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ROTHERHAM
RURAL DISTRICT COUNCIL



**ANNUAL
REPORT**

of the
Medical Officer of Health
for the year 1949.

COUNCIL OFFICES, GROVE ROAD, ROTHERHAM
M.O.H.
DURLSTON HOUSE, 5 MOORGATE, ROTHERHAM

ANNUAL
REPORT

of the
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GENERAL STATISTICS

Area in acres	-	-	-	-	28739
Population census 1931	-	-	-	-	36489
Population estimated June, 1949	-	-	-	-	46940
No. of inhabited houses	-	-	-	-	12465
Rateable Value	-	-	-	-	£174,595
Product of penny rate	-	-	-	-	£674-16-6

VITAL STATISTICS

Population.

The estimated population as at June, 1949, was 46,940 which included 12,489 children under 15 years of age. The total population is an increase of 10,451 over the 1931 figure and 830 more than that of 1948.

The parish distribution of the population is as follows: —

PARISH	POPULATION
Aston-cum-Aughton	6,474
Bramley	3,318
Brampton Bierlow	3,791
Brinsworth	3,133
Catcliffe	1,878
Dalton	6,830
Hooton Levitt	82
Hooton Roberts	184
Orgreave	449
Ravenfield	746
Thrybergh	4,266
Thurcroft	5,750
Treeton	2,275
Ulley	215
Wentworth	1,573
Whiston	2,559
Wickersley	3,417
Total	46,940

Births.

The number of births registered in 1949 was 976 giving a birth rate of 20.7 per thousand of the population. The highest figure during the past 24 years was in 1947 when 1,146 births were recorded. A drop occurred in 1948 which appears to be maintained.

The trend of births is clarified in the following table: —

Year	No. of Births in Rotherham Rural District	Birth-rate
1939	845	20.8
1940	783	19.3
1941	836	20.3
1942	856	20.8
1943	849	21.9
1944	1,060	24.4
1945	899	21.5
1946	984	22.7
1947	1,146	25.7
1948	971	21.1
1949	976	20.7

There were 41 illegitimate births in 1949.

The stillbirths totalled 25 showing a rate of 0.53 per thousand of the population. The rate for England and Wales was 0.39 per thousand.

Deaths.

There were 467 deaths in the area during 1949 equivalent to a death-rate of 9.9 per thousand of the population. The corresponding figure for England and Wales was 11.7.

The principal causes of death are shown in the table below: —

Disease	1949	1948	1947	1946
Heart Disease	124	97	116	105
Cancer	68	70	67	56
Intra-cranial vascular lesions	40	29	38	37
Pneumonia	19	26	20	30
Bronchitis	31	28	31	27
Influenza	10	2	2	6
Nephritis	11	12	9	12
† Infectious Diseases	10	5	9	6
Tuberculosis	17	27	18	16

† Scarlet fever, diphtheria, measles, whooping cough, enteric fever, infantile diarrhoea and smallpox.

Parish Distribution of Deaths occurring in Infants under 1 year of Age.

PARISH	Pneumonia	Gastro-Enteritis	Prematurity	Convulsions	Bronchitis	Measles	Cachexia	Congenital Atelectasis	Spina-Bifida	Marasmus	Umbilical Infection	Pemphigus	Icterus Neonatorum	Congenital Hydrocephalus	Purpura Haemorrhagica Neonatorum	Other Cases	TOTAL
Aston-cum-Aughton	1	—	1	—	1	1	—	1	—	—	—	1	—	—	—	—	6
Bramley	2	3	3	—	—	—	—	—	—	—	—	—	—	—	—	1	9
Brampton Bierlow	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Brinsworth	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Catcliffe	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dalton	1	1	1	—	—	—	—	1	—	—	—	—	—	—	—	1	5
Hooton Levitt	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hooton Roberts	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Orgreave	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Thrybergh	3	3	4	—	—	—	—	—	—	1	—	—	—	—	1	1	13
Thurcroft	—	1	—	2	—	—	1	—	—	—	—	—	—	1	—	2	7
Ravenfield	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Treeton	—	—	1	—	—	—	—	—	1	—	1	—	—	—	—	—	3
Whiston	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	2
Wentworth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wickersley	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Ulley	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	8	9	11	2	1	1	1	3	2	1	1	1	1	1	1	6	50

Infantile Mortality.

There were 50 deaths of children under 1 year of age giving an infantile mortality rate of 57 per thousand births. The rate for England and Wales was 32.

The chief causes of these deaths in Rotherham Rural District were: —

Disease	No. of Deaths
Prematurity	11
Gastro-Enteritis	9
Broncho-Pneumonia	8
Atelectasis	3
Convulsions	2
Spina Bifida	2
Measles	1
Cachexia	1
Pemphigus	1
Inanition	1
Acute dilation of rt. antrum	1
Inattention at birth	1
Purpura Haemorrhagica Neonatorum	1
Congenital hydrocephalus	1
Icterus neonatorum	1
Haemorrhagic pneumonia	1
Congenital Patent	1
Intestinal Obstruction	1
Marasmus	1
Umbilical Infection	1
Cardio Respiratory failure	1

Maternal Mortality.

There were 2 deaths of women in childbirth during the year under review. One of these deaths was from sepsis and 1 from other causes.

Deaths from Violence.

There were 6 deaths as a result of road traffic accidents, 3 suicides and 12 from other violent causes, i.e. occupational accidents, giving a total of 21 deaths from violence. Of these 5 were under 5 years of age, including 2 under 1 year of age.

Parish Distribution of Live Births occurring in 1949 (including Inward Transfers, but excluding Outward Transfers and Transfers to Divisions within the West Riding County Council).

PARISH	No. of Births
Aston-cum-Aughton	123
Bramley	107
Brampton Bierlow	45
Brinsworth	64
Catcliffe	37
Dalton	186
Hooton Levitt	1
Hooton Roberts	3
Orgreave	10
Ravenfield	28
Thrybergh	109
Thurcroft	108
Treeton	30
Ulley	4
Wentworth	23
Whiston	49
Wickersley	49
TOTAL	976

Birth Rates, Civilian Death Rates, Analysis of Mortality, Maternal Mortality and case rates for certain infectious diseases in the Year 1949.

