loss of earnings, and tension and unhappiness in a home may have adverse effects on the children.

MATERNITY.

It is gratifying to note that there has been a big increase in the service given to this group, necessitating 4,470 hours of extra service. In maternity cases where a mother is confined at home, two weeks full time help is given. Full time help is also given to a mother who is discharged from hospital before the fourteenth day after delivery, and expectant mothers who support their application for help with a medical certificate are also assisted through this service. The amount of time allocated depends on the medical condition of the mother and the home circumstances. For example if an expectant mother is ordered by her doctor to have complete rest in bed at home, full time service is given until her condition improves, whereas in the case of expectant mothers who are suffering from overtiredness during the last few weeks of pregnancy part time assistance only is given.

It is a fact that, in the majority of cases where a mother has been helped before confinement, she has expressed a preference to be delivered at home rather than in hospital.

AGED CHRONIC SICK.

Rapid development has been made in the care of the aged sick. This group may be divided into two categories — those who are not suffering from a specific illness but whose frailty renders them incapable of running their own home, and those who are suffering from an illness which makes it necessary for them to be confined to bed. The latter group receive considerable help from this service, and one of the most important factors of the home help's work amongst the aged sick is that the old people feel that something practical is being done to assist them to remain in their own homes with their treasured possessions. If they are living alone there is a tendency for their outlook on life to be narrowed and for them to suffer from monotony and great loneliness, which in turn

contribute to mental and physical deterioration. Where there are relatives who can give the necessary assistance to such elderly citizens, they of course are the ones who should help, not only as a duty and responsibility, but also as a privilege and a pleasure. There are however many instances where such help in the home is not available and the number of such cases have increased considerably over the past year. When old people are fit to be discharged from hospital, a home help can be supplied to care for them in their own homes, so making it possible to discharge from hospital much earlier and free beds for more urgent cases.

This increased service to the aged resulted in an increase of 15,921 hours in 1951, and is likely to call for a further increase in the coming year.

SICK CHILDREN.

Little call has been made upon the service for sick children, because after investigation it has been found that with the help of a relative a mother has been able to cope adequately with the situation.

TUBERCULOSIS.

All requests from tuberculous patients have been met, and help has been given to assist the woman to resume her normal domestic duties. Home helps who work in the homes of the tuberculous are X-rayed and examined every three months, a further extension of this during the past year has been the introduction of the tuberculin jelly test.

DOMESTIC CRISIS.

It is of particular interest to note that the services of a home help for a short period at a time of domestic crisis have been particularly valuable.

This has been the case for example where, the mother of a family having died, the provision of a home help has served to tide the family over a difficult time thereby preventing the disruption of the family.

REHABILITATION.

This is of necessity a slow process, though it is felt that some progress has been made, especially in dealing with problem families, where a tactful approach is necessary in order to gain the confidence of the family.

Two home helps have attended together in special cases and it has been found that in practice they work well together and achieve excellent results.

NIGHT SERVICE.

The night service has expanded and close co-operation has been maintained. Ex-

tensions of service have been granted to old people to enable them to be cared for at home. In the case of the aged sick with no relatives, continued night help has been given where necessary until hospital accommodation could be found. This procedure has helped to bridge the gap between the medical practitioner and the hospital services.

RECRUITMENT.

There is a steady flow of recruits, but it is still difficult to find the right type of woman for full time work. Some form of training for home helps who are not experienced housewives is envisaged to enable them to improve their knowledge of practical housewifery. This may improve recruitment of full time personnel. Courses of instruction can be arranged with the local education authority and one day a week over a period of 13 weeks would be sufficient. The practical training would be supplemented by a series of lectures arranged by the Home Help Organiser, dealing with personnel.

MONTHLY BUSINESS MEETING.

Monthly meetings have proved very successful. They enable problems to be discussed between home helps and the Organiser and by this method happy relationships are maintained. The home help badges presented last year by Alderman Buxton and Dr. Barr are now accepted by the public as a symbol of integrity.

HOME HELPS' WELFARE.

The social club officials have been very busy during the last year. Their activities have included a pantomime, a bring and buy sale, a trip to Mablethorpe, and a week-end tour in London for a theatre, the Festival of Britain, and a coach tour to Windsor and Hampton Court. Many single and widowed home helps have few social contacts, and to these especially the club has been a great benefit by giving them interests outside their work and opportunities of making friends. To all home helps the club offers companionship and a chance of expressing themselves in one of the many activities carried on there.

