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Contributors

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COUNTY BOROUGH OF ROTHERHAM

REPORT

BY THE
MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1954







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REPORT
BY THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1954

ROTHERHAM:
HENRY GARNETT & CO. LTD., "ADVERTISER" OFFICE
1955

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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, 1954)

HIS WORSHIP THE MAYOR (COUNCILLOR G. A. BROWN)

Chairman: ALDERMAN A. BUXTON, J.P.

Vice-Chairman: COUNCILLOR A. WILDE

ALDERMAN MRS. F. L. GREEN, J.P.	COUNCILLOR J. FORD
ALDERMAN F. HARPER J.P.	COUNCILLOR R. HAGUE
ALDERMAN MRS. M. H. MOORHOUSE, J.P.	COUNCILLOR MRS. E. McNICHOLAS
ALDERMAN F. C. WOFINDEN	COUNCILLOR J. E. MICKLETHWAIT
COUNCILLOR W. BEEVERS	COUNCILLOR P. C. WRIGHT
COUNCILLOR C. DUFFIELD	One vacancy

GENERAL PURPOSES SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P. (Chairman)	ALDERMAN F. HARPER, J.P.
COUNCILLOR A. WILDE (Vice-Chairman)	ALDERMAN MRS. M. H. MOORHOUSE, J.P.
HIS WORSHIP THE MAYOR	ALDERMAN F. C. WOFINDEN
(COUNCILLOR G. A. BROWN)	COUNCILLOR C. DUFFIELD
ALDERMAN MRS. F. L. GREEN, J.P.	One vacancy

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 MRS. E. McNICHOLAS
(COUNCILLOR G. A. BROWN)	COUNCILLOR J. E. MICKLETHWAIT
ALDERMAN MRS. F. L. GREEN, J.P.	COUNCILLOR P. C. WRIGHT

SANITARY SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P. (Chairman)	ALDERMAN F. C. WOFINDEN
COUNCILLOR A. WILDE (Vice-Chairman)	COUNCILLOR W. BEEVERS
HIS WORSHIP THE MAYOR	COUNCILLOR C. DUFFIELD
(COUNCILLOR G. A. BROWN)	COUNCILLOR J. FORD
	COUNCILLOR P. C. WRIGHT

NURSING SUB-COMMITTEE

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COUNCILLOR A. WILDE (Vice-Chairman)	MR. F. IRELAND
HIS WORSHIP THE MAYOR	MR. W. A. MILES
(COUNCILLOR G. A. BROWN)	MR. H. NORTH
ALDERMAN MRS. M. H. MOORHOUSE, J.P.	MISS E. M. RUSHFORTH
COUNCILLOR W. BEEVERS	MRS. K. SIDES
COUNCILLOR J. FORD	MISS E. A. TIMMS
COUNCILLOR MRS. E. McNICHOLAS	
COUNCILLOR J. E. MICKLETHWAIT	
COUNCILLOR P. C. WRIGHT	

DOMICILIARY SERVICES SUB-COMMITTEE

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

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

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, 1954)

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.

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

Evelyn Swangren, M.B., B.S.,
D.Obst. R.C.O.G.

PRINCIPAL DENTAL OFFICER:

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

DENTAL OFFICERS:

Joan H. Egan, 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:

A. Foster, M.S.I.A. (1), (5).
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)
T. E. Snape, M.S.I.A. (1), (2)
M. A. Standish, M.S.I.A. (1), (5).

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:

Vacant.

HEALTH VISITOR/SOCIAL WORKER:

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

HEALTH VISITOR/SCHOOL NURSES:

Miss E. Bates (6), S.R.N., S.C.M., S.R.F.N.
Miss S. E. Brewer (6), S.R.N.
Mrs. A. Brooks (6), S.R.N., S.C.M. (part time)
Miss E. M. Jeffs (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 A. W. Ritchie (6), S.R.N., S.C.M.
Miss E. M. Stower (6), S.R.N., S.C.M.

STUDENT HEALTH VISITORS:

Miss N. B. Griffiths, S.R.N., S.C.M.
Miss T. Shanley, S.R.N., S.C.M.
Miss N. Y. Wilson, S.R.N., S.C.M.
4 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.
Mrs. R. Jackson, S.R.N., S.C.M. (part time).

CLINIC ASSISTANTS:

Miss E. M. Nicklin
Mrs. M. Glover.

PHYSIOTHERAPIST:

Vacant

SPEECH THERAPIST:

Miss J. H. Buchanan, 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
1 Dental Clerk.
3 Dental Attendants (1 vacancy)
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.
16 full-time nurses
12 part-time nurses

HOME HELP SERVICE:

ORGANISER:

Mrs. R. E. Wales

SENIOR CLERK:

Miss M. A. Wadsworth
4 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. M. Cobley, S.R.N., S.C.M.
Mrs. O. D. Edwards, S.R.N., S.C.M.

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

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.

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

RELIEF MIDWIVES:

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. Sidaway

ASSISTANT MENTAL HEALTH OFFICER:

W. P. Thomas

1 Mental Health Trainee

OCCUPATION CENTRE SUPERVISOR:

Miss E. Kelford

3 Assistant Supervisors

HEALTH SERVICES BUREAU:

2 Clerks

WELFARE FOODS SHOP:

1 Sales clerk

2 Sales assistants

Health Department,
Municipal Offices,
Rotherham.

Once again I have to report another year of activity and achievement in the Health Department.

Amongst the outstanding events of the year which merit special mention was the Kettering Shield award by the National Baby Welfare Council to the County Borough of Rotherham "for its work in connection with the pioneer Children's Nursing Unit and excellent liaison between Local Authorities, the Regional Hospital Board and the General Practitioner."

I would also like to mention the making of a film strip of the Rotherham Children's Nursing Unit for teaching purposes by 'Camera Talks.' This tells the story of the setting up of the unit. It was made in November and entailed a considerable amount of organisation and the co-operation of the Health Committee, the Health Department staff, the general practitioners, the Paediatrician and the hospital, as well as parents of the children concerned; I am looking forward to seeing the strip when it is completed. It was very gratifying to see the splendid way in which everyone co-operated to make this as big a success as possible.

Special attention should also be drawn to the facilities given by the Health Committee of which full use have been made in the field of immunisation against diphtheria. During the last three months of the year special effort was made by visits to the homes of infants and children not already immunised, by an ambulance with a team consisting of medical officer, the health visitor of the district, and another health visitor or school nurse who assisted in marshalling the children.

This, together with the continued work throughout the year, increased the numbers of the immunised under the age of one year from 493 in 1953 to 659 in 1954.

Once again I have to record that no cases of diphtheria occurred in Rotherham during the year. The last case reported was in March, 1952.

It is very gratifying to report a marked reduction in the infant mortality rate from 32 in 1953 with 42 deaths to 22 with 30 deaths. This reduction of infant deaths is a splendid achievement brought about by the continued devoted work of the staff, and must encourage all concerned to redouble their efforts during 1955.

I must also give special mention to the outbreak of lead poisoning which occurred on the Canklow estate towards the end of December, of which the final reports are not yet completed. This outbreak, which was rapidly brought under control, demonstrated the speed and efficiency of which the Department is capable and the team spirit with which the staff is imbued. It also showed the amount of willing and helpful co-operation which was forthcoming from the general practitioners, the hospital staffs and the

pathologists. All pooled their knowledge and experience to achieve a common object—that of saving life.

Great credit must also go to the general practitioner who diagnosed the first cases.

The Sanitary Section of the Department has been exceptionally busy during the year, and this was made worse by shortage of staff.

Fortunately the adoption of the suggestion that housing accommodation should be provided for district sanitary inspectors resulted in enabling the section to be brought up to strength towards the end of the year.

The Housing Repairs and Rents Act, 1954, and the resumption of private slaughtering have increased the work in this section and can be expected to increase it further during the coming year.

Progress has been made in the sphere of Mental Health. One event of outstanding importance was the commencement of the building of the new Industrial Centre which will provide accommodation for 50 adult mental defectives, 25 of each sex, which will supplement the provision already available in the Occupation Centre for 38 child mental defectives and will provide advanced training.

It is hoped that the Industrial Centre will be opened during the year and that the ground behind Ferham Nursery will be converted into a play ground and garden which are badly needed for the use of those who attend both centres.

During the coming year it is intended that an approach will be made to the Secretary of the local branch of the British Medical Association to make arrangements to introduce the Mental Health Officer at a meeting of the branch in much the same way as the Superintendent Health Visitor was introduced during 1954.

During 1954 attempts have been made to increase the liaison between general practitioners and health visitors, and following a letter to all general practitioners in the area, giving a short summary of the duties of the health visitor and setting out details of some of the individual cases dealt with by a health visitor, a meeting was arranged through their secretary with members of the British Medical Association practising in Rotherham.

The meeting was well attended and Public Health medical officers from West Riding areas adjacent to Rotherham and the Rotherham Superintendent Health Visitor were also present. Difficulties were frankly discussed, questions put and answered, and many misunderstandings were cleared up.

Arrangements were made so that any general practitioner requiring the services of an area health visitor could be put into contact with her by telephoning the Medical Officer of Health or the Superintendent Health Visitor, and members of the staff are encouraged to pay personal visits to general practitioners and discuss cases with them.

Although co-operation between the health visitor and the general practitioner is already close, this scheme has already produced still closer co-operation and I am satisfied that this will continue to increase.

The general practitioners also agreed that any newly appointed medical officer on the staff unfamiliar with general practice could spend a day with a general practitioner in order to help him to appreciate the problems of general practice.

During the year it was apparent that there was much overlapping of visiting by various sections of the Health Department staffs, particularly in relation to the aged. It was decided that, although there was a slight improvement in the staffing position, the services of the health visitors could be better used in other directions and that they should visit the aged only after admissions to and discharges from hospital and in other special cases.

This, it was hoped, would give them more time to visit the handicapped, as well as the homes of people needing detailed advice after discharge from hospital such as diabetics, gastrics, and heart cases.

Towards the end of the year the Superintendent Health Visitor organised a small club for severely handicapped children who, for one reason or another, had not been admitted to special schools, etc.

The club is run on a voluntary basis and is held in clinic premises on one afternoon a week.

To it come 12 children transported by taxi, paid for out of voluntary funds provided by kind friends, and two health visitors are there to help to entertain the children and direct their energies into proper channels. It has also been arranged that the home teacher who teaches the home-bound children will attend.

This club is a valuable asset in that it not only relieves the mothers for one afternoon weekly but also enables the children to make the social contacts so necessary for their normal development.

In June the Health Department took over the distribution of welfare foods for expectant and nursing mothers and for young children.

A certain amount of this work was already being done at the clinics but it was necessary to take over the shop occupied by the Ministry of Food for use as a central distributing point for dried milk, cod liver oil, orange juice and vitamin tablets, and to appoint one sales clerk and two sales assistants.

Health education display material has been on show in the window of this shop—particularly that relating to mothers and young children — and it is hoped that the uptake of vitamin supplements will increase as a result of this, and that the window will provide another valuable means of education of the public.

The Home Nursing Service continues to do very valuable work in the domiciliary care of the patient and the record number of visits of 79,976 represents the equivalent of almost one visit to every person in the Borough and was an increase of 12,252 over 1953.

During the year the Superintendent Home Nurse attended the Superintendent's Conference and two nurses attended Sheffield Children's Hospital to refresh their knowledge of child health.

Approval was given by the Health Committee to the suggestion that three home nurses should attend refresher courses each year.

It was also decided that from time to time members of the staff should spend short periods in hospital when this could be arranged. This is a step forward as it will enable the members of the staff to keep abreast of modern developments and nursing techniques.

In October of this year I was invited to form part of a deputation from the Queen's Institute of District Nursing which gave oral evidence to the Working Party on the training of home nurses which was set up by the Ministry of Health.

With the Health Committee's approval I accepted the invitation and am anxiously awaiting the report of the Working Party. I am convinced that special training on the lines of that given to Queen's Nurses is necessary before a hospital nurse can satisfactorily adapt her methods for use in the patient's home.

The domiciliary midwifery service has operated smoothly this year as in previous years.

There were 754 home confinements in 1954 compared with 662 in 1953. This increase in women who prefer to have their babies at home is a tribute to the efficiency of the service.

During 1954 the work of the Home Help Service continued to increase, 683 homes being served as against 554 during 1953. A start has been made in the compilation of a comprehensive register of the aged known to the Department. It was decided that special effort would be concentrated on seeking out the aged living alone.

For the purposes of compiling the register and in order that they might undertake routine visiting to the aged where it was considered unnecessary for a visit to be paid by a health visitor, two additional clerk/visitors were appointed to the Home Help Section of the Department.

The compilation of this register is an ambitious scheme entailing, as it will, many thousands of names and addresses and will take some time to develop, particularly as the changing circumstances of individual aged people must be noted frequently so that the register can be kept up to date.

The Washing Centre, which was started towards the end of 1953 has already proved of great value, not only by allowing considerable expansion of the work of the Home Help Service with very little increase of personnel, but also by lightening the burden of the individual home help who may be called upon to attend three or four different homes weekly where the weekly wash confronts her in each home.

Close co-operation between the Health and Welfare Departments in relation to the aged and their needs has been in existence for some time and I look forward to still closer co-operation in this field in the future.

As work expands in the sphere of the handicapped adult there will be wide scope for co-operation and consultation.

In particular it would be a step forward if each registered handicapped adult could have a thorough medical assessment of his potentialities and to decide whether treatment can benefit him physically or mentally so as to make him as independent as possible before embarking on any scheme of training or home teaching.

This method has shown successful results with handicapped children and can, with very little alteration, be adapted to suit the needs of adults.

In the early part of the year permission was received from the Ministry of Health to proceed with B.C.G. vaccination against tuberculosis of school children in their 14th year.

It was decided that, as this was a new field of activity, one school would be selected in order to assess the staff time required. The school selected for this purpose was the Spurley Hey Boys Secondary Modern School.

122 boys were submitted to the necessary preliminary Mantoux test and of these 87 were given B.C.G. vaccination and will require retest later to ensure that the vaccination is satisfactory.

The length of time, apart from preliminary preparations such as circular letters to parents and preparation of records, etc., which was actually spent in the school was 4 sessions for Mantoux testing and 2 sessions for B.C.G. vaccination; a further 3 sessions will be needed for follow-up Mantoux testing. This represents nine sessions in all.

Valuable experience has been gained, and I am grateful to the Headmaster of Spurley Hey Boys Secondary Modern School for his excellent co-operation.

The numbers dealt with represent approximately one-tenth of the school population in the County Borough who are of that age group in any one year.

It therefore follows that if we are to offer vaccination to all the children of that age group, in any one year 90 sessions will be required representing 9 weeks of school time, which must be arranged so as to interfere as little as possible with the school curriculum.

In view of this and in view of the scope which exists in the sphere of the handicapped and the aged there is need for an experienced clinical medical officer on the staff of the Department who could turn his attention to these and many other problems for which insufficient medical time is available with the existing medical staff.

In conclusion I would like to express my thanks 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, and to all members of my staff for their effective contribution to my efforts

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) 1954	82,260
Number of inhabited houses (1/4/1955)	24,925
Rateable value (1/4/1955)	£507,200
Sum represented by a penny rate (1/4/1955)	£2,030

VITAL STATISTICS

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

	Total	Male	Female		
Live Births					
Legitimate ...	1310	683	627	— Birth rate per 1,000 of the estimated	
Illegitimate ...	47	28	19	resident population	16.50
Stillbirths ...	40	25	15	— Rate per 1,000 (live and still) births	28.63
Deaths	879	489	390	— Crude death rate per 1,000 of the	
				estimated resident population ...	10.68
				Adjusted death rate per 1,000 of the	
				estimated resident population ...	12.16
				(comparability figure 1.14)	

								Rate per 1,000 total (live and still)
Deaths from puerperal causes:							Deaths	births
Puerperal sepsis							—	—
Other puerperal causes							3	2.15
							—	—
						Total	3	2.15
							—	—

Death rate of infants under one year of age:

All infants per 1,000 live births	22
Legitimate infants per 1,000 legitimate live births	22
Illegitimate infants per 1,000 illegitimate live births	21
Deaths from measles (all ages)	—
Deaths from whooping cough (all ages)	1
Deaths from diarrhoea (under 2 years of age)	—

In the following table the causes of death at different periods of life, as supplied by the Registrar General, are given for the year 1954. The inclusion of this is considered desirable by the Ministry of Health for the purpose of comparison with the figures for other areas, and relates to deaths *registered* in the calendar year, which totalled 879.

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	-	-	-	-	2	4	2	1	9	-	-	-	-	4	-	-	-	4	13
Tuberculosis, other ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilitic disease ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping cough ..	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Meningococcal infections..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1
Malignant neoplasm, stomach ..	-	-	-	-	1	5	9	4	19	-	-	-	-	-	1	2	4	7	26
Malignant neoplasm, lung, bronchus ..	-	-	-	-	-	15	10	3	28	-	-	-	-	-	-	2	-	2	30
Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	2	3	10	10
Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	3	7	7
Other malignant and lymphatic neoplasms ..	-	-	-	1	-	12	16	19	48	-	-	1	1	3	9	10	10	34	82
Leukaemia, aleukaemia ..	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	1	2	3
Diabetes ..	-	-	-	-	-	-	-	1	1	-	-	-	-	-	1	1	1	3	4
Vascular lesions of nervous system ..	-	-	-	-	-	13	22	19	54	-	-	-	-	-	6	21	26	53	107
Coronary disease, angina..	-	-	-	-	4	33	24	22	83	-	-	-	-	-	11	21	13	45	128
Hypertension with heart disease ..	-	-	-	-	-	2	6	6	14	-	-	-	-	-	2	2	4	8	22
Other heart disease ..	1	-	-	-	6	5	17	25	54	-	-	-	1	6	9	11	38	65	119
Other circulatory disease..	-	-	-	1	1	6	5	9	22	-	-	-	-	2	3	8	21	34	56
Influenza ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1
Pneumonia ..	4	-	-	-	1	2	4	7	18	3	-	-	-	-	-	4	6	13	31
Bronchitis ..	-	-	-	-	1	8	16	19	44	-	-	-	-	1	1	9	12	23	67
Other diseases of the respiratory system ..	-	-	-	1	-	-	2	1	4	1	-	-	-	-	-	-	1	2	6
Ulcer of stomach and duodenum ..	-	-	-	-	-	5	1	2	8	-	-	-	-	-	1	2	1	4	12
Gastritis, enteritis and diarrhoea..	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	1	1	2
Nephritis and nephrosis ..	-	-	-	-	-	-	-	1	1	-	-	-	1	1	3	-	-	5	6
Hyperplasia of prostate ..	-	-	-	-	-	-	1	3	4	-	-	-	-	-	-	-	-	-	4
Pregnancy, childbirth, abortion ..	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	3	3
Congenital malformations..	3	1	-	-	-	-	-	-	4	3	-	-	-	-	-	-	-	3	7
Other defined and ill-defined diseases ..	11	-	2	1	3	11	5	7	40	3	-	1	2	2	8	3	24	43	83
Motor vehicle accidents	-	-	1	1	-	-	1	-	3	-	-	-	-	-	1	1	1	3	6
All other accidents ..	-	1	3	2	2	4	2	5	19	-	-	1	-	-	1	2	5	9	28
Suicide ..	-	-	-	1	3	3	1	1	9	-	-	-	-	1	2	2	-	5	14
Homicide and operations of war ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total—all causes ..	20	2	6	8	24	129	145	155	489	10	2	3	5	24	67	104	175	390	879

SANITARY CIRCUMSTANCES

The satisfactory performance of the duties of a sanitary inspector in a democracy depends to a large extent upon finding and following a narrow path between "too little" and "too much."

In theory it should only be necessary to perform the duties laid down by law, in practice it is also extremely important that those duties should be carried out in such a manner as to be acceptable to the public

For example, under-visiting of registered premises, food rooms and the like may result in unsatisfactory conditions escaping notice for longer periods than is desirable. Over-visiting of such premises is certain to build up resentment in the mind of the trader with consequent loss of co-operation and efficiency.

Similarly, in the judgement of partially unsound or diseased food stuffs, "too little" condemned may mean the exposure of the public to risk, "too much" means the wastage of valuable commodities and unnecessary financial loss to individuals and, indirectly, to the community.

Qualified officers, of sound judgement, able to interpret the requirements of the law and yet to secure co-operation from the public are, therefore, essential, and if all our duties are to receive adequate attention, the staff needs to be maintained at full strength. The staff shortage experienced from June until October created considerable difficulties, and the decision of the Council to provide housing accommodation, which resulted in the filling of two vacancies, was a wise and welcome one, particularly as the shortage of sanitary inspectors seems likely to increase rather than decrease.