	Rotherham Rural District.	England and Wales	126 County Boroughs and Great towns inc. London.	148 smaller towns. Resident population 25,000—50,000 at 1931 census.	London Admin. County.
BIRTHS	<i>Rates per 1,000 Civilian Population.</i>				
Live Births	20.7	16.7 (a)	18.7	18.0	18.5
Still Births	0.53	0.39 (a)	0.47	0.40	0.37
DEATHS All Causes	9.9	11.7 (a)	12.5	11.6	12.2
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.00	0.01	0.02	0.01	0.01
Diphtheria	0.00	0.00	0.00	0.00	0.00
Smallpox	0.00	0.00	0.00	0.00	0.00
Acute Poliomyelitis and Polioencephalitis	0.00	0.01	0.02	0.02	0.01
Pneumonia	0.40	0.51	0.56	0.49	0.59
	<i>Rates per 1,000 Live Births</i>				
Deaths under one year of age	57.2	32 (b)	37	30	29
Deaths from enteritis and diarrhoea under two years of age	9.2	3.0	3.8	2.4	1.7

(a) Rates per 1,000 total population.

(b) Per 1,000 related to births.

	Rotherham Rural District.	England and Wales.	126 County Boroughs and Great towns inc. London.	148 Smaller towns Resident population 25,000—50,000 at 1931 census.	London Admin. County.
NOTIFICATIONS					
Typhoid Fever	0.00	0.01	0.01	0.01	0.01
Paratyphoid Fever	0.00	0.01	0.02	0.01	0.01
Cerebro-Spinal Fever	0.04	0.02	0.03	0.02	0.02
Scarlet Fever	2.9	1.63	1.72	1.83	1.46
Whooping Cough	0.91	2.39	2.44	2.39	1.70
Diphtheria	0.08	0.04	0.05	0.04	0.07
Erysipelas	0.12	0.19	0.20	0.19	0.17
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	10.7	8.95	8.91	9.18	8.54
Pneumonia	1.06	0.80	0.91	0.65	0.55
Acute poliomyelitis	0.02	0.13	0.13	0.12	0.18
Acute polioencephalitis	0.00	0.01	0.01	0.02	0.01
Food Poisoning	0.11	0.14	0.16	0.14	0.19
	<i>Rates per 1,000 Total Births (Live and Still)</i>				
Puerperal Pyrexia Puerperal Fever	10.9	6.31	8.14	5.30	6.82

Maternal Mortality.

Maternal Mortality	Rotherham Rural District	England and Wales
Abortion with Sepsis	0.00	0.11
Abortion without Sepsis	0.00	0.05
Puerperal Infections	0.00	0.11
Other Causes	1.9	0.71

Rates per 1,000 (Live and Still) Births.

Notifiable Diseases.

The next table shows the number of notifications received during the year in respect of cases in the Rotherham Rural District whilst the two following tables show the age and parish distribution of the same notifications: —

Notifiable Disease	Cases Notified	Admitted to Isolation Hospital	Deaths
Scarlet Fever	140	90	—
Diphtheria	4	4	—
Pneumonia	50	11	19
Cerebro-Spinal Fever	2	1	1
Ophthalmia Neo.	1	—	—
Erysipelas	6	1	—
Puerperal Pyrexia	11	2	—
Poliomyelitis	2	2	—
Dysentary	1	—	—
Malaria	1	1	—
Food Poisoning	5	—	—
Measles	504	2	2
Whooping Cough	43	—	—

Parish distribution of notifiable diseases occurring in Rotherham Rural District during 1949

Parish	Scarlet Fever	Diphtheria	Pneu- monia	Cerebro- Spinal	Ophthal- mia Neo.	Erys- ipelas	Puerperal Pyrexia	Polio- myelitis	Dysentery	Malaria	Food Poisoning	Measles	Whooping Cough
Aston-cum- Aughton	46	—	11	—	—	1	—	1	1	—	3	122	2
Bramley	12	1	4	—	—	—	1	—	—	—	1	67	1
Brampton Bierlow	4	—	2	—	—	—	—	—	—	—	—	36	5
Brinsworth	6	—	1	1	—	2	—	1	—	1	—	16	3
Catcliffe	9	—	1	—	—	1	—	—	—	—	—	3	1
Dalton	17	2	14	—	—	—	1	—	—	—	—	31	19
Hooton Levitt	—	—	—	—	—	—	—	—	—	—	—	1	—
Hooton Roberts	1	—	—	—	—	—	—	—	—	—	—	4	—
Orgreave	—	—	1	—	—	—	—	—	—	—	—	—	—
Ravenfield	3	—	1	—	—	—	—	—	—	—	—	25	—
Thrybergh	4	—	2	—	1	—	—	—	—	—	—	13	—
Thurcroft	9	—	6	1	—	1	2	—	—	—	—	16	6
Treeton	7	—	—	—	—	—	—	—	—	—	1	4	—
Ulley	—	—	—	—	—	—	—	—	—	—	—	2	—
Wentworth	4	—	2	—	—	1	—	—	—	—	—	14	—
Whiston	6	1	3	—	—	—	—	—	—	—	—	61	1
Wickersley	12	—	2	—	—	—	7	—	—	—	—	89	5

This table gives the age distribution of the infectious diseases notified during 1949.