ANALYSIS OF HOMES SERVED.

Type of case	Brought forward from 1950	New cases	Total
Maternity	10	204	214
Sick children	1	1	2
Tuberculosis	—	4	4
Other sickness	23	92	115
Old age	89	129	218
Domestic crises	—	5	5
Rehabilitation	—	3	3
	—	—	—
Total	123	438	561
	—	—	—

ANALYSIS OF HOURS OF SERVICE.

Type of case	Hours Day	Hours Night	Hours Total
Maternity	19310	-	19310
Sick children	80	-	80
Tuberculosis	445	248	693
Other sickness	20848	896	21744
Old age	52283	744	53027
Domestic crisis	954	-	954
Rehabilitation	206	-	206
	<hr/>	<hr/>	<hr/>
Total ..	94126	1888	96014
	<hr/>	<hr/>	<hr/>

ANALYSIS OF RECRUITMENT.

Brought forward from 1950	64
Home helps employed each week	87
An increase of	23

VISITS PAID DURING THE YEAR 30,000

Now let us consider the people who use this service and see what can be done by them to ensure a steady move towards a better service. The public must not be allowed to regard the scheme as a state aided domestic agency, nor must they be allowed to regard home helps as cheap charwomen. What is needed is education of the public in the unselfish use of a social service, so that, in these days of development and economic difficulties, at least all the really urgent cases can be assisted.

In conclusion it must be remembered that the Home Help Service is one which readily lends itself to abuse ; but if the Organiser, the home helps, and the public go forward together in a true spirit of co-operation there will be few instances of abuse recorded, and a service of which everybody can be proud will develop.

MENTAL HEALTH

The Mental Health Services during the year 1951 were further consolidated and can now be said to have successfully overcome their teething troubles. Probably the most noticeable feature was the liaison between the Mental Health Service, the general practitioners, and the hospitals.

In these times of acute hospital accommodation shortages, more work has been done on a comprehensive scheme for prevention of mental illness rather than on admission to hospital. This work, probably the most important from the patient's point of view, has been seriously handicapped by the shortage of trained staff.

Yet another feature of the past year was the advanced facilities afforded at the Occupation Centre for the training of mental defective children.

MENTAL DEFICIENCY ACTS.

I. DEFECTIVES UNDER INSTITUTIONAL CARE.

The following table shows the placing of Rotherham defectives under Order in institutions or on licence from such institutions at the end of 1951 :—

	Resident		On licence leave	
	Male	Female	Male	Female
St. Catherine's Institution, Doncaster ..	27	34	3	3
Stoke Park Colony, Bristol	2	1	—	—
Whittington Hall, near Chesterfield ..	—	6	—	—
Grenoside Hospital, near Sheffield ..	9	—	—	—
Aston Hall, Near Sheffield	—	2	—	—
Victoria Hospital, Mansfield	1	—	—	—
Fir Vale, Sheffield	—	1	—	—
Thundercliffe Grange, Rotherham ..	—	1	—	—
Rampton Hospital, near Retford ..	4	—	—	—
Moss Side Hospital, near Liverpool ..	1	—	—	—
The Manor, Epsom	1	1	—	—
	—	—	—	—
	45	46	3	3
	—	—	—	—

In total the number of cases under order is 97, one less than last year. New admissions to institutions during 1951 totalled M. 3 : F. 1, on order made by judicial authorities following the presentation of petitions by officers of this Department and one case under an order made by the Court under Section 8 of the 1913 Act. Two Rotherham patients were discharged from order under the Mental Deficiency Acts during the year, both following successful licence leave, and one case by operation of law because

his order was not renewed. A number of transfers between institutions were effected during the year, mainly from St. Catherine's to Grenoside.

A trial period of licence leave was granted to one male patient from St. Catherine's during the year and he was continuing satisfactorily at the end of the year. One female patient was returned to Whittington Hall following licence leave because the lady with whom she lived died.

II. GUARDIANSHIP.

No change occurred in the number of cases under guardianship orders in 1951; four adult females remain with private guardians under the general supervision (on behalf of the local health authority) of the Brighton Guardianship Society.

