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**Contributors**

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COUNTY BOROUGH OF ROTHERHAM

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# REPORT

BY THE  
MEDICAL OFFICER OF HEALTH

FOR THE YEAR

**1953**







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ROTHERHAM:  
HENRY GARNETT & CO. LTD., "ADVERTISER" OFFICE  
1954



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## HEALTH COMMITTEE

### NATIONAL HEALTH SERVICE ACTS, 1946-1952

The Health Committee of the Council is concerned with all matters of public health and the operation of all services under the above Acts.

#### MEMBERSHIP

(as at 31st December, 1953)

HIS WORSHIP THE MAYOR (COUNCILLOR F. DUKE)

Chairman: ALDERMAN A. BUXTON, J.P.

Vice-Chairman: COUNCILLOR A. WILDE

ALDERMAN MRS. F. L. GREEN, J.P.	COUNCILLOR MRS. A. EASTWOOD
ALDERMAN F. HARPER J.P.	COUNCILLOR J. FORD
ALDERMAN A. R. SHAYLER	COUNCILLOR MRS. E. McNICHOLAS
ALDERMAN F. C. WOFINDEN	COUNCILLOR J. E. MICKLETHWAIT
COUNCILLOR W. BEEVERS	COUNCILLOR MRS. M. H. MOORHOUSE, J.P.
COUNCILLOR C. DUFFIELD	COUNCILLOR A. WALSH

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#### GENERAL PURPOSES SUB-COMMITTEE

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COUNCILLOR A. WILDE (Vice-Chairman)	ALDERMAN A. R. SHAYLER
HIS WORSHIP THE MAYOR (COUNCILLOR F. DUKE)	ALDERMAN F. C. WOFINDEN
ALDERMAN MRS. F. L. GREEN, J.P.	COUNCILLOR C. DUFFIELD
	COUNCILLOR MRS. M. H. MOORHOUSE, J.P.

#### MENTAL HEALTH SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P. (Chairman)	COUNCILLOR C. DUFFIELD
COUNCILLOR A. WILDE (Vice-Chairman)	COUNCILLOR J. FORD
HIS WORSHIP THE MAYOR (COUNCILLOR F. DUKE)	COUNCILLOR MRS. E. McNICHOLAS
ALDERMAN MRS. F. L. GREEN, J.P.	COUNCILLOR J. E. MICKLETHWAIT
	COUNCILLOR A. WALSH

#### SANITARY SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P. (Chairman)	ALDERMAN A. R. SHAYLER
COUNCILLOR A. WILDE (Vice-Chairman)	ALDERMAN F. C. WOFINDEN
HIS WORSHIP THE MAYOR (COUNCILLOR F. DUKE)	COUNCILLOR W. BEEVERS
ALDERMAN F. HARPER, J.P.	COUNCILLOR C. DUFFIELD
	COUNCILLOR J. FORD



### NURSING SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P. (Chairman)	Non-corporate members:—
COUNCILLOR A. WILDE (Vice-Chairman)	MR. J. H. FLETCHER
HIS WORSHIP THE MAYOR	MR. F. IRELAND
(COUNCILLOR F. DUKE)	MR. W. A. MILES
COUNCILLOR W. BEEVERS	MR. H. NORTH
COUNCILLOR MRS. A. EASTWOOD	MISS E. M. RUSHFORTH
COUNCILLOR J. FORD	MISS E. H. TIMMS
COUNCILLOR MRS. E. McNICHOLAS	
COUNCILLOR J. E. MICKLETHWAIT	
COUNCILLOR MRS. M. H. MOORHOUSE, J.P.	

### DOMICILIARY SERVICES SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P. (Chairman)	COUNCILLOR MRS. A. EASTWOOD
COUNCILLOR A. WILDE (Vice-Chairman)	COUNCILLOR J. FORD
HIS WORSHIP THE MAYOR	COUNCILLOR MRS. E. McNICHOLAS
(COUNCILLOR F. DUKE)	COUNCILLOR J. E. MICKLETHWAIT
COUNCILLOR W. BEEVERS	COUNCILLOR MRS. M. H. MOORHOUSE, J.P.

### REPRESENTATIVES ON THE AMBULANCE JOINT SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P.	COUNCILLOR C. DUFFIELD
	COUNCILLOR A. WILDE

### REPRESENTATIVES ON THE CARE OF THE AGED JOINT SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P.	COUNCILLOR MRS. E. McNICHOLAS
	COUNCILLOR A. WILDE

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### REPRESENTATIVES ON THE SHEFFIELD, ROTHERHAM AND DISTRICT SMOKE ABATEMENT COMMITTEE

ALDERMAN F. HARPER, J.P.	COUNCILLOR F. DAVIES
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# STAFF

(as at 31st December, 1953).

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER:

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

DEPUTY MEDICAL OFFICER OF HEALTH AND  
DEPUTY PRINCIPAL SCHOOL MEDICAL  
OFFICER:

E. H. Annels, M.B., Ch.B., M.R.C.S.,  
L.R.C.P., D.P.H.

ASSISTANT MEDICAL OFFICERS OF HEALTH  
AND SCHOOL MEDICAL OFFICERS:

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

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

A. R. Robertson, M.B., Ch.B.

PRINCIPAL DENTAL OFFICER:

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

DENTAL OFFICERS:

Joan H. Egan, B.D.S.

Mrs. M. Kay, L.D.S. (part time)

S. Lever, B.D.S.

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

L. F. T. Liang, L.D.S. (part time)

EDUCATIONAL PSYCHOLOGIST:

B. R. Lewis, M.A.

CHIROPODIST (part time):

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

CONSULTING STAFF (part time):

OPHTHALMOLOGY:

T. Stafford Maw, M.B., Ch.B.,  
D.O.M.S.

Franziska Fischer, M.D.

EAR, NOSE AND THROAT:

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

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., L.D.S. (Manch.)

ORTHOPAEDICS:

H. L. McMullen, B.A., M.B., B.Chir.,  
F.R.C.S.

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

CHIEF SANITARY INSPECTOR:

L. Eastwood, M.S.I.A., A.M.Inst.P.C.,  
(1), (2), (4), (5)

DEPUTY CHIEF SANITARY INSPECTOR:

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



SANITARY INSPECTORS:

E. Fuller, D.P.A., 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), (2)  
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

SUPERINTENDENT HEALTH VISITOR:

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

DEPUTY SUPERINTENDENT HEALTH VISITOR:

Miss C. M. Carroll (6), S.R.N., S.C.M.

HEALTH VISITOR/SOCIAL WORKER:

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

HEALTH VISITOR/SCHOOL NURSES:

Miss L. W. Barlow (6), S.R.N., S.C.M.  
Miss E. Bates (6), S.R.N., S.C.M.,  
S.R.F.N.  
Mrs. A. Brooks (6), S.R.N., S.C.M.  
(part time)  
Miss D. M. Cutts (6), S.R.N., S.C.M.  
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. Stower (6), S.R.N., S.C.M.

STUDENT HEALTH VISITORS:

Miss S. E. Brewer, S.R.N.  
Miss A. W. Ritchie, S.R.N., S.C.M.  
Seven 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. P. Phinn, S.R.N., S.C.M.

CLINIC ASSISTANTS:

Miss E. M. Nicklin  
Miss M. Thompson

PHYSIOTHERAPIST:

Vacant

SPEECH THERAPIST:

Miss P. L. Duffy, L.C.S.T.

MATERNITY AND CHILD WELFARE SECTION:

SENIOR CLERK:

Miss N. H. Platts  
Six Clerks

SCHOOL HEALTH SECTION:

SENIOR CLERK:

Miss W. M. Cooper  
5 Clerks  
4 Dental Attendants  
1 Dental Mechanic

HOME NURSING SERVICE:

SUPERINTENDENT:

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

SENIOR DISTRICT NURSE:

Miss M. Walker, S.R.N.

15 full-time nurses

11 part-time nurses

HOME HELP SERVICE:

ORGANISER:

Mrs. R. E. Wales

SENIOR CLERK:

Miss M. A. Wadsworth

2 clerks

DISTRICT MIDWIVES SERVICE:

SUPERINTENDENT MIDWIFE AND NON-  
MEDICAL SUPERVISOR OF MIDWIVES:

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

DEPUTY SUPERINTENDENT MIDWIFE:

Mrs. I. McGann, 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. E. O'Connor, 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. O. D. Edwards, S.R.N., S.C.M.

Miss S. M. Thorpe, S.R.N., S.C.M.

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

FERHAM VILLA NURSERY:

MATRON:

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

5 Nursery Nurses

MENTAL HEALTH OFFICER:

W. R. Siddaway

ASSISTANT MENTAL HEALTH OFFICER:

W. P. Thomas

1 Mental Health Trainee

OCCUPATION CENTRE SUPERVISOR:

Miss E. Kelford

3 Assistant Supervisors

HEALTH SERVICES BUREAUH

2 Clerks

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) Building Construction Certificate
- (6) Certificate, Royal Sanitary Institute (Health Visitor)
- (7) Housekeeping Certificate



Health Department,  
Municipal Offices,  
Rotherham.

In submitting my Annual Report for the year 1953 on the Health Services of the County Borough I feel

“ So many worlds, so much to do,  
So little done, such things to be.”

Tennyson.

The above quotation sums up my consciousness of the progress made towards the establishment of the era of prevention envisaged under the National Health Service Acts. When the Act came into operation in 1948, the swing of the pendulum at that time was definitely towards the curative side of medicine with all its hospital needs, and it was said that the preventive aspects of Public Health had been put back 10 years. A little more than half this time has elapsed, and more and more do I feel that the swing of the pendulum has been reversed and is now towards prevention.

The concentration of effort in the early days of life, the efforts being made to discover the causes of mortality amongst infants; the need for unification and future planning of our efforts for the care of the aged; the need for further knowledge of the causes of ill health and premature early age, should be the aims of our research and enquiries of the future.

Into all these questions will come the co-ordination of effort between the local authority and the hospital and the general practitioner services. I am happy to say that co-operation with the former is good and that our relations with the general practitioners have been further strengthened in that I sit on the local Executive Council as the representative of the Local Medical Committee. My membership of this latter Committee has, I feel, done much in removing causes of friction and the feeling that there is an encroachment by one service on to the preserves of the other.

This co-operation in the future must grow. I look forward to the day when, with a full staff of health visitors, true field work can be undertaken side by side with the doctor in the home. At the present time the assistance rendered to the general practitioner by the Home Nursing Service on the curative side has produced an excellent doctor/nurse/patient relationship and I am sure that a doctor/health visitor/patient relationship should be the basis of the preventive side of the future. † During the past year, on occasion, local medical practitioners have undertaken locums at medical sessions at the Infant Welfare Centres. The insight of the working of our services thus gained by them is to the good, and similarly the health visitor of the future, should be able to



go out and assist the doctor by ensuring that his instructions are being carried out in the home. It is regretted that the supply of health visitors is far less than the demand and our establishment still remains seven under strength at the end of the year.

Of the year's achievements the absence of any case of diphtheria being notified must take first place. The last case occurred in March 1952 and since then the County Borough has been free from this disease. This is the triumph of Prevention and is the proof of the value of immunisation against this disease. At the same time, we must not relax our efforts, but strive to maintain a high standard of immunity throughout our child population.

It is also pleasing to report that for a second year running, the infantile mortality rate has remained at 32 per 1,000 births. Whilst this is above the figure for the country as a whole, it is, I feel, a reasonably satisfactory one for an industrial area like Rotherham. The policy, quoted in my last report, of constantly surveying the hard core of neo-natal deaths (deaths under one month of age) will I feel sure with the continued help of the premature baby nurse and the children's nursing unit ultimately produce reliable evidence from which a further lowering of the rate can be attempted. The following table gives a comparison based on the ages at death of the children who died in 1952 and 1953:—

	1952	1953		1952	1953
Deaths under			Deaths between		
1 week ...	21	28	1—3 months ...	12	1
1—2 weeks ...	2	4	3—6 months ...	5	5
2—3 weeks ...	2	1	6—9 months ...	1	2
3—4 weeks ...	—	1	9—12 months ...	—	—
Total deaths under	—	—	Total deaths under	—	—
1 month ...	25	34	1 year ...	43	42
	—	—		—	—

The causes of death of these children were:—

	Deaths under 1 month		Total deaths under 1 year	
	1952	1953	1952	1953
Meningitis ...	1	—	1	—
Bronchitis ...	—	—	1	1
Pneumonia (all forms) ...	1	3	14	8
Enteritis ...	—	—	—	1
Suffocation, accidental ...	—	—	1	1
Injury at birth ...	8	4	8	4
Atelectasis ...	2	2	2	2
Congenital malformations ...	—	5	1	5
Premature births ...	12	19	12	19
Other causes ...	1	1	3	1
	—	—	—	—
Totals ...	25	34	43	42
	—	—	—	—



The above figures convey a full justification and commendation for the work of the premature baby nurse. Concentration on weakly children has reduced the deaths occurring between the ages of one month and under one year from 18 in 1952 to only 8 in 1953. This latter figure is composed of 5 deaths from pneumonia, 1 each from bronchitis, accidental suffocation, and from enteritis. Had the deaths under 1 month of age only remained at the previous year's total, this concentration on the preventable deaths would have shown itself in a further reduction of the mortality rate.

Enquiries were made by the health visitors into all deaths under one year of age and from the survey of these, in order to attack this hard core of the infant mortality, prematurity, etc., I have amended for the current year the enquiry so as to include some details of the diet of the mother during her pregnancy and have also arranged whenever possible for a post-mortem examination to be undertaken of those premature children dying in hospital, so as to check the cause of death. Some of these babies dying from prematurity were very small and 4 of the children who died within 24 hours of birth only weighed 3 lbs. 4 ozs. (1,500 gms.) or less, and 6 others were between 3 lbs. 4 ozs. (1,500 gms.) and 4 lbs. 6 ozs. (2,000 gms.) in weight.

There is no doubt in my mind that the examination of the causes of prematurity plus appropriate ante-natal treatment of the mother will lead to further reductions in the mortality figures, but it is as yet far too early to make any forecast.

Staffing problems during the year under review have not loomed so large as in the previous one. There were no medical changes and the dental staff was increased by one full time and one part time dental officers. Thus for the first time since the outbreak of war in 1939, it is possible to report the happy position of a full dental establishment.

In August, Miss Patterson, Superintendent Health Visitor, resigned her post on obtaining a similar one at Brighton. Miss E. G. Taylor, her Deputy, was appointed as her successor and Miss C. Carroll, who was on the staff of the West Riding County Council, was appointed to fill the resulting vacancy as Deputy.

Despite repeated advertising, the posts of Assistant Superintendent Home Nurse and that of Physiotherapist remained unfilled. A further resignation which occurred during the year was when Mr. R. J. Irving was appointed to a post in the Welfare Department of the Corporation. He had been in charge under the direction of the Medical Officer of Health of the Health Services Bureau, since its inception in 1948. It was decided to fill the vacancy by the appointment of a second clerk and that the Deputy Medical Officer of Health should undertake the full direction of all matters of Health Education. On the other hand, a trainee mental health officer was appointed during the year, and apart from these few changes now mentioned, the staff has remained unchanged.



The Home Help Service has continued to grow and fulfil a great need particularly in the lives of the aged sick. As a normal development of this service a Washing Centre was set up during the year at 12, Frederick Street. An electric washer was installed and the home helps may bring washing from selected homes to the Centre when they come into town to undertake the shopping which is part of their duties. On their way back they are able to pick up the washed articles which are clean and ready to hang out to dry. One of the results of this experiment is that the need for drying equipment was found essential and this is to be provided early in 1954. This latter provision will further help to lighten the home help's burden. Towards the end of the year, the Centre was being used on four days per week and particularly in those cases where the patient is incontinent was of great assistance to the home help, and incidentally to the home nurse in attendance. The Domiciliary Services Sub-Committee has kept the whole scheme under constant review throughout the year, and the practical assistance rendered by the home helps in the homes of the sick is of great value.

The Mass Radiography Unit paid its second visit to the town in the latter part of the year and once again, it is pleasing to record the excellent co-operation which obtained in the organisation of parties attending. The attendances were not so large as in 1952, but I feel that the practical results obtained justified the visit. Once again, through the courtesy of the Yorkshire Electricity Board, the equipment was housed in the Power Station Canteen in Rawmarsh Road.

The provision of an Industrial Centre attached to the existing Occupation Centre in the grounds of Ferham House was approved by the Ministry of Health during the year and it is hoped that this will be ready for use early in 1955. Excellent results were obtained at the Occupation Centre, and the staff were once again commended in the report of the inspection made by the Inspector of the Board of Control.

In the statistics accompanying this report it will be seen that the birth rate was 16.16 and the death rate 10.10 for the year. The Registrar General's estimate of the population at mid-year was 82,070 — an increase of 270 over the previous year.

Of the 829 deaths occurring, 300 or 36.2 per cent. occurred under the age of 65 years whilst 242 (29.2 per cent) occurred between the ages of 65-75 years, whilst the balance 287 (34.6 per cent.), were over the age of 75 years.

I feel that 1953 was a year during which satisfactory progress was made and I would like to thank all members of my staff for their continued assistance. My thanks are also due to the Chairman and members of the Health Committee for their consideration and support of my efforts to maintain and improve the Health Services of the County Borough.

JOS. A. GILLET.

Medical Officer of Health.



# STATISTICS OF THE AREA

## GENERAL STATISTICS

Area (in acres) ... ..	9,255
Population (census) 1951 ... ..	82,334
Population (estimated civilian) 1953 ... ..	82,070
Number of inhabited houses (1/4/1954) ... ..	24,371
Rateable value (1/4/1954) ... ..	£496,522
Sum represented by a penny rate (1/4/1954) ... ..	£1,975

## VITAL STATISTICS

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

	Total	Male	Female		
Live Births					
Legitimate ...	1,297	638	659	—Birth rate per 1,000 of the estimated	
Illegitimate ...	29	12	17	— resident population ... ..	16.16
Stillbirths ...	28	15	13	—Rate per 1,000 (live and still) births	20.68
Deaths ...	829	458	371	—Crude death rate per 1,000 of the	
				estimated resident population ...	10.10
				Adjusted death rate per 1,000 of the	
				estimated resident population	
				(comparability figure—1.15) ...	11.61

Deaths from puerperal causes:	Deaths	Rate per 1,000 total (live and still) births
Puerperal sepsis ... ..	—	—
Other puerperal causes ... ..	2	1.48
Total ... ..	2	1.48

Death rate of infants under one year of age:

All infants per 1,000 live births ... ..	32
Legitimate infants per 1,000 legitimate live births ... ..	31
Illegitimate infants per 1,000 illegitimate live births ... ..	69
Deaths from measles (all ages) ... ..	1
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 1953. 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 829.

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	-	-	-	-	-	3	2	-	5	-	-	-	-	2	-	-	-	2	7
Tuberculosis, other ..	-	1	-	-	-	1	-	-	2	-	-	-	-	-	-	1	-	1	3
Syphilitic disease ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping cough ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis ..	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Measles ..	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Other infective and parasitic diseases ..	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	2
Malignant neoplasm, stomach ..	-	-	-	-	2	10	9	4	25	-	-	-	-	-	3	4	6	13	38
Malignant neoplasm, lung, bronchus ..	-	-	-	-	-	8	5	3	16	-	-	-	-	-	-	1	1	2	18
Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	-	-	2	6	2	4	14	14
Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	2	2	10	10
Other malignant and lymphatic neoplasms ..	-	-	-	1	2	14	17	10	44	-	-	-	-	3	8	14	11	36	80
Leukaemia, aleukaemia ..	-	-	-	-	-	1	-	-	1	-	-	1	-	-	-	-	-	1	2
Diabetes ..	-	-	-	-	-	-	1	-	1	-	-	-	-	1	2	3	1	7	8
Vascular lesions of nervous system ..	-	-	-	-	1	15	18	18	52	-	-	-	-	2	12	19	30	63	115
Coronary disease, angina..	-	-	-	-	2	27	34	12	75	-	-	-	-	1	9	10	9	29	104
Hypertension with heart disease ..	-	-	-	-	-	3	2	3	8	-	-	-	-	-	2	4	4	10	18
Other heart disease ..	-	-	-	1	3	8	9	21	42	-	-	-	-	3	9	9	27	48	90
Other circulatory disease..	-	-	-	-	1	2	7	4	14	-	-	-	-	2	2	3	10	17	31
Influenza ..	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	-	1	2
Pneumonia ..	5	-	-	-	-	1	9	12	27	3	1	-	-	1	2	3	9	19	46
Bronchitis ..	1	-	-	-	-	8	19	15	43	-	-	-	-	-	3	9	14	26	69
Other diseases of the respiratory system ..	-	-	-	-	1	-	-	-	1	-	-	-	-	1	1	-	-	2	3
Ulcer of stomach and duodenum ..	-	-	-	-	1	3	-	1	5	-	-	-	-	-	-	-	-	-	5
Gastritis, enteritis and diarrhoea..	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Nephritis and nephrosis ..	-	-	-	-	-	1	1	3	5	-	-	1	-	1	-	-	-	2	7
Hyperplasia of prostate ..	-	-	-	-	-	-	3	9	12	-	-	-	-	-	-	-	-	-	12
Pregnancy, childbirth, abortion ..	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	2	2
Congenital malformations..	1	-	-	-	-	-	-	-	1	4	-	-	-	-	-	-	-	4	5
Other defined and ill-defined diseases ..	18	1	1	-	3	4	10	11	48	8	1	2	-	2	7	9	16	45	93
Motor vehicle accidents	-	1	-	2	2	1	-	1	7	-	-	1	1	1	-	-	-	3	10
All other accidents ..	-	-	1	-	3	5	1	5	15	1	-	-	1	-	1	1	9	13	28
Suicide ..	-	-	-	-	-	3	-	-	3	-	-	-	-	-	-	-	-	-	3
Homicide and operations of war ..	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Total—all causes ..	26	4	4	4	22	118	147	133	458	16	2	5	2	24	73	95	154	371	829



The following table shows the birth-rate, death-rate, analysis of mortality, maternal mortality, and case rates for certain infectious diseases in the year 1953 compared with England and Wales as a whole and various other areas.