Notifiable Disease	Age in Years							
	0-1	1-5	5-15	15-25	25-45	45-65	65 and Over	Totals
Scarlet Fever	—	49	88	1	2	—	—	140
Diphtheria	—	—	2	—	2	—	—	4
Pneumonia	4	12	9	1	11	8	5	50
Cerebro Spinal	—	1	1	—	—	—	—	2
Ophthalmia Neo.	1	—	—	—	—	—	—	1
Erysipelas	—	—	—	—	1	4	1	6
Puerperal Pyrexia	—	—	—	3	8	—	—	11
Polomyelitis	—	1	1	—	—	—	—	2
Dysentery	1	—	—	—	—	—	—	1
Malaria	—	—	—	1	—	—	—	1
Food Poisoning	—	—	—	1	1	—	—	5
Measles	28	286	183	1	2	—	—	504
Whooping Cough	2	28	13	—	—	—	—	43
Totals	36	377	297	8	27	12	6	770

Comments on the Infectious Disease tables :-

Scarlet fever cases were double the number occurring in 1948, but were spread over a period of months and did not reach the totals experienced in epidemic years. The proportion of cases admitted to hospital has fallen steadily and could be reduced still further. There is no reason why mild cases of this disease should not be nursed at home. All the cases nursed at home during the last year did well in spite of very sketchy arrangements for isolation and quarantine. Scarlet fever is a different disease from 40 years ago, and requires less strict attention.

The annual outbreak of measles was less troublesome and caused 220 less cases than in 1948.

The whooping cough notifications were only one-seventh of the number received in the previous year.

The deaths from pneumonia were taken from the Registrar General's statistics, and include broncho-pneumonia as well as the notifiable forms of this disease.

Diphtheria is a disease which nowadays causes odd cases of a very mild type of tonsillitis and it is several years since I saw a child choking with wide-spread membrane in his throat, and with severe toxic symptoms. Long may this happy position continue.

Acute Poliomyelitis :-

The following particulars are in respect of the two cases of poliomyelitis occurring in the Rotherham Rural District during the year.

Case 1. - Male child, aged 6 years, residing in Aston was admitted to the Badsley Moor Lane Isolation Hospital in October.

Some paralysis of both legs, one much worse than the other.

Case 2. - Female child, aged 2 years, residing in Brinsworth was admitted to the Badsley Moor Lane Isolation Hospital in October.

Had pain in neck muscles and weakness of left shoulder before entering hospital.

Diphtheria Immunisation.

During 1949, 216 children of school age, and 676 under school age were immunised for the first time and 123 children received refresher doses.

The total children protected is as follows:—

Age of Children	Number who have been immunised, or who have received refresher doses during the past 4 years.
Under One year	10
1—2 years	417
2—3 years	532
3—4 years	444
4—5 years	461
5—9 years	2,573
10—14 years	2,418

The percentage of child population protected is shown in the following table:—

Age Group	Total No. in District	No. Immunised	Percentage Protected
Under 5 years	4,890	1,864	38%
5—14 inclusive	7,599	4,991	66%
0—14 inclusive	12,489	6,855	55%

As in past years, the "under 5's" are still tending to lower the overall percentage of children protected, but it is hoped that the slight improvement in this connection will be maintained and nursing mothers will realise the importance of having their babies immunised. The following table, which shows the decline in cases of diphtheria and of deaths from the disease, will accentuate the efficiency and the importance of the protection provided.

YEAR	No. of Cases	No. of Deaths
1941	78	5
1942	51	5
1943	43	—
1944	30	5
1945	25	—
1946	7	1
1947	7	—
1948	1	—
1949	4	—

Only a negligible proportion of the cases shown in the foregoing table were protected children, by far, the majority had not been immunised.

Tuberculosis.

	Pulmonary	Non-Pulmonary	Total
Tuberculosis cases on Register at the beginning of the year	193	52	245
Tuberculosis cases on Register at 31st December, 1949	146	48	194
Tuberculosis notifications received during 1949	31	10	41
Deaths from Tuberculosis during 1949	13	4	17
Cases removed from the Register during 1949, including deaths	78	14	92

The cases notified can be classified as follows: —

	Pulmonary	Non-Pulmonary
Housewives	4	—
Miners	5	—
Colliery Surface Workers	1	—
Steelworkers	3	—
School children	2	5
Infants (Under 5 years)	1	4
Clerks	3	—
Wagon repairers	2	—
Nurses	1	—
Machinists	1	—
Shop Assistants	1	—
Bus Drivers	—	1
Glass Workers	1	—
R.O.F. Workers	1	—
Old Age Pensioners	1	—
Others	2	—
Unknown	2	—
TOTAL	31	10

Sanitary Inspector's Report.

The following statistics have been supplied by Mr. J. W. Barker, Chief Sanitary Inspector.

Nuisance Inspections.

Total number of inspections for nuisances in 1949	268
Nuisances found in 1949	268
Nuisances in hand at beginning of 1949	27
Total requiring abatement	295
Abated during 1949	81
Outstanding at end of 1949	214
Informal notices served	268
Informal notices complied with	81
Statutory notices served	101
Statutory notices complied with	—

Tents, Vans and Sheds.

Number in district	34
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Drainage and Sewerage.

Certain outlying parts of district still require sewerage.	
No. of houses not connected to sewers	712

Closet Accommodation.

No. of privies	281
No. of pail or tub closets	149
No. of waste-water closets	—
No. of water closets	12,241
Water closets constructed for new property during year	405
Total number of closets	12,671
Percentage of closets on water-carriage system	98.17%

Scavenging.

Public scavenging is in operation throughout the whole district.

The total annual cost of the collection and disposal of refuse was £19,190

Water Supply.

Total number of houses in the district	12,465
Number of houses on mains supply	12,444
Number of houses supplied by wells and springs	21
Number of houses connected to the mains during year	367
Samples of mains supply sent for bacteriological examination (Samples were all satisfactory)	10
Samples of mains supply sent for chemical examination	10
Number—satisfactory	9
Number—unsatisfactory	1

Milk Supply. (Food and Drugs Act, 1938).

4 samples of ordinary milk were taken for methylene blue test. Tuberculosis was present in one sample.

Number of cowkeepers in district	151
Number registered	151
Total number of cowsheds	213
Number of wholesale milk traders registered	128
Number of milk retailers registered	114

Milk (Special Designations) Regulations, 1936/1946.