The resumption of private slaughtering added to the work arising from meat inspection, and it is pleasing to report that the 100 per cent. inspection service was maintained. It is also satisfactory to report that all condemned meat is treated in the Corporation waste food plant, and it is hoped that in no circumstances will the Council agree to such materials being taken to other districts

The Housing Repairs and Rents Act, 1954, made little difference to the repair of dwelling houses during the few months in which it was in operation. Unless there is a marked alteration there appears to be small prospect of any substantial improvement in property from this source in the near future.

At the end of the year the housing survey begun in 1949 was completed, and will be of great value in preparing the list of substandard houses now required.

In summing up the year's work, it would be fair to say that in spite of some difficulties, a reasonably comprehensive coverage of work was maintained.

WATER

31 samples of drinking water and 18 samples of swimming bath water were taken for examination. All the samples of drinking water were satisfactory. One sample of swimming bath water was unsatisfactory, probably due to insufficient chlorination. The results of all examinations of swimming bath water 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

2,362 visits were made in connection with drain tests, defective drains and drainage appliances. It was necessary to warn three contractors for carrying out drainage work without giving notice. The belief that if only one or two pipes are to be put into a drain the work is too trivial to require inspection is quite wrong. Only one bad joint is needed to make a defective drain, and far too often evidence is uncovered of shoddy work by unskilled labour causing drain defects.

Additional W.C.'s provided	...	...	...	...	21
Privy middens converted to W.C.'s	...	...	...	...	4
Ashpits abolished	...	...	...	...	4

(b) LICENCED PREMISES, CINEMAS, THEATRES

The conveniences of five licensed premises were repaired or improved during the year. As indicated in previous reports, a high standard has now been reached in the provision of sanitary accommodation in this type of premises. A few sub-standard conveniences still remain in licensed premises the future development of which is in doubt, but it is hoped that these will be dealt with in the near future.

(c) PUBLIC CONVENIENCES

The erection of new conveniences in Sheffield Road and the renewal of the surfaces of the convenience in Frederick Street has made a great improvement in the facilities available in the town centre.

A disturbing feature in connection with the provision of public conveniences is the occurrence of hooliganism which finds expression in the wanton destruction of fittings and windows of conveniences. This is particularly noticeable in recreation grounds and playing fields and must tend to discourage improvements which the vast majority of people would welcome and value.

FACTORIES

337 factory inspections were made as follows:—

Type of factory	Number registered	Inspections	Notices
Non-mechanical	43	18	—
Mechanical	300	319	—

FACTORIES IN WHICH DEFECTS WERE FOUND.

Type of defect	Found	Remedied
Sanitary conveniences insufficient	2	2
Sanitary conveniences unsuitable or defective ...	19	15
Other offences	1	1

OFFENSIVE TRADES

One new business of gut scraper was established during the year. Six visits were paid to the six offensive trades now registered. No complaints of nuisance were received in connection with these trades.

CANAL BOATS

Number of canal boats inspected	18
Number of persons on board:—	
Male adults	28
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

1.—Inspection of Dwelling-Houses during the year:—

- (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) and number of inspections made for that purpose ... 1129
- (2) Number of dwelling-houses (included under sub-head (i) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925, and number of inspections made for that purpose ... 21
- (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... 21
- (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... 1108

II.—Remedy of Defects during the year without service of formal notice:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... 697

III.—Action under statutory powers during the year:—

A. Proceedings under section 9, 10 and 16 of the Housing Act, 1936.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices:	
(a) By owners	—
(b) By Local Authority in default of owners	—

B. Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	355
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By owners	329
(b) By Local Authority in default of owners	—

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936.

(1) Number of dwelling-houses in respect of which demolition orders were made ...	34*
(2) Number of dwelling-houses demolished in pursuance of demolition orders ...	6
(3) Number of dwelling-houses in respect of which under-takings as to future user were accepted	2
(4) Number of dwelling-houses closed in pursuance of undertakings as to future user	2

D. Proceedings under Section 12 of the Housing Act, 1936.

(1) Number of separate tenements or underground rooms in respect of which closing orders were made	—
(2) Number of separate tenements or underground rooms in respect of which closing orders were determined, the tenement or room having been rendered fit	—

* Includes two houses owned by the Corporation which were not the subject of formal Demolition Orders.

(b) NUISANCES AND DISREPAIR

1,405 complaints of nuisance and disrepair were received during the year. This figure does not include the many nuisances found by the Inspectors during inspection of their districts, 3,351 houses being involved in the total nuisances found.

The anticipated fillip to house repair as a result of the rent increase provisions of the Housing Repairs and Rents Act, 1954, did not materialise during the four months of the year in which the Act was in force. There were few applications for certificates of disrepair, and presumably, few notices of rent increases were served.

Most landlords seem to be viewing the rent increase proposals with caution, some because they have not the necessary capital to put their houses in good repair, some because they are not able to prove having spent the required amount in repairs, and some

because they have not yet decided if old property is a good investment for new capital. There are one or two unfortunate landlords who, prior to 1951, put their property in really good repair and are unable to claim increased rents as they have not needed to spend the amount of money specified during the period stated in the Act.

The problem of disrepair will, to a small extent, be lessened as unfit houses are demolished, but much of the accumulation of disrepair arising from the war years will remain, and improvements to houses will be done very slowly, unless the building labour force in the district increases. At the present time jobbing builders are working to full capacity and have long waiting lists for repairs. Even if a landlord gives an order for repairs immediately upon receipt of a notice there is no guarantee that the builder will carry them out within the period specified.

In these circumstances it was regrettably necessary to institute proceedings in many instances in order to secure the abatement of nuisances.

Some idea of the persistence required to secure necessary repairs or improvements in some instances may be gained from a study of the cases in which proceedings were instituted.

The shortest time from informal notification of owner, followed by report to Committee, service of formal notice, reminder notice, legal proceedings to completion of work was five months. The longest time for this routine was ten months in one case of which time over four months were taken up by five complaints to a Court of Summary Jurisdiction.

No work was done in default during the year. The Corporation is dependent on local contractors to do such work and as owners normally have several months in which to place an order with one of the contractors before legal proceedings are instituted, it was considered more practicable to require owners to carry out their obligations in this respect than to risk further delay.

Details of legal proceedings under the Public Health Act, 1936.

Case No.	Date	Default or offence	Result	Penalty
1	18.2.54	Non-compliance with Nuisance Order	Conviction	£1 fine and daily penalty of 2/6
	1.3.54	„ „ „	„	£4 fine
	18.5.54	„ „ „	„	£5 fine and daily penalty of 5/-
2	8.4.54	Non-compliance with Abatement Notice	Withdrawn, work done	—

Case No.	Date	Default or offence	Result	Penalty
3	18.5.54	Non-compliance with Notice under Section 39 concerning 6 houses	Conviction	10/- fine and daily penalty of 3/-
4	18.5.54	Non-compliance with Abatement Notice	Nuisance Order Made	—
5	18.5.54	Non-compliance with Abatement Notice	Nuisance Order Made	—
6	18.5.54	Non-compliance with Abatement Notice	Nuisance Order Made	—
7	18.5.54	Non-compliance with Abatement Notice	Nuisance Order Made	—
8	20.5.54	Non-compliance with Notice under Section 44 concerning 2 houses	Adjourned for 28 days	—
	17.6.54	„ „ „	Adjourned for 7 days	—
	24.6.54	„ „ „	Withdrawn, work done	—
9	20.5.54	Non-compliance with Notice under Section 44 concerning 2 houses	Adjourned for 28 days	—
	17.6.54	„ „ „	Adjourned for 7 days	—
	24.6.54	„ „ „	Withdrawn, work done	—
10	20.5.54	Non-compliance with Notices under Sections 39 and 56 concerning 2 houses	Withdrawn, work done	—
11	20.5.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
12	27.5.54	Non-compliance with Abatement Notice	Adjourned for 28 days	—
	24.6.54	„ „ „	Nuisance Order made	—
	26.8.54	Non-compliance with Nuisance Order	Adjourned for 14 days	—
	9.9.54	„ „ „	Adjourned for 14 days	—
	23.9.54	„ „ „	Withdrawn, work done	—
13	10.6.54	Non-compliance with Notice under Section 39 and Abatement Notice	Withdrawn, work done	—
14	1.7.54	Non-compliance with Notices under Sections 39 and 45.	Convictions	£2 fine of each charge
15	1.7.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
16	22.7.54	Non-compliance with Abatement Notices concerning 3 houses	Withdrawn, work done	—
17	29.7.54	Non-compliance with Notice under Section 56 concerning 8 houses	Adjourned for 14 days	—
	12.8.54	„ „ „	Withdrawn, work done	—
18	19.8.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
19	2.9.54	Non-compliance with Notice under Section 56 concerning 5 houses	Conviction	£5 fine
20	2.9.54	Non-compliance with Notice under Section 39	Conviction	£5 fine
21	2.9.54	Non-compliance with Notice under Section 39 concerning 2 houses	Conviction	£5 fine
22	2.9.54	Non-compliance with Notice under Section 39 concerning 2 houses	Conviction	£5 fine

Case No.	Date	Default or offence	Result	Penalty
23	23.9.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
24	23.9.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
25	7.10.54	Non-compliance with Notice under Section 56 concerning 2 houses	Withdrawn, work done	—
26	7.10.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
27	7.10.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
28	14.10.54	Non-compliance with Notice under Section 39	Withdrawn, work done	—
29	28.10.54	Non-compliance with Abatement Notices concerning 12 houses	Nuisance Orders made	—
30	28.10.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
31	28.10.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
32	11.11.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
33	11.11.54	Non-compliance with Notice under Section 39	Conviction	£2 fine
	30.12.54	„ „ „	Withdrawn, work done	—
34	11.11.54	Non-compliance with Notice under Section 44	Withdrawn, work done	—
35	9.12.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
36	30.12.54	Non-compliance with Notice under Section 39	Conviction	10/- fine
37	30.12.54	Non-compliance with Abatement Notice	Nuisance Order made	—
38	30.12.54	Non-compliance with Abatement Notice	Withdrawn, work done	—
39	30.12.54	Non-compliance with Abatement Notice	Withdrawn, work done	—

HOUSES-LET-IN-LODGINGS

27 inspections were made of the fourteen houses-let-in-lodgings.

The Byelaws concerning these premises are revoked by the Housing Rent and Repairs Act, 1954, and are replaced by somewhat wider powers. Following detailed inspections of the houses let-in-lodgings a report will be submitted to the Sanitary Sub-Committee on this matter.

COMMON LODGING HOUSES

11 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	...	...	...	...	...	...	29
Licences renewed	...	...	...	...	...	...	27
Licences refused	...	...	...	...	...	...	—
Licences surrendered	...	...	...	...	...	...	16

There was a net gain of 13 caravans during the year; these were principally occupied by open-cast workers.

The Thorpe site continued to operate satisfactorily. It would be pretentious to call this a caravan site in the accepted sense of the word, it has no roads, modern conveniences or other amenities, and it houses only nine caravans. Nevertheless, due to the efforts of the occupiers, what was a piece of waste land is fulfilling a useful purpose and no nuisance of any kind has arisen.

VERMINOUS PREMISES

1,061 inspections of Corporation houses and the houses of prospective tenants were made. Evidence of vermin was found on 29 occasions. Similar inspections were made of the effects of 28 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 ...	37	55	15	107
Private premises ...	85	56	14	155
	—	—	—	—
	122	111	29	262
	—	—	—	—
Percentage infestation in all premises ...	46.5	42.4	11.1	

PHARMACY AND POISONS

183 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 dwellings and business premises for the destruction of rats and mice continued to operate satisfactorily. The new poisons and methods of baiting are most effective in dealing with the majority of infestations. In a few instances wary rodents refuse to be disposed of by the more general methods, and in these cases the skill and experience of our Ratcatcher is invaluable.

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	21	344	7	203	575
Other inspections made	77	47	18	113	255
Properties found to be infested by rats ..	65	236	24	168	503
Properties found to be infested by mice ..	11	112	—	119	242
Notices served for structural work ..	—	24	—	6	30

SHOPS

423 visits were made for the purposes 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	Inspections
						Number	
Bakehouses ... ..	...	...	...	...	...	40	63
Breweries ... ..	...	...	...	...	...	1	—
Cafes ... ..	...	...	...	...	...	26	54
Clubs and licensed premises ... ..	...	...	...	...	...	127	74
Confectioners ... ..	...	...	...	...	...	74	82
Factory canteens ... ..	...	...	...	...	...	25	21
Fish friers ... ..	...	...	...	...	...	71	160
Fishmongers ... ..	...	...	...	...	...	18	65
Fruiterers and greengrocers ... ..	...	...	...	...	...	68	138
Grocers ... ..	...	...	...	...	...	318	538
Mineral water factories ... ..	...	...	...	...	...	5	7
School kitchens ... ..	...	...	...	...	...	15	20
Soft drinks bar ... ..	...	...	...	...	...	1	2
Sweet factories ... ..	...	...	...	...	...	1	1
Sweet shops ... ..	...	...	...	...	...	61	181
Tripe purveyor ... ..	...	...	...	...	...	3	5

REGISTERED PREMISES

						Number	Inspections
Butchers ... ..	...	...	...	...	...	93	173
Dairies ... ..	...	...	...	...	...	—	—
Food preparing premises ... ..	...	...	...	...	...	58	92
Hawkers ... ..	...	...	...	...	...	16	7
Ice cream factories ... ..	...	...	...	...	...	5	28
Ice cream shops or stores ... ..	...	...	...	...	...	253	621
Pickle factories ... ..	...	...	...	...	...	1	3
Tripe boilers ... ..	...	...	...	...	...	1	1

Improvements made in food premises 1948 to present date:

	Premises affected		Total
	1948 to 1953	1954	
Additional sinks provided	61	—	61
Additional W.C.s provided	28	—	28
Additional wash basins provided	29	—	29
Animals removed from premises	19	—	19
Display covers provided for food	76	9	85
Handwashing notices displayed	86	—	86
Head coverings provided for staff	78	—	78
Hot water supplies provided	219	23	242
Premises cleansed or repaired	262	54	316

The co-operation shown by the Rotherham food traders in the improvement of food premises has been very encouraging. No prosecutions were necessary, and, although in one or two instances some delay occurred due to the responsibility for repairs not being clearly defined between owner and occupier, suggested improvements of repairs were carried out expeditiously.

MILK

(a) SPECIAL DESIGNATIONS

All milk sold in Rotherham is now either "Pasteurised" "Sterilised" or "Tuberculin Tested," processing is done in plants situated in other districts, and the bulk of the milk consumed is produced in other areas. Few complaints of lack of cleanliness or keeping quality were received and these were, where possible, with the co-operation of inspectors of other areas, referred directly to the dairies concerned.

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

Dealer's "Tuberculin Tested"	23
Dealer's "Pasteurised"	22
Dealer's "Sterilised"	174
Supplementary "Tuberculin Tested"	21
Supplementary "Pasteurised"	22
Supplementary "Sterilised"	15

(b) BACTERIOLOGICAL EXAMINATION

194 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	26	22	4
Tuberculin Tested (Pasteurised)	40	38	2
Pasteurised	76	76	—
Sterilised	52	52	—

(c) BIOLOGICAL EXAMINATION

47 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

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

Satisfactory		Unsatisfactory	
Grade 1	Grade 2	Grade 3	Grade 4
38	6	1	—

No unsatisfactory samples were produced by local manufacturers who are now reduced to 5 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

42 samples of ice cream examined by the Public Analyst complied with the provisions of the Food Standards (Ice Cream) Order, 1953.

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
7,647	255	22,299	14,763	44,964

In addition, 1 pig slaughtered on private premises for home consumption, and the carcasses of 3 cows, 1 calf, 13 sheep and 13 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	...	...	...	...	...	86 tons	17 cwts
Tuberculosis only	...	...	...	...	...	38 tons	16 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	...	...	5024	2626	256	22312	14776	
All diseases except tuberculosis:								
Whole carcase condemned	...	...	8	20	33	62	22	
Carcasses of which some part or organ was affected	...	...	1390	527	4	1200	2271	
Percentage affected	...	...	27.8	20.8	14.4	5.6	15.5	
Tuberculosis only:								
Whole carcasses condemned	...	...	10	29	—	—	2	
Carcasses of which some part or organ was affected	...	...	892	707	—	—	132	
Percentage affected	...	...	17.9	28.0	—	—	0.9	

All animals slaughtered at the private slaughterhouse were examined; the figures for the period July to December being as follows:—

			Cattle excluding cows	Cows	Calves	Sheep	Pigs
Number inspected	...	...	611	33	1	2674	1075
All diseases except tuberculosis:							
Whole carcasses condemned	...	...	—	1	—	1	—
Carcasses of which some part or organ was affected	...	...	243	13	—	169	117
Percentage affected	...	...	39.8	42.4	—	6.4	10.9
Tuberculosis only:							
Whole carcasses condemned	...	...	—	—	—	—	—
Carcasses of which some part or organ was affected	...	...	30	14	—	—	33
Percentage affected	...	...	4.9	42.4	—	—	3.1

The estimated weight of meat condemned was:—

All causes	...	...	...	...	3 tons	10 cwts
Tuberculosis only	...	...	...	...		18 cwts

MERCHANDISE MARKS ACT, 1926

206 visits were made in connection with the marking of food. The Marking Orders refer to the correct labelling of such food as apples, currants, ham, meat, dead poultry, margarine, malt products, frozen and chilled salmon and sea trout, and honey.

SAMPLING OF FOOD AND DRUGS

223 samples of food and drugs were submitted to the Public Analyst for examination. 3 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	Battenburg cake	...	...	...	—	1	—	—
15	Beef sausage	...	...	...	—	15	—	—
6	Beef suet	...	...	...	—	6	—	—
1	Block chicken soup	...	...	...	—	1	—	—
9	Butter	...	...	...	—	9	—	—
1	Canned salmon	...	...	...	—	1	—	—
1	Chocolate marzipan	...	...	...	—	1	—	—
1	Coffee	...	...	...	—	1	—	—
1	Condensed milk	...	...	...	—	1	—	—
1	Cooking fat	...	...	...	—	1	—	—
1	Cream	...	...	...	—	1	—	—
1	Cream of tartar	...	...	...	—	1	—	—
1	Dripping	...	...	...	—	1	—	—
1	Fig coffee	...	...	...	—	1	—	—
1	Frankfurter sausage	...	...	...	—	1	—	—
1	Gelatine	...	...	...	—	1	—	—

No.	Nature of sample	Genuine		Not reported as genuine	
		Formal	Informal	Formal	Informal
1	Glycerine	—	1	—	—
4	Glycerine and Thymol	—	4	—	—
3	Ground almonds	—	3	—	—
42	Ice Cream	—	42	—	—
2	Lard	—	2	—	—
1	Lemon curd	—	1	—	—
2	Malt vinegar	—	2	—	—
8	Margarine	—	8	—	—
3	Marzipan	—	3	—	—
1	Marzipan sweets	—	1	—	—
91	Milk	90	—	1	—
2	Mincemeat	—	2	—	—
5	Paregoric	—	5	—	—
3	Pepper	—	3	—	—
7	Pork sausage	—	5	1	1
1	Quinine tonic	—	1	—	—
1	Rice	—	1	—	—
2	Strawberry jam	—	2	—	—
1	Tea	—	1	—	—
<hr/>		<hr/>	<hr/>	<hr/>	<hr/>
223		90	130	2	1
<hr/>		<hr/>	<hr/>	<hr/>	<hr/>

SAMPLES REPORTED AS "NOT GENUINE."

No.	Article	Report and action taken
5086	Milk	Deficient in milk-fat 5 per cent. Probably due to insufficient mixing of milk before bottling. Warning to producer.
5158	Pork sausage	Informal sample. Contained 50.4 per cent. meat. Public Analyst stated that in his opinion it was deficient in meat 22.4 per cent.
5166	Pork sausage	Formal sample from same source as 5158. Contained 54.4 per cent. meat. Public Analyst stated that in his opinion it was deficient in meat 16.3 per cent. Legal proceedings instituted against vendor.

FERTILISERS AND FEEDING STUFFS ACT, 1926

8 samples of feeding stuffs and four samples of fertilisers were taken for analysis. One sample of superphosphate and a sample of bone meal contained slight excess of phosphoric acid and no further action was taken in view of the small amounts involved. A sample of pig food with a slight deficiency of fibre was dealt with in a similar manner. These contraventions were all to the advantage of the purchaser.

A sample of pig food 2.1 per cent. deficient in albuminoids was reported to the Ministry of Agriculture and Fisheries with a view to prosecution. On the advice of the Ministry the manufacturers were interviewed together with the Ministry's Technical Officer, the reasons for the contravention were fully examined, and advice was given on future methods of arriving at statutory statements.