	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (Resident Population 25,000-50,000 at 1951 Census)	London Administrative County	Rotherham
<i>Births</i>	<b>Rates per 1,000 Home Population</b>				
Live births .. ..	15.5	17.0	15.7	17.5	16.1
Still births .. ..	0.35	0.43	0.34	0.38	0.34
	22.4 (a)	24.8 (a)	21.4 (a)	21.0 (a)	20.7 (a)
<i>Deaths</i>					
All causes .. ..	11.4	12.2	11.3	12.5	11.6
Typhoid and paratyphoid ..	0.00	0.00	—	—	—
Whooping cough .. ..	0.01	0.01	0.00	0.00	—
Diphtheria .. ..	0.00	0.00	0.00	—	—
Tuberculosis .. ..	0.20	0.24	0.19	0.24	0.13
Influenza .. ..	0.16	0.15	0.17	0.15	0.03
Smallpox .. ..	0.00	0.00	0.00	—	—
Acute poliomyelitis (including polio encephalitis)	0.01	0.01	0.01	0.01	0.01
Pneumonia .. ..	0.55	0.59	0.52	0.64	0.62
<i>Notifications (Corrected)</i>					
Typhoid fever .. ..	0.00	0.00	0.00	0.01	—
Paratyphoid fever .. ..	0.01	0.01	0.01	0.01	—
Meningococcal infection ..	0.03	0.04	0.03	0.03	0.02
Scarlet fever .. ..	1.39	1.50	1.44	1.02	0.62
Whooping cough .. ..	3.58	3.72	3.38	3.30	2.68
Diphtheria .. ..	0.01	0.01	0.01	0.00	—
Erysipelas .. ..	0.14	0.14	0.13	0.12	0.19
Smallpox .. ..	0.00	0.00	0.00	—	—
Measles .. ..	12.36	11.27	12.32	8.09	10.33
Pneumonia .. ..	0.84	0.92	0.76	0.73	0.61
Acute poliomyelitis (including polioencephalitis)					
Paralytic .. ..	0.07	0.06	0.06	0.07	0.04
Non-paralytic .. ..	0.04	0.03	0.04	0.03	0.02
Food poisoning .. ..	0.24	0.25	0.24	0.38	0.17
Puerperal fever and pyrexia	18.23 (a)	24.33 (a)	12.46 (a)	28.61 (a)	19.9 (a)
<i>Deaths</i>					
All causes under 1 year of age .. ..	26.8 (b)	30.8	24.3	24.8	31.7
Enteritis and diarrhoea under 2 years of age ..	1.1	1.3	0.9	1.1	0.7

#### Maternal Mortality in England and Wales

Maternal Mortality in England and Wales				Rotherham		
	Intermediate List No. and cause	Number of deaths	Rates per 1,000 total (live and still) births	Rates per mil- lion women aged 15-44	Number of deaths	Rate per 1,000 total (live and still) births
A115	Sepsis of pregnancy, child- birth and the puerperium	68	0.10		—	—
A116	Abortion with toxæmia ..	7	0.01	1	1	0.74
	Other toxæmias of preg- nancy and the puerperium	166	0.24		—	—
A117	Haemorrhage of pregnancy and childbirth .. ..	90	0.13		—	—
A118	Abortion without mention of sepsis or toxæmia ..	30	0.04	3	—	—
A119	Abortion with sepsis ..	39	0.06	4	—	—
A120	Other complications of preg- nancy, childbirth and the puerperium .. ..	125	0.18		1	0.74

Notes : (a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.

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

The Rotherham Area Comparability factors for births and deaths were 1.00 and 1.15 respectively, and the Rotherham rates in the above table have been adjusted accordingly.



## SANITARY CIRCUMSTANCES

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A little more than one hundred years ago the Rotherham and Kimberworth Local Board of Health was formed and the Public Health Act of 1848 was applied to the district of Rotherham and Kimberworth. At this time water supplies were scanty and often polluted, no suitable scavenging service existed, sewage disposal was primitive, houses were overcrowded and congested, food was widely adulterated and there was no public system of food inspection. Epidemics were common and the expectation of life was low.

One of the first public health measures of the new Board was the appointment of an Inspector of Nuisances, and the soundness of the "sanitary idea" of which the appointment was an expression is evidenced by the growth of the public health services during the past century, the improvement of living conditions and the lengthening of the expectation of life which has accrued.

Most of the requirements of the Royal Sanitary Commission of 1871 have now been attained, and the modern conception of environmental hygiene has expanded to include the health and comfort of the people in the factory, shop and office as well as in the home. Food inspection is reinforced by the inspection of food premises of all kinds and the examination of food manufacturing processes and equipment. Education of the individual has now become essential if the best results are to be achieved from the advances which have already been made.

The duties of sanitary inspectors have extended and altered in character since the appointment of the first Inspector of Nuisances, and the interpretation of public health legislation so as to render it acceptable and intelligible to the general public is now equally as important as the inspectorial duties performed.

During 1953 a satisfactory pattern of work was continued. Every effort is made by monthly checks to ensure that so far as is possible inspections are balanced. Excessive attention paid to any particular aspect of our responsibilities tends to be at the expense of other equally important duties, and an even distribution of effort is very desirable.

The proposed resumption of housing action on a somewhat larger scale, the anticipated legislation concerning rents and repairs, and food and drugs, and the return of meat distribution to the private trader, will all present problems during the coming year. A re-organisation of districts is being planned in an endeavour to deal with the additional work which will arise.

### WATER

Forty samples of drinking water and fifteen samples of swimming bath water were taken for examination. One sample of drinking water was reported as unsatisfactory but repeat samples from this source were quite satisfactory. Three samples of swimming



bath water were unsatisfactory, two unsatisfactory results were probably due to insufficient chlorination, and the third to an overloading of the bath during a busy period. The results of all examinations are sent to the Baths Superintendent and give a check on his own frequent tests of the quality of the bath water.

## SANITARY ACCOMMODATION

### (a) HOUSE DRAINAGE

2,068 visits were made in connection with drain tests, defective drains and drainage appliances. The drainage system is one of the most vulnerable of the public services, relying as it does for the most part on gravity to provide the necessary motive power. Subjected, as it often is, to misuse through carelessness and laziness on the part of some users, the drainage system nevertheless remains a very efficient servant and one of the important props on which the health of any urban community rests.

Additional W.C.'s provided	...	...	...	16
Privy middens converted to W.C.'s	...	...	...	4
Ashpits abolished	...	...	...	4
Cesspools abolished	...	...	...	2
Pail closets abolished	...	...	...	2

### (b) LICENCED PREMISES, CINEMAS, THEATRES

Modern sanitary fittings and surfaces when installed last for many years, and it is hoped that a stage will soon be reached when annual comment on the sanitary accommodation at places of public entertainment in Rotherham will be limited by the fact that all such accommodation has been brought up to date. Eight such conveniences were repaired or improved during the year.

Only one brewery company has been unable to co-operate in the general improvement of sanitary conveniences, and the assistance of the Licensing Justices has been sought in securing the required replacements.

### (c) PUBLIC CONVENIENCES

The improvement of sanitary accommodation in places of public entertainment, factories, and similar premises serves to spotlight the unsatisfactory structural condition of the older public conveniences. It is to be hoped that it will be found possible to initiate the programme of replacement in the very near future.

## FACTORIES

360 factory inspections were made as follows:—

Type of factory	Number registered	Inspections	Notices
Non-mechanical	44	33	—
Mechanical	300	327	35
FACTORIES IN WHICH DEFECTS WERE FOUND.			
Type of defect		Found	Remedied
Sanitary conveniences insufficient	...	1	1
Sanitary conveniences unsuitable or defective	...	31	26
Other offences	...	4	4



## OFFENSIVE TRADES

One new business of tripe boiler was established during the year. Ten visits were paid to the five offensive trades now registered. No complaints of nuisance were received in connection with these trades.

## CANAL BOATS

Number of canal boats inspected	...	...	...	...	...	...	15
Number of persons on board:—							
Male adults	...	...	...	...	...	...	20
Female adults	...	...	...	...	...	...	1
Number of cases of infectious disease	...	...	...	...	...	...	Nil
Number of infringements observed	...	...	...	...	...	...	Nil
Number of notices served	...	...	...	...	...	...	Nil
Number of notices complied with	...	...	...	...	...	...	Nil
Number of notices outstanding	...	...	...	...	...	...	Nil
Legal proceedings taken	...	...	...	...	...	...	Nil

## HOUSING

### (a) DEMOLITION AND CLOSURE

The following action was taken in respect of unfit houses during the year:—

Demolition Orders made	...	...	...	...	...	4
Closing Orders made	...	...	...	...	...	9
Undertakings not to relet accepted	...	...	...	...	...	7
Houses represented as unfit but not yet considered	...	...	...	...	...	4

The nine Closing Orders were made on houses unfit for occupation which would have been the subject of Demolition Orders had they not been scheduled as buildings of architectural interest. The policy of leaving these houses empty to disintegrate gradually seems pointless. Unless some fund is created to repair and keep occupied such houses it would surely be better to demolish them when they are unfit rather than to let them rot away.

The proposal to resume slum clearance on a national scale though necessarily limited by the number of new houses available for rehousing will make a welcome contribution to the improvement of living conditions.

### (b) NUISANCES AND DISREPAIR

1,226 complaints of nuisance and disrepair were received during the year. This figure does not include the many nuisances found by the Inspectors on inspection of their districts, 3,186 houses being involved in the total nuisances found.

The proposals envisaged in the Housing Repairs and Rents Bill will add to the problems to be faced in the coming year, but on a long term view should eventually reduce the amount of time needed to be spent on this aspect of the work. As has previously been indicated in these reports, much more time is taken to secure compliance with Notices than was needed in pre-war years, and is indicative of the deterioration of



property caused by the general slowing down of the rate of repair. This deterioration is a serious national loss and a realistic and vigorous approach to this wastage is long overdue.

The improvement of sound existing structures by the installation of baths and modern fireplaces is good policy. A fixed bath with hot water supply should be the aim for every house not included or likely to be included, in a demolition programme, and there is much property in the district which could be made into excellent housing accommodation by the expenditure of a tenth of the capital required to provide a new house. Heavy capital outlay on reconditioning and providing modern amenities in substandard structures which are near demolition standard is undesirable, as the results are rarely satisfactory for long.

Proceedings were instituted in respect of fifteen Abatement Notices which were not complied with. In eight instances the required repairs were done before the complaints were due to be heard, in the remaining cases Orders were made for the nuisances to be abated.

Work was carried out by the Corporation in seven instances, the cost of repairs being recovered from the rents of the properties, the owner of which could not be traced.

#### HOUSES-LET-IN-LODGINGS

Sixteen inspections have been made of the fourteen houses-let-in-lodgings, one addition was made to the register during the year.

#### COMMON LODGING HOUSES

Twenty-seven inspections were made of the Westgate lodging house which was well maintained and conducted.

#### TENTS, VANS AND SHEDS

Moveable dwellings were licensed as follows:—

New licences	...	...	...	...	...	22
Licences renewed	...	...	...	...	...	19
Licences refused	...	...	...	...	...	1
Licences surrendered	...	...	...	...	...	9

There was a net gain during the year of nine residential caravans and four caravans used by the open-cast workers.

The Thorpe site is now full and the ten caravans there are placed so as to be as inconspicuous as possible and sufficiently far apart from each other to qualify for the designation "detached" rather than "semi-detached" residences. The development of this small site has been most interesting. Living in a caravan is quite different from living in a house and is something of an accomplishment. With no refuse collection service, no drainage system, and very limited living space, tidyness and orderliness are essentials. It has been pleasing to see the gradual adaptation to a new way of life and the high standards maintained by the occupiers of these caravans.



## VERMINOUS PREMISES

1,032 inspections of Corporation houses and the houses of prospective tenants were made. Evidence of vermin was found on twenty-seven occasions. Similar inspections were made of the effects of fifty families offered tenancies of houses by other Authorities.

The incidence of infestation in all premises treated was as follows:—

	Bugs	Cockroaches	Other pests	Total
Corporation houses ...	46	34	10	90
Private premises ...	73	50	24	147
	—	—	—	—
	119	84	34	237
	—	—	—	—
Percentage infestation in all premises ...	50.2	35.4	14.4	

## PHARMACY AND POISONS

193 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

The free service given to occupiers of dwelling and business premises for the destruction of rats and mice continues to operate satisfactorily. Some infestations are more difficult to deal with than others and methods of destruction need to be varied to meet individual cases; the rodent is a difficult pest to eliminate but his numbers have been greatly reduced.

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

	Type of Property				Total
	Local Authority	Dwelling houses	Agricultural	Business etc.	
Complaints received .. ..	17	272	7	175	471
Other inspections made .. ..	45	43	9	49	146
Properties found to be infested by rats ..	50	189	15	116	370
Properties found to be infested by mice ..	8	94	—	92	194
Notices served for structural work ..	—	15	—	4	19

## SHOPS

232 visits were made for the purpose of section 38 of the Shops Act 1950. This section deals with the provision of adequate facilities in shops employing assistants, including heating, lighting, ventilation, facilities for washing and the taking of meals,



and sanitary accommodation. A good standard has been reached and is being maintained in all shops to which this section applies.

### FOOD PREMISES

The following list of premises and record of visits gives a picture of the types of food trades in the district and the time given to inspection:—

Type	Unregistered premises	
	Number	Inspections
Bakehouses	40	57
Breweries	2	1
Cafes	26	60
Clubs and licensed premises	127	139
Confectioners	75	27
Factory canteens	25	14
Fish friers	74	114
Fishmongers	18	37
Fruiterers and greengrocers	69	52
Grocers	321	153
Mineral water factories	5	8
School kitchens	15	20
Soft drinks bar	1	—
Sweet factories	1	1
Sweet shops	62	65
Tripe purveyor	3	5

### REGISTERED PREMISES.

	Number	Inspections
Butchers	94	191
Dairies	2	2
Food preparing premises	58	120
Hawkers	16	10
Ice cream factories	6	23
Ice cream shops or stores	253	500
Pickle factories	1	2
Tripe boilers	1	1

Improvements made in food premises 1948 to present date:

	Premises affected	
	1948 to 1952	1953
Additional sinks provided	40	21
Additional W.C.s provided	28	—
Additional wash basins provided	29	—
Animals removed from premises	19	—
Display covers provided for food	72	4
Handwashing notices displayed	82	4
Head coverings provided for staff	78	—
Hot water supplies provided	194	25
Premises cleansed or repaired	227	35
		Total
		61
		28
		29
		19
		76
		86
		78
		219
		262

The foregoing details indicate a fairly comprehensive coverage of the food trades, falling short of the point at which overinspection is resented by the trader, thus defeating its object. The figure of 321 grocers with only 153 inspections appears unsatisfactory, but this does not take into account the fact that many of these shops are registered to sell ice cream and licensed to sell sterilised milk. 764 inspections were made in connection with these sales so that grocers and sweet shops were inspected more frequently than is apparent.

The satisfactory way in which the inspection of food premises has been extended demonstrates the value of qualified and experienced staff in work of this nature. Food traders have been generally very co-operative. One occupier of a food shop was prosecuted and fined £2 for not providing suitable washing facilities, and one owner was prosecuted for not keeping a food shop in a proper state of repair. In both these cases more than ample notice was given before a decision to prosecute was made.

## MILK

### (a) SPECIAL DESIGNATIONS

From the 1st May, 1953, all milk sold in Rotherham was required to be either "Pasteurised," "Sterilised," "Tuberculin Tested" or until the 30th September, 1954, "Accredited." Fortunately, most retailers had anticipated the Order and were already selling designated milk so that little disturbance was caused in the milk trade.

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

Dealer's "Tuberculin Tested"	...	...	...	22
Dealer's "Pasteurised"	...	...	...	20
Dealer's "Sterilised"	...	...	...	173
Supplementary "Tuberculin Tested"	...	...	...	18
Supplementary "Pasteurised"	...	...	...	21
Supplementary "Sterilised"	...	...	...	11

### (b) BACTERIOLOGICAL EXAMINATION

161 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	19	15	4
Tuberculin Tested (Pasteurised)	36	36	—
Pasteurised	53	51	2
Sterilised	48	48	—
Accredited	1	1	—
Undesignated	1	1	—

3 samples were submitted to the wrong test and have not been included in the above figures.



(c) BIOLOGICAL EXAMINATION

48 samples of milk were taken to be examined for the presence of tubercle bacilli. Three of the samples were tuberculous, and the Divisional Veterinary Officer was notified in order that the herds could be examined and the diseased cows removed for slaughter.

ICE CREAM

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

Satisfactory		Unsatisfactory	
Grade 1	Grade 2	Grade 3	Grade 4
57	8	4	—

No unsatisfactory samples were produced by local manufacturers who are now reduced to six in number. Only three of these are in regular production. As a result of the Ice Cream (Heat Treatment) Regulations 1947 to 1952 the smaller manufacturers decided to use cold mixes for ice cream production. The three larger manufacturers have the necessary plant and recording thermometers to comply with the Regulations, two use the hot mix process and one uses the cold mix.

37 samples of ice cream examined complied with the provisions of the Food Standards (Ice Cream) Order, 1953. One sample was deficient in fat and the manufacturer was requested to improve the mixture. A later sample from this source proved satisfactory.

10 samples of iced lollipops were found to be free from significant amounts of metallic contamination.

SHELLFISH

All consignments of mussels inspected during the year had been submitted 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
6,954	942	27,874	8,518	44,288

In addition, nine pigs slaughtered on private premises for home consumption, and the carcasses of 4 cows, 1 calf, 26 sheep and 20 pigs brought to the abattoir after slaughter were inspected.

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

All causes	...	...	...	...	103 tons 2 cwts.
Tuberculosis only	...	...	...	...	39 tons 9 cwts.

All condemned meat is treated in the Municipal waste elimination plant at the public abattoir, from which fertilisers and animal feeding stuffs are produced.

The percentages of animals found to be diseased are given in the following table:—

		Cattle					
		excluding cows	Cows	Calves	Sheep	Pigs	
Number inspected	... ..	5,185	1,769	943	27,900	8,538	
All diseases except tuberculosis:							
Whole carcase condemned	... ..	2	25	160	118	50	
Carcases of which some part or							
organ was affected	... ..	1,415	487	14	2,085	1,806	
Percentage affected	... ..	27.3	28.9	18.4	7.9	21.7	
Tuberculosis only:							
Whole carcasses condemned	... ..	13	29	2	—	7	
Carcases of which some part or							
organ was affected	... ..	1,038	556	—	—	84	
Percentage affected	... ..	20.3	33.1	0.2	—	1.1	

### MERCHANDISE MARKS ACT, 1926

Incorrect marking of foods was brought to the notice of traders in only eight instances during the year. The Marking Orders refer to the correct labelling of such food as apples, currants, sultanas, raisins, eggs, dried eggs, oat products, tomatoes, bacon, ham, meat, dead poultry, margarine, malt products, frozen and chilled salmon and sea trout, and honey.

More attention needs to be given to this work.

### SAMPLING OF FOOD AND DRUGS

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

No.	Nature of sample	Genuine		Not reported as genuine	
		Formal	Informal	Formal	Informal
1	Aspirin tablets ... ..	—	1	—	—
1	Baking powder ... ..	—	1	—	—
1	Beer ... ..	—	—	—	1
1	Butter ... ..	—	1	—	—
1	Butter crunch ... ..	—	1	—	—
2	Butter drops ... ..	—	2	—	—
1	Butter scotch toffee ... ..	—	1	—	—
1	Chesterfield butter scotch ... ..	—	1	—	—
1	Chocolate cream buns ... ..	—	1	—	—
1	Chocolate desert ... ..	—	1	—	—
1	Chocolate roll ... ..	—	1	—	—
1	Chocolate teacakes ... ..	—	1	—	—
1	Cinnamon ... ..	—	1	—	—
3	Coffee ... ..	—	3	—	—
1	Constipation herbs ... ..	—	1	—	—
2	Cream ... ..	—	2	—	—
4	Cream (sterilised) ... ..	—	4	—	—
1	Cream of tartar ... ..	—	1	—	—
2	Curry powder ... ..	—	2	—	—



No.	Nature of sample	Genuine		Not reported as genuine	
		Formal	Informal	Formal	Informal
1	Custard powder ...	-	1	-	-
1	Dripping ...	-	1	-	-
2	Friars balsam ...	-	2	-	-
1	Fruit sauce ...	-	1	-	-
4	Glace cherries ...	-	4	-	-
38	Ice cream ...	-	37	-	1
10	Ice lollipops ...	-	10	-	-
2	Lemon curd ...	-	2	-	-
1	Lemon flavouring ...	-	1	-	-
100	Milk ...	94	4	1	1
1	Mince meat concentrate ...	-	1	-	-
5	Malt vinegar ...	-	5	-	-
4	Parishes chemical food ...	-	4	-	-
1	Pepper ...	-	1	-	-
1	Pickled beetroot ...	-	1	-	-
2	Pork sausage ...	-	2	-	-
1	Quinine tonic ...	-	1	-	-
2	Rice ...	-	2	-	-
1	Rice cake mixture ...	-	1	-	-
1	Rum flavour ...	-	1	-	-
1	Seedless raisins ...	-	1	-	-
5	Self raising flour ...	-	5	-	-
1	Shredded beef suet ...	-	1	-	-
1	Sugared almonds ...	-	1	-	-
1	Synthetic cream powder ...	-	1	-	-
1	Tea ...	-	1	-	-
2	Tinned milk ...	-	2	-	-
3	White pepper ...	-	3	-	-
3	Zinc ointment ...	-	3	-	-
<hr/>		<hr/>		<hr/>	
224		94	126	1	3
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#### SAMPLES REPORTED AS "NOT GENUINE."

No.	Article	Report and action taken
4930	Milk ...	Deficient in milk-fat 14%. Probably due to insufficient agitation of milk in holding tank before bottling. Warning to Dairy Manager. Subsequent samples proved genuine.
4924	Milk ...	School canteen sample. Deficient in milk-fat 17.6%. Fat deficiency probably due to lack of mixing by staff. Formal samples proved genuine.
4923	Ice cream ...	Contained 3.15% fat. Deficient in fat 37%. Attention of manufacturer drawn to deficiency. Improvement in standard to be made. Further samples to be taken from this source.
4944	Beer ...	Contained a black deposit of ash which when examined microscopically and compared with cigarette ash, had a similar appearance. Draught beer brought for examination by purchaser. (Delivered into purchaser's own bottle). Attention of the publican was drawn to the need of attendants to abstain from smoking whilst serving beer.

## FERTILISERS AND FEEDING STUFFS ACT, 1926

Seven samples of feeding stuffs and five samples of fertilisers were taken for analysis. One sample of barley meal contained a slight excess of oil and the matter was taken up with the manufacturer with a view to adjustment of the statutory statement. One sample of nitrate of soda contained 0.2 per cent. nitrogen in excess of the permitted limit of variation and no action was taken in view of the small amount involved.

### OTHER FOOD

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

	Number	Lbs.		Number	Lbs.
Bacon ... ..	-	1,425	Fish ... ..	-	112
Boiling fowls ... ..	-	98	Fresh meat ... ..	-	6,246
Bottled goods ... ..	231	-	Fish cakes ... ..	22	-
Bread loaves ... ..	2,250	-	Frozen pork ... ..	-	3,299
Cake ... ..	-	19	Meat pies ... ..	10	-
Cereals ... ..	-	99	Mincepies ... ..	69	-
Cheese ... ..	-	50	Nuts ... ..	1,067 pkts.	-
Chickens ... ..	-	67	Packet goods ... ..	539	-
Chicken cutlets ... ..	13	-	Pastries ... ..	54	-
Chocolate roll ... ..	1	-	Rabbits ... ..	-	19
Cooked meats ... ..	-	273	Sausage ... ..	-	255
Desiccated cocoanut ... ..	-	1	Shellfish ... ..	-	128
Dried fruit ... ..	-	226	Table jellies ... ..	24	-
			Tinned goods ... ..	5,281	-

Condemned or surrendered food other than meat is disposed of in three ways. Certain rationed foods are returned through trade channels for processing in accordance with arrangements made by the Ministry of Food. Other food suitable for pig feeding is taken, if in sufficient quantity, by the Salvage Department to be processed in a waste elimination plant. The remaining materials including canned foods are buried by the Cleansing Department in the controlled tip.

### CLERICAL WORK

To complete the picture of work done by the section during the year, details of office interviews and outgoing correspondence are of interest. 1,460 complaints from residents were dealt with. 1,317 informal notices and 423 statutory notices were served, and 480 licences were issued. Including reminder notices and other letters 2,773 postal packages were sent out during the year.