There are three licences in force in the area for the production of tuberculin tested milk.

Ice Cream.

Number of premises registered under Sec. 14, Food and Drugs Act, 1938	31
Inspections made of such premises	31
Samples taken for bacteriological examination	6
Number of such samples which were satisfactory	2
Number of such samples which were unsatisfactory	4

Meat Inspection.

Number of private slaughterhouses licenced	9
--	---

Other Foods.

Samples taken (other than milk) under Food and Drugs Act, 1938	—
Number of bakehouses in the district	11
Underground bakehouses	—
Inspections made	11

Shops Act, 1934 - Sections 10 & 13 (3)

Number of visits paid under the above Act	4
Unsatisfactory conditions found	—

Factories Act, 1937 and 1948.

Factories where sections 1, 2, 3, 4 and 6 enforceable by Local Authorities	60
Inspections made	10
No defects were found	

Mortuaries.

There are three mortuaries in the district at Dalton, Catcliffe and Swallownest.

Housing.

Number of dwellinghouses in the district	12,465
Number of back-to-back houses included in above	20

Inspection of dwellinghouses during the year.

Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Act)	228
Number of inspections made for the purpose	476
Number of dwellinghouses (included under sub-head above) which were inspected and recorded under the Housing Consolidated Regulations	228
Number of inspections made for the purpose	453
Number of dwellinghouses considered to be in a state injurious to health	503

Remedy of defects during the year without service of formal notices.

Number of defective dwellinghouses rendered fit in consequence of informal action	76
---	----

Action under statutory Powers during the year.

Number of dwellinghouses in respect of which notices were served requiring repairs	228
Number which were rendered fit after service of formal notices—By owners	76

Proceedings under Public Health Acts.

Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	268
Number of dwellinghouses in which defects were remedied after service of formal notices—By owners	81

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

Number of representations, etc., made in respect of dwellinghouses unfit for habitation	3
---	---

Housing Act, 1936—Overcrowding.

Number of dwellings overcrowded at the end of year	39
Number of families dwelling therein	67
Number of persons dwelling therein	193½
Number of new cases of overcrowding reported during the year	39

New Houses.

Number of new houses provided during the year:—	
By the Local Authority:—Permanent type	360
Temporary type	—
By Private Enterprise	52

Housing cont.

Details of Council houses provided during the year:—

"Airey" Type Rural Houses	...	140
3-bedroomed Type	...	116
2-bedroomed Type	...	60
Permanent Aluminium Bungalows	...	40
Old Persons' Bungalows	...	4

These dwellings were in the following Parishes:—

Aston	...	36
Bramley/Wickersley	...	36
Brampton Bierlow	...	38
Brinsworth	...	26
Catcliffe	...	22
Dalton	...	60
Hooton Levitt	...	8
Ravenfield	...	6
Thrybergh	...	14
Thurcroft	...	76
Treeton	...	34
Wentworth	...	4

Atmospheric Pollution.

The following report was submitted by Mr. James Law, Chief Smoke Inspector. The tables contain figures for areas other than the Rural District. These are given for comparison.

Pollution Statistics.

Deposit in Tons per Square Mile.

Month	Blackburn	Bramley	Oakwood Hall	Technical College
January	—	11.19	16.40	19.55
February	31.76	8.69	13.58	18.95
March	30.01	10.78	11.50	30.88
April	42.12	10.78	10.80	16.89
May	34.66	16.17	14.52	20.94
June	21.22	6.91	7.07	14.23
July	38.60	28.77	25.21	33.54
August	36.65	11.25	35.74	27.15
September	23.27	9.80	15.26	15.54
October	31.93	16.91	17.60	25.80
November	30.01	20.21	16.19	30.95
December	9.58	11.83	14.08	23.03
Average Monthly Deposit	29.98	13.61	16.49	23.12
TOTAL Annual Deposit in Tons per Square Mile	329.81	163.29	197.95	277.45

Atmospheric Pollution (cont.)

Sulphur Determination - Lead Peroxide Method.

Month	Blackburn	Bramley	Oakwood Hall	Technical College
January	2.78	2.81	3.01	4.27
February	3.14	2.73	2.83	4.21
March	1.84	2.37	2.32	4.04
April	2.11	2.27	1.97	3.32
May	1.44	1.61	1.13	2.55
June	1.22	1.33	1.07	1.89
July	0.99	1.33	1.63	2.34
August	1.32	1.43	1.35	2.52
September	0.93	1.47	1.19	2.28
October	2.02	1.99	1.57	3.61
November	2.69	2.72	2.62	4.20
December	2.36	2.27	2.50	4.43
TOTAL	22.85	24.33	23.19	39.66
Average Daily	1.90	2.03	1.93	3.30

PARTICULARS OF THE HEALTH SERVICES IN THE ROTHERHAM RURAL AREA ADMINISTERED BY THE WEST RIDING COUNTY COUNCIL

The closest liaison is maintained between the Rotherham Rural District and the Preventive Medical Service administered by the West Riding County Council through the Divisional Scheme.

The offices are situate at: —

DURLSTON HOUSE,
5 MOORGATE,
ROTHERHAM.
TELEPHONE: Rotherham 3131-2

Divisional Medical Officer:	DR. J. M. WATT
Deputy Divisional Medical Officer:	DR. A. P. GORRIE
Chief Clerk:	MR. A. HILL

School Health Service.

Number of schools in area (including two temporary buildings) ...	39
Number of children on roll	7,026
Number of schools visited by School Medical Inspector	4
Number of children examined:	
Infants	205
Juniors	103
Seniors	122

Specialist Clinics.

For lists of clinics see appendix II

Number of children referred to Paediatric Clinic	21
Number of children referred to Ear, Nose and Throat Clinic	71
Number of children referred to Child Guidance Clinic	2
Number of children referred to Oculist Clinic	232
Number of children referred to Orthopaedic Clinic	38
Number of Home Visits paid by Nurses to school children	1,074

Sanitary Accommodation in Schools.