Two samples of poultry food were deficient in fibre to the advantage of the purchaser. The vendors were asked to adjust the statutory statements accordingly.

OTHER FOOD

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

				Number	lbs.					Number	lbs.
Bacon and ham	...	...	...	—	720	Flour	...	...	...	—	69
Boiling fowls	...	...	...	—	142	Fresh meat	...	...	...	—	3356
Bottled goods	...	...	...	102	—	Jellies	...	...	...	20	—
Butter	...	...	...	—	31	Packet goods	...	...	...	740	—
Cake	...	...	...	—	42	Rissoles	...	...	...	20	—
Cereals	...	...	...	—	38	Sausage	...	...	...	—	95
Cheese	...	...	...	—	404	Shellfish	...	...	...	—	91
Cooked meats	...	...	...	—	170	Sweets	...	...	...	—	127
Dried fruit	...	...	...	—	373	Tinned goods	...	...	...	3222	—
Fish	...	...	...	—	84	Watercress	...	...	...	—	48
Fish cakes	...	...	...	223	—						

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. 1,405 complaints from residents were dealt with. 1,526 informal notices and 536 statutory notices were served, and 467 licences were issued. Including reminder notices and other letters 3,061 postal packages were sent out during the year.

SUMMARY OF SANITARY INSPECTORS' VISITS AND NOTICES SERVED DURING 1954

School canteens	20	Verminous premises	267
Merchandise Marks Act	206	Miscellaneous housing visits	288
Water supply	191	Infectious disease enquiries	145
Drainage	2167	Visits re disinfection	176
Stables and piggeries	19	Miscellaneous infectious disease visits	120
Offensive trades	6	Lead poisoning	1045
Fried fish shops	160	Visits to slaughterhouses	158
Common lodging houses	11	Shops and stalls	2
Houses let in lodgings	27	Other premises	2
Tents, vans, and sheds	205	Butchers	173
Canal boats	17	Canteens	21
Factories	319	Dairies and milk distributors	462
Workshops	18	Fishmongers and poulterers	65
Workplaces	13	Food preparing premises	92
Bakehouses	63	Grocers	538
Pharmacy and poisons	67	Greengrocers and fruiterers	138
Public conveniences	11	Ice cream premises	621
Theatres and places of entertainment	2	Market stalls	210
Licensed premises	74	Restaurants	54
Interviews	1353	Street vendors and hawkers carts	7
Pet Animals Act	28	Sweet shops	181
Rats and mice	128	Milk—bacteriological	193
Drain tests	195	Milk—tubercle bacilli	48
Schools	1	Ice cream—bacteriological	45
Shops	423	Food and drug samples	222
Miscellaneous sanitary visits	3907	Fertilizers and feeding stuffs	14
Hairdressers	90	Miscellaneous food visits	589
Matters referred to other Depts	232	No. of nuisances found	3829
Houses inspected under Public Health		No. of nuisances abated	3314
Acts	1108	Verbal notices served	420
Re-inspections of above houses	4048	Verbal notices complied with	400
Houses inspected under Housing Acts	37	Informal notices served	1526
Re-inspections of above houses	47	Informal notices complied with	1315
Overcrowding inspections	13	Statutory notices served	536
Re-visits to above houses	2	Statutory notices complied with	448

PUBLIC MORTUARY

The arrangements whereby the mortuary at the Moorgate General Hospital was used as a public mortuary was continued throughout the year and 94 bodies were received there and detained for 315 days. The post mortem room was used on 92 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

No application was made under Section 1 (3) of the National Assistance (Amendment) Act, 1951, for a removal order during the year.

SMOKE ABATEMENT

There were twelve meetings of the Sheffield, Rotherham and District Smoke Abatement Committee during the year, which were attended by the Rotherham representatives; Alderman F. Harper, J.P., being Deputy Chairman of the Committee.

One of these meetings was held at Sheffield University Department of Fuel Technology at the invitation of Professor Thring, and after the meeting the Committee were shown the work being undertaken at the University to solve some of the problems of smoke abatement.

The outstanding event of the year was undoubtedly the publication of the Report of the Committee on Air Pollution (the Beaver Report). It was hoped that this Report would strengthen the hands of the Local Authorities in dealing with atmospheric pollution, but the Committee's recommendations are disappointing.

For an area such as Rotherham, with its important interest in steel, it is essential that control of local industry be left in local hands, but the Beaver Committee suggest that local control be transferred to the Government, via the Alkali Inspectorate. No standards of control for the industry are suggested. By perpetuating this 100 year old virtual exemption for metallurgical processes it is possible that the Beaver Committee's other recommendations, such as the power to declare Smokeless Zones and Smoke Control Areas, are, on balance, outweighed by this serious omission.

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

Number of observations on chimneys	...	...	...	1969
Number of minutes smoke observed	...	...	...	2014
Average minutes smoke per 30 minute observation	...	...	...	1.02
Number of Intimation Notices served	...	...	...	51
Number of Statutory Notices served	...	...	...	42
Number of complaints investigated	...	...	...	22
Number of advisory visits	...	...	...	124

ATMOSPHERIC POLLUTION RECORDING

This was continued throughout the year and the figures show a slight rise over the previous year. For comparison, the average amount of solid matter deposited at the four stations is shown in tons per sq. mile per month

Year	Blackburn	Erskine Road	Oakwood Hall Hosp.	College of Technology
1950	39.20	26.16	13.27	20.01
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
1954	25.60	29.32	17.55	24.63

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	18.88	30.27	33.39	42.30
February	14.22	21.72	28.74	27.58
March	16.66	20.58	26.21	26.35
April	10.90	16.47	19.78	14.58
May	27.26	43.90	33.02	22.41
June	14.02	19.34	25.10	20.16
July	18.48	17.43	27.36	17.25
August	30.24	33.36	29.45	24.23
September	12.61	17.11	18.46	20.63
October	12.10	21.83	27.39	23.85
November	17.47	32.72	47.30	41.06
December	17.74	20.87	35.64	26.79
Totals ..	210.58	295.60	351.84	307.19
Averages ..	17.55	24.63	29.32	25.60

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	2.68	—	3.91	3.16
February	2.50	4.20	—	2.36
March	1.80	3.66	3.33	3.04
April	1.82	2.77	2.47	1.41
May	1.64	3.37	2.53	2.49
June	1.07	2.47	3.17	1.72
July	1.23	2.41	3.23	1.77
August	1.31	3.04	2.77	1.63
September	1.31	3.11	3.90	2.45
October	1.50	3.93	4.50	3.02
November	2.20	4.40	4.30	4.70
December	2.71	5.00	5.90	3.60
Totals ..	21.77	38.36	40.01	31.35
Averages ..	1.81	3.49	3.64	2.61

OUTBREAK OF LEAD POISONING

Late on Monday afternoon, 20th December, 1954, notification was received by telephone from Sheffield Children's Hospital that two children, twin boys aged $3\frac{1}{2}$ years, had been sent into hospital from Rotherham by their general practitioner with a provisional diagnosis of lead poisoning, and that confirmation of this provisional diagnosis had been established—both children having been found to be suffering from lead encephalopathy. At the same time it was stated that a younger brother of the twins, who was two years of age, had died on 15th December, 1954, in a Rotherham Hospital with symptoms similar to the twins, and that death had been certified following post-mortem as due to status epilepticus from idiopathic epilepsy.

In order to find out the source of the lead, on the following morning, a visit was paid by the Chief Sanitary Inspector, the Area Health Visitor and myself to the home of the children on the Canklow Housing Estate, where it was found that the mother was out, so the home of the grandmother from which the twins had been admitted which was on the same Estate was visited.

Examination of the grandmother, the uncle and aunt and two child cousins showed only some suspicious signs in the grandmother and the uncle which subsequent investigation did not confirm as being due to lead poisoning.

A thorough inspection of the house provided no evidence of a source of lead—there was no fresh or damaged paintwork, no lead toys, no evidence of contamination of water supply—in fact, a recent routine examination of water had showed it to be free from lead.

Inquiry did however, show that for some time past it had been the practice in both houses to use old car battery casings for domestic fuel, and it appeared that this was the source of lead which had caused the poisoning. The Area Health Visitor from her knowledge of her district was able to confirm that this was a common practice in that particular part of the town, so immediate steps were taken by calling in the police with a loudspeaker van and through the local press to warn people of the danger attached to this practice. The known source of supply, a local scrap dealer, was contacted and the supply was stopped, while the sanitary inspectors visited all houses in the Canklow area, collecting names, ages and addresses of all people known to be at risk.

Meantime information had been received from the Rotherham paediatrician that a boy aged five years had died in a Rotherham hospital on 21st November, 1954, with suggestive symptoms, and that the cause of death following post-mortem had been given as cholaemia and infective hepatitis.

This child was a cousin of the twins and had two brothers aged 20 months, and seven years respectively, who had attended the out-patient department and were required urgently for further investigation. This later confirmed a diagnosis of lead poisoning.

Later the same day a further child aged 20 months, and on the following day a girl aged five years, sister of the twins, were admitted to hospital, and on the next day two boys aged seven years and 20 months were similarly admitted.

By 23rd December, there were eight cases in hospital, all from the same area of the town.

During Wednesday, 22nd December, households were visited and all battery casings surrendered, together with ash, were collected on that day. In the evening medical officers of the Health Department visited households and examined all adults known to have been at risk, of which there were 123, and decided that further investigation was necessary. A circular letter was delivered by hand the same day to all general practitioners practising in the area informing them of the arrangements made for dealing with the outbreak and asking for their co-operation.

In view of the danger of encephalopathy in children, it was obvious that they must receive priority, and arrangements were made with the Rotherham pathologist on 21st December, that all known child contacts could have a blood film and count, which by 22nd December were believed to be 127 children from 40 homes. Arrangements were also made for all doubtful cases to be referred to the Paediatrician.

On Thursday, 23rd December, the Ambulance Service commenced to run a shuttle service to and from the Laboratory, taking children and in some cases adults, escorted by health visitors, for blood examination.

The staff of the Laboratory were able to deal with all comers, including many who had heard of the facilities provided and came up under their own steam, and for some time the Laboratory was "open house" to all comers, so that by the end of the second week in January, 1955, 344 blood examinations had been carried out, 122 from adults and 222 from children, apart from eight children who had been admitted to Sheffield Children's Hospital.

Of the 122 adults, 55 with suspicious signs, e.g. anaemia, were referred to the physician-superintendent of a Rotherham Hospital, but in spite of the fact that he arranged special clinics at times believed to be convenient for them, only about half of these attended. However, in no case was lead poisoning or absorption diagnosed in an adult.

Of the 222 children and infants, 112 were referred to the Rotherham paediatricians for further investigation. The results of these investigations, together with those of a few children already attending or called up for review in the light of events are as follows:—

				Lead poisoning	Lead absorption
In-patients	...	...	...	5	15
Out-patients	...	...	...	0	34
				—	—
				5	49
				—	—

Exhumation of the two children who had died on 15th December, and 21st November, 1954, was performed on 8th January, 1955, and evidence at the adjourned inquest was given to the effect that the post mortem analysis indicated that they had both died from lead poisoning.

The last in-patients to be discharged from hospital were the twins first admitted, and they were returned home to the care of their own doctor on 28th February, 1955.

After-care arrangements include the supply of free milk in cases recommended by the paediatricians, and regular clinical follow-up of all cases by the paediatrician at hospital out-patients. In view of the high incidence of mental retardation in children which has been reported following lead poisoning, all patients will be examined by certifying medical officers and re-examined in approximately six and twelve months time.

INHALATION OR INGESTION?

A search of the literature in this county has revealed only one other recorded instance of lead poisoning in children due to the use of car battery casings for domestic fuel. This is recorded at Bartside (1) and concerns two young children, one aged 16 months, the other of unspecified age, who were affected with lead encephalopathy following the burning of battery casings on a stove in a disused R.A.F. hut, where the children were living with their parents. It is stated that the cause was leakage of lead fume through the top of the stove and inhalation of it by the two children. In America where two (2) (3) well known outbreaks due to the same cause have been recorded the portal of entry of the lead is also stated to be by inhalation of fume.

In the present outbreak attempts to confirm the view that inhalation of lead fume was responsible for the poisoning have failed, and in fact as no lead fume has been demonstrated in the flue gases on two occasions, there is considerable doubt whether, in fact, fuming did occur.

Further, the ages of those affected, and the indifferent standard of hygiene indicate that the mouth was at any rate the most likely portal of entry.

In 293 adults (i.e. over the age of 15 years) at risk only one case of lead absorption was detected and that in a girl of 15 years.

Of the 232 children under the age of 15 at risk it is a striking fact that, of 55 cases occurring, 51 were under the age of seven years (i.e. of an age when they are likely to put things into their mouths).

A study of the method of breaking up and disposal of battery cases also indicates that there existed ample opportunity for contamination of the children's hands by the lead salts adherent to the casings.

POSSIBLE PREVENTIVE ACTION

Whether ingestion or inhalation is the method of entry of lead into the body, the fact remains that the disposal of this waste material by scrap dealers to the general public to use as they wish is very undesirable, and constitutes a dangerous hazard. Unfortunately, there appears to be no law to protect the public from this, nor does it seem feasible to assume that action could be taken successfully by an aggrieved person, even though the supplier might be aware of the potential danger attached to the battery casings.

Section 92 of the Public Health Act, 1936, might be used in an attempt to prevent the use of this material as domestic fuel, though the outcome of a prosecution under this Act would be uncertain. It might conceivably be possible, if there were children in the home, to prosecute parents or those responsible on the grounds of neglect under Section 1 of the Children and Young Persons' Act, 1933, though presumably only after damage to the child had already occurred and the practice was continuing.

Certainly there should be provision for safe disposal of waste from a premises where the breaking up of old car batteries takes place, using registration and inspection of the premises as a necessary safeguard.

The safest method of disposal is by tipping and burying the material; but if incineration in a destructor is to be the method of disposal, hosing of the battery casings to remove as much of the adherant lead salts as possible should be a necessary prelude to incineration, and dilution of the casings with other combustible material during burning would provide an added safeguard so that any dried lead salts carried up the chimneys by the forced draught of the destructor would be so diluted as to be harmless.

INFECTIOUS DISEASES AND TUBERCULOSIS

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

Disease	1950	1951	1952	1953	1954
Acute encephalitis—Infective	1	1	—	1	—
Post-infectious	—	—	—	1	—
Acute poliomyelitis—Paralytic	3	13	3	2	1
Non-paralytic	1	4	1	1	—
Diphtheria	5	1	3	—	—
Dysentery	35	5	—	5	26
Encephalitis lethargica	—	—	—	—	—
Erysipelas	28	19	17	16	13
Malaria	—	—	1	—	—
Measles	525	1307	1120	847	130
Meningococcal infection	2	1	5	2	2
Ophthalmia neonatorum	6	1	2	1	1
Pemphigus neonatorum	—	—	2	1	—
Pneumonia	72	107	120	50	53
Puerperal pyrexia	10	9	23	27	25
Relapsing fever	—	—	—	—	—
Scarlet fever	157	46	41	51	109
Smallpox	—	—	—	—	—
Typhoid and paratyphoid fevers	1	—	1	—	1
Typhus fever	—	—	—	—	—
Whooping cough	240	70	141	220	45
Tuberculosis—respiratory	63	50	55	54	42
other forms	5	16	10	9	5
Food poisoning	7	12	5	14	3
Totals	1161	1662	1550	1302	456

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:—

[illegible]

* all forms

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 ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Post infectious	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis-paralytic ..	-	-	-	-	-	-	-	-	-	1	-	-	1
Non-paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	5	2	8	3	2	2	-	1	-	2	1	-	26
Encephalitis lethargica ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	4	-	-	3	2	1	-	-	1	2	-	13
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1	4	15	7	2	1	2	5	7	39	24	23	130
Meningococcal infection ..	1	-	-	1	-	-	-	-	-	-	-	-	2
Ophthalmia neonatorum ..	-	-	-	-	1	-	-	-	-	-	-	-	1
Pemphigus neonatorum ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	7	5	3	2	-	3	6	2	1	7	8	9	53
Puerperal pyrexia	4	-	-	-	3	3	5	7	-	-	-	3	25
Relapsing fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet fever	-	6	16	4	5	1	2	8	9	28	20	10	109
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid and paratyphoid fevers	-	-	-	-	-	-	-	-	-	1	-	-	1
Typhus fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping cough	8	6	-	11	5	4	1	1	2	5	1	1	45
Tuberculosis: respiratory, males	6	2	4	2	2	-	2	1	1	2	1	1	24
females	2	2	2	-	1	-	1	-	2	4	2	2	18
other forms, males	-	-	-	2	-	-	-	-	-	-	-	-	2
females	-	-	-	1	1	1	-	-	-	-	-	-	3
Food poisoning	-	-	-	-	-	-	-	-	2	1	-	-	3
Totals	34	31	48	33	25	17	20	25	24	91	59	49	456

During the year 104 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, Nr. Rotherham	Kendray Hospital, Barnsley	Moorgate General Hospital	Rotherham Hospital	Other Hospitals	
Acute poliomyelitis : Paralytic ..	1	-	-	-	-	-	1
Dysentery	6	5	-	5	-	-	16
Erysipelas	-	-	1	-	-	-	1
Meningococcal infection	-	-	-	2	-	-	2
Ophthalmia neonatorum	-	-	-	1	-	-	1
Pneumonia	2	1	1	7	1	4	16
Puerperal Pyrexia	-	-	-	23	-	1	24
Scarlet fever	10	24	-	-	-	-	34
Paratyphoid fever	-	-	-	-	-	1	1
Whooping cough	4	-	-	-	-	-	4
Food poisoning	-	-	-	1	-	-	1
Totals	23	30	2	39	1	6	101

In addition to these cases 36 patients were admitted for observation and were ultimately diagnosed as follows:—

Admitted for observation for	Hos- pital		Final diagnosis														
	Lodge Moor	Doncaster Isolation	Bronchitis	Cardiac disease	Cerebral embolism	Chicken-pox	Enteritis	Glandular fever	Pulmonary infection	Pulmonary tuberculosis	Salmonella infection	Sepsis	Sub-dental abscess	Sub-arachnoid haemorrhage	Tonsillitis	Upper respiratory infection	Nil
Acute poliomyelitis ..	3	-	-	-	1	-	-	-	1	-	-	1	-	-	-	-	-
Chicken-pox ..	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Diphtheria ..	4	-	-	-	-	-	-	2	-	-	-	-	-	-	2	-	-
Dysentery ..	6	1	-	-	-	-	6	-	-	-	1	-	-	-	-	-	-
Enteritis ..	9	-	-	-	-	-	9	-	-	-	-	-	-	-	-	-	-
Food poisoning ..	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
German measles ..	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Infective hepatitis ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Meningitis ..	2	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-
Pneumonia ..	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pyrexia ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Quinsey ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Septic throat ..	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Totals ..	35	1	3	1	1	1	15	2	1	1	1	1	1	1	4	1	2

In amplification of the foregoing tables the following observations are made on the principal notifiable diseases. The notified case of acute poliomyelitis was treated in hospital. Three 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.

Of the twenty-six cases of dysentery notified, 16 were treated in hospital and a further seven patients were admitted to hospital for observation, but the diagnosis was not confirmed.

Thirteen cases of erysipelas were reported, all of whom except one were treated at home.

All the 130 cases of measles reported during the year were treated at home. No death occurred from this disease.

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.

45 cases of whooping cough were notified and four cases were removed to hospital, one of whom died.

Twenty-five notifications of puerperal pyrexia were received, of which 22 occurred in institutional and 3 in domiciliary confinements. Two of the domiciliary cases were 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 an institutional confinement. It was treated in hospital and made a good recovery with no impairment of vision.

Of the 109 notifications of scarlet fever received, 34 cases were treated in hospital and 75 remained at home. One death occurred.

Three notifications of food poisoning were received during the year. There was one outbreak affecting two persons and one single case. The cause of the outbreak affecting the two persons was due to eating pressed meat, whilst the cause of the single case could not be traced. One case was treated in hospital, whilst another case was admitted for observation, but the diagnosis was not confirmed.

TUBERCULOSIS

NEW CASES AND MORTALITY DURING 1954

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	
24	18	2	3	47

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

	Pulmonary	Non-pulmonary
Death returns from local registrars ...	2	—
Transferable deaths from Registrar General ...	—	—
Posthumous notifications ...	1	—

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	—	—	—	—	—
2-5	..	..	—	—	—	—	—	—	—	—
5-10	..	..	3	1	—	—	—	—	—	—
10-15	..	..	—	1	—	—	—	—	—	—
15-20	..	..	—	1	—	—	—	—	—	—
20-25	..	..	3	7	—	—	—	—	—	—
25-35	..	..	5	4	—	1	1	2	—	—
35-45	..	..	2	1	—	—	1	2	—	—
45-55	..	..	4	3	—	—	2	—	—	—
55-65	..	..	6	—	1	—	2	—	—	—
65-75	..	..	2	—	—	1	2	—	—	—
75 and upwards	..	..	2	—	—	1	1	—	—	—
Totals	..	..	27	18	2	3	9	4	—	—

* 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 1954 amongst notified cases of tuberculosis shows the following periods elapsed between notification and death:—

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

The ratio of non-notified tuberculous deaths to the total tuberculous deaths was 1 in 6.5. 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.