## SUMMARY OF SANITARY INSPECTORS' VISITS AND NOTICES SERVED DURING 1953

School canteens	...	...	20	Verminous premises re-visits	...	6
Rag Flock Act	...	...	2	Miscellaneous housing visits	...	3,954
Merchandise Marks Act	...	...	8	Infectious disease enquiries	...	88
Water supply	...	...	61	Visits re disinfection	...	84
Drainage	...	...	2,068	Miscellaneous infectious disease visits	...	39
Stables and piggeries	...	...	21	Visits to slaughterhouses	...	13
Offensive trades	...	...	10	Shops and stalls	...	60
Fried fish shops	...	...	114	Other premises	...	6
Common lodging houses	...	...	27	Butchers	...	191
Houses let in lodgings	...	...	16	Canteens	...	14
Tents, vans, and sheds	...	...	101	Dairies and milk distributors	...	264
Canal boats	...	...	16	Fishmongers and poulterers	...	37
Factories	...	...	327	Food preparing premises	...	130
Workshops	...	...	33	Grocers	...	153
Workplaces	...	...	27	Greengrocers and fruiterers	...	52
Bakehouses	...	...	57	Ice cream premises	...	523
Pharmacy and poisons	...	...	84	Restaurants	...	60
Public conveniences	...	...	3	Street vendors and hawkers carts	...	10
Theatres and places of entertainment	...	...	19	Sweet shops	...	65
Licensed premises	...	...	139	Milk—bacteriological	...	161
Interviews	...	...	1,622	Milk—tubercle bacilli	...	49
Pet Animals Act	...	...	29	Ice cream—bacteriological	...	69
Rats and mice	...	...	133	Food and drug samples	...	222
Drain tests	...	...	148	Fertilizers and feeding stuffs	...	15
Shops	...	...	215	Miscellaneous food visits	...	709
Miscellaneous sanitary visits	...	...	3,369	Shell fish	...	1
Hairdressers	...	...	36	No. of nuisances found	...	3,231
Matters referred to other Depts	...	...	232	No. of nuisances abated	...	3,080
Houses inspected under Public Health Acts	...	...	996	Verbal notices served	...	423
Re-inspections of above houses	...	...	3,276	Verbal notices complied with	...	412
Houses inspected under Housing Acts	...	...	55	Informal notices served	...	1,317
Re-inspections of above houses	...	...	51	Informal notices complied with	...	1,416
Overcrowding inspections	...	...	15	Statutory notices served	...	423
Verminous premises	...	...	238	Statutory notices complied with	...	423
				Housing inspection	...	3,186

## PUBLIC MORTUARY

The arrangements whereby the mortuary at the Moorgate General Hospital was used as a public mortuary was continued throughout the year and 46 bodies were received there and detained for 154 days. The post mortem room was used on 45 occasions. Payment is made to the local Hospital Management Committee on a basis of 5s. per day per body and £1 1s. for each occasion the post mortem room is used.



## AGED AND INFIRM PERSONS

One application was made under Section 1 (3) of the National Assistance (Amendment) Act, 1951, for a removal order in respect of an aged woman who was in need of care and attention. This was approved and an order was made by the magistrates for her removal to the Part III accommodation at The Mount, Alma Road, Rotherham.

An application for the extension of the original Order of three weeks was approved by the magistrates for a period of three months, but the death of the old lady, who was aged 87 years, intervened just over a month afterwards.

The case admitted towards the end of 1952 decided to stay in The Mount voluntarily when the Order expired and she was still in residence at the end of 1953.

## SMOKE ABATEMENT

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

Alderman F. Harper, J.P. (who has been the Deputy Chairman of this Committee since its inception in 1930), and Councillor F. Davies were the representatives at these meetings.

The year under review showed that industrial activity continues to increase and with it the tendency toward increased pollution, though the pollution figures shown for the year are a slight improvement on the previous year. Systematic control of all industrial chimneys was continued throughout the year and much useful work was carried out in advising the manufacturers and stokers with regard to improved methods of working.

The following is a summary of work done in the Borough during the year:—

Number of chimneys observed	...	...	...	...	1,458
Number of minutes smoke emitted	...	...	...	...	1,672
Average minutes smoke per 30 minutes observation	...	...	...	...	1.1
Number of intimation notices served	...	...	...	...	43
Number of statutory notices served	...	...	...	...	37
Number of works visited	...	...	...	...	89
Number of complaints received	...	...	...	...	35
Number of prosecutions	...	...	...	...	1

Proceedings were taken against a colliery chimney in the area and after being twice adjourned, the Coal Board were of opinion that the nuisance had been abated, though the department were not entirely of this opinion. The case was eventually dismissed. Since that time the National Coal Board have decided to discontinue winding coal at this shaft and the nuisance has abated.



Smoke nuisance was reported from two new boilers which had been put into operation at the Electricity Power Station. As these boilers were not under the control of the British Electricity Authority it was found necessary to serve notices on the boiler constructors who admitted technical difficulties, which it was hoped would be overcome. The matter is still under observation.

Complaints were made of sulphur emission from the gasworks causing damage to nylon garments of pedestrians. Investigation showed that residue coke from a scrubber which was impregnated with sulphur had been inadvertently used. The necessary steps were taken to ensure that there was no repetition of this occurrence.

The fume and dust nuisance at the works where ferrous alloys are refined, continued to cause difficulty and though many enquiries had been made and investigation carried out no definite solution has yet been found. The nuisance is intermittent and takes place for about ten minutes twice or three times per week.

A special visit was made by the Committee accompanied by the Lord Mayor of Sheffield and the Mayor of Rotherham to a steel works in the Borough where no solid fuel is being used and which can be considered smokeless. Tribute was paid to the company concerned for the work which has been done and the achievement of making a steel works clean.

#### POLLUTION RECORDING

Additional pollution gauges have been installed enabling the Department to watch and obtain a better conception of the drift and intensity of pollution in the borough. There are four deposit gauges operating in Rotherham. At each of these stations a lead peroxide gauge is also installed in order to determine the amount of sulphur deposit from the atmosphere. The gauge at Blackburn which was showing heavy deposits, gave a marked improvement and though the tendency is for industry to increase, the pollution figures for the whole area show a slight improvement.

For comparison, the average amount of solid matter deposited at these stations is shown in tons per square mile per month.

Year		Blackburn		Erskine Road		Oakwood Hall Hosp.		College of Technology
1949	...	32.94	...	—	...	15.72	...	21.75
1950	...	39.20	...	26.16	...	13.27	...	20.03
1951	...	30.63	...	27.88	...	13.80	...	21.80
1952	...	38.80	...	27.00	...	15.87	...	19.34
1953	...	27.25	...	25.09	...	14.54	...	20.88

A detailed monthly record for the year with regard to solid matter deposited in the soot gauges situated in the area of the County Borough of Rotherham expressed in tons per square mile is given in the following table: —

Month	Oakwood Hall Hospital	Technical College	Erskine Road	Blackburn
January .. ..	11.40	21.47	23.85	35.14
February .. ..	13.78	20.80	25.97	24.19
March .. ..	15.52	27.33	29.41	35.04
April .. ..	14.75	22.50	25.44	28.81
May .. ..	15.26	23.60	20.45	27.51
June .. ..	18.34	22.39	16.81	17.45
July .. ..	19.15	17.78	26.95	35.32
August .. ..	17.97	14.16	23.45	36.14
September .. ..	10.86	15.65	22.13	24.78
October .. ..	13.91	27.15	31.57	16.43
November .. ..	7.54	18.10	30.69	23.34
December .. ..	16.09	19.70	24.36	21.87
Totals .. ..	174.57	250.63	301.08	326.02
Averages .. ..	14.55	20.89	25.09	27.17

The following table gives the daily average of the amount of sulphur absorbed as ascertained by the lead peroxide method of sulphur determination and expressed in milligrammes per 100 square centimetres: —

Month	Oakwood Hall Hospital	Technical College	Erskine Road	Blackburn
January .. ..	2.08	3.27	3.10	1.68
February .. ..	2.25	3.19	2.60	1.76
March .. ..	2.31	2.80	3.17	1.66
April .. ..	1.64	2.44	2.32	1.47
May .. ..	1.08	2.38	1.54	1.10
June .. ..	1.41	3.28	1.85	0.98
July .. ..	1.02	2.90	3.74	1.59
August .. ..	1.36	—	3.12	1.57
September .. ..	1.57	3.03	3.74	1.75
October .. ..	2.06	4.43	3.88	1.96
November .. ..	2.13	4.66	5.43	4.26
December .. ..	2.37	4.02	3.53	3.62
Totals .. ..	21.28	36.40	38.02	23.40
Averages .. ..	1.77	3.30	3.17	1.95



# INFECTIOUS DISEASES AND TUBERCULOSIS

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

Disease	1949	1950	1951	1952	1953
Acute encephalitis—Infective .. .. .	-	1	1	-	1
Post-infectious .. .. .		-	-	-	1
Acute poliomyelitis—Paralytic .. .. .	12	3	13	3	2
Non-paralytic .. .. .		1	4	1	1
Cerebro-spinal meningitis .. .. .	1	x	x	x	x
Diphtheria .. .. .	28	5	1	3	-
Dysentery .. .. .	1	35	5	-	5
Encephalitis lethargica .. .. .	-	-	-	-	-
Erysipelas .. .. .	26	28	19	17	16
Malaria .. .. .	-	-	-	1	-
Measles .. .. .	855	525	1307	1120	847
Meningococcal infection .. .. .	x	2	1	5	2
Ophthalmia neonatorum .. .. .	-	6	1	2	1
Pemphigus neonatorum .. .. .	-	-	-	2	1
Pneumonia .. .. .	122	72	107	120	50
Puerperal pyrexia .. .. .	13	10	9	23	27
Relapsing fever .. .. .	-	-	-	-	-
Scarlet fever .. .. .	227	157	46	41	51
Smallpox .. .. .	-	-	-	-	-
Typhoid and paratyphoid fevers .. .. .	-	1	-	1	-
Typhus fever .. .. .	-	-	-	-	-
Whooping cough .. .. .	96	240	70	141	220
Tuberculosis—respiratory .. .. .	38	63	50	55	54
other forms .. .. .	12	5	16	10	9
Food poisoning .. .. .	-	7	12	5	14
Totals .. .. .	1331	1161	1662	1550	1302

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. Changes in the above summary are shown thus X.

The Public Health (Infectious Diseases) Regulations, 1953, which came into operation on 1st April, 1953, superseded the Public Health (Infectious Diseases) Regulations, 1927.

Generally the new regulations are similar to the old, and continue the notification of cases of malaria, dysentery, acute primary pneumonia and acute influenzal pneumonia, and also provide for preventive steps to be taken against the spread of certain diseases and of food poisoning. In making these changes the Minister of Health took into consideration the Report of the Catering Trade Working Party on Hygiene in Catering Establishments, as well as suggestions made by Medical Officers of Health.

The provisions in the old regulations about the action to be taken against the risk of food poisoning applied to "enteric fever and dysentery" and are now extended to apply to "typhoid fever, paratyphoid fever or other salmonella infections, dysentery, and staphylococcal infection likely to cause food poisoning."

Under the 1927 regulations the steps prescribed could only be taken in relation to a person suffering from the disease in question, and for the purpose of preventing such a person from continuing to work in an occupation connected with the preparation and handling of food and drink. The new regulations go further and provide for action to be taken not only as regards a person suffering from the disease, but also a person shown to be a carrier of the disease; and a person in either class may now be prevented not only from continuing to work in an occupation connected with food or drink, but also from entering such an occupation. Under the 1927 regulations, again, the prescribed steps concerned could not be taken until the Medical Officer of Health had reported the case concerned to the local authority. In the new regulations, while the same general principle is maintained (because action may involve the local authority in paying compensation under 278(1) of the Public Health Act, 1936), there is provision to enable a local authority to give its Medical Officer of Health such authorisation as will permit him to take the prescribed action in a particular case without waiting to report it — though he is required to report it at the earliest opportunity — if in his judgment this action needs to be taken as a matter of immediate urgency to prevent the spread of infection.



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	-	-	-	-	-	-	1	-	-	-	-	-	1
Acute poliomyelitis-paralytic ..	-	-	2	-	-	-	-	-	-	-	-	-	2
Non-paralytic	-	-	1	-	-	-	-	-	-	-	-	-	1
Diphtheria .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery .. ..	-	-	-	2	1	-	-	-	1	1	-	-	5
Encephalitis lethargica ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas .. ..	2	5	-	2	1	-	-	-	-	2	1	3	16
Malaria .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles .. ..	58	113	239	267	82	58	23	2	-	4	1	-	847
Meningococcal infection ..	-	1	-	-	-	1	-	-	-	-	-	-	2
Opthalmia neonatorum ..	-	-	-	-	1	-	-	-	-	-	-	-	1
Pemphigus neonatorum ..	-	-	-	1	-	-	-	-	-	-	-	-	1
Pneumonia .. ..	12	11	7	9	2	1	-	-	1	1	3	3	50
Puerperal pyrexia .. ..	-	4	2	1	1	2	5	2	3	3	-	4	27
Relapsing fever .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet fever .. ..	3	4	2	5	4	1	2	2	1	6	9	12	51
Smallpox .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid and paratyphoid fevers	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus fever .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping cough .. ..	11	10	10	9	16	21	24	52	35	9	8	15	220
Tuberculosis: respiratory, males	9	-	1	1	5	-	2	-	3	6	-	2	29
females .. ..	6	-	-	1	3	3	1	-	-	4	4	3	25
other forms, males	-	-	-	-	1	2	1	-	-	-	-	-	4
females .. ..	1	-	1	-	1	-	-	-	-	-	2	-	5
Food poisoning .. ..	-	-	-	-	-	7	3	2	-	1	-	1	14
Totals .. ..	102	148	265	298	118	96	62	60	44	38	28	43	1302

In the following table details are given of the age and ward distribution of the notifications received, together with the numbers of cases removed to hospital and the deaths occurring:—

Notifiable disease	No. of cases notified												Total cases notified in each ward of the borough									Total cases removed to hospital	Total deaths			
	At ages—years																									
	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	Clifton	East	Greasbrough	Kimberworth	Masbro'	North	St. Ann's	South			Thornhill	West	
Acute encephalitis-infective ..	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—
Post infectious ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Acute poliomyelitis-paralytic ..	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—
Non-paralytic ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ..	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	847	25	94	131	136	149	302	6	2	1	—	—	—	118	34	169	64	80	62	138	—	47	—	—	6	—
Meningococcal infection ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pemphigus neonatorum ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ..	50	4	—	1	—	—	2	—	1	5	7	16	13	7	3	16	1	—	—	—	—	—	—	—	8	—
Puerperal pyrexia ..	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	51	—	1	2	5	9	30	3	1	—	—	—	—	5	11	8	—	—	—	—	—	—	—	—	25	—
Smallpox ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid and paratyphoid fevers ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	220	23	29	29	40	23	69	6	—	—	—	—	—	21	7	71	9	13	16	28	—	22	—	—	6	—
Tuberculosis : respiratory, males ..	29	—	—	—	—	1	1	1	1	5	7	13	3	4	—	6	2	1	4	2	2	2	2	2	x	—
females ..	25	—	—	—	—	—	—	—	—	—	—	—	—	4	—	2	3	1	—	2	2	3	6	x	—	—
other forms, males ..	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	x	—	—
females ..	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	x	—	—
Food poisoning ..	14	1	—	—	—	—	4	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	x	—
Totals ..	1302	55	126	165	184	183	414	20	19	48	22	44	22	146	61	283	80	104	94	193	60	118	83	58	—	—

\* all forms



During the year 83 cases of infectious disease were notified from or removed to hospitals in the district, and the following table gives the distribution:—

Disease	Infectious Diseases Hospitals		Other Hospitals			Total
	Lodge Moor, Sheffield	Swallownest, near Rotherham	Moorgate General Hospital	Rotherham Hospital	City General Hospital, Sheffield	
Acute encephalitis : Infective ..	—	—	1	—	—	1
Post infectious ..	1	—	—	—	—	1
Acute poliomyelitis : Paralytic ..	1	—	—	1	—	2
Non-paralytic ..	—	—	—	1	—	1
Dysentery .. .. .	1	1	—	1	—	3
Measles .. .. .	4	1	—	1	—	6
Meningococcal infection .. ..	1	—	1	—	—	2
Pneumonia .. .. .	—	1	9	1	1	12
Puerperal Pyrexia .. .. .	—	—	26	—	—	26
Scarlet fever .. .. .	7	12	—	—	—	19
Whooping cough .. .. .	6	—	—	—	—	6
Food poisoning .. .. .	—	4	—	—	—	4
Totals .. .. .	21	19	37	5	1	83

In addition to these cases, 22 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	Swallownest, near Rotherham	Moorgate General Hospital	Kendray Hospital, Barnsley	Total
Acute poliomyelitis .. .. .	2	—	—	—	2
Diphtheria .. .. .	4	—	—	—	4
Dysentery .. .. .	—	1	—	—	1
Measles .. .. .	2	—	—	—	2
Meningococcal infection .. ..	1	—	2	—	3
Pneumonia .. .. .	2	—	—	1	3
Food poisoning .. .. .	—	1	1	—	2
Gastro-enteritis .. .. .	3	—	—	1	4
Mumps .. .. .	1	—	—	—	1
Totals .. .. .	15	2	3	2	22

In amplification of the foregoing tables the following observations are made on the principal notifiable diseases. All the notified cases of acute encephalitis and acute poliomyelitis were treated in hospital. One death occurred from the latter disease. Two other patients were admitted to hospital for observation for acute poliomyelitis, but the diagnosis was not confirmed.

No cases of diphtheria were notified during the year; 4 cases were admitted to hospital for observation for the disease but were proved to be negative. The last notified case occurred in March 1952.

Sixteen cases of erysipelas were reported, all of whom were treated at home.

Two notifications of meningococcal infection were received and both were removed to hospital for treatment. Three other patients were admitted to hospital for observation but were subsequently not accepted.

847 cases of measles were reported during the year and of these, 6 were treated in hospital. The majority of the cases (817) were notified in the first half of the year, the peak months being March with 239 cases and April with 267 cases. One death occurred from this disease. Three other patients were admitted to hospital as suspected cases but the diagnosis in each case was not confirmed.

220 cases of whooping cough were notified and six cases were removed to hospital. No deaths occurred.

Twenty-seven notifications of puerperal pyrexia were received of which 25 occurred in institutional and 2 in domiciliary confinements. One of the domiciliary cases was also removed to hospital for treatment. No deaths occurred in these cases. One case of ophthalmia neonatorum was notified during the year and occurred in a domiciliary confinement. It was treated as a hospital out-patient and made a good recovery with no impairment of vision. One case of pemphigus neonatorum also occurred in a domiciliary midwife's practice. The case was handed over to the Home Nursing Service for nursing and treatment.

Fifty-one notifications of scarlet fever were received and 19 cases were treated in hospital and 32 remained at home. No deaths occurred.

Fourteen notifications of food poisoning were received during the year. There was one outbreak affecting four persons and ten single cases. The cause was discovered in five of the single cases but not in the remaining cases. Four of the cases were treated in hospital. Two other cases were admitted for observation but the diagnosis was not confirmed.

Of the non-notifiable cases admitted into isolation hospitals during the year there were 4 cases of gastro-enteritis and one case of mumps. Three of the cases of gastro-enteritis were admitted into Lodge Moor Hospital (the diagnosis in two of these cases being not confirmed), whilst the fourth case was admitted into the Kendray Hospital, Barnsley. The case of mumps was admitted into the Lodge Moor Hospital.



## TUBERCULOSIS

### NEW CASES AND MORTALITY DURING 1953

NOTIFICATION 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	25	4	5	63

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

	Pulmonary	Non-pulmonary
Death returns from local registrars ... ..	1	2
Transferable deaths from Registrar General ...	—	—
Posthumous notifications ... ..	1	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	1	—	—	—	—	—
5-10 ..	..	1	1	—	—	—	—	—	—
10-15 ..	..	1	1	1	—	—	—	—	—
15-20 ..	..	1	5	—	1	—	—	—	—
20-25 ..	..	2	6	—	1	—	—	—	—
25-35 ..	..	5	3	—	1	—	—	—	—
35-45 ..	..	2	8	—	—	—	2	—	—
45-55 ..	..	6	1	2	2	—	—	1	—
55-65 ..	..	7	—	2	—	3	—	—	—
65-75 ..	..	3	—	—	1	2	—	—	1
75 and upwards ..	..	1	—	—	—	—	—	—	—
Totals ..	..	30	26	7	6	5	2	2	1

\* 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 1953 amongst notified cases of tuberculosis shows the following periods elapsed between notification and death:—

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

The ratio of non-notified tuberculous deaths to the total tuberculous deaths was 1 in 3.3. 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.



# CARE OF MOTHERS AND YOUNG CHILDREN

## CHILD WELFARE CENTRES

Maternity and Child Welfare Clinics have been held as usual throughout the year at the two main clinics and six branch clinics. Specialist and treatment facilities have been provided as in the case of school children.

The sale of infant foods and nutritional aids has continued in all Infant Welfare Centres.

The Hospital Pædiatric Clinics and Pædiatrician work in good liaison with the services of the Health Department.

Displays have been exhibited in the display cabinets on health propaganda. Home safety and immunisation against diphtheria have been a special feature during the past year and much time has been given to both subjects. Posters have been changed frequently to keep health education before the public eye.

The following table gives the attendances at Centres during the year:—

Centre	Sessions held	New registrations			Total children attending			Total attendances			Medical consultations		
		Un. 1 yr.	1-2 yrs.	2-5 yrs.	Un. 1 yr.	1-2 yrs.	2-5 yrs.	Un. 1 yr.	1-2 yrs.	2-5 yrs.	Un. 1 yr.	1-2 yrs.	2-5 yrs.
Ferham House ..	102	268	12	25	364	48	134	2121	492	549	792	190	354
Cranworth Road ..	102	331	18	52	501	71	182	2744	728	475	770	228	283
Thorpe ..	48	44	—	6	72	15	35	617	105	94	152	29	43
Greasbrough ..	41	49	6	5	72	20	32	437	98	67	160	35	32
Canklow ..	49	143	6	12	209	31	61	1026	210	174	534	130	129
Blackburn ..	53	38	2	5	58	8	36	399	46	59	111	27	40
High Greave ..	51	137	7	10	174	23	39	1145	200	141	371	81	86
Broom Valley ..	25	3	18	62	5	26	158	14	60	287	14	60	287
Totals ..	471	1013	69	177	1455	242	577	8503	1939	1846	2904	780	1254

2,274 children making 12,288 attendances.

In addition to the child welfare clinics the following pre-school children were referred during 1953 to the specialist and other treatment clinics held on centre premises:—



Orthopaedic	...	...	...	...	66	156
Orthopaedic treatment	...	...	...	...	-	-
Aural	...	...	...	...	65	116
Aural treatment	...	...	...	...	52	207
Ophthalmic	...	...	...	...	43	405
Chiropody	...	...	...	...	6	6
Dental	...	...	...	...	296	379
Minor ailment treatment	...	...	...	...	89	300

At the ophthalmic clinic, 43 children under 5 years of age were submitted for refraction and made 79 attendances. In 38 cases glasses were prescribed. 326 re-inspections of children in this age group were also made during the year.

### DENTAL TREATMENT

The exact arrangements for the inspection and treatment of expectant and nursing mothers and young children attending the Local Authority's clinics were given in the report for 1952.

The number of dental surgeons on the staff was increased during the year by the appointments of a full-time and a part-time dentist working five sessions per week, bringing the present strength up to the equivalent of 4.5/11 full-time dentists.