III. ASCERTAINMENT OF DEFECTIVES.

The following new cases have been ascertained during 1951 :—

	Male	Female
(1) Cases reported by local education authorities under the Education Act 1944		
(a) Under Section 57 (3) of the Act	4	2
(b) Under Section 57 (5) of the Act	10	9
(2) Other cases reported and ascertained to be "subject to be dealt with"	1	—
(3) Ascertained cases who are not at present "subject to be dealt with"	—	—
	15	11
	—	—

Those included in category (1) (a) are notified to the local health authority under 57 (3) of the Education Act, 1944. They are automatically excluded from the educational system and become the immediate responsibility of the local health authority. In cases where the degree of handicap is not so severe the child is given the advantage of the most suitable form of teaching which is available and is notified under Section 57 (5) of the Act if it is considered desirable that supervision should continue after leaving school. On leaving school such a child becomes the responsibility of the health authority. The education system is the source from which the majority of new cases come to the notice of this department (25 out of 26 in 1951) the other one being a transfer into the Borough from the West Riding Area.

SUPERVISION OF DEFECTIVES.

The following table indicates the number of defectives in the various classes at the end of 1951 :—

	Male	Female
1. Mental defectives on licence leave from institutions	3	3
2. Mental defectives under guardianship	4	4
3. Mental defectives "subject to be dealt with"		
(a) under statutory supervision	47	51
(b) others	12	27
4. Mental defectives not at present "subject to be dealt with" (voluntary supervision)	41	40
	—	—
	107	125
	—	—

Included in item 3 (b) are 4 males and 7 female defectives resident in The Mount and with the exception of these (and the 4 defectives under guardianship orders in the south of England) care and supervision was carried out by officers of the local health authority.

During the year 640 visits were made to the homes of defectives and 140 interviews made at the office.

OCCUPATION CENTRE

Attendances at the Occupation Centre during 1951 totalled 12,186 half days out of a possible 13,730. This represents a percentage of 88.7. The training of defectives follows (as closely as possible) the model laid down by the National Association for Mental Health and includes habit training, sense training, speech training, handicrafts of various types, simple domestic tasks and good manners, etc. An open day for parents and friends was held in November and was very well attended. There was a marked improvement in the quality of workmanship and all the goods offered for sale were sold — the proceeds amounting to £43 2s. 3d., almost double that of last year.

In June, an inspector of the Board of Control (Miss M. G. Milne-Redhead) made an official visit to the Centre. Her report on the visit, whilst congratulating all concerned on the good work being done, suggested minor alterations in the training programme which have since been implemented.

"Since the previous visit paid in October of last year Miss Bailey has retired and Miss Kelford has been appointed Supervisor in her place.

Classification is good and there are three classes with an occasional fourth class for individual instruction in more advanced handwork.

The nursery class includes about eight children, all ambulant and lively, and an extra supply of sense training apparatus for their use would be beneficial.

The intermediate and senior classes have made good progress with handwork in the short time during which the Centre has been open. Some of the older boys and girls are taken in small groups and are taught netting, basketry, and woodwork. The two senior groups join for physical training, country dancing, action songs, singing and percussion band practices. It was a great pleasure to me to watch the children at this type of work today. All the staff are enthusiastic and they have done well to achieve so high a standard of work. The interest of the children is maintained throughout and periods of instruction are of reasonable duration.

I saw a good dinner quickly and nicely served today, and discussed with Miss Kelford the need for an extra supply of table silver. Older boys and girls assist with the preparation and clearing of the tables and also with washing up. This is done under supervision and provides good training.

The toilet annexes are well equipped and all children who are unable to bath in their own homes are bathed at the Centre once a week. The premises have been well adapted and are clean and nicely kept. The need for a proper playground was appreciated and a plot of land, of reasonable size is being cleared for this purpose.

I was pleased to hear that the Committee members were interested in the work of the Centre, visit periodically and make good provision. Dr. Boyd attends frequently and the children are extremely fortunate in being able to receive medical and nursing attention at Ferham House Clinic at any time ; one child attends the Clinic daily for ear treatment ; adequate prophylactic dental care is also provided and some of the adults have been supplied with dentures. A chiropodist visited the Centre recently and has arranged to examine all the children's feet. It is obvious that a happy relationship exists between the staff of both departments."

(Sgd.) M. G. Milne-Redhead

Inspector of the Board of Control.

THE NEED FOR AN INDUSTRIAL CENTRE.