Attendances at the centres show a slight decrease on last year. This is probably due to the rehousing of families on the Kimberworth Park Estate. It is a considerable distance from the nearest child welfare centre and many mothers with small families cannot manage to attend.

Exhibits on health propaganda have been displayed at all child welfare centres. Home Safety has been given priority.

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 ..	100	242	9	36	343	75	146	2099	514	414	821	253	281
Cranworth Road ..	100	316	15	36	431	129	158	2431	697	353	674	251	251
Thorpe ..	50	39	3	2	61	18	35	601	126	53	151	36	29
Greasbrough ..	42	44	3	1	65	25	33	421	108	66	127	27	34
Canklow ..	50	95	3	9	156	22	30	806	202	145	339	133	105
Blackburn ..	53	32	1	2	56	18	20	305	68	33	82	31	19
High Greave ..	53	96	4	4	155	25	41	835	176	85	255	57	53
Broom Valley ..	24	12	19	25	17	43	113	55	94	191	55	94	191
Totals ..	472	876	57	115	1284	355	576	7553	1985	1340	2504	882	963

2,215 children making 10,878 attendances.

In addition to the child welfare clinics the following pre-school children were referred during 1954 to the specialist and other treatment clinics held on centre premises: —

	Cases	Total inspections
Orthopaedic	33	61
Orthopaedic treatment	—	—
Aural	67	150
Aural treatment	51	220
Ophthalmic	47	281
Chiropody	4	4
Dental	339	390
Minor ailment treatment	76	276

At the ophthalmic clinic 47 children under 5 years of age were submitted for refraction. In 46 cases glasses were prescribed. 234 re-inspections of children in this age group were also made during the year.

DENTAL TREATMENT

During the year one full-time and one part-time dental surgeon left the staff, and at 31st December the strength was three full-time and one part-time dental officer, doing five sessions per week.

The actual numbers and details of treatment can be seen in the appended tables, and neither these nor the scope of the work for these two groups of patients show any great alterations from the previous year. The children under five years of age in Oakwood Grange Nursery were again inspected, the only defects found being two malformations due to finger sucking. Habits such as this combined with catarrhal conditions which prevent or make difficult correct nasal breathing in infants do cause mouth-breathing, which in turn gives rise to a high arched palate, with narrow dental arches and consequent overcrowding of the permanent teeth in later life. Thus the Health Visitors can do much in the course of their routine duties in the field of what might be termed "preventive orthodontics," by advising mothers to see that their babies do not develop these finger sucking habits and are trained to breathe through their noses. The use of a teething ring, etc., may well assist in the development of the jaws and help the teeth to come through the gums, but it may also be thought to initiate the aforementioned habits. Similarly, these habits may be an index of lack of maternal care in other directions and their suppression may cause trouble for the psychologist later. It might be as well, therefore, to temper their knowledge with a little common sense and understanding, and treat each case on its merits; perhaps a little individuality might be permitted, even in these days, up to say the age of four years!

The number of dentures supplied to expectant and nursing mothers during the year continues to increase, this being perhaps partly brought about by the "charge to the patient" under the National Health Service, if treatment is obtained from a private practitioner.

The following table gives details of the treatment given to these patients during 1954:—

				Children under five	Expectant and nursing mothers	Total 1954	Total 1953
Total attendances	...	...	...	390	1021	1411	1405
Number of individuals treated	...	...	...	339	301	640	651
Extractions—permanent teeth	...	...	...	—	885	885	806
—temporary teeth	...	...	...	695	—	695	577
Fillings —permanent teeth	...	...	...	—	105	105 in 97 teeth	125 in 113 teeth
—temporary teeth	...	...	...	10	—	10 in 10 teeth	18 in 17 teeth
Anaesthetics—local	...	...	...	1	41	42	65
—general	...	...	...	337	223	560	536
Other operations—permanent teeth	...	...	...	—	882	882	681
—temporary teeth	...	...	...	43	—	43	26
Crowns provided	...	...	...	—	—	—	—
Inlays provided	...	...	...	—	—	—	—
Number of patients supplied with dentures	...	...	...	—	127	127	106

NUMBERS PROVIDED WITH DENTAL CARE

					Children under five	Expectant and nursing mothers
Inspected	...	...	...	...	339	332
Needing treatment	...	...	...	...	339	301
Treated	...	...	...	...	339	301*
Made dentally fit	...	...	...	...	339	261*

* Treatment often extends over several months, thus some individuals referred in 1953 are included in the 1954 treatment figure.

FORMS OF DENTAL TREATMENT PROVIDED

					Children under five	Expectant and nursing mothers
Extractions	...	...	...	...	695	885
Anaesthetics—local	...	...	...	...	1	41
—general	...	...	...	...	337	223
Fillings	...	...	...	...	10 in 10 teeth	105 in 97 teeth
Scalings, gum treatment and dressings, etc	...	...	...	...	5	132
Radiographs	...	...	...	...	—	27 (40 films)
*Dentures provided—complete	...	...	...	...	—	104 (67)
—partial	...	...	...	...	—	96 (71)

* 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 11 patients in this category in 1954 so that the total number of individuals supplied with dentures in 1954 was 127.

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

	Dentures	Patients
Full upper and full lower dentures	74	37
Full upper or full lower dentures	19	19
Full upper or full lower denture along with part lower or part upper denture ...	22	11
Partial upper and partial lower dentures ...	50	25
Partial upper or partial lower dentures carrying 4 teeth or less	17	17
5—8 teeth	16	16
over 8 teeth	2	2
Total—full dentures	104	127
partial dentures	96	—

In addition to the above, 20 dentures were repaired.

CARE OF THE PREMATURE INFANT

All infants weighing $5\frac{1}{2}$ lbs. or less at birth are regarded as premature babies irrespective of the period of gestation.

The following table gives details of the premature births during the year:—

	Total births	Premature births	Percentage
Live births	1326	117	8.82
Still births	37	15	40.57
Total	1363	132	9.68

Of the 132 premature births, 53 live births and 11 still births occurred in hospital; 59 live births occurred at home of which 8 were transferred to hospital, and 4 still births also occurred in cases delivered at home; whilst 5 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:—

Weight at birth	PREMATURE LIVE BIRTHS															PREMATURE STILL-BIRTHS		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before the 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less (1,500 gms. or less)	2	1	1	-	-	-	1	1	-	-	-	-	-	-	-	5	3	-
Over 3lb. 4oz. up to and including 4lb. 6oz. (1,500—2,000 gms.)	8	2	6	8	-	8	3	-	1	-	-	-	2	-	1	2	-	-
Over 4lb. 6oz. up to and including 4lb. 15oz. (2,000—2,250 gms.)	22	2	20	10	-	10	1	-	1	1	1	-	-	-	-	2	-	-
Over 4lb. 15oz. up to and including 5lb. 8oz. (2,250—2,500 gms.)	21	-	21	33	-	33	3	-	2	2	-	2	-	-	-	2	1	-
Totals	53	5	48	51	-	51	8	1	4	3	1	2	2	-	1	11	4	-

Of the 117 premature live babies born in 1954, 102 were taken into care by the Premature Baby Nurse. One baby became ill and was transferred to hospital and subsequently died 6 days later from broncho pneumonia; a second baby was admitted to hospital for operative treatment. The remainder of the babies were visited regularly until satisfactory progress was maintained and the mothers were able to manage their care with confidence.

Thirty-one babies who were not premature required special care and were visited and satisfactorily adjusted.

Details of the babies cared for during 1954 were as follows:—

	Premature babies	Weakly babies other than premature	Total
In care at the beginning of the year	5	4	9
New cases, 1954	102	31	133
Total infants	107	35	142
Infants discharged from care as:—			
adjusted	94	33	127
died	1	-	1
admitted to hospital	1	-	1
Infants remaining in care at end of the year	11	2	13
Total infants	107	35	142
Visits paid	1242	255	1497

Looking back over the years since 1900 there has been a considerable decrease of deaths of infants under one year of age. At that time the infant death rate in England and Wales was 154 per 1,000 live births, which means out of every 1,000 babies born during that year, 154 died before reaching the age of one year.

In the County Borough of Rotherham in 1900 the infant death rate was 170, whereas in 1954 it was 22, a very striking reduction.

When the figures are studied more carefully it is found that whereas in 1900, deaths due to infection of one type or another (measles, enteritis, whooping cough, etc.), were responsible for the biggest proportion of deaths, during the intervening years up to date fewer infants were dying from these causes.

Another fact emerges that the numbers of deaths under four weeks have altered very little during the same period. The principal causes of these deaths under four weeks—the neo-natal deaths as they are called—are prematurity associated with congenital weakness, birth injuries, and congenital malformation.

Until more is known of the factors operating to produce congenital abnormality very little can be done to reduce deaths from this cause, but something can and is being done to cut down deaths due to birth injury and prematurity and congenital weakness.

It is particularly with deaths due to prematurity that special efforts to reduce these have been made in Rotherham since 1949. For convenience, a premature baby is defined by the Ministry of Health as a baby which weighs $5\frac{1}{2}$ lbs. or less at birth. It is a baby which is particularly susceptible to changes in temperature, which is particularly difficult to feed and which is particularly liable to pick up infection of one sort or another.

To aim at saving the lives of these small delicate babies certain essentials are necessary. These are:—

- (a) Conditions where a constant temperature is maintained.
- (b) Correct feeding.
- (c) Skilled nursing.
- (d) Means of preventing infection.

At the Moorgate General Hospital a service was already provided for the premature babies born in hospital, and for the smaller babies born in the district.

It was felt, however, that there was a need for a domiciliary premature baby service to co-operate with the hospital unit, and to supplement the work being done by the Children's Nursing Unit, which was set up in 1949 by the Local Health Authority to care for sick children at home and which was already meeting with some success in reducing infant deaths due to infection, particularly gastro-enteritis.

In 1950, a state registered children's nurse was appointed to the staff of the Health Department, to take over the domiciliary care of premature babies and to co-operate with the hospital staffs, general practitioners and domiciliary midwives.

This special nurse, who had a wide experience in nursing sick children, attended the Moorgate General Hospital, Rotherham, for two weeks to make the acquaintance of the staff caring for premature babies, to familiarise herself with conditions in the hospital, and also to learn the techniques practised locally, in order to provide as far as possible continuity of treatment to a premature baby after its discharge from hospital.

The scheme commenced in October, 1950, and the general practitioners and the hospital pædiatrician were notified of the details and of the facilities available for the care of the premature or delicate baby at home.

All births are notified to the Medical Officer of Health within 36 hours of taking place, and immediately the central office of the Health Department is made aware of the birth of a premature baby in hospital (i.e. of a baby weighing $5\frac{1}{2}$ lbs. or less at birth), a special record card is made out, giving all the relevant details known at the time, and this is handed over to the Premature Baby Nurse. She makes contact with the ward sister each day, usually by telephone and discusses with her any babies still in hospital, obtaining particulars of progress, feeding, weight, etc.

If the premature infant is born at home the general practitioner may advise removal to hospital, or the baby may be cared for by the midwife until the fourteenth day after birth, when it is handed over to the care of the special nurse who receives her information about the baby direct from the domiciliary midwife.

The premature Baby Nurse visits the home of each baby before it is discharged from hospital, so as to make the necessary arrangements for its reception at home and to advise about the equipment necessary and the suitability of the environment.

Premature cots are available to be loaned as necessary. These are small wooden cots with high sides to exclude draughts, and a compartment under the mattress for hot water bottles and a canvas lining with pockets also for hot water bottles. Bedding, a thermometer, and an instrument for removing mucous from the infant's throat (called a mucous extractor) are also supplied with the cot. Hospital discharges do not usually require the loan of a cot as they are almost invariably kept in hospital until they are $5\frac{1}{2}$ lbs. in weight, but in severe winter weather it is occasionally found advisable to supply one. Most premature babies cared for at home from the beginning are supplied with the loan of a cot.

The Premature Baby Nurse takes over the care of the infant, instructing the mother and giving daily oiling or bathing to the baby as required. She may visit once or many times daily as the case demands, and she contacts the family doctor as and when necessary. She takes with her a nursing bag which contains the following equipment:

Gown and masks, waterproof bag for these when soiled.
Cotton wool, lint and orange sticks.
Breast pump (rarely used).
Belcroy feeder (a special feeder used for premature babies).
Boracic crystals.
Methylated spirit.
Caustic stick.
Scissors.
Soap, nail brush and towel.

Babies are weighed each week unless progress is not satisfactory. Scales are taken to the house by car once weekly and in unsatisfactory cases they are left there so that daily weighing can be carried out.

The Premature Baby Nurse usually continues to visit the homes until the baby's progress is satisfactory — until its weight is at least 7 lbs. 8 ozs. and the mother is quite confident of her ability to deal with the baby on her own.

It is a well known fact that a baby absorbs considerable quantities of iron from its mother during the last few weeks before full term, and for this reason many premature babies have a tendency to develop anaemia.

All those who are concerned with the welfare of infants endeavour to help each to develop its potential to the full, and it soon became evident that more could be done to improve the health of these infants. It was decided that although regular clinical examination of the baby might be advantageous, it would be more satisfactory if blood examinations were carried out on all premature infants at intervals up to the age of 2 years. Contact was again made with the general practitioners and arrangements were made for all premature infants born in the Borough to attend the Paediatric Out-patient Department, as soon after birth as convenient (usually two weeks), again at three months, six months, one year and 2 years. Apart from a thorough clinical examination, a blood examination is also carried out, and the correct preparation and quantity of iron medicine is prescribed.

In all cases the baby's general practitioner is contacted by the Health Department before the baby is referred for examination, and afterwards a report is given by the paediatrician concerned.

The results of the blood examination of the premature babies have shown anaemia so constantly that in the opinion of the paediatrician it is now justifiable to administer an iron mixture as a routine to all premature babies even before they have had a blood examination.

During the four and a half years this service has been in operation 546 premature or weakly babies have been visited by the Premature Baby Nurse.

Of these, only one premature baby and two weakly babies have died during the time they were in the care of the Premature Baby Nurse.

The infant mortality rate in Rotherham has fallen from 50 with 81 deaths in 1949 to 22 with 30 deaths in 1954 and the number of deaths from prematurity has fallen from 24 in 1949 to 9 in 1954, the majority of which occurred within the first day.

Apart from the fall in deaths attributed to prematurity, the scheme has greatly benefitted the progress of many premature or congenitally weakly babies, and the special nurse has encouraged many mothers to learn something of the care of the premature baby.

The following table gives a summary of the premature and weakly babies cared for by the Premature Baby Nurse since her appointment in 1950 :—

	1950	1951	1952	1953	1954	Total
Infants brought forward from previous year	—	9	7	19	9	—
Infants taken into care during the year ...	39	115	125	134	133	546
	—	—	—	—	—	—
Total	39	124	132	153	142	546
	—	—	—	—	—	—
Infants discharged from care adjusted ...	28	116	112	141	127	524
Transferred to hospital ...	2	—	—	2	1	5
Transferred to other areas ...	—	1	—	—	—	1
Died during care ...	—	—	1	1	1	3
Infants remaining at the end of the year ...	9	7	19	9	13	13
	—	—	—	—	—	—
Total	39	124	132	153	142	546
	—	—	—	—	—	—
Visits paid ...	552	1877	2189	1834	1497	7949

INFANTILE MORTALITY.

The following table gives the details of deaths registered under one year of age during the year :—

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 ..	14	-	3	1	18	5	2	2	-	27
uncertified ..	-	1	-	-	1	-	-	2	-	3
Small-pox	-	-	-	-	-	-	-	-	-	-
Chicken-pox	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-
Scarlet-fever	-	-	-	-	-	-	-	-	-	-
Whooping cough	-	-	-	-	-	1	-	-	-	1
Diphtheria and croup	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-
Tuberculous meningitis	-	-	-	-	-	-	-	-	-	-
Pulmonary tuberculosis	-	-	-	-	-	-	-	-	-	-
Other tuberculous diseases	-	-	-	-	-	-	-	-	-	-
Meningitis (not tuberculous)	-	-	1	-	1	-	1	-	-	2
Convulsions	-	-	-	-	-	-	-	-	-	-
Laryngitis	-	-	-	-	-	-	-	-	-	-
Bronchitis	-	-	-	-	-	-	-	-	-	-
Pneumonia (all forms)	-	1	-	-	1	3	1	2	-	7
Diarrhoea	-	-	-	-	-	-	-	-	-	-
Enteritis	-	-	-	-	-	-	-	-	-	-
Gastritis	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-
Rickets	-	-	-	-	-	-	-	-	-	-
Suffocation, accidental	-	-	-	-	-	-	-	-	-	-
Injury at birth	-	-	-	-	-	-	-	-	-	-
Atelectasis	1	-	-	-	1	-	-	-	-	1
Congenital malformations	5	-	1	-	6	-	-	-	-	6
Premature birth	8	-	1	-	9	-	-	-	-	9
Atrophy, debility & marasmus	-	-	-	-	-	-	-	-	-	-
Other causes	-	-	-	1	1	1	-	2	-	4
Totals	14	1	3	1	19	5	2	4	-	30

Nett births in the year :	legitimate infants	1310
	illegitimate infants	47
Nett deaths in the year :	legitimate	29
	illegitimate	1
Infantile mortality rate per 1,000 births :	legitimate	22
	illegitimate	21

FERHAM VILLA NURSERY

There have been 15 admissions during the year. Three non-social cases were given priority, one was a handicapped child, age 3½ years, suffering from severe spasticity. She was unable to walk and was a difficult child.

Dr. Boyd recommended this child's admission to the nursery as she thought the child would benefit by nursery care. Since admission 9 months ago she now takes a few steps with aid and is a well disciplined child. The other two who were given priority were children of a problem family, and were admitted owing to limited space and poor conditions in their household. The remainder were social cases only, children of unmarried mothers, widows and separated parents.

Throughout the year 33 children passed through the nursery. A medical inspection was held monthly.

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 ..	26	5	16	21	41	188	229
February ..	24	4	14	18	73	233	306
March ..	27	4	16	20	70	307	377
April	24	4	16	20	51	246	297
May	24	3	19	22	68	283	351
June	24	4	21	25	48	290	338
July	27	4	15	19	51	251	302
August ..	24	2	16	18	33	239	272
September ..	26	2	17	19	34	301	335
October ..	26	2	18	20	30	279	309
November ..	26	2	13	15	7	260	267
December ..	24	1	16	17	7	261	268
Total ..	302	—	—	—	513	3,138	3,651

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 ..	1.6	7.2	8.8	14	6	—
February ..	3.0	9.7	12.7	17	11	—
March ..	2.6	11.4	14.0	19	15	—
April	2.1	10.3	12.4	17	12	—
May	2.7	11.3	14.0	19	13	—
June	2.0	12.9	14.9	22	14	—
July	1.9	9.3	11.2	18	9	—
August ..	1.3	10.0	11.3	17	4	—
September ..	1.3	11.6	12.9	17	13	—
October ..	1.2	10.7	11.9	17	12	—
November ..	0.3	10.0	10.3	13	11	—
December ..	0.3	10.9	11.2	16	4	—
Average ..	1.7	10.4	12.1	—	—	—

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	...	...	...	76
By the Deputy Superintendent Health Visitor	...	...	...	12

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 1954 ... 113

MATERNITY SERVICES AND THE DOMICILIARY MIDWIVES SERVICE

MATERNITY SERVICES

Due to the re-housing of young families on the Kimberworth Park area the attendances have decreased at Ferham and Greasbrough ante-natal clinics, but there was an increase of attendances at Thorpe ante-natal clinic. The relaxation and mothercraft classes which have been held in conjunction with the ante-natal clinics at Ferham and Cranworth have continued and attendances have increased. These classes are very popular, several persons from areas outside the County Borough have attended during the year. The mothers are recruited by invitation from the Health Department, general practitioners, health visitors and midwives, while mothers who have attended during previous pregnancies attend without invitation. Many mothers have found the classes very beneficial and are anxious to continue classes following the birth of their babies. They are very receptive and keen to learn. Many letters of thanks have been received from grateful mothers.