The number of patients inspected and treated and the details of the treatment carried out can be seen in the appended tables and show proportionate increases on similar figures for 1952, which one would expect from the increase in staff. It is difficult to entirely dissociate the treatment of school children from that of the two classes now under review since in fact they are organised and operated together — hence, although in 1953 there has been some increase in staff, there is much dental disease still to be dealt with among *all* classes of patients, and any remarkable results relating to these numerically smaller groups are hardly possible.

What percentage of expectant and nursing mothers and pre-school children attend private practitioners, or remain untreated, it is impossible to assess, but it is noticeable that since the imposition of charges for dentures under the National Health Service, more mothers have availed themselves of the services offered in the Local Authority clinics.

Unless detailed chartings are taken of the dentitions of pre-school children and of as large numbers as possible over a number of years it is impossible to draw any definite conclusions as to whether or not recent variations in diet have affected the conditions of the teeth. For example, sweets are now more easily obtained and bread is highly refined than in the war years, and it is doubtful if mothers are as assiduous in giving orange juice and cod liver oil to their infants as in the days of rationing. Obviously with the pressure of work to which the whole dental profession is subjected, it has not been possible to spend time gathering these most desirable statistics. Amid all the good work which the Health Visitors do, it is important that they continue their



efforts to stop the use of dummy teats, since these do no good and often cause harm by producing mouth-breathing and finger sucking habits, which in turn lead to irregular teeth and caries in later life.

The eating of a biscuit or sweets after cleaning the teeth at night should be forbidden. Neither of these suggestions is new or original nor is their lack any hardship to a well-cared for baby, but they *do* still occur, and probably account for a large number of those unfortunates under five years old who develop abscesses on their teeth which require subsequent extraction.

An inspection of twenty-eight children under five years old in the Oakwood Grange Nursery was made during the year, when two were found in need of treatment. On such small numbers it is difficult to compare the average requiring treatment with children of similar ages, not in institutional care. The 296 pre-school children treated in 1953 are from an approximate 0-5 years population of 6,250, and among these there will be some who have been treated by private practitioners and others who have remained untreated. The general impression left after twenty-five years observation, is that the teeth of children in the homes run by the Local Authority are noticeably more free from caries than are those of other children, but that the "homes children" are more prone to the disposition of tartar and consequent paradontal disease. This latter observation, of course, applies to children of eight years old and upwards. Many possible explanations of these conditions could be suggested, but the fact remains that they are noticeable.

The following table gives details of the treatment given to these patients during 1953:—

				Children under five	Expectant and nursing mothers	Total 1953	Total 1952
Total attendances ...	...	...	...	379	1026	1405	1255
Number of individuals treated ...	...	...	...	296	355	651	529
Extractions—permanent teeth ...	...	...	...	—	806	806	637
—temporary teeth ...	...	...	...	573	4	577	488
Fillings —permanent teeth ...	...	...	...	—	125 in 113 teeth	125 in 113 teeth	79 in 78 teeth
—temporary teeth ...	...	...	...	18 in 17 teeth	—	18 in 17 teeth	14 in 14 teeth
Anaesthetics—local ...	...	...	...	—	65	65	26
—general ...	...	...	...	317	219	536	512
Other operations ...	...	...	...	59	648	707	592
Crowns provided ...	...	...	...	—	—	—	—
Inlays provided ...	...	...	...	—	—	—	—
Number of patients supplied with dentures				—	106	106	99

# NUMBERS PROVIDED WITH DENTAL CARE

	Children under five	Expectant and nursing mothers
Inspected ... ..	296	374
Needing treatment ... ..	296	233
Treated ... ..	296	355*
Made dentally fit ... ..	296	264

\* Treatment often extends over several months, thus some individuals referred in 1952 are included in the 1953 treatment figure.

# FORMS OF DENTAL TREATMENT PROVIDED

	Children under five	Expectant and nursing mothers
Extractions ... ..	573	810
Anaesthetics—local ... ..	—	65
—general ... ..	317	219
Fillings ... ..	18 in 17 teeth	125 in 113 teeth
Scalings, gum treatment and dressings, etc.	59	224
Radiographs ... ..	—	14
*Dentures provided—complete ... ..	—	77(47)
—partial ... ..	—	81(69)

\* 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 10 patients in this category in 1953 so that the total number of individuals supplied with dentures in 1953 was 106.

Details of the denture work done for maternity patients was made up as follows:—

	Dentures	Patients
Full upper and full lower dentures ... ..	60	30
Full upper or full lower dentures ... ..	7	7
Full upper or full lower denture along with part lower or part upper denture ... ..	20	10
Partial upper and partial lower dentures ...	24	12
Partial upper or partial lower dentures carrying 4 teeth or less ... ..	23	23
5—8 teeth ... ..	17	17
over 8 teeth ... ..	7	7
	—	—
Totals—full dentures	77	106
partial dentures	81	—
	—	—

In addition to the above, 9 dentures were re-lined and 36 dentures were repaired.

# CARE OF THE PREMATURE INFANT

Almost one baby in every ten born in Rotherham during 1953 was premature; the actual figures being:—



					Total births	Premature births	Percentage
Live births	...	...	...	...	1325	123	9.28
Still births	...	...	...	...	29	16	55.17
Total					1354	139	10.27

Of the 139 premature births, 71 live births and 8 still births occurred in hospital; 49 live births occurred at home of which 10 were transferred to hospital, and 8 still births also occurred in cases delivered at home; whilst 3 live births occurred in cases delivered in nursing homes.

Details of the birth weights of these babies are given in the following table which also gives the numbers who died within 24 hours of birth and those surviving at the end of 28 days:—

#### PREMATURE LIVE BIRTHS

	Weight at birth	Total	Died within 24 hours of birth	Survived 28 days
Born in hospital ...	3 lb. 4 oz. or less	12	4	3
	3 lb. 4 oz.—4 lb. 6 oz.	19	5	14
	4 lb. 6 oz.—4 lb. 15 oz.	13	—	11
	4 lb. 15 oz.—5 lb. 8 oz.	27	1	26
	Total	71	10	54
Born at home and nursed entirely at home ...	3 lb. 4 oz. or less	—	—	—
	3 lb. 4 oz.—4 lb. 6 oz.	4	1	3
	4 lb. 6 oz.—4 lb. 15 oz.	8	—	8
	4 lb. 15 oz.—5 lb. 8 oz.	27	—	27
	Total	39	1	38
Born at home and trans- ferred to hospital on or before the 28th day ...	3 lb. 4 oz. or less	1	—	1
	3 lb. 4 oz.—4 lb. 6 oz.	4	—	2
	4 lb. 6 oz.—4 lb. 15 oz.	1	—	1
	4 lb. 15 oz.—5 lb. 8 oz.	4	—	3
	Total	10	—	7
Born in nursing home and nursed entirely there ...	3 lb. 4 oz. or less	—	—	—
	3 lb. 4 oz.—4 lb. 6 oz.	2	—	2
	4 lb. 6 oz.—4 lb. 15 oz.	—	—	—
	4 lb. 15 oz.—5 lb. 8 oz.	1	—	1
	Total	3	—	3

# PREMATURE LIVE BIRTHS (*continued*)

	Weight at birth	Total	Died within 24 hours of birth	Survived 28 days
Born in nursing home and transferred to hospital	3 lb. 4 oz. or less	—	—	—
on or before the 28th	3 lb. 4 oz.—4 lb. 6 oz.	—	—	—
day ... ..	4 lb. 6 oz.—4 lb. 15 oz.	—	—	—
	4 lb. 15 oz.—5 lb. 8 oz.	—	—	—
		—	—	—
	Total	—	—	—
	Grand Total	123	11	102

# PREMATURE STILL-BIRTHS

	Born in hospital	Born at home	Born in nursing home
3 lb. 4 oz. or less	2	2	—
3 lb. 4 oz.—4 lb. 6 oz.	2	5	—
4 lb. 6 oz.—4 lb. 15 oz.	1	—	—
4 lb. 15 oz.—5 lb. 8 oz.	3	1	—
	—	—	—
Total	8	8	—

The special scheme for the care of the premature baby following its discharge from hospital or at the termination of the visits to the home by the domiciliary midwife whereby the baby is visited by the premature baby nurse until it is adjusted has proved invaluable. Details of the babies cared for by her during 1953 were as follow:—

	Premature babies	Weakly babies other than premature	Total
In care at the beginning of the year ... ..	12	7	19
New cases, 1953 ... ..	91	43	134
	—	—	—
Total infants	103	50	153
	—	—	—
Infants discharged from care as—			
adjusted ... ..	97	44	141
died ... ..	—	1	1
admitted to hospital ... ..	1	1	2
Infants remaining in care at end of the year ...	5	4	9
	—	—	—
	103	50	153
	—	—	—
Visits paid ... ..	1332	502	1834

All premature babies are cared for by the premature baby nurse until they weigh between 7½ and 8 lbs. and are thriving satisfactorily. This period varies considerably, babies born in hospital are usually discharged when weighing 5½ lbs. as they may take 6 to 8 weeks to become satisfactorily adjusted. In the case of premature twins, the



period of care is extended until the mother is able to care for her babies efficiently. Premature babies born at home which are taken over from the midwife at the 14th day may weigh much less than  $5\frac{1}{2}$  lbs. when taken into care, and therefore require to be observed for a longer period.

This service is making a definite contribution to the lowering of the infantile mortality rate. No premature baby died whilst in the nurse's care; but one died subsequently, when she was again called in to nurse this child as a weakly baby. The cause of death was lobar pneumonia.

Two weakly babies who were taken into care were eventually admitted to hospital. The premature baby nurse carefully observed the babies and following subsequent visits called in medical aid. One baby was found to be suffering from pyloric stenosis, and was operated upon. The baby was later discharged from hospital to the care of the premature baby nurse and subsequently became satisfactorily adjusted and made excellent progress. The second child was admitted on account of feeding difficulties which could not be dealt with at home. The home care was inadequate and constant attention was required. The case could not be covered efficiently. The child was discharged after several weeks in hospital and was again taken into care; the child became satisfactorily adjusted.

The arrangement between general practitioners and the Local Authority for premature babies to be observed by Dr. Harvey, the Pædiatrician, at regular intervals continued throughout the year. 157 premature infants were referred for examination and of these 58 were found to be satisfactory whilst 99 were in need of medicine containing extra iron. It is interesting to note that amongst the cases being observed by the Pædiatrician are a number of the premature babies born in 1950 when the scheme commenced.

# 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 .. ..	27	4	1	1	33	1	3	2	-	39
uncertified .. ..	1	-	-	-	1	-	2	-	-	3
Small-pox .. ..	-	-	-	-	-	-	-	-	-	-
Chicken-pox .. ..	-	-	-	-	-	-	-	-	-	-
Measles .. ..	-	-	-	-	-	-	-	-	-	-
Scarlet-fever .. ..	-	-	-	-	-	-	-	-	-	-
Whooping cough .. ..	-	-	-	-	-	-	-	-	-	-
Diphtheria and croup .. ..	-	-	-	-	-	-	-	-	-	-
Erysipelas .. ..	-	-	-	-	-	-	-	-	-	-
Tuberculous meningitis .. ..	-	-	-	-	-	-	-	-	-	-
Pulmonary tuberculosis .. ..	-	-	-	-	-	-	-	-	-	-
Other tuberculous diseases .. ..	-	-	-	-	-	-	-	-	-	-
Meningitis (not tuberculous) .. ..	-	-	-	-	-	-	-	-	-	-
Convulsions .. ..	-	-	-	-	-	-	-	-	-	-
Laryngitis .. ..	-	-	-	-	-	-	-	-	-	-
Bronchitis .. ..	-	-	-	-	-	1	-	-	-	1
Pneumonia (all forms) .. ..	-	2	-	1	3	-	4	1	-	8
Diarrhoea .. ..	-	-	-	-	-	-	-	-	-	-
Enteritis .. ..	-	-	-	-	-	-	-	1	-	1
Gastritis .. ..	-	-	-	-	-	-	-	-	-	-
Syphilis .. ..	-	-	-	-	-	-	-	-	-	-
Rickets .. ..	-	-	-	-	-	-	-	-	-	-
Suffocation, accidental .. ..	-	-	-	-	-	-	1	-	-	1
Injury at birth .. ..	4	1	-	-	4	-	-	-	-	4
Atelectasis .. ..	2	-	-	-	2	-	-	-	-	2
Congenital malformations .. ..	4	1	-	-	5	-	-	-	-	5
Premature birth .. ..	17	1	1	-	19	-	-	-	-	19
Atrophy, debility & marasmus .. ..	-	-	-	-	-	-	-	-	-	-
Other causes .. ..	1	-	-	-	1	-	-	-	-	1
Totals .. ..	28	4	1	1	34	1	5	2	-	42

Nett births in the year :	legitimate infants .. ..	1297
	illegitimate infants .. ..	29
Nett deaths in the year :	legitimate .. ..	40
	illegitimate .. ..	2
Infantile mortality rate per 1,000 births :	legitimate .. ..	31
	illegitimate .. ..	69



## FERHAM VILLA NURSERY

There have been 17 new admissions during the year. These children are social cases only, children of unmarried mothers, widows and separated parents and consequently the places in the nursery are not all filled. Altogether 34 children passed through the nursery during the year, and in consequence of this the staff was reduced by one. A medical inspection is carried out monthly at the nursery, arrangements are also made for children to be vaccinated and immunised.

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	4	13	17	65	205	270
February ..	24	4	14	18	49	189	238
March ..	26	4	11	15	71	224	295
April .. ..	24	5	13	18	69	211	280
May .. ..	24	4	13	17	66	237	303
June .. ..	25	4	13	17	70	186	256
July .. ..	26	4	12	16	48	162	210
August ..	25	6	11	17	80	142	222
September ..	26	6	10	16	93	186	279
October ..	27	4	11	15	80	174	254
November ..	25	4	10	14	64	165	229
December ..	25	4	15	19	80	238	318
Total ..	304	10*	24	34	835	2,319	3,154

\* Two of the children attending reached the age of 2 years during the year.

MONTH	AVERAGE ATTENDANCE			MAXIMUM ATTENDANCE AT ONE SESSION	Minimum attendance at any one session	
	0-2 yrs.	2-5 yrs.	Total		MONDAY TO FRIDAY	SATURDAY
January ..	2.4	7.6	10.0	17	7	—
February ..	2.0	7.9	9.9	15	9	1
March ..	2.7	8.6	11.3	15	11	1
April .. ..	2.9	8.8	11.7	17	10	—
May .. ..	2.7	9.9	12.6	17	13	—
June .. ..	2.8	7.4	10.2	16	7	—
July .. ..	1.8	6.2	8.0	12	7	—
August ..	3.2	5.7	8.9	15	3	—
September ..	3.6	7.1	10.7	16	9	—
October ..	3.0	6.4	9.4	13	8	—
November ..	2.6	6.6	9.2	13	8	—
December ..	3.2	9.5	12.7	18	3	—
Average ..	2.7	7.6	10.3	18	3	—

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

All children are immediately examined on admission and discharge from the nursery. A monthly medical session is also held at the nursery and arrangements are made for children to be vaccinated and immunised.

Number of visits made to the Residential Nursery during the year:—

By the Deputy Medical Officer of Health ... ..	108
By the Deputy Superintendent Health Visitor ... ..	11

## WELFARE COMMITTEE — TEMPORARY ACCOMMODATION

All children between 0-5 years of the families using temporary accommodation are examined by a medical officer of the Health Department on admission to The Mount or to 50-52, Canklow Road. A health visitor visits these families at regular intervals and mothers are invited to attend Canklow Clinic for further advice and supervision.

Number of visits made by Health Visitor during 1953 ... 136

Eight families were re-housed from temporary accommodation during the year.



# MATERNITY SERVICES AND THE DOMICILIARY MIDWIVES SERVICE

## MATERNITY SERVICES

Although the care of the ante-natal patient is within the purview of the midwife the teaching of mothercraft remains the province of the health visitors. The ante-natal period is found to be a most receptive stage and the period when the teaching of mothercraft is successfully accepted.

The mothercraft and relaxation class at Ferham House Clinic was discontinued during 1952 due to lack of attendance. Throughout 1953 the attendance at Cranworth Clinic increased considerably and it was decided in October, 1953, to re-commence classes at Ferham Clinic to relieve overcrowded classes at Cranworth Clinic. This has been a very successful venture and a good attendance has been maintained at both centres.

Talks were given and were illustrated by film strips and demonstrations. The liaison between health visitors and midwives is good, information regarding the social conditions of patients is interchangeable and of great value to both health visitors and midwives.

### Confinements among normal residents in the Borough:—

A. SERVICES PROVIDED WITHIN THE BOROUGH:—	1949	1950	1951	1952	1953
Moorgate General Hospital ...	578	496	482	412	380
Rotherham General Hospital ...	1	—	—	1	—
Private nursing homes ...	119	80	43	34	42
Domiciliary confinements ...	763	722	704	705	662
<b>B. SERVICES PROVIDED OUTSIDE THE BOROUGH:—</b>					
The Jessop Hospital, Sheffield ...	8	8	15	14	20
Listerdale Maternity Home ...	52	126	172	188	216
Hallamshire Maternity Home ...	8	8	11	13	11
Private nursing homes and other institutions ...	6	10	6	1	9
Domiciliary confinements ...	6	5	8	4	2
<b>Total confinements</b>	<b>1541</b>	<b>1455</b>	<b>1441</b>	<b>1372</b>	<b>1342</b>

Approximately half the total number of confinements during 1953 were domiciliary. Of the 607 non-domiciliary births 380 took place in Moorgate General Hospital, 216 at Listerdale Maternity Home, and 11 at Hallamshire Nursing Home, 309 were referred

for investigation on home conditions and of which 185 were recommended for hospital confinements because of adverse home conditions.

The health visitors paid first visits to 1,285 live births, that is approximately 97 per cent. of the whole.

Rhesus examinations are routine practice for both domiciliary and hospital confinements and are carried out in the Regional Transfusion Laboratory of the National Blood Transfusion Service at Sheffield. Rhesus records are entered in the register of notifications of births kept in the Health Department and are available if needed by doctor, midwife or hospital in the future, by reference to this register.

#### DISTRICT ANTE-NATAL AND POST-NATAL CLINICS

The following table gives details of the attendances at the consultant ante-natal clinics during 1953:—

Clinics	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	206	53	—	227	54	1	314	59	1
Cranworth Road	48	190	48	—	226	49	1	343	52	1
Thorpe	10	21	9	—	24	9	—	49	9	—
Greasbrough	11	16	9	—	16	9	—	31	10	—
	—	—	—	—	—	—	—	—	—	—
Total	93	433	119	—	493	115	2	737	130	2
	—	—	—	—	—	—	—	—	—	—

Details of attendances held at midwives clinics held at Centres during the year are as follows:—

				Sessions held	Cases attending from 1952	New cases 1953	Total attendances
Ferham House	...	...	...	193	100	355	1289
Cranworth Road	...	...	...	174	63	361	1474
Thorpe	...	...	...	42	3	68	91
Greasbrough	...	...	...	49	2	25	191
Totals				458	168	809	3045

At all these sessions the educational facilities included advice on the preparation for the forthcoming confinement, instruction in the use of the gas and air machine and on general health topics.

The arrangements made for the attendance of midwives at the relaxation classes and mothercraft classes continues. 274 women attended the relaxation classes.

The taking of specimens of blood for Rhesus investigation at the consultant clinics and by midwives is still done as a routine and the arrangements for this have continued unchanged throughout the year.



## DOMICILIARY MIDWIVES SERVICE

The establishment of the Service was increased by one midwife during the year and was one Non-Medical Supervisor and Superintendent Midwife and thirteen midwives at the year end. The establishment of the service now reverts back to the number employed in September, 1949, when a vacancy occurred which was not filled at that time.

No member of the staff resigned during the year and Mrs. G. Walsh was appointed as from 19th October as relief midwife. She was granted the service tenancy of a house on the Kimberworth Park Estate which was allocated to the Service in place of 41, South Street, Greasbrough, which was given up by Mrs. McGann who removed to her own house in Munsbrough Lane. At a later date, when the estate has been fully developed, Mrs. Walsh will be taken off relief duties and given the district to open out for bookings.

Mrs. I. McGann deputised for Mrs. M. J. Walsh during the period 27th August to 4th December when she was off duty owing to illness. Mrs. P. E. Shreves was off duty owing to illness from 3rd January to 26th February and Mrs. G. Walsh was appointed as a temporary relief midwife for that period. Mrs. O. D. Edwards, relief midwife, was granted six months leave of absence after her confinement on 23rd November and Mrs. Roddis of 74, Clough Road, commenced on 1st January, 1954, as a temporary relief in her stead.

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

	1951	1952	1953
Domiciliary Midwives ... ..	712	710	665
Private Midwives ... ..	—	—	—
	—	—	—
Total cases	712	710	665
	—	—	—
Number of cases delivered in Institutions but attended by domiciliary midwives on discharge from Institutions and before the 14th day ...	459	207	365
Number of days service to such cases representing a similar saving of patient days in hospital ...	1881	802	1506

There have been no private midwives practising in the Borough since 1948.

Of the 665 cases attended by midwives, 651 had booked their confinement with the Service, 8 cases were delivered in emergency and 6 were miscarriages.

At the delivery of the 281 midwives cases a doctor was present at the birth of the baby on five occasions, having previously been summoned by the midwife on medical aid. Of the 384 cases in which a doctor had been booked the midwife delivered 205 of these patients, making a total of 481 cases delivered by midwives and 184 were attended by the midwives in the capacity of maternity nurses.

Nine cases were handed over to the Home Nursing Service for nursing on account of infection or suspected infection in the mother or her baby.

Analgesia was administered throughout the year by means of gas and air and by pethidine. Fourteen sets of Minnet's apparatus for the administration of gas and air analgesia possessed by the Service were in use continuously, and each set was overhauled four times during the year, to keep them in good working condition.

The following table gives details of the cases delivered during the year:—

	Doctor not booked (Midwifery cases)		Doctor booked (Maternity cases)		Totals
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present	
Midwives booked cases ...	5	266	176	204	651
Emergencies ...	—	6	1	1	8
Miscarriages ...	—	4	2	—	6
	—	—	—	—	—
Totals	5	276	179	205	665
	—	—	—	—	—

Analgesia — Number of cases who were delivered with:—

Gas and air only ...	—	81	28	54	163
Pethidine only ...	1	29	13	17	60
Gas and air and Pethidine	4	100	114	93	311
	—	—	—	—	—
Totals	5	210	155	164	534
	—	—	—	—	—

Cases delivered without

analgesia ...	—	66	24	41	131
Per cent. ...	—	23.9	13.4	20.0	19.7

District midwives continued to give service to mothers discharged from local hospitals and maternity homes before the fourteenth day of whom there were 365 cases taken over for nursing. The early discharge of these patients represented a great saving of patient days to the hospital authorities.

Fourty-four of the cases discharged before the fourteenth day following confinement were patients booked under the District Midwives Service for their confinement but for medical reasons or in emergency had been admitted to hospital and were returned to the midwife concerned.

The care of 40 premature and weakly babies was handed over to the premature baby nurse after the 14th day, when the midwives' attendance ceased; the premtaure cots were sent to 10 cases during the year.

The supervision of midwives was undertaken throughout the year by Dr. Ballantine, Consultant Obstetrician, in his capacity as Medical Supervisor.



The usual annual inspection of midwives and nursing homes was carried out by Dr. Ballantine, and the day to day supervision was undertaken by Mrs. Walsh.

The Clifton Lane Nursing Home has been renovated and re-equipped, and the condition of the home is excellent.

A letter was received from Dr. Ballantine at the end of the year about the District Midwives Service in Rotherham for the past year.