A survey of the sanitary accommodation in the schools was carried out by the Sanitary Inspector.

In the 39 buildings visited: —

- 4 had W.C's with common automatic flushes instead of individual flushing systems.
- 15 had W.C's. with slight defects.
- 19 had defective urinals or urinals without water flushing systems.
- 14 schools had wash-basins with slight defects.
- 28 schools had cold water only in the wash-basins.
- 6 schools had insufficient towels.
- 4 schools had an insufficient number of pegs.
- 8 schools had cloakrooms without any heating.

School Clinics.

These clinics are held in a number of parishes and details can be obtained by reference to appendix I at the end of my report.

Maternity and Child Welfare.

For the list of clinics, see appendix I.

These 10 clinics continue to do good work for both the mother and child. Thanks are due to the teams of voluntary workers, who assist the nurses with such duties as the recording of attendances and weights, the provision and preparation of refreshments and with general duties in connection with the administration of the clinics. This leaves the nurse more time to devote to the welfare of the mother and child.

Statistics:

Attendances at clinics:—

Under 1 year	...	...	12,013
1 year — 5 years	...	...	5,377
Total	...	...	17,390

Ante-natal and Post-natal Clinics.

For list of clinics see appendix I.

Statistics:

Attendances at Ante-natal Clinics	...	3,546
No. of individual women attending	...	598

Health Visiting.

The acute shortage of qualified health visitors continued throughout 1949. The situation was eased somewhat by the appointment of State Registered Nurses for duties in clinics and schools. The need remains, however, for qualified Health Visitors.

The duties of the health visitor have been increased considerably during recent years and especially since the inception of the National Health Service Act, 1946. The old idea of the nurse concentrating her attention on the mother and baby has been swept aside, and replaced by a new conception of "care from the cradle to the grave," in other words the nurse must interest herself in the old, and "not so old" just as much as the babies.

Statistics:

First Visits 0—1	...	...	1,167
First Visits 1—5	...	...	105
Re-visits 0—1	...	...	3,584
Re-visits 1—5	...	...	5,625
Ante-natal visits	...	...	453
Others	...	...	654

Domiciliary Midwives.

For the full divisional list of midwives see appendix III.

In additions to the usual visits for ante-natal purposes, and actual confinements, the midwives are giving some assistance at the ante-natal clinics, subject, of course, to the exigencies of their other duties.

Statistics:

Cases delivered as midwives	...	441
Cases delivered as Maternity Nurses	...	92
Total	...	533

(This figure cannot be compared with the total births for the district in view of inter-district relieving within the division.)

Ante-natal visits	...	2,090
Post-natal visits	...	9,951
Total	...	13,107

Gas and Air Analgesia.

All midwives practicing in the area have now been issued with Minnitt Gas and Air Machines, and have received full training in the use of them.

Analgesia is available to any woman during confinement, if a certificate has been issued by the family doctor to the effect that the patient is fit to receive Gas and Air.

The demand for Gas and Air is increasing. During 1949 the number of cases requesting the use of analgesics was 19.

Home Nurses.

For the list of home nurses see appendix IV.

The work of the home nurses has increased considerably since the service was made available to all sections of the public. The nurses have helped me with the supervision of home help cases.

More of the home nurses are now provided with cars and are consequently better able to cover their districts.

Statistics:

New cases attended	...	...	1,313
Total visits	...	...	30,365
Cases transferred to hospital	...	...	76

Care and After-Care.

Mental Health.

Miss C. M. Ball is still carrying out the visits to Mental Defective persons in the area, and I feel she is doing much good work in this connection.

Tuberculosis.

The visitors specially detailed for visiting tuberculosis patients are Miss McDonald and Mrs. White. On their reports, I am able to supply extra milk to patients and to refer infectious cases to the Housing Committee when they are living under overcrowded conditions.

18 cases received extra milk in Rotherham Rural District.

Venereal Diseases.

This area is served by the Rotherham, Sheffield and Doncaster V.D. Clinics.

Welfare visits are made by Miss Sandford a member of the County Medical Officer's staff.

Ambulance Service.

The nearest main depot is situate at Dunford House, Wath, with 2 sub-depots at Maltby and Kiveton Park.

Home Helps.

This is yet another service in which rapid extensions have taken place. I must say that it has proved a boon to the public in spite of the restrictions still imposed on the staff engaged.

The rate of assessment for liability to contribute towards the cost of the service is very lenient, especially when compared with that in force in other authorities. Great care is necessary to avoid abuse of the facilities. Demand is far in excess of supply, consequently the allocation of hours worked in some cases may seem to fall short of requirements. The service has been restricted mainly to bedfast cases, and to those having no relatives living in the district.

The total number of cases provided with assistance during 1949 in Rotherham Rural District area was 157. These are categorised as follows:—

Confinement Cases	...	...	59
During pregnancy plus lying-in and/ or after first 14 days	...	...	8
Others, i.e. illness, old age, etc.	...	...	90

N.B. Appendix I, II, III and IV are as at April, 1950, and not as at 31st December, 1949.

APPENDIX I.

Infant Welfare Clinics. (Divisional Area)

Centre	Day and Time	Doctor attending	Nurse attending	Tel. No.
Bramley Welfare Hall	Wednesdays 2—4-30 p.m.	W. Land Dibb	A. Lawler	—
Catcliffe Mission Hall	Alternate Wednesdays 2—4-30 p.m.	R. G. Selby	J. Utleby	—
Cortonwood Methodist Chapel	Thursdays 2—4-30 p.m.	M. S. Scott	I. G. Senior	—
Dalton Nursery Hut	Tuesdays 2—4-30 p.m.	G. H. Sedgwick	M. K. Moloney	Roth. 3927
Dinnington Methodist Chapel	Tuesdays 2—4-30 p.m.	M. T. Jago	W. Beresford	—
Kiveton Park Methodist Chapel	Mondays 2—4-30 p.m.	B. D. Rawlin	J. Cheetham	—
Maltby Nursery Hut	Mondays 2—4-30 p.m.	M. Hallinan	V. Dunford	Maltby 128
Swallownest Church Hall	Thursdays 10 a.m.—4-30 p.m.	P. C. Menneer	J. Cheetham	—
Thurcroft Methodist Chapel	Mondays 2—4-30 p.m.	J. O'Hara	H. B. Stockwell	—
Whiston Church Institute	Thursdays 2—4-30 p.m.	M. T. Jago	J. Utleby	—

Ante-natal Clinics.