Confinements among normal residents in the Borough:—

A. SERVICES PROVIDED WITHIN THE BOROUGH:—					1950	1951	1952	1953	1954
Moorgate General Hospital ... ..	...	...	...	...	496	482	412	380	332
Rotherham General Hospital ... ..	...	...	...	...	—	—	1	—	1
Private nursing homes ... ..	...	...	...	...	80	43	34	42	54
Domiciliary confinements ... ..	...	...	...	...	722	704	705	662	741
B. SERVICES PROVIDED OUTSIDE THE BOROUGH:—									
The Jessop Hospital, Sheffield ... ..	...	...	...	...	8	15	14	20	12
Listerdale Maternity Home ... ..	...	...	...	...	126	172	188	216	209
Hallamshire Maternity Home ... ..	...	...	...	...	8	11	13	11	9
Private nursing homes and other institutions ... ..	...	...	...	...	10	6	1	9	2
Domiciliary confinements ... ..	...	...	...	...	5	8	4	2	3
Total confinements					1455	1441	1372	1342	1363

Fifty-five per cent. of the confinements during 1954 were domiciliary. Of the 619 non-domiciliary births 332 took place in Moorgate General Hospital, 209 at Listerdale Maternity Home, and 9 at Hallamshire Nursing Home, 226 were referred for investigation on home conditions and of which 138 were recommended for hospital confinements because of adverse home conditions.

The health visitors paid first visits to 1,287 live births, that is approximately 95 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 total attendance of patients at the ante-natal clinics was much the same as in previous years. The tendency is for patients to engage their own general practitioner, consequently they are seen at the midwives clinics only.

The following table gives details of the attendances at the consultant ante-natal clinics during 1954:—

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	25	168	51	—	179	52	—	273	59	—
Cranworth Road	49	207	55	—	242	57	—	415	72	—
Thorpe ...	11	34	5	—	34	6	—	69	6	—
Greasbrough	10	6	3	—	12	3	—	17	5	—
	—	—	—	—	—	—	—	—	—	—
Total	95	415	114	—	467	118	—	774	142	—
	—	—	—	—	—	—	—	—	—	—

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

				Sessions held	Cases attending from 1953	New cases 1954	Total attendances
Ferham House	...	...	...	203	84	353	1291
Cranworth Road	...	...	...	208	62	359	1396
Thorpe ...	...	...	...	43	7	76	173
Greasbrough	...	...	...	52	6	15	143
				—	—	—	—
			Totals	506	159	803	3003
				—	—	—	—

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. 484 women attended the relaxation classes and made 1,264 attendances.

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 remained the same as the previous year, namely, one Non-Medical Supervisor and Superintendent Midwife and thirteen midwives.

Several changes occurred in the personnel during the year. Consequent upon the six months maternity leave granted to Mrs. O. D. Edwards in 1953, Mrs. M. Roddis acted as a relief midwife from 1st January to 31st May and Mrs. Edwards returned to duty on 1st June, 1954. Mrs. C. O'Connor who was the Broom Valley midwife resigned and left on 24th September and Mrs. G. Hewitt of 92, Lister Street, who was the Clifton and East Dene district midwife was transferred to that district. Mrs. O. D. Edwards of 260, Badsley Moor Lane, holiday relief midwife, subsequently took over the Clifton and East Dene district and removed to 92, Lister Street. Miss S. Thorpe was transferred to the post of holiday relief midwife and Mrs. G. Walsh to first relief midwife and the vacancy for a second relief midwife was unfilled at the end of the year. Mrs. P. E. Shreves of 47, Mallory Road, resigned her appointment as district midwife for the East Herringthorpe area on 30th October and the vacancy was filled by Mrs. M. Copley on 1st November.

In consequence of the vacant post of relief midwife the tenancy of the house at 260, Badsley Moor Lane, was given up in November on the promise by the Housing Department to provide another house when the appointment is filled.

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

						1952	1953	1954
Domiciliary Midwives	...	...	...	...	...	710	665	754
Private Midwives	...	...	...	...	...	—	—	—
					Total cases	710	665	754
Number of cases delivered in Institutions but attended by domiciliary midwives on discharge from Institutions and before the 14th day						207	365	319
Number of days service to such cases representing a similar saving of patient days in hospital						802	1506	1280

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

Of the 754 cases attended by midwives, 733 had booked their confinement with the service, 13 were delivered in emergency and 8 were miscarriages, and of these, 296 were regarded as midwifery cases and 458 as maternity cases. A doctor was present at the delivery of 176 of the maternity cases and also at 9 summoned by medical aid, making a total of 185 deliveries at which a doctor was present at the birth of the baby. The remaining 287 midwives cases and 282 maternity cases, a total of 569 cases, were delivered by midwives. Fifteen cases were handed over to the Home Nursing Service 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 are possessed by the service, and were in constant use. All the sets were 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	...	7	282	167	277	733
Emergencies	...	1	4	5	3	13
Miscarriages	...	1	1	4	2	8
		—	—	—	—	—
	Totals	9	287	176	282	754
		—	—	—	—	—

Analgesia — Number of cases who were delivered with:—

Gas and air only	...	1	79	31	66	177
Pethidine only	...	—	21	10	25	56
Gas and air and Pethidine		4	151	114	152	421
		—	—	—	—	—
	Totals	5	251	155	243	654
		—	—	—	—	—

Cases delivered without

analgesia	...	4	36	21	39	100
Per cent.	...	44.4	12.5	11.9	13.9	13.3

District midwives continued to give service to mothers discharged from local hospitals and maternity homes before the fourteenth day of whom there were 319 cases taken over for nursing. The early discharge of these patients represented a great saving of patient days to the hospital authorities.

Forty of the cases discharged before the fourteenth day following confinement were patients booked under the district midwifery service for their confinement, but for medical reason or in emergency had been admitted to hospital and were returned to the midwife concerned.

The care of 51 premature and weakly babies as well as 17 requiring treatment when the midwife left on the fourteenth day was handed over to the premature baby nurse.

The premature cots were sent to 17 cases during the year.

The supervision of midwives was undertaken throughout the year by Mr. Ballantine, Consultant Obstetrician, in his capacity as medical supervisor.

The annual inspection of midwives and nursing home was carried out by Mr. Ballantine, and the day to day supervision is undertaken by Mrs. Walsh. Clifton Lane Nursing Home is in excellent condition.

The following letter from Mr. Ballantine was received at the end of the year relating to the District Midwifery service in Rotherham for the past year:—

“I enclose the forms for the annual Midwives inspection.

I don't think any particular comment is needed. The Domiciliary Service has continued to work very well and smoothly. Co-ordination between the District Midwives, the Hospitals and Health Visitors has been excellent. There have been one or two resignations and replacements but so far there has not been undue difficulty in filling vacancies with first class staff although this may well cause some anxiety in the future. There has of course been some change in the distribution of the population but it seems to me that the arrangements made to cope with this by the Superintendent Midwife are working very well, although in some cases one midwife has to cover quite a wide area and I should think increased usage of their own cars will be called for.”

HEALTH VISITING

HEALTH VISITORS AND SCHOOL NURSES

Staff changes during the year were as follows:—

Miss Carroll, Deputy Superintendent Health Visitor, Miss Cutts and Miss Barlow, Health Visitors, left the department. Miss Jeffs, Health Visitor, was appointed. The two students who were in training at Leeds University were successful in their examination and returned to the department in July. Three new students were accepted and commenced training at Leeds University in October, 1954. The improvement in staffing is very encouraging.

INFANTS AND YOUNG CHILDREN

All children from birth to 5 years have been visited at regular periods. Special visits have been made to the homes of all children from birth to school leavers on admission and discharge from hospital. Special reports have been given to the hospitals on home conditions and the standard of care which could be expected on the child's discharge from hospital.

Tuberculous patients, mental defectives, gastrics, diabetics and aged sick persons have been visited at regular intervals. When requested home surveys have been made at the time of admission to hospital of any person in the above groups, in an endeavour to assist in their rehabilitation.

The case load for 1954 was:—

				Visits paid
Infants under 1 year on visiting list	...	...	1287	6989
Infants 1—2 years on visiting list	...	...	1214	3366
Infants 2—5 years on visiting list	...	...	3827	5429
Tuberculous patients	...	...	449	576
Mental defectives	...	...	45	98
Aged persons, chronic sick	...	...	1436	1749
Day nursery, supervision of	...	...	1	21
Other duties undertaken in respect of local authority services:—				
Visits to expectant mothers	...	...		511
Residential nurseries and homes	...	...		12
Supervision of families in temporary accommodation	...	...		101
Visits to hospital departments and wards	...	...		256
Visits to chest clinic	...	...		37
Other cases	...	...		3929

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 1954 was as follows: —

Number of school population	...	...	...	...	...	15140
Number of nursery schools	...	...	...	...	...	1
Number of nursery classes	...	...	...	...	...	5
Number of voluntary schools	...	...	...	...	...	2
Number of primary schools	...	...	...	...	...	19
Number of secondary modern schools	...	...	...	...	...	4
Number of secondary technical schools	...	...	...	...	...	1
Number of County grammar schools	...	...	...	...	...	2
Number of special schools:						
Open air school	...	...	...	...	...	1
Educationally sub-normal school junior and senior	...	...	...	...	...	1
						— 2
Oakwood Hall Sanatorium school	...	...	...	...	...	10 children

HOSPITAL STUDENT NURSES

Visits to the local Authority Health Department and instruction in Social Medicine are now included in the curriculum for third year hospital nurses. Twelve third year student nurses attended daily for a period of 3 weeks from Doncaster Gate Hospital in October, November and December and all branches of the department were visited.

Visits were also arranged to the Housing and Welfare Departments, Juvenile Courts, N.S.P.C.C., Special Schools and the Rehabilitation Centre at Handsworth.

HEALTH EDUCATION

The Mother's Club which was held at Ferham House Maternity and Child Welfare Centre has now been disbanded. The club had outgrown its original purpose and new members were not being recruited. It is hoped in the near future to commence a Mother's Club to follow on the mothercraft classes and so meet the need of the younger mothers who will benefit by talks and demonstrations and the social activities which can be made available.

A talk was given to the Women's Gas Federation Association on "The Health Services." Six talks were given on child care to young wives groups belonging to local Churches.

Four local picture houses kindly co-operated with the department in showing slides on Immunisation, Vaccination and Home Safety.

A Club for Handicapped Children was commenced on 1st December, 1954. These are children who by the severity of their handicap cannot attend a day school and

therefore miss the normal friendship of other children. The purpose of the club was to give the children a change of environment and relieve the mothers for a short period on one afternoon each week. The children are collected by car and brought to Ferham Child Welfare Centre and returned at the end of the period. The expenditure of transport is being met by the Rotary Club. Gifts of money and toys have been received from various kind friends.

SOCIAL CASE WORK

CARE OF THE UNMARRIED MOTHER

During the past year thirty unmarried expectant mothers were specially cared for:—

Six were admitted to St. Agatha's Mother and Baby Home, Sheffield.

One to Heworth House Mother and Baby Home, Leeds.

One to St. Margaret's Mother and Baby Home, Leeds.

One to the Salvation Army Mother and Baby Home, Leeds.

Four of the above mothers had their babies subsequently adopted, whilst one infant was stillborn; these five mothers are all back at work and are happily adjusted in the community again. Another decided to keep her baby, returning home to work whilst the grandmother cared for the child; this girl ultimately went off to cohabit with another man, taking the baby with her, and resisted all efforts made to influence her to return. One "walked out" of the Mother and Baby Home to marry the putative father, subsequently doing so, and having a "home confinement," whilst two mothers were in the Mother and Baby Home awaiting their confinements at the end of the year.

Twenty mothers were able to remain at home, ten having hospital bookings and five being confined at home. Ten of this group married, one had her baby adopted, whilst two stayed at home and cared for their babies themselves, with the assistance of relatives. Six were still awaiting their confinements at the end of the year.

One girl had to reside in the local Welfare Institution during her ante-natal period, but was subsequently admitted to an Epileptic Colony following her confinement, the baby being passed over to the Children's Officer for care, directly from the hospital.

SEPARATED WIVES, WIDOWS, COHABITEES, ETC.

In addition to the above unmarried group thirteen further mothers were referred to the Health Visitor-Social Worker for care. These mothers had established homes and all kept their babies, with the exception of one, in which adoption was sought and one baby of this group was stillborn.

ILLEGITIMATE CHILDREN

During the past year forty-two more newly born illegitimate children came under the care of the Health Visitor-Social Worker, making a total of a hundred and twenty-five in all.

There have been less problems in this branch of the work, this year, on the whole, the children, in the main, being accepted into the natural family unit, with their own parents, due, it would seem, to the more static nature of the population in the Borough.

Although twelve children attended the Day Nursery whilst their mothers worked to support them, there were no applications for day nursery facilities by the mothers of the babies born in 1954.

PROBLEM FAMILIES

Seven new families were referred to the Health Visitor-Social Worker for case work during the year, and eleven were "taken off the books," making a total of fifty-one under her care at the end of the year.

Of the seven new families, only one was of an acute nature when referred; the mother of the household had been dispatched to hospital the previous evening, following an unbooked confinement on the living-room floor. A sad state of affairs was found within the home, with eight children left in charge of the husband, and no light, fire, dishes, food nor money, insufficient beds and bedding and the smaller members of the family very ill clad; it was the well known story of improvident spending, hire purchase furniture that had been reclaimed — large arrears of rent and threatened eviction, and a husband's poor work record. A hand to mouth existence that had come to grief, as it was bound to do some day, by its complete lack of planning.

This is a type of problem family that takes a lot of stabilizing, and a lot of patient case work to achieve a desired result.

The other six referrals were of the "pre-problem" type, who had not been showing signs of progress sufficient to guarantee their recovery. In the seven new families referred, the children concerned numbered a total of thirty-seven.

Of the eleven families taken off the books, six had not only improved their standards so much that special supervision became unnecessary, but had actually achieved exemplary housecraft; another family had materially improved and had become independent, whilst four other families left the area.

Of the old cases on the books, six "long duration" ones have improved to the extent of being almost ready to be removed from the books. Five show no signs of stabilizing, whilst the rest are co-operating well and are stolidly holding on to the ground gained.

It is interesting to note that these five represent also the families where there is dissention between the parents, with consequent unwillingness to pull together for the common good.

Material help given or obtained during the year comprised once again, wallpaper and paint in seventeen cases, baby clothes in three, cot mattress, repair of cot, large

mattress to add to one family's furnishings, assistance with fees to enable two further small children to accompany their mother and her baby to Brentwood for two weeks convalescence, through assistance from a local voluntary fund.

The expanded free Home Help Service was made use of in two cases, with excellent results.

Twenty children benefitted by going to Filey Convalescent Home for two weeks, in the summer months.

All children received a toy, sweets and fruit at the annual Christmas Treat organised by the Health Visitor-Social Worker, generous donations for the purpose being received from Rotherham Soroptomist Club and the Corporation Home Help Social Club whilst many very generous individual donations were received from interested friends.

SPECIAL TREATMENT CENTRE

Ten attendances were made and thirty-four 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	...	...	...	206
Revisits	...	...	...	20
First visits expectant mothers other than above	...	...	...	157
Revisits	...	...	...	128
Contacts with social agencies on behalf of mothers	...	...	...	151
Arranging convalescence	...	...	...	36
Visits to maternity wards	...	...	...	54
Post Natal visits	...	...	...	3

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

Still births:—				
Hospital and nursing home confinements	...	...	...	23
Domiciliary confinements	...	...	...	7
Live births:—				
Hospital and nursing home confinements	...	...	...	592
Domiciliary confinements	...	...	...	733

CHILDREN UNDER 1 YEAR

Premature babies — nurse's supervisory visits	...	...	1497
General routine visits	...	...	3390
Illegitimate	...	...	476
Ill-cared for	...	...	35
Death enquiries	...	...	24

CHILDREN 1-5 YEARS

General routine visits, 1-2 years	...	...	2119
2-5 years	...	...	3649
Illegitimate, 1-2 years	...	...	314
2-5 years	...	...	773
Ill-cared for, 1-2 years	...	...	59
2-5 years	...	...	133
Found on area (and not known to have been visited before)	...	...	17
Investigations for places in day nursery	...	...	8
Contacts with social agencies	...	...	214
Visits 5-18 years—illegitimate	...	...	677

CHILDREN 0-15 YEARS—HOSPITAL FOLLOW-UP

1st visits	397
Re-visits	372
Visits to children's wards	9
Attendances at paediatric clinics	82

SOCIAL CASE WORK

Number of cases referred	8
Visits paid to homes	523
Cases referred to N.S.P.C.C.	4
Other social contacts	362
Interviews, etc.	393
Attendances, V.D. clinic	10
Visits, V.D. follow-up	34

ADOPTION AND FOSTERING OF CHILDREN

Enquiries on behalf of adoption societies	8
Visits paid after placing and until order obtained	8
Adoptions by direct placing	6
Visits paid after placing and until order obtained	10
Social contacts re adoption	3
Vigilance—fostering and adoption cases referred to the Children's Officer	3
Visits to illegitimate children placed in foster homes	7
Escorting duties	24

GENERAL CARE AND AFTER CARE

1st visits	83
Re-visits	85
Ward visits	6
Contacts with other agencies	29

SOCIAL ENQUIRIES FOR ALMONERS, SHEFFIELD HOSPITALS

1st visits	18
Re-visits	3

FOLLOW-UP VISITS, HOSPITAL

PATIENTS OTHER THAN CHILDREN

1st visits	426
Re-visits	297

TUBERCULOSIS

1st visits to patients	51
Re-visits	519
Attendances at Chest Clinic	37
B.C.G. School Sessions	4

OTHER INFECTIONS AND INFESTATIONS

Total visits	177
Referred to other agencies	30

MENTAL DEFICIENCY

1st visits	9
Re-visits	89
Escorting duties	16

AGED PERSONS

1st visits	273
Re-visits	642
Ward visits	95
Hospital survey visits	213
Referred from bed bureau for investigation	39

LEAD POISONING

Home visits	127
Children escorted for blood tests	160

MISCELLANEOUS

Other visits not included above	131
National surveys	7
Nursery classes	70
Child guidance clinics	35
Psychiatric visits	12
Home visits—school children	82

DUTIES DELEGATED BY THE CHILDREN'S COMMITTEE

Visits to Oakwood Grange Nursery	12
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DUTIES DELEGATED BY THE WELFARE COMMITTEE

Hygiene surveys — temporary accommodation at The Mount	12
Visits paid to separate families in accommodation	101

HEALTH EDUCATION

Mothercraft and Health Education talks, clubs, clinics and schools	162
Talks to outside organisations	7

STAFF ATTENDANCES AT LOCAL HEALTH AUTHORITY CLINICS AND NURSERIES

Ante-natal clinics	201
Child welfare clinics	856
Nursery	21
Immunisation clinics	125
Handicapped Club	9

HOME NURSING

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

Three students who commenced training in November, 1953, and one who commenced in January, 1954, all successfully passed the examination for the Queen's Roll; one student gained a credit in her practical work.

One ex-Queen's nurse from Rawmarsh did one month's work on the district in Rotherham in order to obtain an up-to-date knowledge in new technique and nursing treatments to enable her to take a post on the district in the West Riding.

The following table gives details of the nursing staff employed in the Home Nursing Service during the past six years.

	31st Dec., 1949	31st Dec., 1950	31st Dec., 1951	31st Dec., 1952	31st Dec., 1953	31st Dec., 1954
FULL-TIME STAFF						
Superintendent	1	1	1	1	1	1
Assistant Superintendent	1	1	1	—	—	—
Senior District Nurse	—	—	—	1	1	1
Queen's Nursing Sisters—females ...	6	6	5	9	9	12
—male ...	3	2	2	2	2	3
Queen's candidates—females ...	1	—	4	—	2	—
—male ...	—	—	—	—	1	—
State registered nurses—females ...	—	3	3	2	1	1
Sub-totals	12	13	16	15	17	18
PART-TIME STAFF						
Queen's Nursing Sisters—females ...	—	4	3	6	6	6
State registered nurses—females ...	6	6	6	6	4	4
State enrolled assistant nurses—females	5	4	2	1	1	2
Sub-totals	11	14	11	13	11	12
Total Staff	23	27	27	28	28	30
Equivalent to full-time staff	18.0	20.6	22.3	23.3	24.6	25.0

The work of the service has increased considerably during the year.

There were 3,352 new patients—an increase of 536 more than last year. Visits paid 76,976, an increase of 12,248 visits. The largest proportion of cases were medical and were sent in by General Practitioners, the next largest number were by individual application.

