Report upon the health conditions in Rotherham Rural District during 1948.

Population.

In 1948 the population of Rotherham Rural District reached a new high peak at 46,010. There were 5,360 more people living in the district than in the pre-War years, including 1,200 brought into the East Herringthorpe housing estate in Dalton Parish by Rotherham Corporation.

Births.

A bulge in the birth-rate began in 1941 and was still well in evidence in 1948 when 971 children were born. This was 200 more than in the pre-War year. The bulge in the birth-rate showed signs of subsiding in 1948. The number of children born was 175 fewer than in 1947.

The parishes with the largest number of births were Dalton (156), Thrybergh (135) and Thurcroft (129). Less than a third of the children were born in Maternity Homes and Hospitals.

Deaths.

The crude death-rate of 9.2 was the lowest ever recorded in the district. It has been equalled only once before in 1942. It would hardly be fair to compare the district rate with the national death-rate of 10.8 as Rotherham Rural District has a comparatively high proportion of younger people.

Infant Deaths.

The infantile death-rate of 49 compared unfavourably with the national rate of 34, and showed that there is room for improvement in the standard of infant care in the district. Forty-eight infants under one year of age died in 1948, many of them from preventable illnesses such as pneumonia which caused 14 deaths, bronchitis (2), whooping cough (2), suffocation (2) and gastro-enteritis (6).

The re-appearance of gastro-enteritis in the mortality tables in the past two years has been a particular disappointment. This disease was a scourge in the earlier years of this century, and was one of the chief causes of death-rates which in the 1920's were double, and in the 1900's were four times as high as they are today.

The parishes with most infant deaths were Dalton (10), Thurcroft (9), and Thrybergh (7).

Maternal Deaths.

One woman died in child-birth.

Other Deaths.

There were no deaths from diphtheria, scarlet fever, measles or infantile paralysis. Cerebro-spinal fever and influenza caused two deaths each.

Cancer deaths have increased steadily in the past fifty years due to the increasing proportion of elderly people in the population. There were 70 cancer deaths in 1948.

Other Deaths. (cont'd)

Since the end of the War pulmonary tuberculosis has shown a tendency to cause more deaths each year. Twenty-three deaths were due to this disease in 1948. The number of cases of pulmonary tuberculosis on the register also increased to 193.

Deaths from Violence.

There were 6 suicides, 8 deaths due to road traffic accidents and 12 to other violent causes.

Infectious Diseases.

759 cases of measles and 284 cases of whooping cough were notified. It is difficult to see what useful purpose was served in requiring general practitioners to write out and post over a thousand notification certificates for these diseases when no action could possibly be taken by the Health Department.

There was a moderate increase in scarlet fever cases to 68. Twenty-eight of these cases were nursed at home. Only one case of diphtheria developed during the whole year, conclusively proving the effectiveness of the immunisation campaign. This dreadful disease never caused less than 50 cases each year before immunisation was started, and was to blame for 4 or 5 deaths each year. We have now reached the stage where we can reasonably expect a complete year of freedom from diphtheria.

H O U S I N G.

Squatters' Camps.

The worst housing conditions during the year were seen in the 49 huts at the Squatters' camps at Thrybergh, Wentworth and Ulley. Nineteen huts became empty during the year, 10 of them at the Greasborough camp in Wentworth Park and 2 at Cumwell Lane. Where it was possible, the huts were dismantled.

Some impression of the bad living conditions can be got from the following facts. Seven families were dependant upon outside stand-pipes for their water supply. Twenty-four families were using pan closets which were emptied weekly by the Council's cleansing department. Eleven families had only the tops of the small slow-combustion stoves for cooking and these were a menace to young children when hot. There was no means of separating the sexes in 12 huts where it was required.

The huts were draughty, cold, and in many cases leaking in wet weather. Thrybergh Camp site could be truthfully described as a wilderness of wrecked huts, bricks, broken concrete and other litter.

Unfit Houses.

When the Rural Housing Survey was made in 1946, 465 houses were found to require demolition and 3,583 to be in need of major re-conditioning. It has not been possible to deal with any of these owing to the housing shortage.

Housing Needs.

The up-to-date register of the Housing Superintendent has 1,345 applications for Council houses from sub-tenants and lodgers in the Rural District. Parishes with the greatest numbers of applicants are Dalton (208), Thrybergh (203) and Thurcroft (184).