It has been the policy of this department, because of limited capacity of the present centre, to give priority to the training of children of school age who are excluded from other schools because of their disability. There remains the obligation of providing training and occupation for adolescent and adult defectives. This is where the need arises for an industrial centre. The occupation centre is full to capacity, which means that until such time as we are able to move the older cases no new ones can be admitted. There is a waiting list of 17 and notifications of new cases are at the rate of 6 per year. There are 3 males and 4 females over the age of 16 who could be trained in an industrial centre and 12 over 14 who could be transferred later, thus making room for new cases.

Some of the older defectives with training could be passed on to the Rehabilitation Centre and found suitable employment from there. This way we should not become static, and we should be in a position to cope with the future cases. The difference in these children's lives is remarkable as they are now able to do worthwhile things which gives both them and their parents untold pleasure. These are the children who in the past grew up to be known as the village idiots; now they are being put on the path which leads to becoming useful citizens.

LUNACY AND MENTAL TREATMENT ACTS.

THE WORK OF THE DULY AUTHORISED OFFICERS.

The duties of the authorised officer under the Lunacy Acts and Mental Deficiency Acts are of a very responsible nature and demand the exercise of the greatest tact and discretion. The local health authority's primary function under the Lunacy and Mental Treatment Acts is to provide officers authorised to undertake the initial care and removal to hospital of persons who are considered to be of unsound mind. Facilities are available at the Moorgate General Hospital for the observation of such patients before any specific action under the Acts is put in motion. That a mental observation ward for each sex is within easy reach proves to be of material advantage to the efficiency of the mental health services. The decision as to the need for admission rests with the duly authorised officer who is statutorily empowered to order (a) the admission and (b) the detention of the patient for observation. During 1951, 56 patients were admitted from the Borough to the Moorgate General Hospital under Orders made by the appropriate officers. At the time of admission, all these patients were, in the opinion of the authorised officers, either certifiable as of unsound mind or sufficiently mentally unstable as to require compulsory detention for further observation for their own welfare or in the interests of public safety. The ultimate disposal of these cases, all of whom were admitted under Section 20 of the Lunacy Act 1890, was as follows :—

	Patients
1. Transferred to Middlewood Hospital	
(a) as certified patients	15
(b) as temporary patients	5
(c) as voluntary patients	4
2. Discharged from Moorgate General Hospital	30
Died in hospital	2
	—
Total ..	56
	—

As a result of the present state of the law Rotherham's officers are frequently called upon to complete legal requirements in the case of patients not normally resident within the Borough. Prior to the National Health Service Act, 1946, the Moorgate General Hospital served the areas of Rotherham County Borough and a limited area of the West Riding County Council. With the "regionalisation" of hospitals, patients are now admitted from a much wider area. In the specific case of the mentally sick, Rotherham's

officers are responsible for the transfer to mental hospitals of all patients admitted for mental observation, with the exception of those originally admitted to the Moorgate General Hospital from outside the Borough, who are dealt with within the validity of the duly authorised officer's "three day order". During 1951, largely because of overcrowding of mental hospitals and the inadequacy of accommodation in other hospitals for mental observation, patients were admitted to the Moorgate General Hospital for mental observation from Sheffield, Doncaster, Barnsley and more distant county area of the West Riding. In all these cases, Rotherham's officers became legally responsible after 72 hours had elapsed since admission. Furthermore, any patient who was originally admitted to the General Hospital for some physical reason and who was later found to be mentally sick, or who developed a mental condition whilst in hospital, immediately became the concern of Rotherham's mental health staff, irrespective of their normal place of residence. The following table analyses the types of patient admitted to the Middlewood Mental Hospital during 1951 :—

			Borough cases	Other cases	Total
1. Certified patients	..	..	19	4	23
2. Temporary patients	..	..	8	3	11
3. Voluntary patients	..	..	33	—	33
			—	—	—
			60	7	67
			—	—	—

From the figures quoted above, it will be noted that in 34 cases (certified and temporary patients) the duly authorised officers were required to make arrangements for the admissions of patients to a mental hospital in accordance with the law. Of this number 7 (nearly 26 per cent. of the total) were not residents of the Borough.

In too great a number of cases reported for the attention of duly authorised officers under the Lunacy and Mental Treatment Acts, the underlying reason for requests for admission springs from a need for custodial care such as a general hospital affords. A large percentage of cases reported are suffering from chronic physical illness or are aged and infirm. Very minor mental aberrations are often amplified in these cases in the hope that a bed will be found in a mental ward so that, if it is found that the patient is not a mental case, transfer to a sick ward will be made. This is a direct consequence of the serious shortage of accommodation both for the chronic sick and the aged and infirm.