At the commencement of the year 315 cases were brought forward and added to the 3,352 new cases, this makes a total of 3,667 patients nursed during the year. The types of cases nursed were:—

Medical	...	...	2063	Surgical	...	...	977
Infectious diseases	...	...	26	Tuberculosis	...	...	30
Maternal complications	...	...	57	Others	...	...	199

and were sent in by: —

Hospitals	...	...	184	Health Dept. Services	17
Applied	...	...	222	General Practitioners	2929

At the end of the year 382 patients were carried forward and 3,285 patients had come off the books for the following reasons: —

	No.	Per cent.
Convalescent	2609	79.4
Died	225	6.9
Removed to hospital	328	10.0
Transferred to other district	86	2.6
Removed for other causes	37	1.1
	<hr/> 3285 <hr/>	<hr/> 100.0 <hr/>

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

	Total cases nursed	Visits	Average daily visits paid
1948 (July December)	963	23442	130.2
1949	2177	55442	151.9
1950	2613	62241	170.5
1951	2720	60838	166.7
1952	3071	61850	169.0
1953	3088	64728	177.3
1954	3667	79976	210.9

There are 18 full-time and 12 part-time staff; this is equivalent of 25.6 full-time staff at the year end.

The part-time staff were working to the capacity of the time they could give, and one relief nurse was employed to cover the two sick staff who were off duty.

With the ever extending scope of work, which this year shows 12,248 more visits paid to patients over last year, I would like to suggest that the establishment of 24 be reviewed and increased by at least the equivalent of three full-time nurses, in order that the heavy winter work can be undertaken, and that our standard of nursing should not be allowed to fall below the high standard maintained in the past. During the past few months when the work was so heavy, and several of the staff were off duty ill, it was becoming very difficult to give the patients all the nursing attention required, and nurses were having to ask the relatives to do a lot of the nursing care which we normally do. I feel this is not fair on the relatives who already have the added burden of a sick person to care for when nurse is not there, and who require a little relief and assistance when there is sickness in the home.

I am also afraid that this practice of giving injections only and leaving the nursing care to the relatives will lower the standard of nursing and will have an adverse effect on the younger nurse coming into District Nursing.

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

Area	Cases	Visits
Blackburn and Holmes	202	3870
Kimberworth	158	3121
Masborough	151	3210
Lower Masborough	174	3055
Broom	101	2632
Broom Valley	180	2921
Clifton	249	4961
East Dene	162	3776
Wellgate	143	5255
Canklow	212	4548
Town No. 1	171	3614
Town No. 2	242	3961
Greasbrough	111	3367
Thorpe Hesley	321	3154
East Herringthorpe	237	3814
Thornhill	115	2819
Cases attended by male nurses	738	15278
Supervisory visits	—	3620
Total	3667	76976

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	136	161	109	1004	903	2313
Surgical	25	81	137	632	156	1031
Infectious diseases	6	5	2	12	2	27
Tuberculosis	—	—	—	28	9	37
Maternal complications	—	—	—	57	—	57
Others	12	12	4	84	90	202
TOTAL CASES NURSED	179	259	252	1,817	1,160	3,667
VISITS PAID :						
Medical	1437	1428	944	20486	30608	54903
Surgical	296	719	1098	8939	6761	17813
Infectious disease	77	57	18	141	18	311
Tuberculosis	—	—	—	1018	170	1188
Maternal complications	—	—	—	624	—	624
Others	174	127	25	697	1114	2137
TOTAL VISITS	1,984	2,331	2,085	31,905	38,671	76,976

At the beginning of 1954 there were 14 children still being nursed, there were 676 new children during the year, making a total of 690; this shows an increase of 105 more cases than in the previous year. Total visits paid were 6,373, an increase of 1,798 visits.

The majority of children were sent in by general practitioners, at the end of the year there were 25 children remaining on the books, 616 convalescent, 42 in hospital, 4 referred for other causes, 3 children died.

During November a film strip of the Children's Unit was made by 'Camera Talks' in collaboration with the Queen's Institute of District Nursing. As this strip will be used for teaching of students in various parts of the country we feel very proud that the Rotherham Home Nursing Service was selected for this purpose.

The number of aged sick people continues to increase, there were 1,008 new patients and 152 remaining from last year, making a total of 1,160 patients nursed. This shows an increase of 338 new patients during the year. The number of visits to this age group has also increased considerably, 38,671 visits were paid as against 27,992 last year, an increase of 10,679 visits. The following table shows the types of illness and the results of treatment of these patients were as follows:—

Convalescent	...	...	...	...	...	...	559
Hospital	...	...	...	...	...	...	147
Died	...	...	...	...	...	...	172
Removed for other causes and transferred	...	...	...	...	...	...	74
Remaining on the books, 31.12.54	...	...	...	...	...	...	208

The number of aged sick who live alone is becoming a very big problem, the nursing staff are concerned about having to leave an old person or an old couple alone at night. Whilst many calls are being made on the Home Help Service for night help, I feel there are cases who do not require a night help but who would benefit from a nursing visit paid during the night. Whether this can be met by increasing the present service to a 24 hour service, which the Sub-Committee envisaged after the take over, is part of this question.

Although the majority of cases requiring a night visit would be old people, there are also other ill patients and children who from time to time would benefit from a visit in the night. It is a matter which I feel should be explored and considered so that this need can be met.

In conclusion I would again like to express my sincere thanks to all our kind friends for their continued voluntary help and support which enables the home nurses to bring a little extra comfort and help into some of the homes, not only at Christmas but during the year.

These include the Rotherham District Nursing Commemoration Fund for their cheque for £25, the Rotherham Distaff Club, the Inner Wheel, and the Church of our Father, for cash grants, also the Maltby Toc H for again helping with the knitting of baby clothes for those in need.

Again during the year several large parcels of clothing have been received from our friends in Christchurch, New Zealand, and Napier which have been greatly appreciated.

In addition to gifts of food for the patients this year we spent a large proportion of the money on butter, tea, sugar, cheese, fruit and biscuits as well as the usual Horlicks, Ovaltine, towels, pillow cases, soap, flannels and tobacco. These gifts were much appreciated by the patients.

We are also indebted to the members of the Rotary Club for their continued help in taking the nurses on their rounds of the district on Sunday mornings.

VACCINATION AND IMMUNISATION

VACCINATION

During the year records were received of 587 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 ...	365	24	25	10	43	467
Re-vaccinations ...	—	1	2	17	100	120

Of these the records of 279 persons were received from 38 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 1954 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.

Immunisation and Vaccination sessions have been held in conjunction with child welfare clinics throughout the year. Invitations at 6 months, 14 months and 4.9/12 years have been sent to parents urging them to protect their children by immunisation and vaccination. A survey of children immunised was completed in June, 1954, and showed certain black spots in the Borough, which would benefit by immunisation of the children in their own homes. Numbers of these children were members of large families, the mothers being unable to make clinic attendances with their children. Others, the careless apathetic type of parents who showed no interest in the welfare of their children and would certainly never attend a clinic or doctor's surgery for immunisation. In the interest of these children a campaign was put into operation, the health visitors obtained written consent for the children to be immunised by a mobile unit which would visit their homes. Five hundred consents were obtained and 436 children completed their immunisation. One further session was arranged to see 39 more children in January, 1955. This has proved to be a very successful venture.

1,738 children completed a full course of primary immunisation during 1954 as compared with 1,237 in 1953. Re-inforcing doses were also given to 982 children as against 1,127 the previous year. 413 records of immunisation and re-inforcing doses were received from 43 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 yrs.	Total
Number of children who— completed a full course of primary immunisation ..	659	343	165	149	176	243	3	1738
received a secondary (re- inforcing) injection ..	—	—	1	3	119	848	11	982

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 31.12.54 i.e. born in year	Under 1 yr. 1954	1-4 yrs. 1953-1950	5-9 yrs. 1949-1945	10-14 yrs. 1944-1940	Under 15 yrs. total
Last complete course of in- jections whether primary or booster.					
1950-1954	211	3554	4396	712	8873
1949 or earlier	—	—	994	4370	5364
Estimated mid-year child popu- lation	1,350	5,250	13,600		20,200
Immunity Index	15.6	67.7	77.0		70.5

WHOOPING COUGH

During the year 1506 children received injections of diphtheria-pertussis vaccine and 51 received injections of whooping cough vaccine, making a total of 1,557 children immunised.

At the end of the year there were 5,561 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: —

1940 — 16	1945 — 117	1950 — 571
1941 — 15	1946 — 275	1951 — 539
1942 — 28	1947 — 750	1952 — 680
1943 — 52	1948 — 844	1953 — 732
1944 — 79	1949 — 636	1954 — 217
Totals — 10-14 yrs. 190	5-9 yrs. 2622	Under 5 yrs. 2739

During the year 1954, 45 notifications of this disease were received, and, of these, two children under the age of 5 years had previously received protective courses of injections. The time elapsing between the final injection and the diagnosis that the children were suffering from whooping cough was under six months and eighteen months respectively.

B.C.G. VACCINATION

35 contacts of tuberculosis cases were vaccinated during the year.

In order to gain experience of the organisation entailed in the B.C.G. vaccination of 13 year old school children, in accordance with the Circular 22/53 of the Ministry of Health, the boys of this age group attending Spurley Hey Secondary Modern School were vaccinated during December, 1954. This was undertaken by Dr. Annels, Deputy Medical Officer of Health, who had previously received instruction in this work at St. Mary's Hospital, Manchester.

A preliminary visit was paid to the Headmaster (Mr. J. H. Bagot) in order to discuss the procedures involved, including the timing of the several stages, the repercussions on the school work, etc., and I would like to express my appreciation of the excellent co-operation which has obtained throughout with the Headmaster and his staff. Further visits were paid to the school prior to the tests being carried out so that details could be finalised.

On 17th November, 1954, a circular letter was addressed to the parents of the boys. This was accompanied by a copy of Leaflet No. 59 of the National Association for the Prevention of Tuberculosis which gives in simple form the reasons for vaccination at this age and what it entails. At the foot of the letter was a consent form which the parent was asked to sign and return to the Headmaster of the School. Arrangements were made for supplies of B.C.G. and tuberculin to be delivered immediately prior to the commencement of the scheme. 133 consents were received from 140 children and on 6th December, and on succeeding days, 122 children were given the preliminary Mantoux skin test to see if vaccination was necessary. Of the 11 children not tested, 10 were away from school during the whole period of the tests and 1 boy refused the test.

Thirty children, equal to 24.59 per cent. of those tested, were found to have a positive Mantoux reaction and therefore did not require B.C.G. vaccination. Eighty-seven of the remaining 92 children with negative Mantoux results were vaccinated—5 children being absent from school during the period when the vaccinations were performed.

The 87 children vaccinated will require to be given a second Mantoux skin test during 1955 in order to determine the effectiveness of the vaccination, and pupils found to give a negative result will require to be re-vaccinated. At this stage it may be possible to complete the vaccination of the absentees.

The scheme involved approximately 10 per cent. of the school population at this age group and to implement the proposals envisaged by Circular 22/53 the work will therefore be increased ten-fold.

The major part of Dr. Annel's time, and that of the Health Visitor/School Nurse, was taken up during the week when skin testing and vaccinations were in progress—also one half day during the following week when negative absentees who had returned to school were given B.C.G. It could also be said that the clerical work of listing children, preparation and entering of records, etc., amounted to approximately a week's work with additional time for the recording of the final results and returns.

It may be noted that the number of children requiring B.C.G. vaccination was approximately 75 per cent. and not 50 per cent. as originally estimated. Similar results would appear to have been recorded in other towns where the B.C.G. vaccination of school children is in progress.

AMBULANCE SERVICE

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

The delivery of a small sitting case Ambulance has been accepted in the past year to replace an Austin sitting case car.

The installation of Radio-Telephones continues 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, 3 transit ambulances and 1 car. 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 1954 were as follows:—

		Ambulances	Cars	Totals
Cases removed—				
within the Borough	...	5440	22135	27575
other authorities	... ..	641	489	1130
		<hr/>	<hr/>	<hr/>
	Total	6081	22624	28705
		<hr/>	<hr/>	<hr/>
Mileage—				
within the Borough	...	49316	56853	106169
other authorities	... ..	5457	3940	9397
		<hr/>	<hr/>	<hr/>
	Total	54773	60793	115566
		<hr/>	<hr/>	<hr/>
Number of accident and other emergency journeys included in the above				
	... ..	1352	279	1631

PREVENTION OF ILLNESS, CARE AND AFTER CARE.

HOSPITAL LIAISON

INVESTIGATIONS 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	397	Moorgate General Hospital Doncaster Gate Hospital Oakwood Hall Hospital
'A' forms for aged sick admitted plus any special reports asked for by Physician	306	Moorgate General Hospital Doncaster Gate Hospital
'A' forms, others	41	Oakwood Hall Hospital Moorgate General Hospital Doncaster Gate Hospital
Tuberculosis Survey visits	57	Oakwood Hall Hospital
Aged persons surveys of home conditions for future care	213	Moorgate General Hospital Badsley Moor Lane Hospital
Enquiries from almoners of Sheffield hospitals re home conditions ...	21	
Reports on social conditions re applications for hospital confinements	226	Moorgate General Hospital Listerdale Maternity Home Hallamshire Maternity Home

Supervisory visits to patients on discharge from hospital:

'B' forms and special requests for children	372	Moorgate General Hospital Doncaster Gate Hospital Oakwood Hall Hospital
'B' forms and special requests for aged	276	Moorgate General Hospital Doncaster Gate Hospital Badsley Moor Lane Hospital
'B' forms and special requests for others including tuberculosis ...	21	Oakwood Hall Hospital Moorgate General Hospital Doncaster Gate Hospital

PAEDIATRIC CLINICS

91 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.

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

54 visits were paid by the Health Visitor to this Department. All mothers resident in the Borough were interviewed.

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

95 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

37 visits were paid by the Deputy Superintendent Health Visitor to 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 1954 were as follows:—

MONTH	AGE PERIODS			TOTAL
	Under 5 years	5 years and under 65 yrs.	Over 65 years	
January	40	293	29	362
February	43	279	14	336
March	60	324	20	404
April	85	373	17	475
May	88	408	27	523
June	93	321	25	439
July	98	426	24	548
August	105	374	28	507
September	79	405	22	506
October	86	393	21	500
November	75	283	17	375
December	50	304	18	372
Totals	902	4,183	262	5,347
Estimated population ..	6,600	67,910	7,750	82,260

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	5	3	3	3	1	—	9	6	
February	3	2	4	4	1	—	8	6	
March	2	4	5	1	—	2	7	7	
April	2	3	4	4	—	—	6	7	
May	4	4	6	2	1	1	11	7	
June	1	4	3	8	—	—	4	12	
July	2	—	10	7	3	—	15	7	
August	7	7	11	3	—	—	18	10	
September	—	1	6	4	—	—	6	5	
October	6	2	14	8	—	—	20	10	
November	1	9	15	7	—	—	16	16	
December	4	3	8	10	—	—	12	13	
Totals	37	42	89	61	6	3	132	106	
	79		150		9		238		

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 50 new cases of tuberculosis were notified or came to the notice of the Medical Officer of Health. Of these 1 was notified posthumously and 2 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, 190 persons were examined as contacts at the contact clinic. Persons who failed to keep their appointments were revisited and urged to attend.

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 35 children were vaccinated during 1954.

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 560 visits and re-visits to patients during 1954 and made 37 attendances at the Chest Clinic for the purposes of exchanging information regarding cases or contacts of the disease. 37 cases were nursed at home by the Home Nurses who made 1,188 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 four cases received 1,716½ hours of service under the scheme of home helps.

TUBERCULOSIS CARE COMMITTEE

The work of the Tuberculosis Care Committee during the year ended 31st March, 1955, has continued on the lines indicated by previous reports, no extension of the work having been undertaken. The area covered by the Committee is that of the Rotherham Chest Clinic and includes the County Borough of Rotherham and the surrounding West Riding districts of Maltby, and the Rawmarsh Urban District Councils and the Rotherham and the Kiveton Park Rural District Councils.

Mr. Alderman F. Harper and Mr. Councillor A. Wilde were re-appointed Chairman and Vice-Chairman respectively for the ensuing year and His Worship the Mayor of Rotherham (Mr. Councillor G. A. Brown) accepted the office of President during his mayoral year. Two vacancies occurred in the representation of the Corporation's Health Committee, Mr. Councillor R. Hague replaced ex-Councillor Mrs. Eastwood

and the vacancy created by the resignation of Mr. Alderman A. R. Shaylor on the grounds of ill-health from his work on the Council remained unfilled at the end of the year. No other changes occurred in the representatives or officers of the Committee during the year.

The scheme is operated through the local Chest Clinic and all recommendations for assistance are made by the Chest Physician. Secretarial assistance and other sundry expenses was provided by the Rotherham Corporation and is given a token value of £40. A grant of £100 was made by the West Riding County Council as their donation towards the year's expenses.

Grants of clothing, bedding and extra nourishment made to patients amounted to £48/5/5d. during the year. Included in this sum is £16/8/8d. for the provision of a bed and bedding to a Rotherham and a West Riding patient in order that after sanatorium treatment they could sleep in a separate bedroom, and thus help to minimise the risk of infection to other members of their families. These grants were supplied with the co-operation of the Housing Department under their assisted furniture scheme. The Committee also continued their grant of £3/0/0d. a month to the Medical Superintendent of the Oakwood Hall Hospital for the provision of concerts and prizes for whist drives, etc., held at the hospital for the patients, together with a grant of £20 for the provision of extras at Christmas. The scheme of Christmas grants to patients granted leave from hospital was again continued, together with grants to those necessitous patients receiving treatment at the Chest Clinic or in receipt of assistance from the Committee; cash grants up to a maximum of £2/0/0d. each were made. In all 48 grants were made to Rotherham patients at a cost of £56/0/0d. and 50 grants were made to W.R.C. patients totalling £57/0/0d., a grand total of £113/0/0d.

Seven men were employed by the Car Parks Scheme during the year. 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.

All these ex-patients were from the County Borough area. Until further employment can be found so as to increase the establishment beyond the present four attendants, only those West Riding patients living in the immediate vicinity of the town will undertake employment. The difficulties of operating a five-day week involving split shift duties with the additional expense of travelling to and from Rotherham twice in the day, the difficulties of meal times and the long working day in consequence, prohibits them from participating in this scheme. The expenditure of the scheme for wages and N.I. contributions was £1,370/10/6; rent and rates £52/10/0d.; electricity and repairs £32/12/10d.; printing £13/13/10d., making a total of £1,469/7/2d. The receipts from Car Parks amounted to £1,343/6/9d., leaving a deficit on the year's working of £126/0/5d.

In the rehousing of tuberculous families the Corporation's Housing Department rehoused 16 families outside the "points" Scheme during the year under the arrangement whereby batches of 12 houses are placed from time to time for the priority recommendations of the Chest Physician. In addition 9 other families were rehoused under the "points" Scheme and in the calculation of need they had been given an extra point on account of tuberculosis. Six patients were rehoused by the Rawmarsh U.D.C. on the reports of the West Riding Divisional Medical Officer (Area No. 26) following the Chest Physician's recommendations. In the other West Riding area (No. 31) 18 patients were rehoused, 7 in the Rotherham Rural District, 6 in the Maltby Urban District and 5 in the Kiveton Park Rural District. The arrangement in this division is for meetings to be held every six months when the cases on the Tuberculosis Health Visitor's list of cases for rehousing are reviewed. It is held at the Oakwood Hall Hospital with the Chest Physician, Divisional Medical Officer, Tuberculosis Health Visitor and the respective Sanitary Inspectors and Housing Managers of the three authorities present. The housing needs of the cases are reviewed and appropriate recommendations are accepted by the Housing Managers concerned for submission for approval by their Committee. It will be seen that altogether 49 tuberculous patients were rehoused under the several Schemes operated by Councils in the Committee's area during the year.

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, 1955.

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 200,000, and it is pleasing to report a sale of seals and donations amounting to £378/13/2d. The expenditure in respect of the seals, postages, printing and stationery, amounted to £25/10/6d. and in accordance with the seal sale arrangements a donation equal to approximately five per cent. of the receipts was rounded off to £19/0/0d. and remitted to the National Association. This left a net balance in hand which was paid into the local fund amounting to £334/2/8d. 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.

HEALTH SERVICES BUREAU.

Now that the Health Services Bureau has become an established feature of the Borough it may be forgotten that its opening just over six years ago was in the nature of a pioneer achievement. Its success can be measured not only by the number of persons using the services offered but by the fact that similar establishments have been set up by Local Health Authorities in other parts of the country.

Between August, 1948, the opening date, and 31st December, 1954, a total of 26,344 people have availed themselves of the facilities offered. It may be seen, therefore, that the Bureau continues to meet an essential need in the field of health publicity and in the dissemination of information concerning the health services.