He feels the service has been running most satisfactorily for a good many years, and in spite of occasional changes in personnel it continues to do so.

There have been one or two changes in methods of practice in recent years, but they have been relatively minor in magnitude and Dr. Ballantine feels that the midwives have kept up to date with recent developments admirably.

There is an increasing tendency for patients to book their own doctor for their confinements so that the demands on the midwife in her capacity as maternity nurse are increasing, but there seems to be little or no resentment about this and Dr. Ballantine thinks on the whole things are going smoothly from the point of view of both midwife and doctor, and above all that the women are getting an excellent service.

#### PUPIL MIDWIVES

There have only been two pupil midwives taking their Part II training on the district and both satisfied the examiners of the Central Midwives Board. After qualifying one remained in hospital, and the other is a district midwife at Wickersley.

#### POST-CERTIFICATE COURSES

One midwife attended a refresher course which was held at Birmingham. The Non-Medical Supervisor and Superintendent Midwife, attended a supervisors' course at Bedford College, London.

#### MIDWIFERY LECTURES

Lectures were given to Queen's Nurses Candidates in training at the request of the Superintendent of the Home Nursing Service.

# HEALTH VISITING

## HEALTH VISITORS AND SCHOOL NURSES

Staffing changes during the year were as follows. Miss E. Patterson, Superintendent Health Visitor and Miss N. Easton, Health Visitor, left the department, and Miss E. G. Taylor was promoted to Superintendent Health Visitor and the resultant vacancy of Deputy Superintendent Health Visitor was filled by the appointment of Miss C. M. Carroll. Miss Easton was replaced by Miss Barlow. The Health Visitor who had been off sick for 6 months returned to full time employment in March, 1953. There were eight health visitors actually employed during the year. Two students were accepted for training and are at present taking the Health Visitor's training course at Leeds University.

The work of the health visitors has increased considerably due to the building of the new housing estates and the rehousing of overcrowded families. The areas are more wide-spread, but visiting has been maintained mainly due to the use of cars. There are now three members of the staff using their own cars for their work.

It is accepted that the case loads are too heavy but the staff have endeavoured to cover the work. Visiting of tuberculous patients, mental defectives and the aged has been carried out at regular intervals.

## INFANTS AND YOUNG CHILDREN

Children from birth to 2 years have been visited regularly on all health visitors' areas. The 2-4 years group have been visited when a younger child was in the home or for any special reason, but not as routine visiting. Children approaching school age have been seen immediately before the age of 5 years for a final check.

The case load for 1953 was:—

			Visits paid
Infants under 1 year on visiting list	...	1185	7349
Infants 1—5 years on visiting list	...	4780	7994
Tuberculous patients	...	402	696
Mental defectives	...	36	162
Aged persons, chronic sick	...	1500	4549
Day nursery, supervision of	...	1	12
Other duties undertaken in respect of local authority services—			
Visits to expectant mothers	...		593
Residential nurseries and homes	...		11
Supervision of families in temporary accommodation	...		136
Visits to hospital departments and wards	...		165
Visits to chest clinic	...		40



## SCHOOL NURSING

The school nurses have carried out the duties in connection with school work generally, with the help of clinic assistants and clinic nurses.

The case load for 1953 was as follows: —

Number of school population	...	...	...	...	...	14834
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	...	...	...	...	...	5
Number of secondary technical schools	...	...	...	...	...	1
Number of County grammar schools	...	...	...	...	...	2
Number of special schools						
Open air school	...	...	...	...	...	1
Educationally sub-normal school						1
						—
						2
Oakwood Hall Sanatorium school	...	...	...	...	...	10 children

## HEALTH EDUCATION

Mothercraft classes have been held in conjunction with the Ante-natal clinics at the two main Maternity and Child Welfare Centres each week. A Syllabus has been drawn up and the talks and demonstrations given accordingly. The talks consist of the building and preparation of family life, care of the ante-natal mother, her diet and clothing, preparation for the baby, its management and care; film strips are used to illustrate the talks.

Two talks on the Care of Children were given by members of the staff to Mothers' Clubs held on Church premises and a talk on "The Health Services" was given to the Women's Gas Federation Association.

A Mothers' Club is held at the Ferham House Child Welfare Centre and meets weekly on Monday evenings. The mothers take an active part in their organisation and are helped by the health visitors. Programmes include talks and discussions on health and other topics, and speakers, other than members of the staff, have been invited to give talks on matters of general interest to the Club members during the year. Discussions on such things as recipes, children's clothing and shopping are always popular and the exchange of ideas and instructions on needlework, etc., are encouraged.

## HOSPITAL LIAISON

Details of the work undertaken by Health Visitors in connection with hospital liaison will be found in the Section of this report dealing with Prevention Care and After Care of Illness.



## SOCIAL CASE WORK

### CARE OF THE UNMARRIED MOTHER

During the past year twenty-six expectant mothers were specially cared for by the Health Visitor Social Worker. Thirteen mothers were admitted into hostels and 5 were remaining in at the end of the year; one baby was born in prison and 12 were able to remain in their own homes, the confinements being arranged in local hospitals.

Nine of these mothers were able to keep their babies and care for themselves, while another four had their infants adopted as this appeared to be the most suitable solution to their difficulties. One other mother unfortunately handed over her child to a friend on her way home from hospital.

Three mothers continued to cohabit with the putative fathers while four subsequently married, and one who was specially cared for during her confinement returned with the baby to her husband and was able to make a new start in what had been for a number of years a childless marriage.

It is pleasing to record success in two cases both of which have proved very disappointing in the past.

In one case the mother was persuaded to return to her relatives in another part of the country where she was escorted with her child immediately following her discharge from hospital.

In the other the girl was able to secure employment and worked steadily for the first time in her life, eventually marrying happily.

In both these cases the relatives contributed to the successful outcome by agreeing to co-operate.

Two expectant mothers were awaiting their confinements at the end of the year.

### ILLEGITIMATE CHILDREN

During the past year 39 more newly born illegitimate children came under the care of the Health Visitor Social Worker, making a total of 148 in all.

Forty-two children were supported by their mothers who were enabled to go out to work, the children being cared for at home by relatives in 26 cases, and in the Ferham House Day Nursery in 16 others.

A further twenty-eight children were cared for by their mothers who stayed at home for this purpose and although eighteen of the mothers could have worked to support the child if they had taken advantage of Day Nursery facilities or of relatives available at home, ten of them were in receipt of National Assistance allowance.

In 48 cases the children were cared for by both parents, of whom 24 continued to cohabit although unmarried, and the other 24 subsequently married.



Ten children were in the care of the local authority of whom six were in the Corporation Homes and 4 boarded out under the supervision of the Children's Officer.

One baby was a transfer into the Borough when he was abandoned by his mother during a visit to the home of the putative father's parents, and one other child was handed over to the putative father's parents following the mother's marriage to another man.

Several other children left the area.

#### PROBLEM FAMILIES

Ten more families were referred to the Health Visitor Social Worker for case work and ten were removed from her list making a total of 55 under her care. The ten families removed from the list of problem families were so removed for various reasons. In three families the children had reached an age when they were able to fend for themselves and in two of these three families home standards had improved and were satisfactory.

In two cases where the parents separated, the mothers were able to cope well in good surroundings. The acquisition of a council house proved to be a solution for one young couple who were thus able to get away from the bad influence of problem family relatives and set up home in a more satisfactory environment.

The mother of one large family died which resulted in the children being taken into the Corporation Homes, and three other families left the area.

Of the ten new families referred to the Health Visitor Social Worker, gambling and debts, mental instability and weak willedness all played their part; but in two cases at least, idleness and failure of the husband to support his wife and family were the chief causative factors.

In two other cases the families appeared to be adversely affected by lack of suitable accommodation and by their close and continued contact with problem families consequent upon this.

The progress of the work on the remaining families is encouraging though slow in some cases and results do not lend themselves to statistical classification.

It must be born in mind that when dealing with problem families we are dealing with people suffering primarily from a social illness and it may well be that a small hard core of cases are suffering from a social illness which is as incurable as an incurable cancer, although this fact may not be apparent for many years.



This means that intensive efforts have to be made in attempts to help in what appear hopeless circumstances and that apparent failure has to be met with redoubled effort.

The weapons available in the fight against social illness are numerous and can only be applied by co-operation with agencies available both statutory and voluntary.

Education plays a great part either in the home by teaching given by the Health Visitor Social Worker, by example from an experienced home help, or by sending the mother and one or two of the young children to a recuperative centre.

Ill health, mental or physical, can be countered by calling on the general practitioner, assistant medical officer of health, or consultants for advice and assistance, or by providing a timely holiday for a tired mother.

The publication during the year of the report of the Eugenic Society on problem families resulted in publicity being given to this subject in the local press, and the Health Visitor Social Worker feels that this was of some assistance to her in her work. The older children themselves appeared to take a more critical attitude towards their parents and wives towards their husbands, and supported her on occasion in the suggestions she made in her efforts to improve standards in the homes.

During the year material help in the form of wallpaper and paint was given from the Stoddart Fund to 18 families and six grants for baby clothing were also made. One problem family mother enjoyed a fortnight's Convalescent Home care under the auspices of the Rotherham District Nursing Association Commemoration Fund, and 18 children went to Filey Convalescent Home during the summer months. A successful Christmas treat was again organised each child receiving a toy, sweets and fruit.

Blankets were obtained for one family through a local voluntary fund and one mother and child went to Brentwood Recuperative Centre for two months while a home help was made available in the home to care for the husband and the rest of the family.

The fortnight's free home help was made use of in two cases with excellent results though an extension of this free service (perhaps a month to six weeks) might be of value so that the home help would have more time to teach the mother in the home by practical example details of the running of the home.

It was necessary to notify only six cases of neglect to the National Society for the Prevention of Cruelty to Children during the year.

#### SPECIAL TREATMENT CENTRE

Eleven attendances were made and twenty-seven follow up visits were subsequently paid to the homes of patients.



## 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

Home enquiries regarding hospital bookings ... ..	309
Revisits ... ..	13
First visits expectant mothers other than above ... ..	144
Revisits ... ..	127
Contacts with social agencies on behalf of mothers ... ..	149
Arranging convalescence ... ..	56
Escorting duties ... ..	—
Visits to maternity wards ... ..	43

### YOUNG CHILDREN (visits paid after the birth of the child)

Still births:—	
Hospital and nursing home confinements ... ..	22
Domiciliary confinements ... ..	19
Live births:—	
Hospital and nursing home confinements ... ..	634
Domiciliary confinements ... ..	651

### CHILDREN UNDER 1 YEAR

Premature babies — nurse's supervisory visits ... ..	1332
General routine visits ... ..	4033
Illegitimate ... ..	543
Ill-cared for ... ..	32
Death enquiries ... ..	33

### CHILDREN 1-5 YEARS

General routine visits, 1-2 years	2437
2-5 years ... ..	4147
Illegitimate, 1-2 years ... ..	350
2-5 years ... ..	700
Ill-cared for, 1-2 years ... ..	21
2-5 years ... ..	51
Found on area (and not known to have been visited before) ... ..	55
Investigations for places in day nursery ... ..	5
Contacts with social agencies ... ..	214
Visits 5-18 years—illegitimate ... ..	582

### CHILDREN 0-15 YEARS—HOSPITAL FOLLOW-UP

1st visits ... ..	415
Re-visits ... ..	332
Visits to children's wards ... ..	23
Attendances at paediatric clinics ... ..	79

### SOCIAL CASE WORK

Number of cases referred ... ..	15
Visits paid to homes ... ..	453
Cases referred to N.S.P.C.C. ... ..	6
Other social contacts ... ..	303
Interviews, etc. ... ..	274
Attendances, V.D. clinic ... ..	11
Visits, V.D. follow-up ... ..	27

### ADOPTION AND FOSTERING OF CHILDREN

Enquiries on behalf of adoption societies ... ..	2
Visits paid after placing and until order obtained ... ..	24
Adoptions by direct placing ... ..	1
Visits paid after placing and until order obtained ... ..	9
Social contacts re adoption ... ..	2
Vigilance — fostering and adoption cases referred to the Children's Officer ... ..	3
Visits to homes of fostermothers where arrangements for placing pending ... ..	10
Visits to illegitimate children placed in foster homes ... ..	26
Enquiries by prospective foster mothers ... ..	9
Enquiries re child minding ... ..	4
Escorting duties ... ..	56

### GENERAL CARE AND AFTER CARE

1st visits ... ..	55
Re-visits ... ..	44
Ward visits ... ..	6
Contacts with other agencies ... ..	100

SOCIAL ENQUIRIES FOR ALMONERS,  
SHEFFIELD HOSPITALS

1st visits ... ..	13
Re-visits ... ..	11

FOLLOW-UP VISITS, HOSPITAL  
PATIENTS OTHER THAN CHILDREN

1st visits ... ..	326
Re-visits ... ..	246

TUBERCULOSIS

1st visits to patients ... ..	122
Re-visits ... ..	574
Attendances at Chest Clinic ...	40
Patients visited in Oakwood Hall Hospital ... ..	—

OTHER INFECTIONS AND  
INFESTATIONS

Total visits ... ..	276
Contact swabbing ... ..	13
Referred to other agencies ...	15

MENTAL DEFICIENCY

1st visits ... ..	10
Re-visits ... ..	152
Escorting duties ... ..	18

AGED PERSONS

1st visits ... ..	221
Re-visits ... ..	728
Ward visits ... ..	93
Hospital survey visits ... ..	212
Referred from bed bureau for investigation ... ..	43
Visits to reading rooms ... ..	1

MISCELLANEOUS

Other visits not included above ...	153
National surveys ... ..	27
Nursing Home inspection ... ..	1
Nursery classes ... ..	77
Child guidance clinics ... ..	72
Psychiatric visits ... ..	41
Home visits — school children ...	81

DUTIES DELEGATED BY THE  
CHILDREN'S COMMITTEE

Visits to Oakwood Grange Nursery	11
Visits to residential homes ...	1

DUTIES DELEGATED BY THE  
WELFARE COMMITTEE

Hygiene surveys — temporary ac- commodation at The Mount ...	23
Visits paid to separate families in accommodation ... ..	113

HEALTH EDUCATION

Mothercraft and Health Educa- tion talks, clubs, clinics and schools ... ..	85
Talks to outside organisations ...	3

STAFF ATTENDANCES AT LOCAL HEALTH  
AUTHORITY CLINICS AND NURSERIES

Ante-natal clinics ... ..	154
Child welfare clinics ... ..	579
Nursery welfare sessions ... ..	9
Immunisation clinics ... ..	97



## HOME NURSING

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The arrangements for the administration of the service remained unaltered throughout the year.

Advertisements for the vacant post of Assistant Superintendent were repeated during the year with no success. Miss Walker who continues to act as Senior District Nurse has proved to be most capable and efficient in administrative duties and in the practical training of the candidates.

One candidate, who failed the written part of the Queen's examination last year, re-sat this part of her examination in March, 1953, and was successful. Four candidates entered for training in March and all were successful in passing the examination held in September, 1953. Of these, two were new candidates, one was a part-time nurse from our own staff, and the other candidate was from the West Riding County Council.

During the year, four full-time Queen's Nurses left to work in other areas, and one of the part-time nurses who was employed on late evening duties also resigned. To replace these, three new candidates were accepted for the training course commencing in November and one four months candidate is due to commence in January, 1954.

The following table gives details of the nursing staff employed in the Home Nursing Service during the past five years:—

	31st Dec., 1949	31st Dec., 1950	31st Dec., 1951	31st Dec., 1952	31st Dec., 1953
<b>FULL-TIME STAFF</b>					
Superintendent ... ..	1	1	1	1	1
Assistant Superintendent ... ..	1	1	1	—	—
Senior District Nurse ... ..	—	—	—	1	1
Queen's Nursing Sisters—females ... ..	6	6	5	9	9
—male ... ..	3	2	2	2	2
Queen's candidates—females ... ..	1	—	4	—	2
—male ... ..	—	—	—	—	1
State registered nurses—females ... ..	—	3	3	2	1
	—	—	—	—	—
Sub-totals	12	13	16	15	17
	—	—	—	—	—
<b>PART-TIME STAFF</b>					
Queen's Nursing Sisters—females ... ..	—	4	3	6	6
State registered nurses—females ... ..	6	6	6	6	4
State enrolled assistant nurses					
—females ... ..	5	4	2	1	1
	—	—	—	—	—
Sub - totals	11	14	11	13	11
Total Staff	23	27	27	28	28
Equivalent to full-time staff ... ..	18.0	20.6	22.3	23.3	24.6

The work of the service continued much as last year. There was a slight decrease in the number of new cases (30 less than last year) but quite an increase in the number of visits paid over the year—2,878 more. The largest proportion of cases were medical and were sent in by the general practitioners, the next largest number were by individual application. At the commencement of the year 272 cases were brought forward from previous years and there were 2,816 new cases reported, making a total of 3,088 cases. Of these new cases 1,675 were medical; 878 were surgical, 36 were of infectious diseases; 63 were tuberculous; 47 were maternal complications and the remaining 117 cases were of other forms of illness. These cases were referred by:—

General practitioners...	2449	Health Dept. Services ...	28
Hospitals ... ..	117	Individual applications ...	222

The classification and age groups of all cases nursed and the visits paid during the year were as follows:—

	AGE GROUPS					Total cases
	Under 1 year	1-5 years	5-15 years	15-65 years	Over 65 yrs.	
CASES :						
Medical .. .. .	105	171	87	773	739	1,875
Surgical .. .. .	29	77	87	540	202	935
Infectious diseases .. .. .	7	16	5	7	3	38
Tuberculosis .. .. .	—	2	5	54	7	68
Maternal complications .. .. .	—	—	—	47	—	47
Others .. .. .	3	2	—	35	85	125
TOTAL CASES NURSED .. .. .	144	268	184	1,456	1,036	3,088
VISITS PAID :						
Medical .. .. .	902	1,196	586	16,069	26,484	45,237
Surgical .. .. .	318	588	618	6,591	7,550	15,665
Infectious disease .. .. .	98	127	52	72	40	389
Tuberculosis .. .. .	—	19	204	1,362	180	1,765
Maternal complications .. .. .	—	—	—	527	—	527
Others .. .. .	50	139	—	316	640	1,145
TOTAL VISITS .. .. .	1,368	2,069	1,460	24,937	34,894	64,728



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

Area	Cases	Visits
Blackburn and Holmes ... ..	155	3445
Kimberworth ... ..	158	2790
Masborough ... ..	144	3659
Broom ... ..	224	5380
Clifton ... ..	230	4219
East Dene ... ..	148	3462
Wellgate ... ..	166	5350
Canklow ... ..	217	3796
Town Centre ... ..	397	7603
Greasbrough ... ..	83	3013
Thorpe Hesley ... ..	262	2698
East Herringthorpe ... ..	186	3340
Thornhill ... ..	121	3745
Cases attended by male nurses ... ..	597	11191
Supervisory visits ... ..	—	1037
Total	3088	64728

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
1952 ... ..	3071	61850	169.0
1953 ... ..	3088	64728	177.3

At the request of the Ministry of Health, details were supplied in the annual returns of all cases who had received more than 24 visits during the year, and the following table gives details of these cases and the visits paid to them:—

	AGE GROUPS					Total cases
	Under 1 year	1-5 years	5-15 years	15-65 years	Over 65 yrs.	
CASES :						
Medical .. .. .	2	1	1	113	210	327
Surgical .. .. .	2	—	2	37	68	109
Infectious diseases .. .. .	2	—	—	1	1	4
Tuberculosis .. .. .	—	—	2	17	2	21
Maternal complications .. .. .	—	—	—	3	—	3
Others .. .. .	—	1	—	1	5	7
TOTAL CASES .. .. .	6	2	5	172	286	471
VISITS PAID :						
Medical .. .. .	66	40	60	10,447	20,512	31,125
Surgical .. .. .	66	—	52	2,501	6,257	8,876
Infectious diseases .. .. .	54	—	—	35	31	120
Tuberculosis .. .. .	—	—	166	917	108	1,191
Maternal complications .. .. .	—	—	—	87	—	87
Others .. .. .	—	135	—	39	532	706
TOTAL VISITS .. .. .	186	175	278	14,026	27,440	42,105

It will be seen that these cases, equal to 15.25 per cent. of the total cases nursed during the year, received 65 per cent. of the total visits paid.

At the end of the year 315 cases remained on the books and in 2,773 cases nursing had ceased for the following reasons:—

	No.	Per cent.
Convalescent .. .. .	2215	80.0
Died .. .. .	216	7.7
Removed to hospital .. .. .	254	9.2
Transferred to other district .. .. .	37	1.3
Removed for other causes .. .. .	51	1.8
	<u>2773</u>	<u>100.0</u>



## CHILDREN'S NURSING UNIT

There were fewer new cases in all age groups and fewer visits paid.

Of the 596 children nursed, 19 were transferred to hospital for further treatment, two died — one child aged 3 years from pneumonia and another aged 12 years from cerebral tumour, and 14 were remaining on the books at the year end. With the exception of one case who removed from the area, all the others were convalescent when nursing ceased. Details of cases nursed were as follows: —

	Under 1 yr	1-5 years	5-15 years	Total
Brought forward, 1.1.53 ...	14	7	2	23
New cases, 1953 ...	130	261	182	573
	—	—	—	—
Total	144	268	184	596
	—	—	—	—
Result of treatment				
Convalescent ...	135	258	167	560
Removed to hospital	5	3	11	19
Died ...	—	1	1	2
Removed or transferred	1	—	—	1
Remaining on books	3	6	5	14
	—	—	—	—
Total	144	268	184	596
	—	—	—	—
Visits paid ...	1368	2069	1460	897

## AGED PERSONS

Reviewing the cases of aged 65 years and over who were nursed during the year, 138 cases were on the books on 1st January and 898 new cases were reported making a total of 1,036 cases nursed. 34,894 visits were made to these cases, an average of 95.6 per day. The results of treatment show that 608 were removed from the register as convalescent, 106 cases were removed to hospital, 126 died, 44 were transferred to other districts or removed for other causes, leaving 152 cases on the books. Many calls were made on the Home Help Service for assistance with the aged sick, and the night help provided proved particularly useful.

## TUBERCULOSIS

There was an increase in the number of new cases of tuberculosis sent in for nursing. Some of these patients were cared for at home under the direction of the Chest Physician until there was a bed available in the Sanatorium. 1,765 visits were paid to 68 patients; of these 46 became convalescent, 9 were admitted to hospital, 4 died, 2 removed and 7 remain.

## THE MALE NURSES

The Male Nurses have also had a busy year, and they had 597 cases on their books to whom they paid 11,191 visits. This was 116 more cases than in the previous year and an increase of 1,359 nursing visits. Even with the addition of the third male nurse in training, there are still more visits than they can manage, and the other members of the staff frequently have to help them. The two new motor cycles are very much appreciated; it is hoped that later on a third motor cycle can be obtained for the other male nurse who at present is using one of the auto-cycles.

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Thanks are expressed to all those people who by gifts of various kinds made it possible to help those who are sick and in need. These include The Rotherham District Nursing Commemoration Fund for their cheque of £25; The Rotherham Distaff Club, The Inner Wheel, and the Church of our Father for their cash grants; the members of the Rotary Club for undertaking the Sunday morning transport of nurses; and the Maltby Toc H for helping with the knitting for Christmas. Large parcels of children's clothing were also received from our friends in Christchurch, New Zealand, and Napier, which were very much appreciated. The money was spent on nourishing foods — mainly Horlicks, Ovaltine, Bourn-vita, and Glucose and also for knitting wool, towels, pillow cases, face flannels, soap and tobacco for Christmas.