Centre	Day and Time	Doctor attending	Nurse attending	Tel. No.
Catcliffe 2 Rotherham Road	2nd and 4th Tuesdays 2—4-30 p.m.	D. Pindar	J. Utleby	—
Cortonwood Methodist Chapel	1st and 3rd Wednesdays 2—4 p.m.	D. Chapman	I. G. Senior	—
Dalton Nursery Hut	Wednesdays 9-30—12-30 and 2—4 p.m.	B. D. Droller	M. K. Moloney	Roth. 3927
Dinnington Methodist Chapel	Thursdays 2—4 p.m.	M. J. Hallian	W. Beresford	—
Kiveton Park Methodist Chapel	2nd and 4th Thursdays in each month. 2—4 p.m.	M. Rushbrooke	N. Priestley	—
Maltby Nursery Hut	Wednesdays 9-30—12-30 2—4 p.m.	M. J. Hallinan	V. Dunford	Maltby 128
Swallownest Church Hall	Wednesdays 9-30—12-30	M. Hargan	J. Cheetham	—
Thurcroft Methodist Chapel	Wednesdays 1-30—4 p.m.	J. O'Hara	H. B. Stockwell	—

School Clinics.

Centre	Day and Time	Doctor attending	Nurse attending	Tel. No.
Bramley Welfare Hall	Wednesdays 9—12 noon	Dr. Gorrie attends first Wednesday in month	A. Lawler	—
Brampton Bierlow Methodist Chapel	Thursdays 10—12 noon	None	I. G. Senior	—
Brinsworth Infant School	Fridays 10—12 noon	None	J. Utley	—
Catcliffe 2 Rotherham Road	Tuesdays 9-30—12 noon	None	J. Utley	—
Dalton Nursery Hut	Tuesdays and Fridays 9—12 noon	Dr. Gorrie attends third Tuesday in each month. Immun. and Vacc. third Friday in month	M. K. Moloney	Roth. 3927
Dinnington Methodist Church	Tuesdays and Fridays 9-30 to 12 noon	Dr. Gorrie attends fourth Friday each month	W. Beresford	—
Maltby Nursery Hut	Mondays 9 a.m. Fridays 1-30 p.m.	Dr. Hallinan attends first Monday each month	V. Dunford	Maltby 128
Thurcroft School Medical Room	Mondays and Thursdays 9 to 12 noon	Dr. Gorrie attends second Thursday each month	H. B. Stockwell	Wick 3194
Laughton J.M. & I. School	Wednesdays 9-30 to 12 noon	None	H. B. Stockwell	—

APPENDIX II.**Specialist Clinics.****Ear, Nose and Throat Clinics.**

Held on the first Wednesday of each month by Mr. H. Petty at Doncaster Gate Hospital, Rotherham.

Orthopaedic Clinics.

Held on the second and last Wednesdays of each month by Dr. Herzog at the Rawmarsh Child Welfare Centre.

Paediatric Clinics.

Held on the third Wednesday of each month by Dr. C. C. Harvey at Carnson House, Moorgate, Rotherham.

Eye Clinics.

Dr. F. Fischer, Oculist, attends this Division for one week out of every five. Clinics are held at various Child Welfare Clinics in the Divisions.

Child Guidance Clinics.

Children are referred through the County Medical Officer to Dr. M. MacTaggart, Psychologist, Pitt Street, Barnsley.

APPENDIX III.

Midwives.

Name	Address	Telephone No.
Butterfield N.	7 Green Lane, Wickersley	Wickersley 2177
Short E. (Relief)	62 Lodge Lane, Aston	Aston Common 235
Searson L.	4 Lordens Hill, Dinnington	Dinnington 229
Blockley G.	Dartrey House, Doe Quarry Lane, Dinnington	Dinnington 206
Daniels F. E. (Relief)	15 Parkstone Crescent, Hellaby	Wickersley 2105
Williams S. J. G.	4 High Street, Maltby	Maltby 115
Mozley E.	4 Rosston Road, Maltby	Maltby 78
Harding N. A.	2 Morrison Avenue, Maltby	Maltby 181
King C.	38 Vale Road, Thrybergh	Thrybergh 95
Furness L.	2 Dalton View, Whinney Hill	Thrybergh 92
Spencer I.	5 Arundel Street, Treeton	Woodhouse 40606
France S.	1 New Council Houses, Katherine Road, Thurgroft	Wickersley 2171
Beaumont V.	17 Wentworth Road, Brampton Bierlow	Wath-on-Deane 218
Dunstan H.	11 Queen's Road, Swallownest	Aston Common 286

APPENDIX IV.

Home Nurses.