Houses built since the War.

922 houses have been built since the War, including 196 by private enterprise, 458 traditional types by the Council, 28 Airey houses, 50 aluminium houses and 190 temporary houses.

Sanitary Conditions.

244 nuisance inspections were reported by the Chief Sanitary Inspector.

It is quite exceptional for any rural district to have the very high proportion of houses on the main water supply and sewage system which is found in Rotherham Rural District.

Only 57 houses among the 12,467 houses in Rotherham Rural District are without a piped water supply. Considering the number of isolated farm-houses and dwelling-houses which are inevitably found in a rural district, this is a remarkably low proportion. 96 per cent of the houses are on the water carriage sewage system.

A technical journal recently stated that Rotherham Rural District had the highest percentage of houses with these domestic amenities for any rural district in the country.

Because of the excessive hardness of the Wath Urban District water supply, arrangements were made to transfer the 900 houses in Brampton Bierlow parish to the Sheffield supply of the Dearne Valley Water Board.

The Pinchmill water supply in Whiston village showed a deterioration in quality during the year. Five houses were transferred to the Council's main supply and 5 stand-pipes were disconnected.

Public Cleansing.

The cost of the collection and disposal of refuse was £18,056 in the financial year 1948-49.

County Council Health Services.

Home Helps were provided at 33 homes where there were confinements. Twenty elderly or sick people who were unable to care for themselves also received this assistance.

The Education Committee provided school dinners for 75 per cent of the children in attendance. 196 children were supplied with clothing and 321 with footwear.

The Home Nursing Service was considerably strengthened by the appointment of nine new nurses during the year. Two of the nurses were engaged on weekly and holiday relief duties.

Anaemia among Expectant Mothers.

An unusually high rate of anaemia was found among expectant mothers attending Dalton Clinic. Nineteen of the 60 cases whose blood was examined showed less than 70% haemoglobin.

A dietary survey showed that:

(1) The women were getting an insufficient amount of protein. They had a tendency to share their milk and meat rations with the other members of their families. The cheese ration was not popular and was not being bought in full amount and points were being used insufficiently to purchase tinned meat and fish.

(2) Women whose husbands were at work and whose children were at school did not trouble to make themselves mid-day meals, but were content with a cup of tea with bread and margarine. The diets of these women were more restricted than those of the rest of their families.

(3) Orange juice and iron preparations were not being taken in adequate amounts although they were available at the ante-natal clinic.

Rates of anaemia among women after child-birth are still higher.

S U M M A R Y.

It would be quite impossible in a short report of this kind, to review the many, varied, conditions which influence the health of the community. Food, clothing, fuel and housing are only a few examples of the widely different factors involved.

I would like to mention a subject which deserves more attention than is usually paid to it. This is the changing psychological outlook of the population.

The mental attitude of the people profoundly influences their sickness-rates, working efficiency and general well-being.

For example, during the early years of the War, when many people were living in persistent, nagging fear of sudden death, it would be reasonable to say that the population as a whole showed a state of mild hysteria. This was illustrated for me by a well-known stage artist when he described how his audiences, after the outbreak of War, began to laugh in the wrong places during his performances, and how their laughter was prolonged in quite a meaningless way.

For the past two or three years a proportion of the population has shown a persistent state of mild depression. This has been due, no doubt, to a reaction from the strain of War, and to frustrations from shortages of food and houses.

Nothing in the vital statistics or in the physical condition of the people justifies this depressed attitude.

Children, who come under much closer observation than other sections of the community, show improved physique and fewer illnesses. They are cleaner and better fed. They are better clothed and shod.

It must be admitted that adults are not in quite the same favourable position. Heavy workers, in particular, would benefit from increased food rations. Elderly people, because of infirmity, frequently do not obtain their fair share of food. Nevertheless the pallid, listless children from the homes of the unemployed, or from homes where large families live on inadequate incomes, are no longer found in school medical inspections. Their parents, as a result of better economic circumstances have also shown an improvement in health.

J. M. WATT.

M.D., D.P.H., D.R.C.O.G., D.C.H.

Medical Officer of Health.

Durlston House,
5 Moorgate,
ROTHERHAM.

2nd June, 1949.