# VACCINATION AND IMMUNISATION

## VACCINATION

During the year records were received of 556 persons who were vaccinated or re-vaccinated. Details of these are given in the following table:—

		Under 1 year	1 to 2 years	2 to 4 years	5 to 14 years	15 years or over	Total
Vaccinations	...	352	40	25	18	50	485
Re-vaccinations	...	—	—	1	12	58	71

Of these the records of 272 persons were received from 35 private medical practitioners and the remainder from the Corporation's medical officers at the various clinics in the borough.

No cases were reported during the year of generalised vaccinia or post-vaccinal encephalomyelitis, nor were any deaths from complications of vaccination.

## IMMUNISATION — DIPHTHERIA

No change was made during 1953 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. 3,568 attendances were made at clinics during the year for immunisation purposes.

Every effort is made to induce parents to have their children immunised. When children reach the age of six months, a letter is sent to the mother giving an appointment for her baby to commence immunisation at the Maternity and Child Welfare Centres, or to recommend that this be given by the family doctor as soon as possible. This is followed up by a birthday card on the child's first birthday giving propaganda on immunisation. Two months afterwards, if the child has not already been immunised, a further reminder is sent to the parents. Later on, invitation cards are sent to the parents of children between the age of 2 and 4 years giving appointments to attend the Maternity and Child Welfare Centres for a birthday visit and immunisation if not already done. A final reminder is sent at 4 years 9 months before the child's entry into school. If the child was immunised in infancy, a booster or re-inforcing dose is recommended before the child's entry into school. A follow-up for booster injections is also made to all children in the schools at the time of their first medical inspection.

The health visitors stress the need for protection on their visits to the homes of all non-immunised children. Each health visitor is responsible for securing the immunisation of children on her district and collects consent forms and arranges appointments. During the year the appointment system was tightened up by sending a special appointment for each injection. Should they fail to attend, a health visitor calls at the home to enquire the reason for non-attendance and to make a further appointment. Publicity is given at all Child Welfare Centres and also at the Health Services Bureau.



In a recent circular, the Ministry of Health stress the need for sustained efforts in connection with the immunisation campaign. Its object remains the same; to secure immunisation of not less than 75 per cent. of babies before their first birthday and means that Rotherham's target should be 1,000 babies a year to be immunised before their first birthday, or twice the number completed in 1953.

Elimination of diphtheria throughout the country is conditional upon the maintenance of an adequate level of immunisation and already in 1954 steps are being taken in an attempt to intensify the local efforts made. Through the agency of the Clerk to the Executive Council, publicity (including an addressed consent card) is given to parents when they call at his office to arrange for the baby's inclusion on the doctor's list of patients. Several cards have already been returned; these have been immediately acknowledged and either an appointment given, or promised for when the child is old enough to be given the course of protection.

Personal persuasion, in which doctors, health visitors, staffs of welfare centres and school clinics, district nurses and all other workers must play their part, is still the most powerful element in the campaign, together with constant publicity in the press, posters, cinema slides, etc., to support their efforts.

This is the first complete year in which no case of diphtheria occurred in Rotherham but efforts must be redoubled to ensure the continuation of this happy state.

1,237 children completed a full course of primary immunisation during 1953 as compared with 1,129 in 1952. Re-inforcing doses were also given to 1,127 children as against 905 the previous year. 269 records of immunisation and 65 of re-inforcing doses were received from 39 medical practitioners, the remainder being carried out by the Corporation's medical staff at clinics and schools. The age groups of the children at the time of immunisation were as follows:—

	Under 1 yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 years	Total
Number of children who— completed a full course of primary immunisation ..	493	321	68	47	65	236	7	1237
received a secondary (re- inforcing) injection ..	—	—	—	1	148	951	27	1127

The figure of 493 children immunised under one year of age includes 249 children born in 1953 and 244 born in 1952. The number of children under one year of age is estimated to be 1,310 and therefore gives a percentage of 37.7 children immunised of that age group.

This table also shows the concentration of booster doses given to children at the time of school entry.



The position at the end of the year in Rotherham regarding immunisation in relation to the child population is given in the following table which gives details of all children who had completed a course of immunisation at any time before that date:—

Age at 31.12.53 i.e. born in year	Under 1 yr. 1953	1-4 yrs. 1952-1949	5-9 yrs. 1948-1944	10-14 yrs. 1943-1939	Under 15 yrs. total
Last complete course of injections whether primary or booster.					
1949-1953 .. ..	249	3026	4204	715	8194
1948 or earlier .. ..	—	—	1438	4062	5500
Estimated mid-year child population .. ..	1,310	5,490	13,500		20,300
Immunity Index .. ..	19.0	55.1	77.2		67.4

It will be seen from the above table that the figures for the groups of children have been divided into two parts: one being those who have been immunised or have received a booster dose during the past five years, and the other being those whose injections were given over five years ago. For some time it has generally been agreed that, because individual immunity tends to wane with the passage of time, an assessment of the extent to which a local population has been protected should take into account the *proportion* of children of each age who have received at some time or other a course of injections against diphtheria as well as the *ages* at which the causes were received. The immunity index of 77.2 for the age group 5 to 14 years should therefore be divided into 36.4 protected or boosted within the past five years and 40.8 before that date. In similar manner the figure of 67.4 for all children under the age of 15 years can therefore be divided and is 40.3 for the past five years and 27.1 for the years before that date. It should also be remembered when interpreting the immunity index for the children under the age of one year at the end of 1953 that only one-third of their number will have attained the age of eight months (when immunisations are normally completed) and that, even if all this group aged eight months and over were immunised, the index among them would only be 33 per cent. instead of 100 per cent. as is the case of the other columns in the table.

The analysis of the children immunised under the age of 15 years at the end of 1953 under the *age of inoculation* as well as by *age attained* is given in the ensuing table. It also shows the results of the efforts made during recent years to secure completed immunisation at an earlier age and also the subsequent booster doses given about the time of the child's fifth birthday or on entrance to school.



Year of Birth	Year of last complete course of primary or booster injection															Total
	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	
1953															249	249
1952														113	593	706
1951													71	575	113	759
1950												57	550	110	57	774
1949											62	475	113	34	103	787
1948										28	483	78	30	26	411	1056
1947									13	145	74	48	35	419	456	1190
1946								3	172	77	66	56	189	333	182	1078
1945							3	291	59	37	66	182	170	137	60	1005
1944						2	280	237	40	51	281	262	114	26	20	1313
1943					1	217	148	166	22	159	239	28	14	18	13	1025
1942				2	218	158	43	178	50	89	80	90	6	6	9	929
1941			—	152	164	52	47	362	16	26	43	27	8	12	12	921
1940		1	34	176	80	49	42	466	10	7	25	12	4	14	2	922
1939	—	—	89	147	77	56	24	519	8	7	21	21	4	4	3	980
Totals	—	1	123	477	540	534	587	2222	390	626	1440	1336	1308	1827	2283	13694

## WHOOPING COUGH

During the year 390 children received injections of diphtheria-pertussis vaccine and 328 received injections of whooping cough vaccine, making a total of 718 children immunised.

At the end of the year there were 4,260 children under the age of 15 years who had been immunised against whooping cough. The following table gives details of the age groups of these children:—

1939—	9	1944—	80	1949—	584
1940—	16	1945—	117	1950—	464
1941—	15	1946—	279	1951—	414
1942—	29	1947—	750	1952—	478
1943—	52	1948—	849	1953—	124
Totals—10-14 yrs.	121	5-9 yrs.	2075	Under 5 yrs.	2064

During the year 1953, 3,220 notifications of this disease were received and, of these, 19 children under the age of 7 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 14 days to over five years, with an average period of 3 years.



## B.C.G. VACCINATION

37 contacts of tuberculosis cases were vaccinated during the year 1953.

Circular 22/53 of the Ministry of Health relating to the B.C.G. Vaccination of School Children was submitted to the Health Committee and the model form of proposal to amend the Council's approved scheme under Section 28 of the National Health Service Act was adopted and submitted to the Minister for approval early in 1954.

The following statement giving an outline of the way in which the scheme is to be extended accompanied the Council's application:—

“The B.C.G. Vaccination scheme will cover the County Borough of Rotherham. The Deputy Medical Officer of Health and School Medical Officer has attended the B.C.G. clinic at University of Manchester, Department of Child Health, for instruction and the vaccination in Rotherham will be carried out by medical officers employed by the Local Authority who will receive instruction from him in the method employed.

They will also visit the Rotherham and Mexborough Hospital Management Committee Chest Clinic where practical instruction will be given by the Chest Consultant.

B.C.G. Vaccination will eventually be offered to all children in the Rotherham Schools in their fourteenth year, of which there are about 1,200 in any one year, though at the outset one school will be selected which will provide approximately 100 children in the appropriate age group in order to gain practical experience of the administrative procedure necessary and of some of the difficulties likely to arise in B.C.G. Vaccination on a larger scale.

Publicity will be given through the local newspapers and by talks to parents of children in the appropriate age groups or through Parent Teachers Associations and consent forms will be given out to the children by the head teachers.

Preliminary discussions have taken place with the Chest Physician about the details of the scheme as it is intended that all contacts of open cases will continue to be dealt with by him by his usual method.

The general practitioners will be notified direct by circular letter, through the local branch of the British Medical Association and the local Medical Committee of the scheme and their co-operation will be sought in reinforcing the advice given by the Health Department staff.

The procedure to be adopted will be to jelly test all children in the appropriate age group for whom parental consent has been given followed, if necessary, by a Mantoux test of 1-100th dilution of tuberculin.

This will be followed by injection with B.C.G. vaccine and a post vaccine mantoux test will be carried out twelve weeks later, followed by revaccination of negative reactors.

The measures taken at present for contact tracing and vaccination of contacts are as follows:—

When a patient is notified as tuberculous the home is visited by a health visitor and all contacts are advised to attend the Chest Clinic. The Chest Physician is given details by a health visitor who attends his clinic for purposes of liaison and he calls up the contacts for X-ray and if necessary mantoux testing and B.C.G. vaccination.

Defaulters are visited and urged to attend and are given further appointments."



## AMBULANCE SERVICE

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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, under the direction of the Chief Fire Officer who is also the Director of the Ambulance Service.

No alterations have been made in the arrangements made with neighbouring authorities of the West Riding County Council and the City of Sheffield. The Council also operate the 'knock for knock' arrangements with other authorities who operate the scheme.

Whilst there have been no additions to the fleet of ambulance vehicles, a prototype of a new small sitting case ambulance has been inspected, and it has been decided to place an order for the delivery of such a vehicle in the 1954/55 financial year. This will replace one of the 1948 Austin sitting case cars, which, having given good service, is not considered to be an economical proposition to run and maintain.

In the past year, following a three month free of cost trial period, it was decided to install radio-telephony apparatus in all ambulance vehicles. This venture has so far proved to be a great success, particularly in the economical use of vehicles. Originally it was estimated that from 6-8 ambulances and 4-6 cars would be required, whilst in actual fact the Service is operating quite well on 5 ambulances, 2 transit ambulances and 2 cars. This is made possible to a great extent by the installation of the radiophone system. On many occasions it has proved invaluable, in being able to divert vehicles to urgent cases, whilst operating in the vicinity, rather than turn out another vehicle.

The details of cases dealt with and the mileage involved in the year 1953 were as follows:—

		Ambulances	Cars	Totals
Cases removed—				
within the Borough	...	5157	21595	26753
other authorities	... ..	805	411	1216
	Total	5962	22006	27969
Mileage—				
within the Borough	...	49743	56463	106206
other authorities	... ..	6605	4316	10921
	Total	56348	60779	117127
Number of accident and other emergency journeys included in the above ...				
		1307	299	1606

# PREVENTION OF ILLNESS, CARE AND AFTER CARE.

## HOSPITAL LIAISON

### INVESTIGATION OF HOME CONDITIONS

The following statement gives details of the Health Visitor reports supplied to hospitals by the Department under the arrangements made with the Rotherham and Mexborough Hospital Management Committee for the furnishing of home reports where necessary for inclusion in the patient's hospital record. Similarly, all discharges from hospital are notified and follow-up visits are paid to the homes of children, old people and other cases where a request for this has been made:—

#### Number of investigations on home conditions:

'A' forms for children admitted to hospital and including special reports requested by Paediatrician or Chest Physician from health visitor attending clinic ... ..	415	Moorgate General Hospital Doncaster Gate Hospital Oakwood Hall Hospital
'A' forms for aged sick admitted plus any special reports asked for by Physician ... ..	262	Moorgate General Hospital Doncaster Gate Hospital
'A' forms, others ..... ..	19	Oakwood Hall Hospital Moorgate General Hospital Doncaster Gate Hospital
Tuberculosis Survey visits ... ..	80	Oakwood Hall Hospital
Aged persons surveys of home conditions for future care ... ..	212	Moorgate General Hospital Badsley Moor Lane Hospital
Enquiries from almoners of Sheffield hospitals re home conditions ... ..	24	
Reports on social conditions re applications for hospital confinements ... ..	322	Moorgate General Hospital Listerdale Maternity Home Hallamshire Maternity Home

#### Supervisory visits to patients on discharge from hospital:

'B' forms and special requests for children ... ..	322	Moorgate General Hospital Doncaster Gate Hospital Oakwood Hall Hospital
'B' forms and special requests for aged ... ..	237	Moorgate General Hospital Doncaster Gate Hospital Badsley Moor Lane Hospital
'B' forms and special requests for others including tuberculosis ... ..	9	Oakwood Hall Hospital Moorgate General Hospital Doncaster Gate Hospital



## PAEDIATRIC CLINICS

79 visits were paid to the weekly paediatric clinics held at the Moorgate General Hospital and at the Doncaster Gate Hospital. These clinics are attended by health visitors from the County Borough and also from the West Riding County Council who each report on the cases coming from their own area.

Visits by health visitors and attendances by children at these clinics were as follows:—

	Moorgate General Hospital	Doncaster Gate Hospital
Clinics visited ... ..	30	49
Children attending under 5 years ...	230	193
over 5 years ...	112	116
	—	—
Total attendances	342	309
	—	—

Reports furnished by the Health Department to these clinics included home environment, school progress from teachers and references to special clinics, e.g., child guidance, ophthalmic, and ear, nose and throat.

These arrangements continue to be of great value to the Infant Welfare and School Health Services.

## MATERNITY DEPARTMENT, MOORGATE GENERAL HOSPITAL

Weekly contacts of this department by the Health Visitor is working well in the interest of the mother and her family.

Number of visits paid ... ..	43
Number of mothers interviewed ... ..	420

The Premature Baby Nurse is in daily communication with the Maternity Ward at Moorgate General Hospital and the Children's Ward, regarding pending discharges of infants needing her special care.

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

93 visits have been paid to these hospitals by the Health Visitor undertaking this work who is contributing valuable service for the better after care of old people on discharge, by reporting on home conditions and progress of patients.

## GENERAL CARE AND AFTER CARE

Routine visits of hospital cases outside the groups — aged, maternity, or children, are not being made but are only undertaken when specially required. Six such special visits were made during 1953.

## THE CHEST CLINIC

The Deputy Superintendent Health Visitor continues to attend weekly at the Chest Clinic for the purpose of exchange of information from and to the Health Department regarding the care of tuberculous patients or contacts.

## HOME ACCIDENTS

The arrangement made in 1952 whereby the Health Department were able to obtain from the Doncaster Gate Hospital details of all home accidents attending for treatment has been continued throughout the year, and there has been no appreciable decline in the monthly statistics since records began.

The detailed monthly figures of home accidents in 1953 were as follows:—

MONTH	AGE PERIODS			TOTAL
	Under 5 years	5 years and under 65 yrs.	Over 65 years	
January .. .. .	74	324	25	423
February .. .. .	54	317	22	393
March .. .. .	71	346	24	441
April .. .. .	96	370	14	480
May .. .. .	113	472	26	611
June .. .. .	114	405	21	540
July .. .. .	115	384	20	519
August .. .. .	105	388	16	509
September .. .. .	83	410	14	507
October .. .. .	77	348	22	447
November .. .. .	62	338	24	424
December .. .. .	47	295	20	362
Totals .. .. .	1,011	4,397	248	5,656
Estimated population ..	6,800	67,520	7,750	82,070

Included in these figures were the following cases of burns and scalds occurring in the home:—



Month	AGE PERIODS						Totals	
	Under 5 years		5 years and under 65 yrs.		Over 65 years			
	Burns	Scalds	Burns	Scalds	Burns	Scalds	Burns	Scalds
January .. ..	8	8	13	2	—	—	21	10
February .. ..	4	—	5	11	—	—	9	11
March .. ..	5	2	8	7	—	—	13	9
April .. ..	1	4	14	1	—	1	15	6
May .. ..	1	8	3	5	—	—	4	13
June .. ..	3	5	10	8	—	—	13	13
July .. ..	5	4	8	9	—	—	13	13
August .. ..	2	4	7	3	—	—	9	7
September .. ..	4	4	4	2	—	1	8	7
October .. ..	6	2	5	8	1	—	12	10
November .. ..	5	—	8	6	—	1	13	7
December .. ..	3	6	8	4	—	—	11	10
Totals .. ..	47	47	93	66	1	3	141	116
	94		159		4		257	

The health visitors made enquiries into all the cases of burns and scalds occurring amongst children and of the aged. As a result of such enquiries it is interesting to note that many of these occurred in homes of good standard and that it was not necessarily due to negligence but the unforeseen happening which caused the accident.

### TUBERCULOSIS

During the year 69 new cases of tuberculosis were notified or came to the notice of the Medical Officer of Health. Of these 3 were notified posthumously and 3 were included on the death returns from the local registrars. As a result of the combined efforts of the Chest Physician and the Health Visitors, 196 persons were examined as contacts at the contact clinic. Persons who failed to keep their appointments were revisited and urged to attend. As a comparison with 1952, when 74 new cases came to the notice of the Medical Officer of Health, 251 contacts were examined.

In every household where there was a known case of tuberculosis, parents of young children were informed of the benefits of B.C.G. vaccination and 37 children were vaccinated during 1953.

The action taken regarding unnotified cases of tuberculosis includes the visiting of the relatives of the deceased person by the health visitor and advice is given on the prevention of the spread of the disease, and wherever they are willing, appointments are

made for contacts to attend the chest clinic. This is not a frequent occurrence as the majority of cases have been notified prior to death.

The health visitors paid 696 visits and re-visits to patients during 1953 and made 40 attendances at the Chest Clinic for the purposes of exchanging information regarding cases or contacts of the disease. 68 cases were nursed at home by the Home Nurses who made 1,765 nursing visits. Details of these cases will be found in the Home Nursing Section of this report. The Home Help Service also contributed their part and five cases received 2,247 hours of service under the scheme of home helps.

### MASS RADIOGRAPHY SURVEY

The Sheffield Mass Radiography Unit conducted its second survey in Rotherham from 18th November to 22nd December, 1953. By courtesy of the Yorkshire Electricity Board the Unit was housed in the Rotherham Power Station Canteen, Rawmarsh Road, and considering the comparatively short period covered by the survey, the response from the general public and organised groups from shops, factories, schools and Corporation staffs was again extremely good.

The following table summarises the attendances of the several groups and also gives the number of recalls for large films or for clinical examination: —

Group	X-rayed by miniature (35 m.m.) film			Recalled for large film			Recalled for clinical examination		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
General public ..	1,088	1,304	2,392	127	64	191	24	16	40
National Servicemen	84	—	84	—	—	—	—	—	—
Organised groups from Shops, factories, etc.	238	207	445	22	8	30	1	3	4
School children/aged over 14 years ..	745	684	1,429	28	26	54	4	2	6
School teachers ..	31	32	63	2	—	2	—	—	—
Corporation staffs ..	329	212	541	14	13	27	—	—	—
Nurses, midwives, home helps ..	5	48	53	—	1	1	—	—	—
Police ..	50	4	54	—	—	—	—	—	—
Totals ..	2,570	2,491	5,061	193	112	305	29	21	50



Summary of cases referred to Chest Clinic, Rotherham:

	Male	Female	Total
Cases of suspected tuberculosis ... ..	20*	11	31
Non-tuberculous cases ... ..	3	—	3
	—	—	—
Total cases referred	23	11	34
	—	—	—

\* includes 3 known cases

Suspected Tuberculosis cases — provisional diagnosis:

Pulmonary Tuberculosis						Grand Total
Male	Active Female	Total	Male	Inactive Female	Total	
8	8	16	12*	3	15	31

\* includes 3 known cases

Total newly discovered cases during survey ... .. 28

These figures show a fall of 1,874 attendances on the 1952 survey and whilst regretting this, the Medical Director felt that a survey of over 5,000 persons could not be considered entirely unsatisfactory, particularly so, as 34 cases were referred to the Chest Clinic as compared with only 28 in 1952.

The chief fall in attendances occurred in the public sessions and in the response of organised groups from shops, offices and factories. On the other hand the response from school children, teachers, Corporation staff and police maintained the 1952 levels. The fall in attendances was very noticeable in the evening sessions when there was a definite falling off in attendances due to the wintry weather. Again, there was a certain amount of "sales resistance" met with during this second survey to the idea of an annual chest X-ray.

From the experience gained on this occasion efforts are being made to hold the next Survey during the summer months of 1955, when the evenings will be lighter and this should overcome the difficulties met with during the 1953 survey.

For these surveys to have a practical value it is essential that all persons considered likely to require either treatment or long term supervision are followed up. Endeavours to this end were made by the Medical Director of the Unit of the suspected cases found during the 1952 Survey during the past year and it appears that the great majority of patients were referred by their own doctors to the Chest Clinic as recommended by the Unit. In the survey of the forms returned to the Unit by the Chest Clinic, it is gratifying to find that only one man requiring further investigation did not attend the Chest Clinic within a month after being referred.

The following table gives details of the results of the follow up and disposal of the 28 persons referred during the 1952 survey. It will be seen that 3 additional cases



were subsequently referred by doctors as a result of the survey and were not included in the original survey: —

					Admitted to Sanatorium	Clinic Supervision	Not Known	Total
Males	...	...	...	...	6	9	1	16
Females	...	...	...	...	2	13	—	15
					—	—	—	—
					8	22	1	31
					—	—	—	—

The six male patients admitted to Sanatorium were aged 37, 39, 48, 54, 58 and 59 years respectively whilst the two females were aged 14 and 21 years.

In addition, 25 persons, 14 males and 11 females, who had radiological appearance of healed disease and 8 persons, 6 males and 2 females, who had non-tuberculous lesions were followed up at the Chest Clinic. It was found after investigation that they did not require any further action. This makes a total of 63 persons who were known to have attended the Chest Clinic as a result of the 1952 survey. At the end of 1953, efforts were still in progress to discover if the missing patient was under the observation of his own doctor or attending the Chest Clinic.

It is gratifying to be able to report such good attendances at the Chest Clinic and the good co-operation between the patients' doctors, the Chest Consultant and the Medical Director of the Unit to secure such results.

#### TUBERCULOSIS CARE COMMITTEE

During the past year the work of the Tuberculosis Care Committee has continued in close association with the Health schemes of the Rotherham County Borough Council and the Yorkshire West Riding County Council for tuberculosis care and after-care. The scheme reported in the last annual report extending the area of the Care Committee to that of the area served by Rotherham Chest Clinic was put into operation during the year, and is referred to later on in this report. At the commencement of his mayoral year, His Worship the Mayor (Councillor F. Duke) accepted the office of President, and beyond the appointment of representatives of the West Riding County Council no other change was made in the representatives serving on the Committee.