Name	Address	Tel. No.	Districts covered
Atkinson J. L.	55a West Park Drive, Swallownest	Woodhouse 40247	Aston-cum-Aughton
Edgar N. G.	The Barrow, Wentworth	Hoyland 3253	Wentworth and Brampton Bierlow
Clarkson E.	Moor Lane North, Ravenfield		Thrybergh, Hooton Roberts and Ravenfield
Harrison E.	85 Wood Lane, Treeton	Woodhouse 40194	Treeton, Catcliffe, Brinsworth and Orgreave
Roberts A.	3 Rowena Drive, Thurcroft	Wickersley 3297	Thurcroft (inc. Laughton, Laughton Common and Carr.)
Wilson J.	25 Far Lane, Rotherham	Rotherham 3104	Dalton (including East Herringthorpe)
Woolley L.	51 Green Lane, Wickersley	Wickersley 2247	Bramley, Wickersley, Whiston and Sunnyside
Taylor C. (Relief)	39 Brecks Lane, Rotherham	Wickersley 2103	Relieving in Wickersley, Maltby, Wentworth, Kiveton Park, Brampton B. and Dinnington
Noble I. (Relief)	26 Brinsworth Ave., Brinsworth	Rotherham 3446	Relieving in Dalton, Treeton, Catcliffe, Brinsworth, Orgreave, Aston-cum-Aughton Thurcroft and Thrybergh
Bamford E.	c/o The Villas, Thurcroft		Dinnington, Gilding- wells, Throapham, Firbeck and Letwell
Brydone H.	245 Rotherham Road, Maltby	Maltby 105	Maltby
Frost J. C.	Nurses Home, Wales Road, Wales	Kiveton 326	Harthill, Wales, N. & S. Anston, Thorpe Salvin and Woodsetts

S U M M A R Y

This report is intended to give useful information about the public health services provided for the 47,000 people in Rotherham Rural District. It is used for reference by quite a large number of public officials, but it does not make particularly interesting reading for anyone else. This is a pity as public health is a vital and interesting subject. I find that the only remedy is to make some disconnected comments at this point and to give some of my views upon the welfare of the people and the effect of environment upon them.

It is not possible for me to review the whole scene of public welfare in this report. Many important influences, in any case, such as food and clothing, are completely outside the scope of the public health services.

The young couple, who are being married at the present time, have practically no knowledge of unemployment, irregular wages or of family incomes inadequate for the main necessities of life. The great majority of them enjoy a much higher standard of living than their parents did at the same ages. Even the shortage of houses, which is one of their main anxieties, is partly due to an increased demand, following a better ability to pay controlled rents.

It is true that the young married couple find increasing costs catching up on their income, but in spite of this they enjoy a better standard of living and of health than would have been possible pre-war.

Bigger family costs affect the school children by reducing the numbers receiving school meals. It is surprising for me to discover the sketchy types of meals children receive at home when their parents stop paying for school dinners.

Probably, as a result of the Home Help Scheme, the troubles of the aged and infirm were brought more forcibly to my notice during the year. Economically the elderly section of the population is in a much better position than pre-war, but the problem of accommodation for people who are too feeble to manage their homes, is really acute.

The experience of other areas in regard to school dentistry was repeated in this area. The scheme broke down completely and 12,000 children were left without any attention apart from that obtainable from dentists in practice. The majority of the dentists in the area were so busy with the increased demand for free treatment that it was extremely difficult for children suffering from toothache and gumboils to get attention.

Accommodation for mental defectives is another problem. I agree that the cost of maintaining all ineducable children and adults would be excessively high, but wish that mental defective patients with troublesome habits could be admitted to institutions more readily.

The greatest advances were made by the Home Nursing and Home Help services during the year. The midwives were equipped with gas and air machines for anaesthesia in childbirth, and will be given supplies of pethidine under recent regulations. A new ambulance depot for the area was started at Maltby. A new sun-light clinic was equipped at Swallownest. Arrangements were made for children to be sent to Filey Convalescent Home.

I am overawed each year by the astronomical numbers of bottles of medicine which are dispensed under the National Health Service Act, and each year I gently insinuate the question "Is everything possible being done to prevent the illnesses for which these medicines are prescribed?"

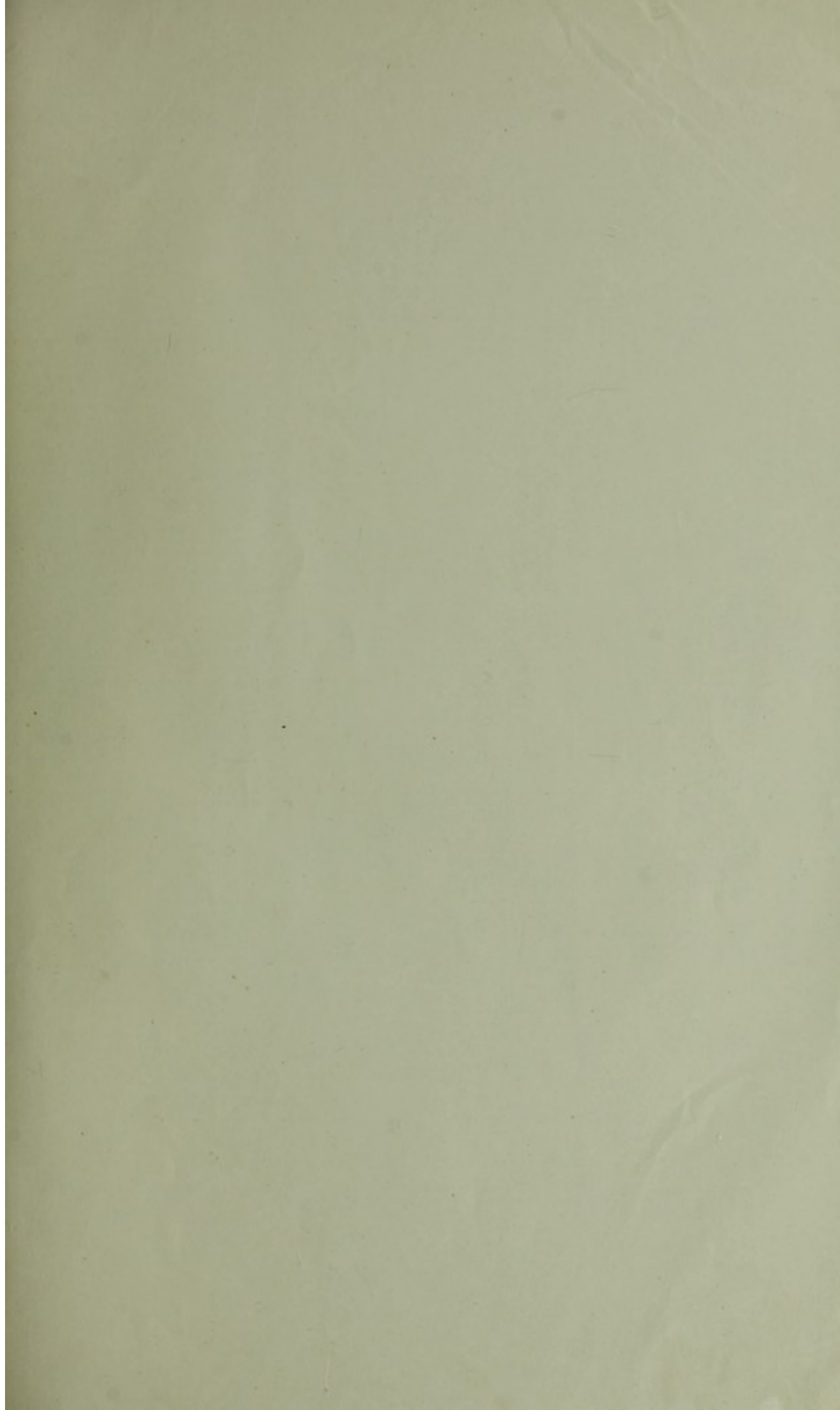
Everyone knows that essentials such as food, clothing and shelter are necessary at certain minimum standards to guarantee the best possible health. Most people know that the best use is not made of the assets available by a hard core of recalcitrant families, that the health of these families is much poorer than it should be, and that they require the persistent attention of the public health services, as well as those of other departments.