GENERAL INFORMATION AND ADVICE

As in previous years this aspect of the Bureau's work has continued to deal with a large number of enquiries and no effort has been spared to provide reliable and useful information for those seeking it. The type of enquiries made has been extremely varied. It is interesting to note that some of the enquiries may be dealt with in a few minutes—others, of a more unusual nature, may take considerably longer. In all cases, however, a great deal of trouble has been taken to give satisfaction.

HEALTH EDUCATION AND PUBLICITY

During 1954, displays were given in the shop window on a variety of topics. These included "Vaccination," "Rats and Mice," "Child Welfare," "Foot Ailments and Foot Infections," "Blood Transfusion," "Wigs as supplied in the National Health Service," "Good Health through Health Education." Good co-operation has been given by the other Health Services and local trades-people have been very willing to loan material for use in the window displays.

The month by month graph showing statistics relating to safety in the home continues to occupy a prominent position in the window. Great importance has been placed on publicity measures designed to reduce accidents in the home.

Leaflets and pamphlets on numerous health matters are kept in the Bureau and are distributed to the public free of charge. Posters on health matters are also regularly displayed.

VISUAL AID INSTRUCTION

During the year several new cinema slides were obtained for showing on the screens of local cinemas, by kind permission of the managements. These slides are concerned with publicity for immunisation and vaccination. Several new film strips were also acquired and lectures and talks continue to be given with the aid of the film strip projector.

NURSING EQUIPMENT

This important service, whereby nursing equipment and appliances are loaned at the request of general practitioners and home nurses, is still much in demand. During the year the following appliances were issued:—

Rubber sheets	...	...	...	246
Bedpans	...	...	...	311
Drawsheets	...	...	...	367
Bottles (urinals)	...	...	...	149
Back rests	...	...	...	245
Air rings	...	...	...	173
Crutches (pairs)	...	...	...	44
Wheel chairs	...	...	...	54
Bed cages	...	...	...	25
Water beds	...	...	...	2
Bed tables	...	...	...	10
Dunlopillo rings	...	...	...	19
Dunlopillo mattresses	...	...	...	14
Commodes	...	...	...	7
Feeders	...	...	...	10
Walking sticks	...	...	...	16

In those cases which are beyond the scope of the Local Authority, or other statutory organisation, an approach is usually made to a voluntary organisation to see if they can assist. Tribute must again be paid to the Rotherham District Nursing Benevolent Association, the W.V.S., the Stoddart Samaritan Fund, and S.S.A.F.A., the Sheffield Marriage Guidance Council, and the Council of Social Service, for the valuable help which they have given in such cases.

SUMMARY OF ENQUIRIES, 1954

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

LOCAL AUTHORITY HEALTH SERVICES				Juvenile employment	1
Home Helps	62	Forms completed	—	Family allowance	—
Convalescence	53				—
School and child welfare	18				51
Sanitary matters	57				—
Nursing appliances	2146				
Tuberculosis	1	HOSPITAL AND SPECIALIST SERVICES			
Ambulance	31	Appliances:—			
Midwifery	50	Surgical	3		
Nursing	11	Deaf aids	22		
Immunisation	5	Wigs	5		
General health matters	23	Appointments	36		
Blind welfare	131	Sundry enquiries	13		
Social worker	4	Chiropody	29		
Housing	13	Chest radiography	6		
Posters and pamphlets	139	Blood donors	98		
Window displays	28				—
	—				212
	2772				—
	—	GENERAL			
EXECUTIVE COUNCIL SERVICES				Assistance Board	23
Dental lists, benefits, etc.	9	Location of offices	138	Advice re-employment	5
Optical lists, benefits, etc.	6	Forms completed	13	General assistance and sundries	104
Medical lists, benefits, etc.	4	General visit	11	Legal aid	16
Medical cards	2	Civil Defence	2	Marriage guidance	8
Forms E.C.1 and completion	—	Housing Repairs and Rents Act, 1954	27		
Change of doctor	7				—
Chemists open	2				347
Forms E.C.10	6				—
	—				
	36				
	—				
NATIONAL INSURANCE ACT				SUMMARY	
Benefit enquiries:—	2			Total	Per Cent.
Sickness	2	Local Authority Health Services	2772	81.10	
Maternity	41	Hospitals	212	6.20	
Death	2	Executive Council	36	1.49	
Widows	—	National Insurance	51	1.06	
Compensation	—	General	347	10.15	
Retirement	2				
Industrial injury	1				
Special insured classes:—				Total	3418 100.00
Married women	—				
Students	—				
Self employed	—				
		Number of people making enquiries			
					3388

DOMESTIC HELP.

During 1954 the gradual but steady growth of the service continued. The following table gives details of the 683 homes served by the Home Help Service during 1954 as compared with the previous year.

Type of Case	Brought forward from 1953		New Cases		Total 1954	Total 1953
	Days	Nights	Days	Nights		
Maternity	10	—	165	—	175	145
Sick children	—	—	2	1	3	1
Tuberculosis	2	—	2	—	4	5
Other sickness	28	—	71	2	101	109
Old age	174	—	187	27	388	290
Evening Service	—	—	6	—	6	—
Rehabilitation	—	—	1	—	1	2
Tired mothers	—	—	5	—	5	1
Total	214	—	439	30	583	553

An analysis of the hours of service rendered by Home Helps during 1954 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	16,088 (14,459½)	—	—	16,088 (14,459½)	—	1,628½
Sick children	79 (81½)	—	16	95 (81½)	—	13½
Tuberculosis	1,716½ (2,231)	—	—	1,716½ (2,247)	530½	—
Other sickness	17,517½ (21,579½)	—	152 (885½)	17,669½ (22,465)	4,795½	—
Old age	102,671½ (83,004½)	456 (822½)	2,478 (1,997½)	105,605½ (85,824½)	—	19,781
Domestic crises	— (240)	—	—	— (240)	240	—
Rehabilitation	176 (624)	—	—	176 (624)	448	—
Tired mothers	608½ (107)	—	—	608½ (107)	—	501½
Washing centre	1,455½ (184½)	—	—	1,455½ (184½)	—	1,271
Totals—1954	(140,312½)	456	2,640	143,414½	—	17,181½
1953	122,511½	(822½)	(2,899)	(126,233)	—	—

HOME CARE OF THE ELDERLY

The work of the service amongst the elderly has increased considerably during the year, and it is of fundamental importance that work in this field should be closely integrated with the efforts made by other social and health agencies, whether statutory or voluntary.

Constant vigilance is exercised to keep the service functioning economically and to encourage as many of the elderly as possible to manage their own affairs while the Home Help Service is kept in the background ready to help if necessary.

The aim of the service during 1954 was not to remove responsibility entirely from either the elderly themselves or their relatives, but to supplement where necessary and to assume full responsibility only when strictly essential.

MATERNITY

There was an increased demand for home help in maternity cases and this has been given during both the ante-natal and post-natal periods.

NIGHT AND EVENING SERVICE

The night service continued to function between 10.0 p.m. and 6.0 a.m., and the evening service between 4.30 p.m. and 10.0 p.m. was used in cases of special emergency.

TIRED MOTHERS AND REHABILITATION OF PROBLEM FAMILIES

During the year the scheme for the supply of home help to tired mothers and to problem families has operated with promising results.

HOME SAFETY

Lectures were given to the home helps by the Secretary of the Rotherham Home Safety Committee.

Fire guards which are loaned out where necessary have been extensively used, and home helps have been responsible for many people purchasing fire guards.

BUSINESS MEETINGS

These are found to be indispensable to the smooth running of the service. Grievances are brought forward, and difficulties are explained and discussed between the organiser and the home helps.

RECRUITMENT

Recruitment was still very good for part-time workers, but there was some difficulty in recruiting women able and willing to work 44 hours per week. This was overcome by part-time helpers coming forward to work longer hours in an emergency.

Analysis of Recruitment.

Brought forward from 1953	...	...	...	113
Home Helps employed each week	...	...	...	128
An increase of	...	...	...	15

HOME HELPS' WELFARE—SOCIAL CLUB ACTIVITIES

Trip to Bridlington	Social evenings
Week-end in Blackpool	Christmas Fayre
Week-end in London	Children's Christmas Party

The children's Christmas party was a great success, and 150 presents were distributed by the Chairman of the Health Committee, who acted as Father Christmas.

CENTRAL REGISTER OF AGED PERSONS

A central register is being compiled which will concentrate attention in the first place upon the aged living alone.

An attempt will be made to collate all relevant information about the aged and make this readily available to the section heads of the Department when it is required.

Close co-operation has been maintained with all voluntary bodies and many have supplied information about the aged for inclusion in the Central Register.

WASHING CENTRE

During the Autumn of 1953 it was becoming increasingly difficult to spread the services of the 117 home helps available and it was necessary for some home helps to attend three or four homes each week which in most cases meant a weekly wash at each home.

It was felt that this was unfair to the homes and to the home helps whose burden was continually increasing.

It was decided that not only could the task of the home helps be eased but that the service could expand without additional personnel if some system could be devised to relieve the existing personnel as much as possible from the burden of the washing, especially in the homes where facilities were poor or where there was an incontinent patient.

To this end the Health Committee agreed to application being made to the Ministry of Health for an amendment to the Council's Scheme under Section 29(1) of the National Health Service Act, 1946, in the following terms:—

HOME HELP WASHING CENTRE

Facilities will be provided by the Authority for the washing of articles of households qualifying for the provision of domestic help in accordance with the terms of Section 29(1) of the Act.

This amendment was accepted by the Ministry of Health and as an experiment it was decided to use as a washing centre one room of a centrally situated premises part of which was already in use by the Health Department for other purposes.

In this room was installed a Bendix washer manned by a selected Home Help who attended eight half days weekly. There, washing is brought by home helps and left overnight or while the home helps do their shopping and collected later ready to be dried and ironed. Later it was decided that a drying cabinet should be installed so that the washing would only need ironing on return.

The washing centre began to operate during December, 1953, and the demand steadily increased as will be seen from the table below so that in the last full working week of December, 1954, 569 articles were washed as against 300 in the first week in February, 1954.

	Week ending 31.1.54	Week ending 19.12.54
Number of articles washed per week	300	569
Number of washes per week	27	50
Number of hours spent at the Centre by the special Home Help	32	31
Number of Home Helps employed	117	122
Number of cases served	200	258
Number of hours worked	2756	3267

The following list gives the various articles and the total number washed from January to December, 1954, and while it is difficult to estimate the cost in detail because of apportionment of rent and electricity charges a rough estimate indicated that the average cost of washing each article was a little over 2.1/3d.

Bedcovers	64	Curtains	447
Bed jackets	13	Dresses	385
Blankets	232	Dressing gowns	18
Blouses	62	Handkerchiefs	639
Bodices	101	Jackets	22
Body belts	6	Jumpers	57
Bolsters	253	Knee pads	2
Cardigans	42	Knickers	650
Collars	9	Napkins	95
Combinations	255	Shirts	1455
Nightgowns	952	Skirts	472
Overalls	1052	Socks	49
Pants	589	Stockings	24
Pillowcases	2936	Tablecloths	1103
Pyjamas	255	Tea towels	1549
Quilts	180	Ties	5
Scarves	42	Towels	2689
Serviettes	72	Trousers	12
Shawls	5	Vests	40
Sheets	2474		
Covers	923		
		Total	22066

This experimental scheme for the washing of clothes has proved successful not only from the point of economy of personnel and by allowing expansion of the service particularly to the aged with little increase in the numbers of home helps employed, but also in the lightening of work for the home helps. The increasing demands have made necessary plans for extending the centre so that a complete wash i.e. washing, drying and ironing may be carried out.

The following table gives details of the 683 cases assisted by the Home Helps during 1954 as compared with the previous year : —

		Total No. of cases	Total No. of hours	Average No. of hours per case per annum	Average No. of hours per case per week	Home Help sickness rate (over 12 months)
1953	...	554	126233	227.9	4.38	2.85 per cent.
1954	...	683	143414	209.9	4.03	2.63 per cent.

There has been a reduction of hours per case per week; also there has been a similar reduction in the sickness rate of the Home Helps. It is hoped, by an extension of the Centre, to bring about further reductions in 1955.

MENTAL HEALTH.

During 1954 the statutory duties under the National Health Service Act, Lunacy Act, Mental Treatment Act and Mental Deficiency Act were performed capably and efficiently.

The lack of accommodation in Mental Hospitals and Mental Deficiency Institutions continues to cause anxiety and frustration.

The liaison between the Mental Health Service, general medical practitioners, hospitals, disablement and re-settlement officers, Ministry of Labour officials, voluntary services and the various services of the local authorities continues to improve. It is always a pleasure to report on the willing co-operation and assistance afforded by other agencies, and it is, to say the least, important that this co-ordination of effort should be maintained and improved wherever possible.

In my report for the year 1953 I stated that the Minister had given the "go ahead" signal to proceed with the building of an Industrial Centre for the training of adult mental defectives. It was also hoped that the new building would be well on the way to completion this year. I am, therefore, more than pleased to be able to report that my hopes have materialised. Work on the building commenced in August and it is more than a possibility that it will be completed and functioning by the time this report is published. This is another milestone in the road of progress and evidence of an earnest desire on the part of the Local Health Authority to fulfil its obligations under the National Health Service Acts.

MENTAL DEFICIENCY ACTS, 1913-38

I (a) Defectives under Institutional care as at 31st December, 1954:—

	Resident		On licence leave	
	Male	Female	Male	Female
St. Catherine's Institution, Doncaster ...	31	34	6	4
Stoke Park Colony, Bristol ...	2	1	—	—
Whittington Hall, near Chesterfield ...	—	6	—	—
Grenoside Hospital, near Sheffield ...	8	—	1	—
Aughton Court, near Sheffield ...	—	2	—	—
Victoria Hospital, Mansfield ...	1	—	—	—
Fir Vale, Sheffield ...	—	1	—	—
Thundercliffe Grange, Rotherham ...	1	1	—	—
Rampton Hospital, near Retford ...	3	1	—	—
Moss Side, Liverpool ...	2	—	—	—
The Manor, Epsom ...	1	1	—	—
Glenfrith Hospital, Leicester ...	1	—	—	—
Ridgeway Hospital ...	1	—	—	—
Farmfield Hospital ...	1	—	—	—
	—	—	—	—
	52	47	7	4
	—	—	—	—

The total number of cases under order in institutions is 99. This is a decrease of two on the previous year.

I (b) Admissions into Mental Defective Institutions.

Admissions into Mental Deficiency Institutions during the year 1954 numbered 4 — 3 males and 1 female. Two of the cases were admitted under the provisions of Section 5, Mental Deficiency Act, 1913—38 (Petition presented by an authorised officer of the local health authority); one by order of the Court (Section 8, Mental Deficiency Act, 1913—38) and one by order of the Secretary of State (Section 9, Mental Deficiency Acts, 1913—38).

I (c) Discharged (or died) from Mental Deficiency Institutions.

During the year 4 cases were discharged from order and 2 cases died.

I (d) Licence leave granted.

During the year licence leave was granted to 7 cases, one of which had to be returned to the institution for failing to comply with the condition of licence.

II GUARDIANSHIP

No change occurred in the number of guardianship orders during 1954. Three adult female defectives remain with private guardians under the general supervision (on behalf of the local Health Authority) of the Brighton Guardianship Society. It is regrettable that greater use cannot be made of the statutory guardianship provisions which provide an adequate degree of legal control and at the same time allow the defective to enjoy much more freedom than is permissible in an institution.

It is extremely difficult to find persons who are willing to accept a defective into their homes and also perform the statutory duties which guardianship involves.

III ASCERTAINMENT OF DEFECTIVES

The following new cases were ascertained during 1954:—

	Male	Female
(1) Cases reported by local education authorities under the Education Act 1944		
(a) Under Section 57 (3) of the Act	4	7
(b) Under Section 57 (5) of the Act	4	3
(2) Other cases reported and ascertained to be "subject to be dealt with"	—	—
(3) Ascertained cases who are not at present "subject to be dealt with"	1	—
	—	—
	9	10
	—	—

It will be observed that 18 cases were notified by the Local Education Authority. Generally speaking the Education Authority still provides the main source by which defectives are ascertained.

Children who are "educationally subnormal" within the meaning of the regulations made under the Education Act in respect of various categories of handicapped

pupils remain the responsibility of the Local Education Authority until:—

(1) They are considered to be incapable of receiving education at school either because of disability of mind or because it is considered inexpedient that they should be educated in association with other children, or

(2) It is decided that they will require supervision after leaving school (including special schools for educationally sub-normal pupils).

Those included in category 3(a) are automatically excluded from the educational system and become the immediate responsibility of the Local Health Authority.

In cases where the degree of handicap is not so severe the child is given the benefit of the most suitable teaching available and is notified under Section 57(5) of the Education Act (item 3b) if it is considered that supervision should continue after leaving school. The child then becomes the responsibility of the Health Authority.

IV SUPERVISION OF DEFECTIVES IN THE COMMUNITY

The following statistics relate to the number of defectives in the various classes who are subject to supervision as at 31st December, 1954:—

	Male	Female
Mental defectives on licence from institutions ...	7	4
Mental defectives under guardianship	—	3
Mental defectives "subject to be dealt with"		
(a) under statutory supervision	55	68
(b) others	10	22
Mental defectives not at present "subject to be dealt with" (voluntary supervision)	31	22
Cases supervised for other authorities	1	—
	<hr/> 104	<hr/> 119

Included in items 4 (a) and 4 (b) are 4 males and 6 females resident in The Mount. With the exception of the three cases under guardianship in the South of England, supervision was carried out by officers of the Local Health Authority. During the year 736 visits were made to the homes of defectives under supervision plus numerous visits made in connection with licence leave, holidays and renewal of detention orders. 28 cases were escorted from and to institutions for holiday leave. Of the cases supervised during the year, 6 left the area, 5 died, 4 were admitted into institutions and after thorough investigation 20 cases whose home care is satisfactory were considered suitable for removal from the register, having proved themselves stable in character and able to sustain regular employment. leaving 223 still under some form of supervision.

During 1953, three cases were admitted into St. Catherine's Institution for short term care, under the provisions of the Ministry of Health Circular 5/52. This was the first time that this authority had taken advantage of these provisions and I am pleased to report that this year we were able to arrange for the admission of six cases. It is appreciated that this would not have been possible had it not been for the excellent co-operation afforded by the Medical Superintendent. In many families where there is a mental defective, critical situations often arise in which it is urgently necessary that the defective should be cared for elsewhere than in his own home. Examples of this are the illness of a member of the family; confinement of the mother; the mother being in urgent need of holiday or the defective in urgent need of treatment which, because of his defect, cannot be conveniently given in a general hospital.

The period of care does not exceed the period of special need and one or, at most, two months is the normal maximum. Care is taken to explain to the relatives that the admission of the patient is only temporary and to make sure that they do not try to take advantage of the temporary admission but take the patient home according to the agreed arrangement.

The Medical Superintendent has complete discretion as to whether an individual patient should or should not be admitted, and as to any conditions that he may impose regarding removal.

OCCUPATION CENTRE

This very important branch of the service continues to function most satisfactorily. Attendances at the Centre during 1954 totalled 11,299 half days out of a possible 12,837. This represents a percentage of 88. This is higher than last year when the percentage attendance was 85.3.

With the present shortage of hospital beds, Occupation Centres are playing an important part in helping to alleviate the worries and anxieties of many parents which is much appreciated by them.

The Centre should not be considered to be a stop gap for overcrowded institutions for apart from relieving the relatives of these unfortunate children during the day, its primary function is to try to teach the child to be as independent as possible. In the majority of cases this aim is being successfully achieved.

The success of any Occupation Centre undoubtedly depends on the patient instruction imparted by the staff and, in this respect, this authority can consider itself fortunate. The enthusiasm and care displayed by the staff is reflected in the report by Miss M. Woollven, the Board of Control Inspector, who visited the Centre on the 17th May, 1954 which reads as follows:—

“ This Centre continues to function on satisfactory lines.

The windows in all the classrooms have been altered to allow more

efficient ventilation. Heaters have been fitted in the cloakrooms. A gas boiler and wringer have been installed in the girls' cloakroom and the older girls do the centre laundry under supervision.

Good work is being done in all three groups, particularly the nursery class. The handwork taught covers a wide variety and is well graded. Older boys are given instruction in simple woodwork and coir mat making is to be started soon.

The activity periods are well planned and much enjoyed. A new departure is the introduction of square dancing and I saw a most spirited performance to-day.

The mid-day meal was up to its usual excellent standard to-day.

Discipline is very good here and the children are eager and responsive. The staff work well together and are keenly interested in the welfare of the children.

Since the last visit the staff have had the opportunity of visiting the East Leeds Centre.

Work is not yet in hand for the building of the new Industrial Centre but I gather it is hoped to start very soon now."