The coming year, 1954, is the 25th year of the Care Committee's existence, for it was in August, 1929, that the County Borough Council authorised the scheme for the Care Committee to be put into operation. At that time, Alderman Harper was Chairman of the Public Health Committee, and he and Dr. Barr, who was then Medical Officer of Health, made enquiries to find out what other towns were doing for the care and after-care of tuberculous patients, with a view to the organisation of a scheme which could be undertaken in Rotherham. Their doubts and fears at that time were caused by the fact that an After Care of Consumptives Committee, formed in 1915, had, after a short period of operation, to discontinue its work owing to lack of funds. Investiga-



tion showed that valuable work could be undertaken by such a Committee, and that in order to ensure success it was necessary to raise voluntary funds to supplement the amount which could be granted from the rates. It is a matter of interest that Alderman Harper was appointed the first Chairman of the new Committee and that to-day, 25 years afterwards, he still continues in office. Alderman Mrs. F. L. Green, J.P., and Mrs. A. E. Bosworth have also served the same period as members of the Committee, and Councillor Mrs. M. H. Moorhouse, J.P., was appointed in April, 1930, to represent the Blind Persons Committee.

The healthy financial position of the Care Committee to-day is a tribute to the continued interest which has always been taken by members of the Committee in this work under the able guidance of its Chairman.

The Care Committee continued its affiliation to the National Association for the Prevention of Tuberculosis, and in accordance with the previous practice this report is in respect of the year ended 31st March, 1954.

The Committee again participated in the Christmas Seal Sale organised by the National Association, and this effort again provided the main source of income for the year. The number of seals purchased was increased by 50,000 over the 1952 seal sale to 200,000, and it is pleasing to report a record sale of seals and donations amounting to £386 8s. 10d. The expenditure in respect of the seals, postages, printing and stationery, amounted to £21 3s. and in accordance with the seal sale arrangements a donation equal to approximately five per cent. of the receipts was rounded off to £19 and remitted to the National Association. This left a net balance in hand which was paid into the local fund amounting to £346 5s. 10d. Owing to the illness of Mr. Westby, Joint Hon. Secretary, Mr. G. H. Biggin of the Health Department attended the Hon. Secretaries meeting of Care Committees participating in the Christmas Seal Sale, held in London to discuss arrangements for the 1953 seal sale. The thanks of the Committee are expressed to all who purchased seals and made donations, and to the members of the Staff of the Health Department who gave their services in this successful effort.

At the Annual meeting of the Care Committee it was reported that the West Riding County Council had approved the scheme for the alteration of the Care Committee area, and in due course they notified their representatives to the Hon. Secretary. These were, County Councillors Cheetham and Cutts, and Dr. J. M. Watt, together with Mrs. Stockwell, Tuberculosis Visitor. A welcome was offered to these new members on their first attendance at the November meeting of the Committee. A grant of £50 was received from the W.R.C.C. for the proportion of their donation towards the year's expenses.

Grants of clothing, bedding, extra nourishment and travelling expenses for patients amounted to £88 5s. 1d. during the year. The Committee also continued their grant of £3 per month to the Medical Superintendent of Oakwood Hall Hospital for the pro-



vision of prizes, etc., at the Whist Drives and Concerts held for the patients at the hospital. A grant of £20 was also given towards the provision of extras at Christmas, and the sum of £5 was also paid for the provision of television facilities on loan during the Coronation festivities.

The scheme of Christmas grants to patients granted leave from the hospital was again continued, together with grants to those patients receiving treatment at the Chest Clinic or in receipt of assistance from the Committee; cash grants up to a maximum of £2 each were made. In all, 63 grants were made to Rotherham patients at a cost of £62 5s., and 42 grants were made to W.R.C.C. patients totalling £41 5s., making a grand total of £103 10s. The patient (admitted in 1952) whose maintenance was guaranteed by this Committee at the Enham-Alamein Village Settlement, took his own discharge on the 18th April, 1953. He had made good progress whilst there and his disease had become quiescent. The balance of his maintenance amounting to £7 13s. was refunded by the Health Committee, in addition to their grant of £40 for the provision of printing, stationery and postages, etc., and other sundry expenses.

Eight men were employed in the Car Parks Scheme at different periods throughout the year, there being an establishment of 4 attendants. The expenditure of the scheme for wages and N.I.C. was £1,251 12s. 4d.; rent and rates £51 0s. 10d.; electricity and repairs £26 7s.; printing £34 11s. 2d.; making a total of £1,363 11s. 4d. The receipts from Car Parks amounted to £1,312 11s. 9d., leaving a deficit of £50 19s. 7d. At the end of the year 4 men were still employed on the Car Parks and were all from the County Borough area. Of the eight men employed during the year, two were from the West Riding area, and they had a total of 87 weeks employment on the scheme. One of the difficulties met with, is that operating the scheme with only four attendants means that a split shift week has to be worked, if the 5 day working week is to be maintained. Patients from the West Riding area therefore have the additional expense of travelling to and from Rotherham twice in the day, and difficulty is also met with at meal times. This makes a very long day for them. It is to be hoped that the income side of the scheme will improve, and allow of the employment of an additional attendant, when better working hours can be arranged for these men during the 5 day week.

All men employed are under the care of the Chest Physician at the Chest Clinic and full co-operation is maintained with the local Rehabilitation Officer of the Ministry of Labour and National Service.

During the year, 12 families who were outside the points scheme were rehoused in Rotherham solely on account of tuberculosis. In addition 3 families were rehoused, having been given special weighting under the points scheme by reason of tuberculosis in the household. These obtained their tenancy under the Scheme earlier than they would normally have done because of the extra point given for tuberculosis.



## HEALTH SERVICES BUREAU.

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The work of the Bureau has been well maintained and, from its inception in August, 1948, to 31st December, 1953, it is gratifying to record that 22,956 citizens have been able to make use of the facilities offered. As in previous years, every effort has been made to deal with queries on the spot and great emphasis has been laid on the necessity of avoiding the fruitless reference of an enquirer from one office to another.

### GENERAL INFORMATION AND ADVICE

In addition to Health Service enquiries, general information and advice continue to increase to an even wider range of subjects. This year, more and more people have tended to use the Bureau as a citizens advice bureau and although many enquiries may have originated from a health problem, such is not always the case and, judging by the number who return to express their appreciation, it is apparent that such a service is greatly appreciated.

### HEALTH EDUCATION AND PUBLICITY

Displays given in the shop window of the Bureau have done much to further the important work of health education. During 1953 these were given on such topics as "Good Health for the New Year," "The Sanitary Inspector," "Vaccination," "Diphtheria," "Nursing Recruiting," "Care of the Teeth," "Smoke Abatement" and "Whooping Cough." Good co-operation has been offered by the other services and local tradespeople have been very willing to loan material for use in the displays.

"Home Safety" has now become a regular feature with the window and, month by month, a graph is prominently displayed showing statistics in relation to Home Accidents. The information shown on the graph is obtained from Health Visitors and from the local hospitals.

Pamphlets and leaflets on all kinds of subjects are available, free of charge, at the Bureau and they are also distributed to the Child Welfare Clinics. Posters on various health matters are regularly displayed in the Bureau and on the Department's notice board in Frederick Street.

### VISUAL AID INSTRUCTION

Film shows and lectures have been given to numerous organisations, works and canteens and maternity and child welfare clinics and have proved popular and instructive. During the year several new film strips have been obtained for use with the film strip projector.

## NURSING EQUIPMENT

The arrangement that exists for the loan of nursing appliances and equipment to general practitioners and home nurses has continued very successfully as is shown by the following list of appliances which have been issued during the year:—

Bed pans	...	...	...	...	308	Bed tables	...	...	...	...	7
Bed rests	...	...	...	...	255	Water Beds	...	...	...	...	4
Rubber sheeting	...	...	...	...	236	Sputum flasks	...	...	...	...	5
Draw sheets, linen (pairs)	...	...	...	...	396	Feeders	...	...	...	...	21
Air rings	...	...	...	...	230	Dunlopillo mattresses	...	...	...	...	9
Bottles, urine	...	...	...	...	153	Commodes	...	...	...	...	2
Bed Cages	...	...	...	...	38	Arm sticks (pairs)	...	...	...	...	—
Wheel chairs	...	...	...	...	60	Walking sticks (heavy)	...	...	...	...	2
Crutches (pairs)	...	...	...	...	29	Inhaler	...	...	...	...	1
Dunlopillo rings	...	...	...	...	30						

## VOLUNTARY ORGANISATIONS

The Bureau has continued to enlist the services of voluntary organisations in order to assist in cases which are beyond the scope of the Local Authority or other statutory bodies. In this way bedding, nourishing foods and clothing have often been obtained or arrangements made for convalescence following illness. In this connection special mention should be made of the valuable help given by the Rotherham District Nursing (Benevolent) Association, the W.V.S., the Stoddart Samaritan Fund, the S.S.A.F.A., the Sheffield Marriage Guidance Council and the Council of Social Service.



# SUMMARY OF ENQUIRIES, 1953

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

## LOCAL AUTHORITY HEALTH SERVICES

Home Helps	...	...	84
Convalescence	...	...	191
School and child welfare	...	...	29
Sanitary matters	...	...	25
Nursing appliances	...	...	2032
Tuberculosis	...	...	4
Ambulance	...	...	17
Midwifery	...	...	40
Nursing	...	...	18
Immunisation	...	...	10
General health matters	...	...	32
Blind welfare	...	...	115
Social worker	...	...	18
Housing	...	...	34
Posters and pamphlets	...	...	96
Window displays	...	...	83
Film enquiries	...	...	19
Talks	...	...	12
Sundries	...	...	58

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## EXECUTIVE COUNCIL SERVICES

Dental lists, benefits, etc.	...	10
Optical lists, benefits, etc.	...	18
Medical lists, benefits, etc.	...	9
Medical cards	...	9
Forms E.C.1 and completion	...	1
Change of doctor	...	7
Chemists open	...	3

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## NATIONAL INSURANCE ACT

### Benefit enquiries:—

Sickness	...	...	8
Maternity	...	...	56
Death	...	...	6
Widows	...	...	7
Compensation	...	...	2
Retirement	...	...	2
General	...	...	2

### Special insured classes:—

Married women	...	...	—
Self employed	...	...	—
Non employed	...	...	2

National Insurance numbers	...	2
Insurance record cards	...	1
Juvenile employment	...	3
Family allowances	...	17

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## HOSPITAL AND SPECIALIST SERVICES

### Appliances:—

Surgical	...	...	32
Deaf aids	...	...	19
Travelling	...	...	4
Appointments	...	...	9
Chiropody	...	...	28
Chest radiography	...	...	82
Blood donors	...	...	13
Sundry enquiries	...	...	7

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## GENERAL

Assistance Board	...	...	27
Location of offices	...	...	50
Advice re-employment	...	...	15
Forms completed	...	...	3
General assistance and sundries	...	...	194
General visit	...	...	12
Legal aid	...	...	8

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## SUMMARY

	Total	Per Cent.
Local Authority Health Services	2917	81.37
Hospitals	194	5.41
Executive Council	57	1.59
National Insurance	108	3.01
General	309	8.62

Total 3585 100.00

Number of people making enquiries 3567

## DOMESTIC HELP.

The continuous growth of the Home Help Service was kept under constant review by the Domiciliary Services Sub-Committee of the Health Committee. In the early part of the year the scale of charges was amended and revised and the new scales were put into operation as from 1st April, 1953. In June, the Sub-Committee considered the desirability of providing laundry facilities. One obstacle to the smooth running of the service was the unsatisfactory clothes washing facilities available in some of the homes attended by the home helps, resulting in hours of valuable time being lost by home helps having to improvise methods of washing. Whilst it is recognised that washing is an essential part of a home help's duties, it must also be appreciated that in order to maintain an economical service, home helps serve three, four and five cases each week. This would mean that the home help would be expected to do three or more lots of washing each week under what are sometimes difficult conditions. Because of this heavy burden on the home helps a scheme for the provision of washing facilities was sanctioned by the Council in August and this subsequently received the approval of the Minister of Health. Accommodation for the Centre was provided in the centre of the town at 12, Frederick Street, and after the necessary alterations had been carried out, a Bendix washing machine was installed and the Centre began its work on 16th November, 1953. This scheme has already proved its value both in time and labour and has been particularly valuable in dealing with bed linen of incontinent patients. Details of the working of this scheme, which allows for an expansion of the service in which ever increasing demands are being made without too great an increase in woman power, is given later on in this report under the detailed working of the Service.

The following table gives details of the 554 homes served by Home Helps during 1953 as compared with the previous year: —

Type of Case	Brought forward from 1952		New Cases		Total 1953	Total 1952
	Days	Nights	Days	Nights		
Maternity .. ..	8	—	137	—	145	157
Sick children .. ..	—	—	1	—	1	4
Tuberculosis .. ..	2	—	2	1	5	3
Other sickness .. ..	29	—	73	7	109	109
Old age .. ..	141	2	126	21	290	262
Domestic crises .. ..	—	—	1	—	1	2
Rehabilitation .. ..	—	—	2	—	2	3
Tired mothers .. ..	—	—	1	—	1	—
Total .. ..	180	2	343	29	554	540



An analysis of the hours of service rendered by Home Helps during 1953 is given in the following table and for the purposes of comparison, the corresponding figures for the previous year are given in brackets: —

	Day (Hours)	Evening (Hours)	Night (Hours)	Total (Hours)	Decrease (Hours)	Increase (Hours)
Maternity .. ..	14,459½ (14,706½)	— —	— —	14,459½ (14,706½)	247	—
Sick children ..	81½ (384½)	— —	— —	81½ (384½)	302½	—
Tuberculosis .. ..	2,231 (1,237½)	— —	16 —	2,247 (1,237½)	—	1,009½
Other sickness ..	21,579½ (22,608½)	— —	885½ (240)	22,465 (22,848½)	383½	—
Old age .. ..	83,004½ (61,706)	822½ (550)	1,997½ (2,454)	85,824½ (64,710)	—	21,114½
Domestic crises ..	240 (471½)	— —	— —	240 (471½)	231½	—
Rehabilitation ..	624 (—)	— —	— (—)	624 (—)	—	624
Tired mothers ..	107 (—)	— —	— (—)	107 (—)	—	107
Washing centre ..	184½ (—)	— (—)	— (—)	184½ (—)	—	184½
Totals—1953 ..	122,511½	822½	2,899	126,233	—	21,874½
1952 ..	(101,114½)	(550)	(2,694)	(104,358½)		

The social problems encountered by the Home Help Service have been dealt with according to the needs. The provision of a home help at the right time can do much to promote the well-being of family life, and add to the sense of security of the elderly.

The co-operation of the general practitioners is essential to the effective use of the Service, and their advice and help have contributed much to its smooth running throughout the year.

#### MATERNITY

There has been a decrease in the service for maternity cases. Assistance has been given during both ante and post-natal periods thus helping the mother during a difficult time. The increase in the maternity allowance may in the future be reflected in an increased demand for the services of a home help.

#### SICK CHILDREN

There does not appear to be much demand for the services of a home help for this group as most mothers prefer to manage with the help of relatives.

## PROBLEM FAMILIES

There is a further scope for the use of home helps in problem family homes where the home help can by practical demonstration help to teach both the mother and the father how to make the very best use of available facilities in the home, both financial and domestic, and so help to improve standards.

For this the right type of home help is necessary, one who can establish and maintain a good personal relationship with the family.

## FAMILY CRISES

During the year the home helps have done valuable work in helping to prevent the disintegration of families at a time of sudden crisis. Following the death of the mother of young children for example, the home help can attend to the daytime needs of the family for periods of up to six weeks. This gives the father the necessary breathing space to make some more permanent arrangement for the care of his family and in many cases avoids the necessity for the admission of the children to a residential home even for a short period.

## TUBERCULOSIS

The call upon the service for tuberculous cases has again increased. This part of the service is very much appreciated. The help given to one mother with five children is preventing the break up of the family, by enabling the children to be cared for at home.

## THE ELDERLY

The home care of the elderly has brought many problems and this work continues to occupy a great deal of the home help's time and this service has contributed much to the efforts made by the Health Department to retain elderly people in their own homes for as long as possible.

There is no doubt that the extensions of the home help service have produced excellent results, apart from the saving of beds in hospital and in accommodation provided under the National Assistance Act, many old people can now live happily in familiar surroundings.

At the beginning of the year, 141 day and 2 night aged cases were being served by home helps. During the year, 126 day and 21 night new cases were also served, making a total of 290 cases. These received 85,824½ hours service during the year, which is approximately equal to two-thirds of the total service rendered to all cases.



### EVENING SERVICE

There has been an increased demand of almost 50 per cent for this service during the year. This takes place between 4.30 and 10.0 p.m. in addition to the normal attendance of a day time home help. During an evening visit, which may last two hours, the home help prepares a meal and if necessary sees the old person safely in bed.

### NIGHT SERVICE

The hours of service given by night helps have also increased during the year. This service operates from 10.0 p.m. to 6.0 a.m., many of the cases being those in which the strain of attending to the patient's needs during the night is having its effect on the health of the relatives. Help is then given on two nights each week.

The night helps also make a most valuable contribution in helping to bridge the gap in an emergency when a sick old person awaits admission to hospital and a bed is not immediately available, and the patient is not fit to be left alone. In these cases the services of a night help is made available until the patient is admitted to hospital.

### WASHING CENTRE

The following experimental method has been adopted regarding the organisation of this scheme.

The washing is checked by the householder and then is packed by the home help into a white plastic bag provided for the purpose and is brought to the Washing Centre by the home help as she comes off duty. It is washed, rough dried and packed ready for her to collect when going on duty next morning. The same method is used when the helper goes out shopping for her cases. She leaves the washing at the Centre, and collects it when she has finished her shopping. All incontinent patients' linen is steeped in disinfectant before being accepted at the Centre.

It has been decided to supplement the equipment at the Centre by the installation of a drying cabinet during the coming year. This will enable clothes to be washed, dried and ironed before return.

A home help who has received special instruction is in attendance at the washing centre 4 days a week. She wears protective clothing — rubber gloves, apron and boots.

### HOME SAFETY

The Home Help Service is playing a part in the efforts made by the Health Department staff to prevent accidents in the home. Any defect in domestic cooking apparatus or other equipment, window cords, gas or electric fittings, and the need for fireguards, etc., is reported by the home help immediately and efforts made to ensure that the defect is remedied.

## RECRUITMENT

Recruitment is still very good for part-time workers. Women of the right type have continued to present themselves for work in the service. There was however some difficulty in recruiting women for full-time work.

### Analysis of Recruitment:

Brought forward from 1952	...	...	92
Home Helps employed each week	...	...	113
An increase of	...	...	21
Visits paid during the year	...	...	45000

## TRAINING

In order that the existing standard of efficiency of the Home Help Service may be further improved, training courses have been approved in principle by the Health Committee, and the courses will be given when practicable.

## HOME HELPS' WELFARE — SOCIAL CLUB ACTIVITIES

The members of the Social Club enjoyed a pleasantly active year, efforts have been made to add to the funds. Social events have included: —

Pantomime	Socials
Trip to Cleethorpes	Children's Party
Weekend in London	

Some of these events were attended by the Chairman and the Medical Officer of Health. An especially successful Children's Party was held at Christmas when the Chairman of the Health Committee took on the role of Father Christmas, assisted by the Deputy Medical Officer of Health, who officiated in the absence of the Medical Officer of Health.



## MENTAL HEALTH.

The Mental Health Service during the year 1953 functioned very satisfactorily and statutory duties under the National Health Service Act, Lunacy Act, Mental Treatment Act and Mental Deficiency Act were carried out capably and efficiently.

Liaison between the Mental Health Service, general practitioners, hospitals, Ministry of Labour officials, voluntary services, and other services of the Local Authority was not only maintained but somewhat strengthened. The primary task in all social work is the co-ordination of effort in the interests of the welfare of the patient. Therefore special mention should be made of the willing co-operation and assistance afforded by other bodies. The most regrettable feature of the Mental Health Service is the continued difficulty experienced in securing hospital accommodation both for mental patients and mental defectives.

In September shortage of accommodation was so acute that the Mental Health Sub-Committee instructed the Town Clerk to communicate with the Sheffield Regional Hospital Board and request that steps should be taken to alleviate the position.

In reply the Board stated that the position was so serious that they had approached the Ministry of Health for permission to proceed as early as possible with the provision of a new mental hospital to supplement the existing accommodation. Arrangements would also be made to expedite the transfer of patients temporarily admitted into Moorgate General Hospital. As regards the accommodation for the mentally defective it is anticipated that building extensions will take place at St. Catherine's Institution, Doncaster, during 1954.

### MENTAL DEFICIENCY ACTS, 1913-38

#### 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 1953.

		Resident		On licence leave	
		Male	Female	Male	Female
St. Catherine's Institution, Doncaster	...	28	33	4	2
Stoke Park Colony, Bristol	...	2	1	—	—
Whittington Hall, near Chesterfield	...	—	6	—	—
Grenoside Hospital, near Sheffield	...	11	—	—	—
Aughton Court, near Sheffield	...	—	3	—	—
Victoria Hospital, Mansfield	...	1	—	—	—
Fir Vale, Sheffield	...	—	1	—	—
Thundercliffe Grange, Rotherham	...	1	1	—	—
Rampton Hospital, near Retford	...	3	—	—	—
The Manor, Epsom	...	1	1	—	—
Farmfield Hospital	...	1	—	—	—
Middlewood Hospital, Sheffield	...	1	—	—	—
		—	—	—	—
		49	46	4	2
		—	—	—	—

The total number of cases under order is 101, this figure is an increase of 4 compared with last year's total.

New admissions to institutions during 1953 totalled 6—3 males and 3 females. Five of the cases were admitted under the provisions of Section 5, Mental Deficiency Acts 1913-38, and the sixth case was admitted under the provisions of Section 7, Mental Deficiency Acts 1913-38.

#### I (a). DISCHARGE FROM INSTITUTIONS

During the year two cases, one male and one female, were discharged from Order following a successful period of licence leave. Licence leave was granted to five cases and one had to be returned for failing to comply with the conditions of licence.

#### II. GUARDIANSHIP

At the commencement of the year four adult females were with private guardians under the general supervision of the Brighton Guardianship Society on behalf of the Local Health Authority.

In September information was received from the Guardianship Society that one of the cases was now considered unsuitable for guardianship and in consequence an order was made by a judicial authority varying the previous guardianship order to one for institutional care. This now leaves only three cases under guardianship for whom this authority is responsible.

#### III. ASCERTAINMENT OF DEFECTIVES

The following new cases were ascertained during 1953:—

	Male	Female
(1) Cases reported by local education authorities under the Education Act 1944		
(a) Under Section 57 (3) of the Act ... ..	—	1
(b) Under section 57 (5) of the Act ... ..	4	7
(2) Other cases reported and ascertained to be "subject to be dealt with" ... ..	1	2
(3) Ascertained cases who are not at present "subject to be dealt with" ... ..	—	1
	<hr/> 5 <hr/>	<hr/> 11 <hr/>

Notifications by education authorities still provide the main source by which defectives are ascertained.

The children regarded as ineducable (Sub-Section 3 of Section 57 of the Education Act 1944) become the immediate responsibility of the local health authority, having been automatically excluded from the educational system. In cases reported under Section 57(5) of the Act the degree of handicap is not so great, and the child is given



the advantage of the most suitable form of teaching (usually attendance at a special school or class). On leaving school the child, following a re-examination by a school medical officer, may become the responsibility of the local health authority if it is considered that by reason of a disability of mind he or she requires supervision after leaving school.