Few districts can boast of a really satisfactory infant death rate. Only better care of babies, due to better training of the mothers, can improve the present unsatisfactory standards.

In theory, tuberculosis should be a disease which could be readily prevented. Milk should be free of infection, all infectious lung cases should be detected by mass radiography, and all infectious people should be admitted to a sanatorium. None of these happy conditions exist in this district.

I give these as two examples. Unfortunately, the impression seemed to be gained, in previous reports, that needed extensions in the public health services were in some way due to the deficiencies in the Rotherham Rural District Council. This is very far from being the case. I have never had greater support or encouragement from any other authority, and the Council has been keen on all occasions to do the utmost possible for the welfare of the people.

J. M. WATT, M.D., D.P.H., D.R.C.O.G., D.C.H.
Medical Officer of Health.



The first thing I noticed when I stepped out of the car was the cold. It was a sharp contrast to the warm blanket of the car. I looked around and saw a few other people walking towards the same building. The air was thick with the smell of old books and the sound of footsteps on the cobblestone path.

I walked slowly, my feet sinking into the soft ground. The building was old and grand, with many windows and a large entrance. I felt a sense of awe and wonder as I approached the door.

The door was open, and I stepped inside. The interior was dimly lit, with the light coming from the windows. The walls were covered in bookshelves, and the floor was made of polished wood. I felt a sense of peace and tranquility as I walked through the hallways.

I found a small room at the end of the hallway. It was simple and clean, with a desk and a chair. I sat down and looked at the clock on the wall. It was 10:00 AM. I felt a sense of relief and happiness as I realized that I was finally home.

I looked at the clock again and saw that it was 11:00 AM. I felt a sense of urgency and rushed to the door. I opened the door and looked out. The sun was shining brightly, and the air was fresh. I felt a sense of joy and freedom as I stepped out into the world.

I walked down the street, feeling the sun on my face. The street was lined with trees and buildings. I felt a sense of peace and tranquility as I walked. I looked at the clock again and saw that it was 12:00 PM. I felt a sense of relief and happiness as I realized that I was finally home.

I looked at the clock again and saw that it was 1:00 PM. I felt a sense of urgency and rushed to the door. I opened the door and looked out. The sun was shining brightly, and the air was fresh. I felt a sense of joy and freedom as I stepped out into the world.

I walked down the street, feeling the sun on my face. The street was lined with trees and buildings. I felt a sense of peace and tranquility as I walked. I looked at the clock again and saw that it was 2:00 PM. I felt a sense of relief and happiness as I realized that I was finally home.

I looked at the clock again and saw that it was 3:00 PM. I felt a sense of urgency and rushed to the door. I opened the door and looked out. The sun was shining brightly, and the air was fresh. I felt a sense of joy and freedom as I stepped out into the world.

I walked down the street, feeling the sun on my face. The street was lined with trees and buildings. I felt a sense of peace and tranquility as I walked. I looked at the clock again and saw that it was 4:00 PM. I felt a sense of relief and happiness as I realized that I was finally home.

I looked at the clock again and saw that it was 5:00 PM. I felt a sense of urgency and rushed to the door. I opened the door and looked out. The sun was shining brightly, and the air was fresh. I felt a sense of joy and freedom as I stepped out into the world.

I walked down the street, feeling the sun on my face. The street was lined with trees and buildings. I felt a sense of peace and tranquility as I walked. I looked at the clock again and saw that it was 6:00 PM. I felt a sense of relief and happiness as I realized that I was finally home.

I looked at the clock again and saw that it was 7:00 PM. I felt a sense of urgency and rushed to the door. I opened the door and looked out. The sun was shining brightly, and the air was fresh. I felt a sense of joy and freedom as I stepped out into the world.

I walked down the street, feeling the sun on my face. The street was lined with trees and buildings. I felt a sense of peace and tranquility as I walked. I looked at the clock again and saw that it was 8:00 PM. I felt a sense of relief and happiness as I realized that I was finally home.

I looked at the clock again and saw that it was 9:00 PM. I felt a sense of urgency and rushed to the door. I opened the door and looked out. The sun was shining brightly, and the air was fresh. I felt a sense of joy and freedom as I stepped out into the world.

I walked down the street, feeling the sun on my face. The street was lined with trees and buildings. I felt a sense of peace and tranquility as I walked. I looked at the clock again and saw that it was 10:00 PM. I felt a sense of relief and happiness as I realized that I was finally home.