During 1951, in addition to the 56 cases in which orders for admission were made, the staff of the mental health section investigated 37 cases which were not considered to be mentally sick or where the degree of abnormality did not warrant removal to an observation ward in hospital. Of these 37 cases 18 were over 65 years of age.

OUT-PATIENT CLINIC.

The liaison which has been established between this department and the Regional

Hospital Board in the matter of out-patient clinics continues as outlined in last year's report. A member of the mental health staff attends the clinic which is held (as an out-patient clinic of the Middlewood Hospital) at the Moorgate General Hospital each week. This is a tremendous advantage to both the patient and the mental health staff. If the officer after being called to a case is of the opinion that the patient's mental condition is not such as to need admission to hospital, but would benefit by out-patient treatment, arrangements are made for attendance at the out-patient clinic where he is seen by the visiting psychiatrist, who recommends whatever he considers best for the patient. In many cases this recommendation is that the patient shall continue to attend the out-patient clinic. This is again another way of saving beds in hospital for cases needing more urgent treatment.

AFTER-CARE OF PATIENTS DISCHARGED FROM MENTAL HOSPITAL.

It is felt that there could be some improvement in the after-care facilities afforded to patients discharged from mental hospitals. In most cases, because of the shortage of trained staff, the follow-up is not as strict as it should be, and to the patient this seems and in fact is the most decisive period in their lives. It is the time when friendly advice and guidance to help them to regain their confidence is needed most. It is at this time we find that most of the cases which relapse are those who have been allowed to sit back and feel sorry for themselves, while others are being helped to find suitable employment and again take their rightful place in the community.

HOSPITAL ACCOMMODATION.

The provision of hospital accommodation remains the responsibility of the Ministry of Health through its Regional Hospital Boards, but the local health authority's duties in the field of mental health are inevitably linked with such provisions. In the last annual report, comment was made that the shortage of hospital beds for all types of mentally sick or defective patients was impeding the efficiency of local mental health services. The position this year has gradually worsened. Whilst the admission of mental defectives to an institution is always regarded as a last resort, the local health authority has a duty imposed by the Mental Deficiency Act, if supervision at home fails or is insufficient, to take steps for securing that they should be dealt with by being sent to an institution. To secure a vacancy in an institution is virtually impossible and the officers responsible have the unenviable task of trying to make effective what is often an inherently unsatisfactory domiciliary supervision. The local health authority is frequently unable to carry out its statutory duty of arranging admission to institutions in necessitous cases because of the lack of accommodation.

There were on the waiting list for institutional accommodation the names of 12 defectives at the end of 1951 (7 males and 5 females) and of this number only 5 (3 males and 2 females) could be classed as in urgent need of removal. The number of cases in need of institutional care and training has, of course, been considerably reduced by the

provision of training facilities at the Occupation Centre, and only those requiring nursing or custodial care (because of bad home conditions) are now scheduled as requiring institutional accommodation.

THE MENTALLY SICK.

Whilst Rotherham's officers can, in theory, admit patients to any mental hospital, this does not work in actual practice owing to overcrowded conditions in other areas. A very limited allocation is made for the use of patients from this area at Middlewood Hospital, Sheffield. The total allocation during 1951 was 56 male and 42 female beds (less than one for each sex each week) and when it is borne in mind that this allocation has to serve the areas of the County Boroughs of Rotherham and Doncaster in addition to certain country areas of the West Riding some indication is given of the gravity of the situation. Too frequently it has been necessary, during 1951, to detain certified patients in the mental observation wards at Moorgate General Hospital, until a bed became available at the mental hospital. This prevents patients, in need of active treatment, from being treated, thus aggravating their conditions.

In conclusion it will be noted that whilst this authority have done everything to implement their responsibilities under the Lunacy, Mental Treatment and Mental Deficiency Acts, it is clear that, in view of the present difficulties of obtaining hospital accommodation, greater responsibility has fallen and will continue to fall, so long as these conditions exist, on the staff of this section, resulting in increasing demands on out-patient treatment and after-care, which necessitates more home visits per patient. In some cases a visit each day has been indicated though unfortunately this has not always been possible owing to shortage of staff. The importance of care and after-care cannot be stressed too strongly ; if there are no beds to be had in hospitals then prevention must be our aim.

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