Of the 16 cases notified during 1953 12 were brought to the notice of the Local Health Authority by the Education Authority, and the remainder by other agencies.

### SUPERVISION OF DEFECTIVES IN THE COMMUNITY

The following statistics relate to the number of defectives in the various classes under supervision at the end of 1953.

	Male	Female
1. Mental defectives on licence from institutions ...	4	2
2. Mental defectives under guardianship ...	—	3
3. Mental defectives "subject to be dealt with"		
(a) under statutory supervision ...	52	64
(b) others ...	12	23
4. Mental defectives not at present "subject to be dealt with" (voluntary supervision) ...	39	34
5. Cases supervised for other authorities ...	1	1
	<hr/> 108	<hr/> 127

Included in items 3(b) are 4 male and 6 female defectives resident in The Mount. With the exception of these and the three defectives under guardianship in the South of England, care and supervision was carried out by officers of the Local Health Authority.

During the year 658 visits were made to the homes of defectives under supervision plus visits in connection with licence leave, summer holidays, Christmas holidays and investigations in connection with renewal of Orders.

It is most pleasing to report that during the year three mental defectives were admitted into institutions on a short term basis under the provisions of the Ministry of Health Circular 5/52. This is the first time Rotherham have taken advantage of these provisions which undoubtedly helped and relieved the parents of the children concerned. The letters of appreciation and thanks were sufficient reward for the effort taken in arranging admission. It is hoped that, having now received the co-operation of the institutions concerned, this is only the fore-runner of assisting more over-worked and tired parents to enjoy a short break from the strain of caring for this particular type of child. The period of temporary admission should not of course exceed the period of special need; one or two months would be the normal maximum and even this would depend largely on the accommodation available when the request for temporary admission is made.



## OCCUPATION CENTRE

The Centre continues to function most satisfactorily. Attendances during 1953 totalled 11,225 half days out of a possible 13,154, representing a percentage of 85.3. This percentage is higher than that of last year and when one takes into consideration that amongst mental defectives there exists a higher proportion of physical disability in comparison with normal children the attendance figures are good.

At the commencement of 1953 there were 38 children on the register. One boy aged 8 years was admitted into St. Catherine's Institution thereby creating a vacancy at the Centre. This was readily filled by a boy aged 7.5/12 years. It is very necessary that priority be given to the younger age group but this in no way lessens the obligation placed upon the Local Authority to provide training for adult mental defectives. Therefore it is pleasing to report that proposals for an Industrial Centre submitted to the Minister have been accepted and the 'go ahead' signal has been given. It is hoped that 1954 will see the new building well on the way to completion. Apart from the pupils who will be automatically transferred from the Occupation to the new Industrial Centre there is a waiting list of probables over 15 years of age of 9 males and 14 females.

The waiting list for the Occupation Centre is made up of 9 children under the age of 15 years, 2 male and 7 females.

It must be appreciated that attendance at either centre is not compulsory. Suitability for admission is based on the report of the Principal School Medical Officer, following an examination and report by one of the school medical officers. Undoubtedly such centres are proving their worth wherever they are brought into being, there has certainly been a rapid rise in the number of these operating throughout England and Wales as the table below indicates:—

1948	1950	1952	1953
100	159	194	211

Transport facilities continue to operate satisfactorily and of the 38 pupils in attendance 29 are conveyed to and from the Centre. With the anticipated opening of the Industrial Centre these arrangements will have to be reviewed and at the same time the replacement of the present vehicle by one which is more up to date will have to be considered.

Little can be said about the quality or quantity of the mid-day meal that has not been said in previous years; it continues to be of a high standard. At their December meeting the Mental Health Sub-Committee recommended that the cost of dinners to the pupils be reduced from 3s. 9d. per week to 1s. 3d. per week. This was subsequently confirmed and the new rate was fixed to operate from the commencement of the first term in the New Year. Seven of the children in attendance receive free meals.

At a meeting held on the 2nd December the Council confirmed a recommendation of the Education Committee that from the commencement of the Spring Term 1954 the charge made to the Health Committee for dinners supplied to children attending the Occupation Centre be increased from 1s. 1d. to 1s. 4d. per day.



The open day for parents and friends was held on the 18th November. This function was extremely well attended and the goods offered for sale showed a remarkably high standard of workmanship. The proceeds of the sale amounted to £35, which is an increase on last year. The amount realised by the sale of articles for the year was £96 10s. which is slightly less than that of last year. Whilst the desire to increase production and sales is a natural and enthusiastic one we must not lose sight of the fact that this is not the primary object of an occupation centre and to assess progress in terms of money would be wrong.

Great credit is due to the staff for their patient work and another excellent year of progress can be recorded. On the 16th July the Centre received a visit from an Inspector of the Board of Control who submitted the following report:—

“Full use is being made of the amenities of this building. Equipment and apparatus, especially for the younger children is good.

The children divided into three main working groups, each class following a curriculum planned to suit the mental ability of its members. Music and handwork are especially good. New ideas are welcomed and there is sufficient variety in the work to hold the interest and enthusiasm of the children.

A policy of “self help” is followed and the older children show a sense of responsibility.

Progress is being made in the nursery group where special attention is being paid to hygiene and social training.

Members of the staff would enjoy visits to other Centres when possible and would benefit by attendance at one of the National Association of Mental Health short refresher courses.

There is an excellent team spirit existing among the staff and the children benefit accordingly. Plans are well ahead for the erection of the New Craft Centre. The future promises well and the progress should prove interesting.

Signed W. M. Curzon.”

It will be observed that certain suggestions are made by the Inspector regarding visits to other Centres and attendance at Refresher Courses. The Health Committee has already agreed to the suggestions and arrangements will therefore be made for the staff to attend other Centres and Refresher Courses.

## LUNACY ACT 1890 AND MENTAL TREATMENT ACT 1930

### THE WORK OF THE DULY AUTHORISED OFFICER

The activities of the present mental health officer cover a very wide field.

The work embraces many activities such as preparing social histories and reports for clinical specialists, and in co-operation with other agencies assisting the patient in all kinds of economic, domestic and financial matters.



It is not unusual for a mental health officer to be called upon to assist in the seeking of suitable employment for a patient or settling some matrimonial problem, securing a pension or an increase in pension, in fact help in a hundred and one ways in the problems of everyday life. The foregoing have practically nothing to do with the duly authorised officer as such, but are some of the many things done by him to assist the patients and their anxious relatives. In these enlightened days the mental health officers try to make the patient feel that they are his friends and are anxious to help him.

Interviews at the office steadily increase. This is an encouraging sign as it undoubtedly proves that the officers are looked upon as friends and their advice frequently sought. It is also good for the morale of the officers concerned as they have no desire to confine themselves strictly to performing their statutory duties.

Of the many cases investigated by the mental health staff none are more disturbing than those of the aged and infirm, a very large percentage of whom are suffering from chronic physical illness. The many requests for the admission of old people to hospital spring from the need for custodial care. Most of these cases suffer from some minor mental aberration and, whilst they could be certified to be of unsound mind, every effort should be made to avoid certification and to accommodate them if at all possible in a chronic sick ward. It is to say the least very pathetic and distasteful, because there are no other means of caring for them, to have to certify old people who in so many cases have led useful, respectable and sober lives.

It is the practice in this area to try to avoid the certification of persons over the age of 70 years and an effort is made usually in conjunction with the general practitioner to make some alternative arrangement.

Mental hospitals are very much overcrowded with this type of case to the detriment of cases in need of urgent treatment. The chronic sick wards of general hospitals too, are full and waiting lists are fairly lengthy. It is to be hoped that some increased facilities will be made available in the near future. Most cases are brought to the notice of the mental health officers by general medical practitioners. Both gain from mutual co-operation and invariably the patient benefits. Co-operation and liaison between doctors and officers of the Mental Health Service is extremely good. This naturally tends to simplify the delicate and intricate situations which frequently arise.

Facilities for the admission of patients into observation wards at Moorgate General Hospital continue to contribute towards the efficiency of the service in so far as it assists greatly in assessing the degree of mental disturbance over a period of time before a final decision is made as to whether further action is necessary. This period of observation is very much to the patient's advantage. Excellent co-operation exists between the Medical Superintendent and staff of the Moorgate General Hospital with the mental health officers, and it is pleasing to record an appreciation and thanks for this good relationship.



During 1953, 77 patients were admitted into Moorgate General Hospital from within the administrative area of this authority. In the opinion of the duly authorised officers all the patients admitted were at the time of admission either certifiable as of unsound mind or sufficiently mentally disturbed as to require compulsory detention for observation for their own welfare or in the interests of public safety.

The ultimate disposal of the cases admitted under the provision of Section 20 of the principle Act was as follows:—

	Patients
1. Transferred to Middlewood Hospital	
(a) as certified patients ... ..	33
(b) as temporary patients ... ..	—
(c) as voluntary patients ... ..	2
2. Transferred to Storthes Hall	
(a) as certified patients ... ..	2
3. Discharged from Moorgate General Hospital ... ..	37
4. Still in Moorgate General Hospital	
(a) Action pending ... ..	3
	—
Total	77
	—

Since the introduction of the National Health Service, patients are admitted into Moorgate General Hospital from a much wider area and, since it is the duty of the duly authorised officer in whose area the hospital is situated to initiate action, Rotherham officers are called upon frequently in respect of cases admitted to Moorgate General Hospital by officers of Sheffield, Doncaster, Barnsley and areas of the West Riding.

The patients are admitted from these areas under the provisions of Section 20, Lunacy Act 1890 and if they are not dealt with within the validity of the admitting officer's three day order they become the responsibility of the officers of this authority. Added to these are cases admitted into general hospitals in Rotherham for some physical illness who, while there, develop a mental illness. Irrespective of their normal place of residence they too are the responsibility of the officers of this authority by virtue of the fact that they are within the administrative area.

The following table analyses the types of patients admitted into mental hospitals during 1953:—

	Borough cases	Other cases	Total
1. Certified patients ... ..	38	27	65
2. Temporary patients ... ..	—	2	2
3. Voluntary patients ... ..	22	2	24
	—	—	—
	60	31	91
	—	—	—

It will be observed from the foregoing figures that of the 67 cases (certified and temporary) in which the duly authorised officers were called upon to make arrange-



ments for admission into mental hospitals in accordance with Section 16, Lunacy Act 1890, and Section 5, Mental Treatment Act 1930, 29 (43 per cent) were not resident within the administrative area of this authority.

During 1953, in addition to the 77 cases admitted into Moorgate General Hospital under the provisions of Section 20, Lunacy Act 1890, 3 cases were certified in their own homes and 10 cases were admitted direct to Middlewood Hospital as voluntary patients. The final analysis therefore reads as follows:—

Cases dealt with by the Officers of this authority:—

Under the provision of Section 20 Lunacy Act 1890 ... ..	77
Under the provision of Section 16 Lunacy Act 1890 from within the area ... ..	38
Under the provision of Section 16 Lunacy Act 1890 other authorities	27
Under the provision of Section 1 Mental Treatment Act from within the area ... ..	10
Under the provision of Section 5 Mental Treatment Act other authorities	2
Total	154

In addition to the 154 admissions very many cases were investigated resulting in no action being taken or alternatively arranging, with the close co-operation of the family doctor, the patient's admission into a chronic sick ward or making an appointment with the visiting psychiatrist. In the main a large percentage of these cases were suffering from chronic physical illness or were aged and infirm.

#### OUT-PATIENT CLINIC

Patients suffering from mild mental disorders are given every encouragement to take full advantage of the facilities available at the Moorgate General Hospital Out-patient Clinic.

The out-patient clinic, by the provision of early treatment, can be regarded as one of the most potent contributions to the prevention of grave or irremedial mental illness, and is gaining in popularity.

Early diagnosis and treatment may obviate the necessity for admission to hospital and so help to relieve the acute shortage of hospital beds.

Patients desirous of accepting voluntary treatment are usually examined in the first instance at the out-patient clinic although it is not possible to admit all who are willing to submit themselves voluntarily.

The officers of this authority work in close co-operation with the clinic psychiatrists. It is common practice for the mental health officers to arrange appointments in conjunction with the patient's own doctor, and if necessary escort the patient to the clinic.



During 1953 approximately 48 visits were made to out-patient clinics and on each occasion the co-operation received left nothing to be desired. The visiting psychiatrists were ever ready to assist and advise on cases in which the mental health officers had an interest. These out-patient clinics can and do make a most valuable contribution to the Mental Health Service.

#### AFTER-CARE OF PATIENTS DISCHARGED FROM MENTAL HOSPITAL

Patients discharged from hospital must receive adequate after care to minimise the risk of a relapse, and every effort must be made to rehabilitate the patient.

If unfortunately prevention is not possible it becomes the duty of those concerned to see that the patient receives the best form of treatment available as quickly as possible. A large proportion of after care is carried out by the hospital psychiatric social workers. This does not in any way supplant the functions of the local authority in this field. Cases are referred by the discharging hospital apart from those ascertained from other sources.

#### HOSPITAL ACCOMMODATION

Reference has already been made to the serious lack of accommodation. All too frequently have the mental health officers been in a state of dilemma due to this lack of accommodation.

Overcrowding in mental hospitals and mental deficiency institutions is fairly general throughout the country and is not confined to this area alone. It is to be regretted that the grave shortages in this field unhappily result in restricting the admission of voluntary patients.

The shortage of staff, the presence in mental hospitals of mental defectives and the continued and undoubtedly increasing number of senile dementias does not simplify matters for the Regional Hospital Board and whilst they endeavour to meet their obligations, Summary Reception Orders are in most cases having to be suspended, or they expire and patients have to be recertified. During the year quite a number of cases were certified a second time and in one instance a case had to be certified four times before accommodation was secured.

#### OBSERVATIONS

The delay in admitting and transferring cases to a mental hospital only aggravates the patient's condition and prevents treatment which in some cases is very necessary. Nevertheless, being able to admit cases to the mental wards of Moorgate General Hospital which, although only a temporary measure, was not only of great assistance to officers but also to relatives who were unable to provide adequate care.

Offsetting this rather gloomy picture, consolation can be derived from the excellent year of progress at the Occupation Centre, the approval by the Minister of Health of the plans for an Industrial Centre, and from the increase in staff of the Mental Health Section by the appointment of a trainee mental health worker.



## WELFARE

In accordance with Circular 1/54 of the Ministry of Health dealing with the subjects for inclusion in the Annual Reports of Medical Officers of Health the following items are included:—

### NATIONAL ASSISTANCE ACTS 1948 AND 1951

The Welfare Committee is responsible for the carrying out of the Council's Schemes under the above Act. The Town Clerk is the Welfare Director and a separate section of his department deals with this work.

A joint sub-committee dealing with the Care of the Aged was formed in March, 1951, with three members each from the Health and the Welfare Committees of the Council. These are the Committee's Chairmen and Vice-Chairmen and one other member from each committee.

### BLIND PERSONS

The number of blind persons registered in the Borough at 31st December, 1953 was 238. This was an increase of 11 from the previous year, the number of new cases and transfers being 41, and the removals or deaths being 30.

The following table gives details of the age and sex of the cases remaining on the register:—

Age groups	Males	Females	Total
Under 5 years .. .. .	—	—	—
Over 5 years and under 16 years .. ..	—	3	3
Over 16 years and under 20 years .. ..	3	1	4
Over 20 years and under 30 years .. ..	4	1	5
Over 30 years and under 40 years .. ..	3	11	14
Over 40 years and under 50 years .. ..	13	5	18
Over 50 years and under 60 years .. ..	19	19	38
Over 60 years and under 70 years .. ..	17	20	37
Over 70 years .. .. .	53	66	119
Totals .. .. .	112	126	238

Details of the employability of the cases aged over 16 years are as follows:—

	Males	Females	Total
Employed .. .. .	19	5	24
Trained, but unemployed .. ..	1	—	1
Training .. .. .	—	—	—
Trainable .. .. .	1	—	1
Unemployable .. .. .	91	118	209
Totals .. .. .	112	123	235



The following table gives details of the occupations of the persons employed or trained but unemployed:

Occupation	Employed		Trained, but unemployed	
	Males	Females	Males	Females
Basket maker .. .. .	2	—	—	—
Braille copyist .. .. .	1	—	—	—
Brush maker .. .. .	4	—	—	—
Cleaner .. .. .	—	1	—	—
Foster mother .. .. .	—	1	—	—
Gardener .. .. .	1	—	—	—
Knitter .. .. .	—	2	—	—
Labourer .. .. .	2	—	—	—
Mat maker .. .. .	1	—	—	—
Mattress maker .. .. .	4	—	—	—
Musician .. .. .	1	—	—	—
Packer .. .. .	1	—	—	—
Physiotherapist .. .. .	1	—	—	—
Piano tuner .. .. .	1	—	—	—
Porter .. .. .	1	—	—	—
Poultry keeper .. .. .	—	—	1	—
Totals .. .. .	20	4	1	—

The yearly analysis of the register has been made and the Welfare Committee are satisfied that all Blind Persons who are suitable for education or technical training have been reported to the Ministry of Labour and National Service or to the Education Committee, and that employment has been provided for all blind persons able to take advantage of it.

As in past years, each new case is examined by the Consultant Ophthalmologists Miss E. Hatherley or Mr. T. Stafford Maw and Form B.D.8 completed. One hundred and three reports on this form were received during 1953 and 38 were received in respect of persons certified blind, 22 were partially sighted, 22 were re-examined and 21 were found not to be blind.

A study of these reports shows the following conditions obtained:—

Condition	Blind	Partial blindness	Re-examined	Not blind
Glaucoma .. .. .	8	1	2	—
Cataracts .. .. .	9	13	17	9
Diabetes .. .. .	4	2	1	1
Tuberculosis .. .. .	—	—	1	—
Myopia .. .. .	4	1	—	4
Vascular diseases .. .. .	6	2	—	—
Congenital diseases and defects :				
Syphilis .. .. .	2	—	—	—
Retinitis pigmentosa .. .. .	—	1	—	—
Hereditary and developmental defects .. .. .	2	—	—	3
Trauma—industrial and non-industrial .. .. .	2	—	—	—
Eczematous kerato-conjunctivitis .. .. .	1	—	—	—
Optic nerve affected—cause unknown .. .. .	—	1	—	—
Optic atrophy—origin unknown .. .. .	—	1	—	1
Septicaemia .. .. .	—	—	1	—
Errors of refraction .. .. .	—	—	—	2
No defect except to lids .. .. .	—	—	—	1
Totals .. .. .	38	22	22	21

The following observations are made in amplification of the above table:—

#### GLAUCOMA

Four of the cases certified as blind from this disease have undergone surgical treatment; one case being successful, the vision now being 2/60. All are attending hospital for medical treatment.

One person was certified partially sighted due to glaucoma of right eye and cataract of the left. The glaucoma is so far untreated, the patient having refused to attend hospital. Surgical treatment for lens extraction is recommended later.

Two examinations of patients suffering from glaucoma were conducted, and showed no appreciable deterioration during the last twelve months. The treatment recommended has been followed up in both cases.

#### CATARACTS

Nine reports are in respect of persons certified blind resulting from cataracts, six showing the condition to be operative. The surgical work has been performed in four cases and appears to be successful. An operation may be performed on one case should the medical condition permit, but the other case is unwilling to undergo an operation. Optical treatment has been followed up where recommended.



Thirteen reports are in respect of persons certified partially sighted resulting from cataracts. Surgical treatment is possible in two cases. In one case cataracts are a secondary condition to acne rosacea. No treatment is recommended in this, or in the remaining cases.

Seventeen reports are in respect of persons who underwent re-examination. Eight of these cases have had surgical treatment which was successful and resulted in de-certification in five cases. In one case surgical treatment may be performed if the medical condition permits. No treatment is recommended for the others.

#### DIABETES

Diabetes has caused four cases of blindness and two of partial sight. One re-examination was in respect of a partially sighted diabetic. All are receiving medical treatment.

#### TUBERCULOSIS

One report is in respect of the re-examination of a tubercular case who has been blind, but after treatment in hospital has recovered sufficient sight to be transferred to the partially sighted category.

#### MYOPIA

Myopia has caused blindness in four, and partial sight in one case. No treatment is recommended.

#### VASCULAR DISEASES

Vascular diseases have caused blindness in six, and partial sight in two cases. No treatment is recommended.

#### CONGENITAL SYPHILIS

Congenital syphilis has caused blindness in two cases, one of whom has had a regular course of anti-syphilitic treatment at the clinic. No further treatment is recommended.

#### CONGENITAL CASE — RETINITIS PIGMENTOSA

One child was certified as partially sighted at eight years old due to retinitis pigmentosa.

#### RETROLENTAL FIBROPLASIA

No case occurred during the year.

#### OPHTHALMIA NEONATORUM

One case of this disease was notified to the Medical Officer of Health during 1953, which after receiving out-patient treatment at hospital made a good recovery with no impairment of vision.

## HANDICRAFTS AND HOME TRAINING

### HANDICRAFTS

A weekly class is held for instruction in the following handicrafts:

Pulp cane work	String-bag making
Chair-caning	Rug-making
Seagrass-weaving	Leather work and lamp-shade making
Knitting	

The number of blind and partially sighted persons attending the classes varies from 12 to 20.

Individual instruction has been given in braille and moon type to all blind persons wishing for such instruction.

### HOME WORKERS' SCHEME

In February, 1953, the Council adopted the Home Workers' Scheme as recommended by the Local Advisory Committee on the Conditions of Service of Blind Workers of the Association of Municipal Corporations. Since then, one person only, a musician, has qualified and chosen to be included in the Scheme, but it is anticipated that more home workers will eventually qualify for inclusion.

All blind persons suitable for, or desirous of employment, are at work in either open industry, or in sheltered employment at the Sheffield Workshops for the Blind and at Remploy Ltd. One blind person is presently undergoing treatment at a Ministry of Labour Rehabilitation Centre in Scotland.

### SALESHOP

Many types of goods made by blind workers are sold in a saleshop opened in 1951. These include all kinds of basketware, brushes, brooms, chairs, mats, knitted wear and many smaller items. Repairs to most goods are undertaken, in particular to boots and shoes.

Although many articles sold in the shop can be bought cheaper elsewhere, the income for the year was £2,177, and the sale of goods from the shop helps considerably in maintaining Rotherham blind workers in the Sheffield Workshops in almost full employment throughout the year.



## EPILEPTICS AND SPASTICS

The following cases of epilepsy are known to the Welfare Department:—

INSTITUTIONAL:					Males	Females	Total
“The Mount,” Rotherham							
(Part III accommodation)							
	Rotherham cases	...	...	...	2	1	3
	West Riding cases	...	...	...	3	1	4
	David Lewis Colony, Manchester	...	...	...	—	4	4
	Maghill Homes, nr. Liverpool	...	...	...	1	—	1
AT HOME:							
	On Handicapped Persons Register	...	...	...	6	—	6
					—	—	—
					12	6	18
					—	—	—

Four cases of cerebral palsy are also known to that department, and details of these are as follows:—

INSTITUTIONAL:					Males	Females	Total
“The Mount,” Rotherham							
(Part III accommodation)							
	Rotherham cases	...	...	...	1	—	1
	West Riding cases	...	...	...	—	1	1
AT HOME:							
	On Handicapped Persons Register	...	...	...	1	1	2
					—	—	—
					2	2	4
					—	—	—

All the cases resident in “The Mount” and at home are under the medical care of their own doctors.