OCCUPATION CENTRE TRANSPORT

Of the 38 in attendance at the Occupation Centre 32 are conveyed by the Health Department transport. I feel there are definite advantages in providing transport for the pupils in so far as it obviates absenteeism and prevents possible chills and colds particularly in winter time. It ensures that the time schedules at the centre are not interrupted by late comers. Parents are also grateful especially those of the pupils who are unable to guard against common danger. I would, however, emphasise that owing to the pupils growing up more seating space is needed and the bus is rather overcrowded. In view of this situation and the possible requirements of the Industrial Centre, alternative means of transport will need consideration.

The quality and quantity of the mid-day meal continues to be extremely good. This view being endorsed by the Board of Control Inspector whose visit coincided with the serving of the mid-day meal.

Five in attendance receive free meals.

OPEN DAY

The Open Day for parents and friends was held on 18th November.

The function was very well attended indeed. The continued improvement in the quality and workmanship of goods offered for sale was evident and the proceeds of the sale amounted to £37/17/5d.

The sale of articles for the year amounted to £110/9/4d.

It is natural, particularly with such an enthusiastic staff, to wish to increase production and sales and it would be utterly wrong and disheartening not to encourage them in their efforts, but it would also be wrong to assess progress in terms of production and cash, for it must be borne in mind that the primary function and aim is to teach the children to be as independent as possible and to develop their limited intelligence to the full.

STAFF

The efficiency and sympathetic understanding displayed by the staff is only overshadowed by their great enthusiasm to do all that is humanly possible to help these unfortunate children.

The reports received from the Board of Control Inspectors over a period of years bear witness to the zeal, progress and excellent team spirit which exists at the Centre.

During the year the Supervisor and her three assistants visited Occupation Centres at Leeds and Nottingham. We are indeed grateful to these two authorities for their co-operation and the facilities afforded.

The visits were beneficial in so far as it permitted an exchange of ideas to the mutual benefit of both parties.

NEW ENTRANTS TO OCCUPATION CENTRE

There were three new admissions to the Centre during the year. They took the place of two pupils who died and one who left the area. This leaves 8 children on the waiting list and if their parents will give permission for them to attend they can be readily absorbed when the new Industrial Centre is opened.

It must be appreciated that attendance at the Occupation Centre and the Industrial Centre is not compulsory and it is regrettable that some parents will not agree to their children attending. No effort is spared in persuading parents to allow their children to attend and there is always an open invitation to visit the Centre extended to parents who are naturally anxious about the care and training their child will receive. If parents who are at all doubtful would visit the Centre and see for themselves the normal routine work of the Centre and the benefit derived from it they would not hesitate to allow their child to attend.

INDUSTRIAL CENTRE

In the past it has been the policy of this department because of limited capacity at the Occupation Centre to give priority to the training of children of school age who are excluded because of their disability. This meant little or nothing was being done

in the way of training adult mental defectives. It was with this in mind that the Council, in 1952, made representation to the Minister for the provision of an Industrial Centre for adult mental defectives. It was therefore pleasing to report in 1953 that the Minister had given his approval to the plans submitted and it was hoped that building would commence during 1954.

This hope has now been fulfilled and I am delighted to report that this new centre is scheduled to be completed during the early months of 1955.

The new centre will be a brick building consisting of two large classrooms which can be divided by a sliding partition and a large assembly hall which can also be divided. There will be the usual toilet requisites including baths and showers. Also included is an office, staffroom and cloakrooms. The building has been designed to give the maximum amount of light and can be considered modern in every respect. It is situated in the grounds of Ferham House, Kimberworth Road, adjoining the present occupation centre and will accommodate a maximum of 50 adult pupils. It is proposed to have 25 of each sex, and it is hoped to commence with 18 males and 17 females. This number will gradually increase as the need arises. At the outset, the training and activities will be a matter of development and the following gives a general picture of the curriculum ultimately attempted.

Females

- (1) Classes on plain sewing.
- (2) Continuation classes in time — money values.
- (3) Instruction in domestic duties that might be carried out in the home, i.e. simple washing and ironing, laying tables and washing up, general cleaning, sweeping, dusting, care of utensils, etc. Use of domestic appliances such as electric sweeper, mangle, sewing machine, telephone and simple cookery.
- (4) Use of leisure time by provision of suitable handwork, introduction to wireless programmes, puzzles, etc.
- (5) Dancing, music and movement and physical training, speech and general conversation.
- (6) Elementary instruction in how to deal with small children.
- (7) Personal Hygiene.

Males

- (1) Money values, time, etc., physical training, games, music in various forms.
- (2) In addition, it is hoped that more advanced occupations will be attempted, e.g. gardening, brush making, chair and stool seating, cord and rope making, apparatus (making and repainting for the Occupation Centre). Carpentry, basketry, weaving, rug making, cork mats, and other minor crafts such as leather and pewter work will also be carried out.
- (3) Personal hygiene.

It is generally felt that once established the Industrial Centre has very great possibilities and although the initial outlay has been heavy, it will form a valuable addition to the services provided for the mentally handicapped, and should be adequate to meet the needs of the Borough for some years to come.

LUNACY ACT 1890 AND MENTAL TREATMENT ACT 1930

THE WORK OF THE DULY AUTHORISED OFFICER

This title is a harsh one, authoritarian and misleading, as it only covers a fraction of the work carried out by the modern Mental Health Officer. The present title merely describes the statutory power and procedure of the officer. The present activities of this officer range over a very wide field. The time occupied by his statutory duties is small in comparison to the time taken up with preventative work, preparing social histories, reports for the Consultant Psychiatrist at the Out-Patient Clinic, and assisting patients with all kinds of financial, economic and domestic difficulties.

Many patients from out-patient clinics and those discharged from mental hospitals are referred and advice and help are given in such matters as seeking more suitable employment, settling some matrimonial problem, helping to complete some statutory form. Help is offered in many of the problems of everyday life which cause concern to many people.

In the after-care work performed by the Mental Health Officer his knowledge and experience assist in the rehabilitation and re-settlement of the patient. Financial and domestic problems are the common worries of many patients and, should they be associated also with fear of ill health, become exaggerated and distorted. Any help given by the Mental Health Officer which can reduce or remove these anxieties may result in a patient being successfully treated at an out-patient clinic and thus make admission to hospital unnecessary. The aim of any mental health officer should be to regard the admission of a patient to a mental hospital as the last step to be adopted. In the mental deficiency field the Mental Health Officer endeavours to assist both patients and parents by securing for them every advantage from the mental health and the other services. He is in contact with the Youth Employment Officer, the Disablement and Re-settlement Officer and many other organisations which can give sympathetic help and consideration to the mental defective. He explains the advantages of attending the Council's Occupation and Industrial Centres and gives advice on the application for National Assistance to meet a particular need.

Interviews at the Mental Health Office continue to increase. With the passing of time the Mental Health Officer is being accepted as a friend and advisor and not just as an officer with statutory duties to perform. He is on the whole well received and whereas some years ago relatives were rather reluctant to impart information they now volunteer information in an effort to be helpful. The progress of this friendly understanding between the officer and relatives is very important and necessary if the stigma which tends to be associated with mental ill health is to be removed.

All the services mentioned in the foregoing bear no relationship to the statutory duties of the Duly Authorised Officer as such. Therefore I feel any future legislation

might render the title of Duly Authorised Officer obsolete and replace it with one which creates confidence and dispels much of the fear that is usually associated with mental ill health.

Of the many cases investigated by the Mental Health staff none are more disturbing than those concerning the aged and infirm. The many requests for the admission of the old people to hospital spring from the need for custodial care. Many of them occupy beds in mental hospitals which might profitably be occupied by younger patients who could be treated and returned to activity.

Many of these old people appearing before Magistrates present them with a problem. Should they be sent to a mental hospital or should they be placed in old people's homes? Unfortunately there is no half-way house and consequently the old person is admitted into a mental hospital — in many cases very reluctantly. In Rotherham every effort is made to avoid the certification of persons over the age of 70 years and many avenues are explored before taking this distasteful action. It is to be hoped that when future legislation is being considered, some serious thought will be given to the problem of "the senile demented patient."

Facilities for the admission of patients into Moorgate General Hospital under the provisions of Section 20, Lunacy Act, 1890, continue to operate satisfactorily. This procedure is a definite advantage in so far as it allows a period of observation and time to assess the degree of mental disturbance. In many cases this avoids the need for certification and admission into a mental hospital. Frequently the acute symptoms manifested by a patient disappear after a few days with the result that he can be admitted into a mental hospital on a voluntary basis without a great deal of formality or even discharged to his own home.

Most cases are brought to the notice of the Mental Health Officers by general medical practitioners. The service is very much appreciated and they consider the officer a most useful source of information on the law relating to the mental patient and the different social agencies which can be of assistance. At times a position arises in which the doctor may feel that he should tell the lay official what to do about the case. It is important to remember that the practitioner in notifying the existence of a person of unsound mind, must leave the action to be taken to the discretion of that official, with whom the final responsibility rests.

Much is to be gained by mutual co-operation in the interests of the patient. It is worth remembering that the statutes which deal with unsoundness of mind are not directly concerned with medical diagnosis. They were created for the protection of the individual who is unable through no fault of his own to conform to the standards of behaviour normally required of a citizen. They are also concerned with the protection of society from the effects of this kind of disability.

It is therefore largely a social question rather than a medical one. In fact when a patient is certified under the Lunacy Acts the final decision on whether a person should be under care rests with a layman—namely a judicial authority who signs the Reception Order, although he is usually content to be advised by the certificates of the medical practitioner who has examined the patient.

During 1954, 78 patients were admitted into Moorgate General Hospital from within the administrative area of the County Borough of Rotherham.

In the opinion of the Duly Authorised Officer all patients admitted were either certifiable as of unsound mind or sufficiently mentally disturbed as to require compulsory detention 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	31
(b) as temporary patients	4
(c) as voluntary patients	5
2. Discharged from Moorgate General Hospital	37
3. Still in Moorgate General Hospital						
(a) action pending	1
						—
					Total	78
						—

Patients from other areas continue to be admitted into Moorgate General Hospital 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 into Moorgate General Hospital by officers of Sheffield, Doncaster and areas of the West Riding.

The following table analyses the types of patients admitted into mental hospitals during 1954:—

	Borough cases		Other cases	Total
1. Certified patients	...	38	23	61
2. Temporary patients	...	4	3	7
3. Voluntary patients	...	34	2	36
		—	—	—
		76	28	104
		—	—	—

It will be observed from the foregoing statistics that of the total number of cases in which the Duly Authorised Officers were called upon to make arrangements for admission into mental hospitals under the Lunacy and Mental Treatment Acts 37.8 per cent. of the total (104) were not resident within the administrative area of this authority.

The final analysis of cases dealt with by officers of this authority reads as follows:—

Under the provision of Section 20 Lunacy Act 1890	78
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	23
Under the provisions of Section 5, Mental Treatment Act 1930 from within the area	4
Under the provisions of Section 5, Mental Treatment Act 1930 other authorities	3
Under the provision of Section 1 Mental Treatment Act from within the area	34
Under the provision of Section 5 Mental Treatment Act other authorities	2
Total	182

In addition to these cases 59 others were investigated resulting in no action being taken or, alternatively, with the close co-operation of the family doctor arranging for the patient's admission into the chronic sick wards, or for an appointment with the visiting Psychiatrist.

Of the total number of mental cases dealt with or investigated 42 were late evening or early morning calls.

OUT-PATIENT CLINIC

The Out-Patient Clinic can now be regarded as one of the most important factors in the prevention of mental ill health. No matter where these clinics are established they appear to attain popularity, which indicates that a very definite need is being met and the volume of work undertaken continues to increase.

The value of out-patient work and its usefulness to the community in the prevention of mental illness and the value of early treatment cannot be doubted by workers who are closely associated with the care and after care of the mentally sick.

Patients are given every encouragement to take full advantage of the facilities available at the Moorgate General Hospital Out-Patient Clinic for Nervous Diseases.

The Mental Health Officers work in very close co-operation with the Clinic Psychiatrists and much valuable information is exchanged to the benefit of all concerned.

It is now our usual practice to arrange appointments for patients at the Out-Patient Clinic and if necessary escort the patient to and from the Clinic. Needless to say this procedure is followed after consultation with the patient's general practitioner

who supplies a letter of introduction and history for the guidance of the Psychiatrist. Regular visits are made to the Clinics and the visiting Psychiatrists are ever ready to assist and advise on cases in which the Mental Health Officer has an interest.

It is usual to refer all patients who are desirous of accepting voluntary treatment to the Out-Patient Clinic in the first instance. This gives the Psychiatrist an opportunity to assess the suitability for admission as a voluntary patient, or may result in the patient being treated as an out-patient.

AFTER-CARE OF PATIENTS DISCHARGED FROM MENTAL HOSPITAL

A certain amount of this work is carried out by Psychiatric Social Workers of the hospital. There has, however, of late been an increase in the number of cases referred from the discharging hospital to the Mental Health Officer as being in need of after-care. On the whole the officers discharging this duty are well received and their services are much appreciated. It is only fair to say that occasionally a visit can be termed unwelcome and this may be due to the mental health officer having been associated with the original removal to hospital of the person concerned.

The duty of after-care falls within the province of the mental health worker. At present only two members of the mental health staff are recognised as being capable of performing these duties. It is in the interest of the service that the present trainee be designated mental health worker as soon as possible so that he may be officially recognised as competent to perform these duties.

Patients discharged from hospital must receive adequate after-care to re-habilitate them and also minimise the risk of a relapse. If prevention is not possible it becomes the duty of those concerned to see that the patient receives the best form of treatment which is available as quickly as possible. Close contact is maintained with a host of organisations, both public and private which may ultimately be of assistance to the patient. In this direction I am pleased to report on the excellent liaison and co-operation which exists between the officers of this department and the various bodies. This is a branch of the service which is developing and I am sure many more cases will be referred for after-care. The decision as to the necessity for after-care by the mental health worker is largely left to the discretion of the medical staff of the discharging hospital. As previously stated cases are increasing and it would appear that the work of the local authorities' officers is being more appreciated by hospital medical staffs, who when referring the cases are most helpful in supplying a history of the case and recommendations. I feel that this is further evidence of the growing understanding and co-operation between hospitals and local authorities which is so very necessary.

HOSPITAL ACCOMMODATION

The shortage of hospital accommodation continues and little or no improvement during the year under review can be reported. Overcrowding in mental hospitals and mental deficiency institutions continues.

It has been estimated that mental hospitals in England and Wales are accommodating well over 17,500 patients more than they were originally designed to receive.

This overcrowding is attributed to the many mental defectives retained who should be in mental deficiency institutions and to the number of aged patients—many of whom are suffering from senile dementia.

Mental deficiency institutions in England and Wales are also grossly overcrowded and it has been stated that there is a shortage of over 5,000 beds.

This is surely the biggest problem that the Mental Health Services are facing.

Whilst the difficulties of the various Regional Boards are appreciated and their task of making good the deficiency irrevocable, there is also the other side of the problem, that of the relatives of patients, who find the strain of caring for patients (in particular the mental defective) undermining their health and causing family differences. Meanwhile the problem of shortage of accommodation continues.

OBSERVATIONS

Overcrowding at the Middlewood Hospital has been maximal throughout the year. In large measure this is due to large numbers of senile dementias, non psychotic defectives, and patients although recovered from their psychosis, who cannot be discharged because they have no home or relatives who are willing to accept responsibility for them.

This obviously means fewer beds are available for acute mental patients. It would appear that there is now a great need for some halfway house where chronic senile patients can be cared for. Skilled psychiatric supervision seems unnecessary in these cases and the need is for simple care and attention.

If provision could be made in this direction a considerable number of beds could be liberated for the admission of cases that would benefit from the expert treatment available at modern mental hospitals.

It is also worthy of mention that doctors, magistrates, and mental health officers are very reluctant to have to resort to the certification of old people.

Mental illness can befall anyone and is not something of which to be ashamed. There is now a new outlook in the mental health service, an outlook that has no room for the word despair, for with new treatments and new skills patients can be and are being cured. It is of the utmost importance that an optimistic outlook should be encouraged in dealing with the problem of mental health and that those in need of it should be encouraged to take advantage of the treatment now available.

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.

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, 1954, was 244. This was an increase of 6 from the previous year, and 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	—	1	1
Over 5 years and under 16 years	2	3	5
Over 16 years and under 20 years	1	1	2
Over 20 years and under 30 years	2	2	4
Over 30 years and under 40 years	3	9	12
Over 40 years and under 50 years	14	5	19
Over 50 years and under 60 years	15	20	35
Over 60 years and under 70 years	18	17	35
Over 70 years	56	75	131
Totals	111	133	244

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

	Males	Females	Total
Employed	15	5	20
Trained, but unemployed	1	—	1
Training	—	—	—
Trainable	2	1	3
Unemployable	91	123	214
Totals	109	129	238

The following table gives details of the occupation 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	1	—	—	—
Musician	1	—	—	—
Packer	1	—	—	—
Physiotherapist	1	—	—	—
Piano tuner	1	—	—	—
Porter	—	—	—	—
Poultry keeper	—	—	1	—
Totals	16	4	1	—

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 one reports on this form were received during 1954, 32 were received in respect of persons certified blind, 19 were partially sighted, 31 were re-examined and 19 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	1
Cataracts	9	10	14	10
Diabetes	2	—	1	—
Myopia	—	2	6	1
Vascular diseases	2	2	1	4
Congenital diseases and defects :				
Syphilis	—	—	—	—
Retinitis pigmentosa	—	—	1	—
Hereditary and developmental defects	1	1	3	—
Hydrocephalus	1	—	—	—
Optic atrophy	—	—	1	—
Septicaemia	1	—	—	—
Traumatic and Chemical Non-industrial	—	—	1	—
Hypertension	—	—	—	1
Senility	5	1	—	—
Detached retina	2	—	—	—
Polio encephalitis	1	—	—	—
Local infection of coats of eye	—	1	—	1
Retrolental fibroplasia	—	1	—	—
No information	—	1	2	1
Totals	32	19	31	19

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

GLAUCOMA

Six of the cases certified blind are attending hospital for treatment, one to be re-examined in the near future. One case has been re-examined and certified blind. One case examined and certified not blind.

CATARACTS

Nine reports in respect of persons certified blind resulting from cataract, owing to age and conditions of persons no surgical treatment recommended.

Ten reports in respect of persons certified partially sighted. Surgical treatment recommended in two cases.

Fourteen cases of cataract re-examined, three transferred to Blind Register, four had been attending for medical treatment, one decertified.

Ten cases examined and reported not blind, one case recommended for optical treatment.

DIABETES

Two cases certified blind, medical treatment recommended in both cases.

One re-examination shows no appreciable deterioration.

MYOPIA

No cases of blindness reported.

Two cases of partial sight, no treatment recommended.

Six re-examinations, one de-certified.

VASCULAR DISEASES

Two certified blind, no treatment recommended.

Two certified partially sighted, no treatment recommended.

One re-examination shows no appreciable deterioration.

Four certified not blind.

CONGENITAL DISEASES AND DEFECTS

Retinitis Pigmentosa—one re-examined, educational treatment recommended, now attending Newman School.

Hereditary and Development Defects. One case certified blind, one certified not blind. Three re-examinations, one being de-certified.

OPTIC ATROPHY

One re-examination shows no appreciable change.

SEPTICAEMIA

One case reported blind, no treatment recommended.

TRAUMATIC AND CHEMICAL

Non-industrial, one re-examination for systemic poisoning was de-certified.

HYPERTENSION

One certified not blind.

DETACHED RETINA

Two cases reported blind, no treatment recommended in either case, Septicaemia secondary condition in one case.

POLIO ENCEPHALITIS

One child 4 years of age certified blind.

LOCAL INFECTION OF COATS OF EYE

Two cases examined, one certified partially sighted, the other not blind.

RETROLENTAL FIBROPLASIA

One girl of 6 years certified partially sighted, this is due to severe prematurity.

NO INFORMATION AVAILABLE

One certified partially sighted. One case re-examined twice within 12 months, and de-certified, had two operations for cornea grafts, both been successful.

One certified not blind.

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 10 to 20.

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

HOME WORKERS' SCHEME

No more blind persons have been incorporated in this Scheme.

One man certified partially sighted is undergoing training at the Sheffield Workshops for the Blind.

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	...	...	...	2	1	3
David Lewis Colony, Manchester	...	...	...	—	4	4
Maghill Homes, nr. Liverpool	...	...	...	1	—	1
AT HOME:						
On Handicapped Persons Register	...	...	...	7	2	9
				—	—	—
				12	8	20
				—	—	—

Five 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	2
AT HOME:						
On Handicapped Persons Register	...	...	...	1	1	2
				—	—	—
				3	2	5
				—	—	—

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